UK Consortium on AIDS and International Development

Working Positively

A guide for NGOs Managing HIV/AIDS in the workplace

December 2003

Contents

1. Executive summary

While the value of HIV/AIDS workplace strategies is increasingly well recognised, this is the first study to examine how NGO's are embracing the challenges of addressing HIV/AIDS in the workplace. Below we have highlighted some of the key messages to come out of this review.

- HIV/AIDS workplace strategies are of particular importance to NGOs. Not only do they help to mitigate the impact of HIV/AIDS on operations, they are essential if NGOs are to be credible in addressing HIV/AIDS in their programme work

- A workplace strategy typically encompasses a clear policy statement (covering clear procedures, confidentiality, non-discrimination, gender, education, prevention, treatment and care and monitoring) supported by guidelines to help management implementation. In addition a strategy usually incorporates an education and prevention programme and a treatment and care programme

- Different organisations have taken different approaches. Some, like Oxfam have, developed a central policy which is now being implemented locally. Others, such as Save the Children, have developed central principles to ensure minimum standards and consistency but have left it up to local offices to decide how they want to implement. Some organisations, such as Action Aid, have allowed local offices to develop their own responses and are now linking these with organisation-wide guidelines

- Whichever approach is taken implementation needs to be tailored to local cultural, operational and legal dynamics to be effective

- Successful workplace strategies need to ensure both commitment from the top to motivate action, and buy-in from all levels of staff, if the are to be implemented effectively

- Ensuring adequate resources to support implementation is essential. Some NGOs found that their education and prevention programme had not been implemented due to time pressures on staff

- Clear communications of the policy is important. Some NGOs found that while they had policies in place to support People Living with HIV/AIDS the benefits had not been taken up because of low awareness of the policy and because a safe and supportive environment was not perceived to have been created

- Evidence from NGOs and the commercial sector indicates that take up of benefits is still low. Given the huge stigma and discrimination associated with HIV/AIDS, it is important to create a "safe" environment. People Living with HIV/AIDS need to feel that they will be supported if they choose to disclose their status

openly and that there is a commitment to confidentiality if they choose not to disclose broadly.

- People Living with HIV/AIDS have huge contributions to make to HIV/AIDS workplace programmes; they should be involved in the development and implementation of strategies to ensure they are rooted in reality.

- People Living with HIV/AIDS can add enormous value to education and awareness raising programmes. Our research showed that talks by People Living with HIV/AIDS were seen as one of the most effective ways of bringing home to staff the reality of HIV/AIDS and that it can happen to anyone

- Staff surveys during policy development are valuable as they help to identify issues of concern amongst the workforce and provide a baseline from which to measure changes in attitude and knowledge. Surveys also help to raise awareness and ensure staff buy-in

- There is huge scope for collaborative working between NGOs and commercial companies in implementing workplace programmes; sharing education programmes and identifying or developing quality suppliers of medical treatment for HIV/AIDS

- Increasingly the cost of providing treatment including ART to staff is becoming manageable as drug prices decline and the infrastructure is developed. Analysis by some of the larger NGOs and commercial companies shows that the additional cost of providing lifesaving ART is more than offset by the value that that person can contribute as a healthy employee

- However funding additional medical commitments remains a challenge (especially for smaller NGOs and for NGOs that are primarily run by volunteers) and donors need to be persuaded to fund treatment

- Providing treatment, notably ART, is complicated and defining the details of the policy (who should receive treatment, how many dependants are covered, what happens when staff leave etc) are difficult. This document contains some examples of how different NGOs have dealt with these issues

- Ability to implement treatment will vary by location; in remote locations lack of adequately trained medics to supervise and monitor treatment may be a constraint and NGO's need to think carefully about what commitments they can make to treatment if it is not available locally

This document provides some insight into the latest thinking on HIV/AIDS workplace policies and examples of some of the approaches adopted by different NGOs. However, while most of the organisations talked to, as part of this research, have developed policies, many are still at the early stages of implementation. Lessons are still being learnt and it may be some time before the real benefits of widespread HIV/AIDS workplace strategies are felt on the ground.

2.   Introduction

HIV and AIDS (HIV/AIDS) are most prevalent in adults in their productive prime. With prevalence rates over 20% in many sub-Saharan countries and with infections rising rapidly in many other regions, organisations are increasingly finding that HIV/AIDS is affecting their operations.   As a result, addressing HIV/AIDS in the workplace is becoming a priority for governments, commercial organisations and non-governmental-organisations (NGOs).

Arguably, the commercial sector has taken the lead in developing HIV/AIDS workplace strategies; commercial realities (rising costs and reduced efficiency due to the impact of AIDS) have demanded solutions and, unlike most NGOs, their business models allow investment for longer term solutions.

For NGOs the arguments for effective workplace strategies are compelling. First, NGOs work in some of the highest prevalence areas and employ staff from those communities. Second, evidence from the commercial sector suggests that a good workplace programme including treatment can help to mitigate the impact of HIV/AIDS on an organisation. Third, NGOs are realising that the workplace can, and should, play a role in helping to tackle the HIV/AIDS epidemic.   Finally, if NGOs are to be credible with government, partners and communities they need to be seen to be addressing HIV/AIDS internally in a way that is consistent with their external messages.

At the heart of HIV/AIDS workplace strategies are three components; a comprehensive policy supported by management guidelines; an education and prevention programme, and a treatment and care programme. While education and prevention require time and some investment they are relatively straightforward to implement; it is treatment and care that present the biggest challenges. One of