



Responding to HIV and AIDS

Good practices for investors and businesses



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International

AIDS Accountability International is a non-profit organisation that assesses the performance of public and private stakeholders in the response to AIDS to improve accountability and leadership. The AIDS Accountability Workplace Scorecard is a global initiative to stimulate companies to improve their HIV and AIDS workplace programmes in the countries and sectors most exposed to the disease.

www.aidsaccountability.org

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What is HIV and AIDS?

HIV stands for Human Immunodeficiency Virus (HIV), which causes the Acquired Immunodeficiency Syndrome (AIDS). HIV destroys the body's immune system. Untreated, it usually takes 5 to 10 years (or longer) before a person who has been infected with HIV becomes immunodeficient and starts experiencing the symptoms associated with AIDS. HIV is transmitted through sexual intercourse, infected blood that is passed into the body or from an infected mother to her child during pregnancy, childbirth or breastfeeding.

The impact of the disease on a person's wellbeing can be mitigated and both quality and years added to the life of a person infected with HIV, with effective medications, so called antiretrovirals (ARVs). However, there is currently no cure for AIDS.

1 HIV and AIDS in the world

Even though much progress has been made since the first cases of HIV were identified in the mid-1980s, the epidemic continues to pose huge challenges, particularly in emerging markets and notably in sub-Saharan Africa. The pace of new infections far outstrips available treatment. At the end of 2009, 33.3 million people were estimated to be living with HIV globally, of which 10 million were waiting for these life-saving drugs.

The mortality and morbidity associated with AIDS are different from many other diseases in that HIV is mainly transmitted through sexual intercourse, which makes young and middle-aged adults the most vulnerable. In 2005, the International Labour Organization (ILO) estimated that nearly 24.5 million employees worldwide aged 15-64 were living with HIV. Of these, 41% were women.

According to the Joint United Nations Programme on HIV/AIDS (UNAIDS) about one in five of the world's 1.8 million AIDS-related deaths in 2009 was associated with

tuberculosis (TB). The majority of people living with HIV and TB are in sub-Saharan Africa

1.1 Africa

Sub-Saharan Africa is the region most heavily affected by HIV. The total number of people living with HIV in sub-Saharan Africa was 22.5 million in 2009 (68% of the global total). The countries with the largest populations living with HIV are South Africa, Nigeria, Ethiopia, Zambia and Zimbabwe. South Africa, Botswana, Lesotho and Swaziland have HIV prevalence rates exceeding 15% of the adult population.

Sub-Saharan Africa has more women than men living with HIV, due to patterns of gender inequality, which make women more vulnerable to infection. The main routes of infection are unprotected heterosexual intercourse (including paid sex) and transmission from mother to new-born or breastfed baby. At the end of 2009, UNAIDS estimated that 37% of adults and children

How to prevent HIV infection

The HIV virus is carried by sperm, blood and other bodily fluids. It can only enter the body through naturally moist places and cannot penetrate unbroken skin. HIV is transmitted through sexual intercourse, from mother to child, or through other contacts with an infected person's bodily fluids, including through contaminated needles and organ transplants. Prevention therefore involves barring contact with bodily fluids from persons infected with the HIV virus, for example by using condoms for sexual intercourse, clean needles and other skin-piercing equipment, and protective equipment such as gloves and masks for medical work.

- Sexual transmission of HIV can be prevented by the consistent use of condoms.
- HIV transmission through contaminated blood is prevented by safe blood transfusion practices and by not sharing contaminated needles, syringes or other sharp objects.
- HIV transmission from an HIV positive mother to her infant can be prevented during pregnancy, childbirth and breastfeeding, through ARV prophylactic treatment.



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eligible for antiretroviral therapy in the region were receiving life-saving drugs.

North Africa has a small HIV epidemic typically concentrated to injecting drug users, men who have sex with men and sex workers and their clients. High prevalence of stigma and discrimination are hampering efforts to reach these population groups.

1.2 Asia

The countries of Asia have relatively low HIV prevalence. However, in countries with large populations, a low prevalence may account for a large HIV epidemic. For example, India's HIV prevalence of 0.3% translates into 2.4 million people living with HIV. In China more than 700,000 people are estimated to be infected with HIV. The epidemics in Asia are concentrated largely amongst people who inject drugs, sex workers and their clients and men who have sex with men.

Classification of epidemic states:

Low level: HIV prevalence has not consistently exceeded 1% in the general population nationally, nor 5% in any sub-population (such as men who have sex with men or a population in a particular geographical region).

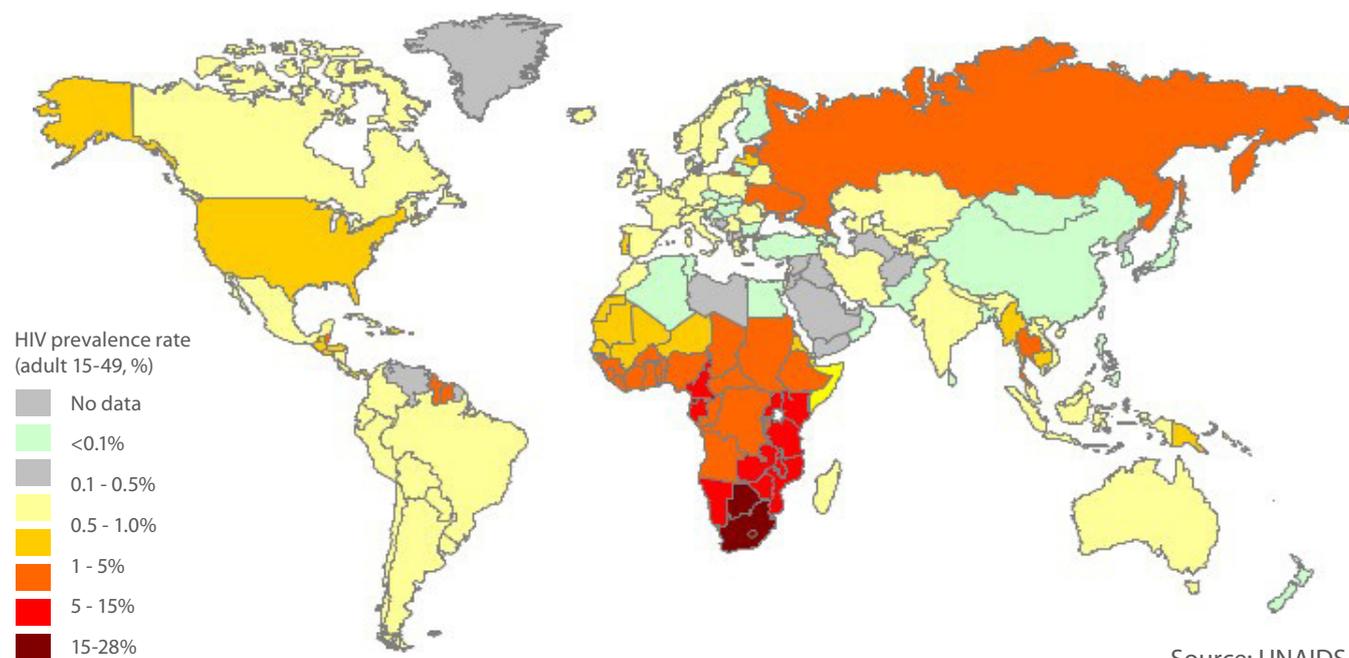
Concentrated: HIV prevalence consistently over 5% in at least one defined sub-population but below 1% in the general population.

Generalised: HIV prevalence consistently over 1% in general population.

Source: UNAIDS/WHO

A global view of HIV infection:

An estimated 33.3 million people living with HIV in 2009



Source: UNAIDS

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1.3 Eastern Europe and Central Asia

In Eastern Europe and Central Asia, the number of people living with HIV has almost tripled since 2000 and reached an estimated total of 1.4 million in 2009. The HIV prevalence is 1% or higher in two countries in this region, Russia and Ukraine. In Russia, an estimated 980,000 people are living with HIV. The epidemics in the region are concentrated largely among people who inject drugs, sex workers and the sexual partners of persons in these two groups.

1.4 Latin America and the Caribbean

The total number of people living with HIV in Latin America is estimated to be 1.4 million (2009). Brazil accounts for 500,000- 800,000 HIV infections. The HIV epidemics in Latin America are primarily concentrated in and around networks of men who have sex with men, but also amongst injecting drug users and sex workers and their clients.

In the Caribbean, the HIV prevalence amongst adults is about 1% which is higher than in all other regions outside sub-Saharan Africa. The main mode of HIV transmission is believed to be unprotected sex between men and women - especially paid sex.

Case 1: Public private partnership to fight HIV and AIDS in the workplace: SABMiller, the Global Fund and SABCOHA, South Africa

The Global Fund is a unique global public/private partnership dedicated to attracting and disbursing additional resources to prevent and treat HIV and AIDS, tuberculosis and malaria. From 2002, programmes supported by the Global Fund have saved 6.5 million lives through providing AIDS treatment for 3 million people, anti-tuberculosis treatment for 7.7 million people and the distribution of 160 million insecticide-treated nets for the prevention of malaria.

The HIV and AIDS initiative of South African Breweries Limited (SAB) is an example of a public private partnership that is implemented in alignment with the national AIDS response. SAB's programme is managed in collaboration with the South African Business Coalition on HIV/AIDS (SABCOHA), the South African government and the Global Fund Country Coordinating Mechanism (CCM). CCMs are country-level multi-stakeholder bodies that develop and submit grant proposals to the Global Fund and oversee the implementation of approved grants.

SAB's Tavern Intervention Programme (TIP) is financed by the Global Fund and implemented in partnership with Men for Development in South Africa (Medsa). It is aimed at encouraging behaviour change amongst men and covers interactive workshops on responsible alcohol consumption, HIV and AIDS, gender violence and child abuse, which are held in taverns.



The Global Fund contributes over R36 million (USD 5,1 million) to this and other initiatives lead by SAB and SABCOHA, including:

- Project Promote, a public private partnership to assist the government distribute condoms;
- BizAIDS, which helps micro and small size enterprises to protect their businesses from threats such as HIV and AIDS;
- Peer educator training and support, HIV and AIDS counselling and testing

Source: Adapted from SABMiller and the Global Fund, 2011.

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2 How HIV and AIDS affects companies

The HIV epidemic is affecting the size, growth rate, age and skills composition of working populations and the productivity of companies in the most affected regions and sectors. In some countries, the epidemic is limiting the profitability of businesses and diminishing their competitiveness. Companies affected by HIV and AIDS face direct, out-of-pocket costs such as increased benefit premiums and costs of recruitment and training as well as indirect costs from reductions in worker productivity through, among other things, increased absenteeism, increased senior management time to deal with HIV matters, loss of workforce morale and experience and, ultimately, loss of workers and their families who die from AIDS.

A 2007 study by the Boston University School of Public Health¹ mapped HIV costs to businesses in South Africa, Uganda, Kenya, Zambia, Rwanda and Ethiopia. The study concluded that among large companies, labour cost increases as a result of HIV were estimated to be 0.6%- 10.8%. The variations were affected by HIV prevalence, type of job of the affected employees, employment structure (rate of contract and casual workers) and industry sector.

Around 42% of people in need of ARV's in low-and middle income countries have access to this treatment. Countries differ greatly in the quality and availability of public healthcare and cultural attitudes towards the disease. Companies would hence need to conduct a risk assessment to determine the specific HIV impacts for their business operations.

Case 2: Employee engagement: Lonmin, South Africa

Lonmin plc is the world's third-largest producer of platinum group metals (PGMs), with operations positioned in the Marikana area within South Africa's north west province. Lonmin employs about 32,120 people, including contractors.

Lonmin's workplace HIV/AIDS programme applies an integrated approach to disease prevention and has a strong employee engagement component. Employees are consistently engaged in the planning and development of the company's HIV and AIDS policies, programmes and monitoring tools, ensuring that they are truly "co-owners" and not just participants. Employees also have the opportunity to take a "hands on" role as peer health educators, first receiving training on HIV and tuberculosis prevention and treatment and then training their peers within the workplace.

The programme is built on a comprehensive non-discrimination policy, lifetime guaranteed treatment for employees living with HIV, integrated tuberculosis prevention and treatment and the provision of voluntary counselling and testing onsite. HIV prevention is another key element of the programme.

A central piece of Lonmin's care programme is a home-based care initiative, through which 58 caretakers visit nearly 2,000 HIV/AIDS- and tuberculosis affected patients in their homes to provide treatment and care.



Source: Adapted from a study by the Global Business Coalition on Health, 2010.

¹The private sector and HIV/AIDS in Africa: taking stock of 6 years of applied research, S. Rosen, F. Feeley, P. Connelly and J. Simon, 2007.

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3 High risk industry sectors

Some industries are especially vulnerable to HIV and AIDS, either because of a relatively high HIV prevalence or because of severe HIV impacts on productivity. These include:

- mining;
- oil and gas;
- construction and transportation;
- agribusiness; and
- manufacturing.

Small and medium size enterprises (SMEs), especially in sub-Saharan Africa, are also particularly vulnerable to HIV and AIDS.

3.1 Mining

The mining sector was one of the first to acknowledge and react to the HIV epidemic. Mining is highly labour intensive. The workforce mainly consists of young males, many of whom are migrant workers, whose living conditions are often characterized by disruptions of family structures and infused with a culture of masculinity which encourages high levels of sexual activity. Mining sites, especially those which are remotely located, attract sex workers. The high risk of occupational illnesses associated with mining, such as pneumoconiosis, asbestosis, silicosis and TB, contributes to the morbidity associated with HIV and AIDS. In the often remote mining areas, workers and communities depend on the public health and medical services provided by mining firms. Mining is a significant industry for many economies

Case 3: Developing an HIV and AIDS policy and programme: Chevron

Chevron is a leading global energy company with employees in over 120 countries. Chevron's global HIV and AIDS policy applies to all company locations. The policy affirms that infected and affected employees are protected by the company's existing policies on discrimination and harassment and are treated like any other employee with a life-threatening illness. The policy also cites a non-discrimination clause and guarantees employee HIV status confidentiality. The policy states that Chevron will strive to engage and work with national and local governments and agencies to deploy best practices.

Chevron's policy is based on situational analyses to identify gaps between the HIV and AIDS threat and the current company/community training, counselling, testing and treatment resources. Data gathered included country prevalence rates and the structure of each country's health services. Local/regional HIV and AIDS coordinators— 44 around the globe— have begun addressing the gaps identified in the situation analysis, prioritising countries with the greatest risk. Global implementation team leaders worked with Pangaia Global AIDS Foundation to develop HIV prevention, education and awareness training that has been translated into numerous languages and adapted to different cultural settings.

Health benefits in high prevalence countries

In high prevalence countries such as South Africa, Angola and Nigeria, instructor-led training and voluntary testing have been made available to all employees and access to condoms has been significantly improved. Voluntary, confidential counselling and testing is made available either directly through Chevron in-house clinical services, insurance plans or local organisations.

About 80% of instructor-led training participants in Central Africa and Zimbabwe have volunteered for testing following training. In addition to dispelling the myth that HIV-positive workers cannot be productive, Chevron's HIV and AIDS policy leverages HIV and AIDS education programmes that have been underway within certain business units for many years. The training has a ripple effect within the communities: employees take information home to their families where it is shared with friends, community members, teachers, church members and others.

Source: Adapted from a study by the Global Business Coalition on Health, 2010.



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Case 4: Commitment to HIV and AIDS education, Hindustan Construction Company and Clinton Global Initiative, India

The Hindustan Construction Company is a large construction company that has built over 25% of India's hydro-power and over 50% of the country's nuclear power generation capacities. The company supports the Clinton Global Initiative (CGI) cross-sector health partnerships and has implemented extensive HIV and AIDS programmes

In 2006, Hindustan Construction Company committed to HIV and AIDS workplace educational programmes for employees in project sites across India. These programmes include condom demonstrations, awareness sessions, and connectivity to local voluntary counselling and testing centres.

The education programmes are conducted by a group of trainers and peer educators at each project site. In addition to providing HIV and AIDS services to its workforce, Hindustan Construction Company manages community programmes such as HIV and AIDS awareness campaigns, peer education training of community volunteers and livelihood support to HIV affected community members.

As of July 2010, over 27,000 workers had been reached through the HIV and AIDS workplace educational programmes at 29 Hindustan Construction Company sites. The company has also donated funds to the Clinton Foundation's health access initiative to educate physicians in India on the symptoms of HIV.

Source: Adapted from a study by Clinton Global Initiative (CGI), 2011.



in Southern Africa, based on the number of people employed and by the foreign exchange generated by mineral exports. Studies of the mining sector in South Africa show HIV infections from one-quarter to almost half of the country's miners. Zambia and Botswana face similar situations. The problem is not restricted to Southern Africa. For instance, a study from a gold mining camp in Guyana showed a 6.5% HIV prevalence. In Russia, the number of HIV infections in the country's fifth largest gold mining area, Irkutsk, is more than three times the national average.

Resources for mining companies and investors:

HIV/AIDS Guide for the Mining Sector International Finance Corporation (IFC), 2004. www.ifc.org

In 2012 the ILO will produce tripartite guidelines on HIV/AIDS for the mining sector. www.ilo.org

3.2 Oil and Gas

HIV transmission risks in the oil and gas industry are associated with, for example, high worker mobility, extended separation between workers and their families, poor levels of HIV awareness and high disposable income.

Resources for oil and gas companies and investors:

HIV/AIDS Management in the oil and gas industry International Petroleum Industry Environmental Conservation Association, International Association of Oil & Gas Producers and the Global Business Coalition on Health, 2005. www.ipieca.org

3.3 Construction and Transportation

A number of factors contribute to make the construction and transportation sectors amongst the industries most affected by HIV. Construction work employs more young male workers at lower skill levels than any other sector except for agriculture. The workforce is highly mobile and often lives in very poor conditions with inadequate access to health care. The working and living conditions are conducive to engagement in casual sexual relationships, including with sex workers. Road transport, railway, civic aviation and shipping are all highly exposed to the risk of HIV infection due to a male dominated workforce, high mobility and long absences from home.

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Resources for transportation companies and investors:

Using the ILO Code of Practice on HIV/AIDS and the world of Work- Guidelines for the Transport Sector ILO/AIDS, 2005. www.ilo.org/aids

HIV/AIDS Manual International Transport Union, 2004. www.itfglobal.org

3.4 Agribusiness

The Food and Agriculture Organization of the United Nations (FAO) estimates that in the 25 most HIV affected countries in Africa, 7 million agricultural workers died from AIDS from 1985 to 2000. 16 million more are likely to die before 2020. In the 12 most affected African countries, the losses to the agricultural labour force range from 10 to 26%. According to a 2010 study in South Africa, the HIV prevalence amongst the country's

farm workers is about 40%, the highest ever recorded in Southern Africa.

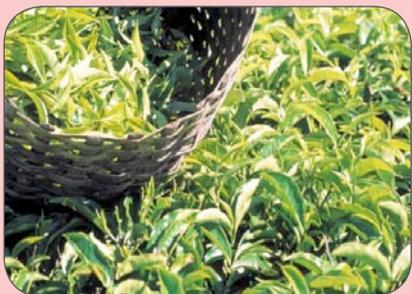
The low-or-unskilled workforce in agribusiness is vulnerable to HIV due to a number of reasons, including poor knowledge about the disease, high mobility, poverty, transactional sex, overall poor health conditions and a large proportion of female workers, who are more vulnerable to HIV infection. The reliance of agribusiness on seasonal and short-term workers makes the sector especially vulnerable to the impact of HIV and AIDS as the loss of workers at crucial harvest and sowing periods can have a dramatic impact on productivity and significantly reduce the size of the harvest.

Resources for agricultural companies and investors:

Building Capacity for the Agriculture Sector's Response to AIDS: A Training Manual for Agriculture Sector Workers. FAO, 2010. www.fao.org

Case 5: HIV and AIDS programme extension through partnerships and local engagement: Unilever Tea, Kenya

Unilever Tea Kenya is the single largest private sector employer in Kenya and was founded in 1924. The company grows, processes and packages tea on 13,000 ha, has eight tea manufacturing factories and employs over 18,000 workers. Unilever has leveraged the power of collaboration to bring its HIV and AIDS workplace programme to more than 500,000 people through more than 50 tea growers in Kenya.



In partnership with its supply chain and local tea growers, Unilever has brought its HIV and AIDS programme, including voluntary counselling and testing, public education and engagement, prevention of mother-to-child transmission and the provision of antiretroviral treatment (ARV), to its communities. The scale and reach of the initiative is made possible through collaboration with the Kenya Tea Growers Association and dozens of small-scale farmers that supply tea to Unilever.

Unilever works with local community members to broaden the reach of its corporate HIV and AIDS programme, equipping 92 community members with the tools and knowledge to in turn train other community members to become peer educators. In total, 510 voluntary peer educators were trained in HIV prevention, where to get tested and how to get treatment. They are now passing on this information to their fellow community members. Community and donor partnerships contributed to Unilever's work and allowed the programme to reach scale rapidly. Support included the German donor GIZ developing the community outreach component and a partnership with the US donor PEPFAR for the provision of ARV treatment.

Local engagement is critical to Unilever's supply chain efforts. A steering committee composed of 26 local tea companies helps guide the initiative, overseeing implementation and selecting peer educators. Unilever also engages with the Kenyan national organisation of peer educators (NOPE) and has leveraged the support of Moi University on-the-ground surveying.

Source: Adapted from study by the Global Business Coalition on Health, 2009.

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3.5 Manufacturing

South African studies have identified manufacturing as one of the industry sectors most negatively affected by HIV as a large proportion of the manufacturing workforce are semi- and unskilled. In a 2004 survey commissioned by the South African Business Coalition on HIV/AIDS, more than 40% of South African manufacturers reported that HIV and AIDS had reduced their profits.

Resources for manufacturing companies and investors:

The International Council of Swedish Industry (NIR) and the Swedish Industrial and Metalworkers' Union (IF Metall) Swedish Workplace HIV/AIDS Programme. www.swhap.org

3.6 Small and medium size enterprises

Small and medium size enterprises (SMEs) are more heavily affected by the HIV epidemic than large companies. SMEs have small workforces and the loss or prolonged absenteeism of one or more key employees can easily lead to lower productivity, reduced profits and even the collapse of the business. The negative effects of HIV and AIDS for SMEs are aggravated by the fact that employees in small companies often lack social security. SMEs typically have limited access to HIV information and support services. Moreover, the sales of small businesses can be more seriously affected by the HIV prevalence in a certain community, as SME customers are often local.

The ILO and Inwent offer toolkits on very basic, effective and small cost HIV and AIDS programmes for SMEs, which include education for prevention, care and support to those who need it, as well as tackling stigma and discrimination. The World Economic Forum has produced guidelines for large companies that wish to support SMEs in their supply chains to counteract the effects of HIV and AIDS.

Case 6: Workplace HIV prevention and high quality treatment: Heineken International

Heineken is one of the world's largest brewing groups, employing more than 56,000 people, with production at 125 breweries in over 70 countries.

With a large workforce in sub-Saharan Africa, Heineken early established workplace disease-prevention programmes. Heineken's HIV/AIDS, tuberculosis and malaria workplace programme is a comprehensive model for preventing and treating illness among employees and their families. As a result of the programme, the number of new HIV cases amongst employees and their families is consistently falling. HIV mortality has also dropped dramatically.



Heineken's activities include education in the workplace, a "know your status" campaign, voluntary counselling and testing (VCT) events and training by peer health educators, who not only raise awareness in the workplace but also in local schools. Heineken's HIV treatment programme is exceptional in its quality and its ambition to provide the same level of treatment to employees in poorer settings as to those in richer environments. The company guarantees treatment for employees and their families for life, regardless of whether they are still employed at Heineken.

Heineken has extended its workplace HIV programme to the small and medium size enterprises in its supply chain. Company initiatives have reached farmers, truck drivers and hotel workers in Burundi, the Democratic Republic of the Congo, Nigeria and Rwanda.

Source: Adapted from a study by the Global Business Coalition on Health, 2010.

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Resources for SMEs and SME investors:

Helping micro and small enterprises cope with HIV/AIDS - A handbook for small business associations and service providers ILO/AIDS, 2007. www.ilo.org/aids

The AwISA network website gathers manual and toolkits for SMEs in sub-Saharan Africa. www.awisa-network.net

The Business Responds to AIDS Program Centers for Disease Control and Prevention. www.hivatwork.org

Workplace HIV/AIDS Toolkit South African Business Coalition on HIV/AIDS, 2005. www.sabcoha.org

Beyond Big Business - Guidelines to support your supply chain against HIV/AIDS World Economic Forum, 2006. www.weforum.org

Case 7: A private equity sponsored HIV SME programme: Aureos Capital, Kenya

Aureos, a private equity firm focused on small and medium-sized businesses in emerging markets, developed the first private equity sponsored HIV/AIDS initiative in Africa with support from the Norwegian Development Finance Institution Norfund. The programme was first conceived in 2005 to address HIV/AIDS in Aureos' portfolio companies. After a period of initial research, the programme has focussed on initiatives which have included the following:

- organising in-house HIV/AIDS programmes to serve the employees and families of 10 Aureos portfolio companies;
- developing added value healthcare programmes by leveraging partner companies' production and distribution assets to serve three million consumers in the region;
- establishing a US\$33m African healthcare infrastructure investment fund; and
- supporting portfolio companies with operational efficiencies to improve timeliness of decision-making related to health care costs and the implementation of in-house HIV/AIDS programmes.

Ten Kenyan-based Aureos portfolio companies were selected to participate in the HIV/AIDS programme, including a hot steel rolling facility, an IT solutions provider, a large dairy company and a print production company. In total, participating portfolio companies had almost 4000 employees. Prioritised action plans were developed in 2009 for each company with actions ranging from voluntary testing and peer education workshops to the provision of Highly Active Anti-Retroviral Therapy (HAART). Over 80% of staff in participating companies now "know their status".



In order to demonstrate the sustainability of the HIV-SME workplace programme, Aureos has been developing a website which will contain documentation of the participating companies' costs associated with the impact of infectious diseases. The website which is still under construction will have two portals. The first portal will provide access to comprehensive links and referrals on disease management for the human resources managers of African SMEs. The second portal will only be accessible to Aureos' participating portfolio companies' CEOs and HR directors and will provide access to their own company's data. The website will contain

information on the individual company's progress to date, HIV incidence at the company (on a confidential basis), challenges facing the company and cost-benefit survey results.

Source: Information provided by Aureos, 2011.

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4 Good practice corporate and investor responses to HIV and AIDS

Good practice corporate responses to HIV and AIDS should combine measures to fight stigma and discrimination, and thereby support internationally proclaimed human rights, with cost efficient investments in a healthy workforce. The extent of appropriate company and investor focus on HIV and AIDS matters, and the extent to which good practices can be implemented by any particular company, depends on regional, industry sector and other contextual factors, as described in previous sections.

4.1 Fighting stigma and discrimination

Stigma and discrimination are hindering access to HIV prevention, care and support services. The 2010 ILO Recommendation on HIV and AIDS and the World of

Work² sets the international human rights standard for the response to HIV and AIDS in the workplace. Companies should establish a corporate HIV and AIDS policy including:

- statements on non-discrimination in recruitment and employment;
- gender equality;
- a commitment to ensuring a healthy and safe working environment;
- prohibition of HIV testing for purposes of employment;
- confidentiality of HIV status and other personal medical information;
- continuation of the employment relationship irrespective of HIV status;
- access to HIV prevention counselling; and
- care and support for those infected by HIV.

Case 8: Advancing the human rights and wellbeing of migrant women workers: Levi Strauss, China

Levi Strauss & Co. is an international manufacturer and marketer of jeans and apparel, with sales in more than 110 countries around the world. The goal of the Levi Strauss labour services programme is to advance the human rights and well-being of migrant women workers. The overarching strategy is to provide assistance through educational activities and counselling services to increase migrant workers' knowledge of and access to:

- labour rights and self-protection;
- HIV/AIDS awareness and prevention;
- basic women's health and hygiene, including reproductive health;
- psychological health and social integration;
- communication skills, including conflict resolution;
- redress through legal aid; and
- asset-building programmes to promote financial literacy and savings.

China is home to about 200 million migrant workers; 75% are women and most are between 18 and 25 years of age and single. Many are sexually active, but possess very limited awareness of HIV/AIDS. In 1999, Levi Strauss began targeting migrant women workers in Guangdong province in China with its labour services programme and since 2006, the programme has been replicated and expanded in the Wujiang industrial development zone in the lower Yangtze river basin of Jiangsu province. Cumulatively, Levi Strauss' programme has reached over 850,000 migrant women workers during the last nine years, in 1,000 factories in 72 cities. HIV/AIDS knowledge amongst these workers has increased from none to 86%. HIV/AIDS awareness and prevention programmes have become a mainstream component of regular trainings for new workers in some factories.

Source: Adapted from a study by the Global Business Coalition on Health, 2008.



²www.ilo.org

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4.2 Keeping employees healthy

In order to respond adequately to the threat of HIV and AIDS, companies need to conduct HIV and AIDS risk assessments which normally include estimating HIV prevalence, risk factors and the impact the disease has on the company.

Based on the corporate HIV and AIDS policy, an HIV and AIDS workplace programme should be developed and managed by a committee that includes employee representatives and senior management. This committee should ensure that the HIV and AIDS programme is in line with and complementary to the local government's strategies and programmes to address HIV and AIDS. The corporate HIV and AIDS programme's activities should be monitored and evaluated regularly.

An HIV and AIDS workplace programme should include behaviour change communication interventions to raise awareness and educate employees at all levels about HIV and AIDS. In addition to providing information materials and condoms, the company could establish a peer education programme, which is an evidence-based and cost efficient approach to HIV and AIDS education.³

Companies could also facilitate access to voluntary counselling and testing for HIV, through referral or on-site provision. Moreover, companies could provide training on prevention of occupational risks for contracting HIV, and facilitate or provide access to prevention and treatment of HIV related infectious diseases such as sexually transmitted infections and tuberculosis.

HIV treatment provision to eligible employees has proven to have positive financial returns for many companies. A 2004 study covering six corporations in South Africa and Botswana show that the annual cost of AIDS ranged from 0.4% to 5.9% of total wages. All six companies would have earned positive returns on their investments if they had provided employees with free HIV treatment.⁴ In addition, a number of unmeasured and/or non-financial benefits were identified, including reductions in the time managers spent coping with employee deaths and mitigation of the impact of AIDS on workforce morale, motivation and discipline.⁵

Good corporate care and support practices for employees living with HIV should further include

treatment of opportunistic infections, psychosocial support and reasonable accommodation to help them continue their employment.

4.3 Partnerships and programme extension

In order to establish a sustainable and effective corporate HIV and AIDS programme, companies benefit from partnership with national health authorities or AIDS committees, NGOs, medical organisations and/or other local service providers in the implementation of corporate HIV and AIDS prevention, care and support services.

As HIV is primarily transmitted through sexual intercourse and from mother to child, companies could also consider extending the corporate HIV and AIDS programme to cover families and dependants of employees as well as suppliers, subcontractors and the extended community where it operates.

4.4 HIV and AIDS considerations: good practices for investors and businesses

The tables on the next two pages provide guidance to companies and investors on how to develop and implement HIV and AIDS workplace policies and programmes. The first table describes corporate governance and workplace practices for how to fight discrimination, which are relevant for all countries and industry sectors. The second table is primarily intended for companies and investors operating in countries where the HIV prevalence rate exceeds 1% of the adult population and/or in industry sectors with particular risks for HIV infection.

In addition to what is recommended for companies in all countries and across industry sectors, companies are expected to go beyond non-discrimination towards active management of HIV and AIDS as described below if they are operating in countries where the HIV prevalence rate exceeds 1% of the adult population and/or in industry sectors with particular risks for HIV infection. For SMEs, it may be difficult to take such pro-active measures without financial and/or capacity building support.

³ Best practice collection: Peer education- Concepts, Uses and Challenges, UNAIDS, 1999. www.unaids.org.

⁴ The cost of HIV/AIDS to businesses in southern Africa, S. Rosen, J. Vincent, W. MacLeod, M. Fox, D. Thea and J. Simon, 2004.

⁵ Rosen et al., 2007.

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Table 1: HIV and AIDS policies and programmes - for all countries and industry sectors

	HIV and AIDS in corporate governance	HIV and AIDS in the workplace
Basic	<p>The company has written policy and/or policy components to address HIV and AIDS, including the following provisions:</p> <ul style="list-style-type: none"> • non-discrimination; • no mandatory HIV testing of employees or for purposes of denying employment to HIV positive candidates; • confidentiality regarding HIV status; • a healthy and safe work environment; • no job termination if an employee is deemed fit to work according to medical examination • equal opportunities/benefits for HIV positive employees as all other employees; and • grievance procedure and resolution mechanism. <p>The corporate HIV and AIDS policy has been adopted by leadership/ representatives of company management and employees.</p> <p>Senior management unequivocally endorses non-discriminatory employment practices.</p>	<p>The company ensures that employees living with HIV are entitled to the same rights, benefits and opportunities as employees with other serious or chronic illnesses.</p> <p>The company practices non-discrimination in recruitment.</p> <p>The company does not require HIV testing of employees or job candidates.</p> <p>The company ensures the effective confidentiality of employee's personal data, including medical data.</p> <p>The company offers reasonable accommodation to help employees living with HIV to continue in employment (e.g. rearrangement of working time where possible, special equipment, time off for medical appointments, part-time work, etc).</p> <p>The company has grievance procedures that specify under what circumstances disciplinary proceedings can be commenced against any employee who discriminates on the grounds of real or perceived HIV status or who violates the corporate policy on HIV and AIDS.</p> <p>The company communicates corporate HIV and AIDS policies and practices to employees in simple, clear, and unambiguous terms.</p> <p>The company has a procedure for occupational blood exposure, as/if relevant for company operations.</p>
Inadequate	<p>The company is silent on HIV and AIDS in policies, procedures and corporate communication.</p> <p>The company discriminates against employees or job applicants due to perceived or real HIV status, which violates fundamental human rights as per ILO Convention 111. This could include involuntary or mandatory HIV testing and termination of employment due to real or perceived HIV status.</p>	<p>Incidences of job termination due to real or perceived HIV status.</p> <p>Employees and/or their dependants affected by HIV and AIDS are discriminated against in access to social security systems and occupational insurance schemes, or in relation to benefits under such schemes.</p> <p>Incidences of mandatory or forced HIV testing of employees and/or job seekers and job applicants.</p> <p>The company lacks procedures to protect employees' medical and personal data confidentiality.</p> <p>The company treats temporary absences from work because of illness or care giving duties related to HIV or AIDS differently than absences for other health reasons.</p>

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Table 2: HIV and AIDS policies and programmes - for countries and/or industry sectors particularly exposed to HIV infection risks

	HIV and AIDS in corporate governance	HIV and AIDS in the workplace
Advanced	<p>The corporate HIV and AIDS policy and programme cover suppliers, subcontractors and the extended community where the company operates.</p> <p>The company monitors and reports on measurable HIV and AIDS programme results.</p> <p>Persons living with HIV are actively involved in the development and implementation of corporate HIV and AIDS policies and programmes.</p>	<p>The company supports (through financial, technical or human resources) its suppliers and sub-contractors to have HIV and AIDS workplace programmes.</p> <p>The company sponsors and/or supports community-based HIV prevention, education and awareness programmes and/or community-based HIV treatment, care and support efforts.</p> <p>All of the company's HIV interventions are gender mainstreamed and the development of treatment, care and support services take into consideration the views of persons living with HIV.</p>
Intermediate	<p>The corporate HIV and AIDS policy has been developed into an HIV and AIDS programme, which covers employees as well as their families and dependants.</p> <p>The corporate HIV and AIDS programme includes HIV education and prevention and treatment, care and support.</p> <p>The corporate HIV and AIDS programme is implemented in cooperation with employee representatives.</p> <p>The corporate HIV and AIDS programme is regularly monitored, evaluated and updated.</p> <p>The company has assigned responsibility and accountability for its HIV and AIDS programme to a member of senior management.</p> <p>The company partners with national health authorities and/ or national AIDS committees in the country/ies where it operates, local NGOs, medical organisations and other businesses and leverage their resources for HIV prevention, treatment, care and support for the workforce and their families.</p>	<p>The company's HIV education and prevention programme is led by trained educators and includes activities to change behaviours linked to HIV infection.</p> <p>If not otherwise provided through the national health insurance programme, the company provides access to HIV treatment, care and support programmes for employees living with HIV, their families and dependants; as well as services to prevent mother-to-child-transmission of HIV to employees and their partners, through ARV prophylaxis during pregnancy, delivery and breastfeeding for HIV-infected women and special approaches to childbirth and breastfeeding.</p> <p>The company provides prophylaxis for opportunistic infections, and helps employees living with HIV gain access to nutritional supplements.</p> <p>The wellness programme is managed by health care professionals who have received HIV training.</p> <p>The company's performance appraisal of employees and management ensure they do not stigmatize or discriminate against colleagues on the basis of perceived or real HIV status.</p>
Basic	<p>The company has a written policy and/or policy components to address HIV and AIDS in the workplace, including the following provisions:</p> <ul style="list-style-type: none"> a gender sensitive corporate HIV and AIDS programme addressing the higher vulnerability of women to HIV infections; promotion of a healthy and safe work environment including health and safety precautions for communities affected by corporate activities; promotion and provision of HIV prevention services; and care and support services for employees living with HIV. <p>The corporate HIV and AIDS policy is based on a risk assessment and a review of the national legislation, HIV and AIDS strategy and programmes.</p>	<p>The company provides all employees with basic education about how HIV can be prevented.</p> <p>The company provides training on specific risks of occupational transmission of HIV and tuberculosis to all employees.</p> <p>The company provides confidential and voluntary HIV counselling and testing, through referral or on-site provision, to all employees. The counselling and testing are conducted by trained personnel and the company has a strategy to ensure that employees who test HIV positive can access treatment, care and other relevant services.</p> <p>The company facilitates access to prevention and treatment of some HIV related infectious diseases such as sexually transmitted infections and tuberculosis, through referral or on-site provision, to all employees.</p>

Responding to HIV and AIDS

Good practices for investors and businesses

Case 9: Assessing the business case for early treatment: the Swedish workplace HIV and AIDS programme, South Africa

HIV and AIDS impact assessments have become a key element of corporate governance in South Africa thanks to the 2002 King II corporate governance report, which introduced the idea of evaluating environmental and social bottom lines, including the impact of HIV and AIDS, on business operations. In 2008, the Swedish workplace HIV and AIDS programme (SWHAP) conducted an HIV and AIDS impact assessment of ten of its partner companies in South Africa.

Study design

The SWHAP HIV/AIDS impact assessment consisted of three parts: i) estimating HIV prevalence in the workplace; ii) estimating the financial impact in a non-intervention scenario; and iii) assessing the impact of three different intervention strategies against the baseline financial case. The assessed intervention strategies were:

Scenario 1: Employee wellness management and treatment for sexually transmitted infections (STIs).

Scenario 2: Scenario 1 + anti-retroviral treatment (ARV) for workers with a CD4 count of 200. The CD4 count is a measure of how much the immune system has been weakened by HIV. The lower the number the weaker your immune system.

Scenario 3: Scenario 1 + ARV treatment starting earlier at a CD4 count of 350.

Results

The estimated HIV prevalence amongst the employees of the ten companies was 13%. The study projected that, in a non-intervention scenario, the aggregated additional costs of HIV and AIDS for the companies involved could exceed 450 million ZAR (64 million USD) between 2008 and 2012. The cost-benefit analysis of the three scenarios revealed mainly positive results, while the results for the third scenario showed by far the greatest impact. As the companies' ARV treatment costs were deducted from the gross savings realised by the third intervention strategy, the potential savings were 47% of the additional costs of HIV/AIDS for the non-intervention scenario, compared to 0.7% and 4% for the other two scenarios, respectively. Provision of ARV treatment at a CD4 count of 350 accordingly yields a much greater return on the corporate investment, even though the cost related to this intervention is markedly higher than the costs of the other strategies. The savings were related to a reduced number of workers leaving their jobs due to death or ill-health retirement caused by HIV and AIDS, which resulted in lower costs for recruitment, overtime and supervision, as well as maintenance of productivity levels. An estimated 48% of the total savings were due to the decreased premiums for death and ill-health retirement benefits.

Source: Adapted from a study by the Swedish workplace HIV and AIDS programme, 2008.

International HIV and AIDS standards and resources:

- The AIDS Accountability Workplace Scorecard AIDS Accountability International, 2011. www.aidsaccountability.org
- 2003 Reporting Guidance on HIV/ AIDS Global Reporting Initiative, 2003. www.globalreporting.org
- The Guide to Human Rights Impact Assessment and Management International Business Leaders Forum, IFC and United Nations Global Compact, 2010. www.guidetohriam.org
- Fighting HIV/AIDS in the Workplace: Methodology and Good Practices IFC and the Global Business Coalition on Health, 2010. www.gbciimpact.org
- Good Practice Note: HIV/AIDS in the Workplace IFC, 2002.. www.ifc.org
- The ILO Code of Practice on HIV/AIDS and the World of Work ILO, 2001. www.ilo.org/aids
- The ILO Recommendation concerning HIV and AIDS and the World of Work ILO, 2010. www.ilo.org/aids
- Employer's Handbook on HIV/AIDS: A Guide for Action International Organisation of Employers and UNAIDS 2002. www.ioe-emp.org
- 2010 Report on the global AIDS epidemic UNAIDS, 2010. www.unaids.org

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AWISA	The Global Reporting Initiative	The International Organization of Employers
Boston University School of Public Health	The International Finance Corporation (IFC)	The International Petroleum Industry Environmental Conservation Association
Centers for Disease Control and Prevention	The International Labour Organization (ILO)	Internationale Weiterbildung und Entwicklung Gmbh (InWent)
The Food and Agriculture Organisation of the United Nations (FAO)	The International Business Leaders Forum	The Joint United Nations Programme on HIV / AIDS (UNAIDS)
The Global Business Coalition on Health	The International Council of Swedish Industry	

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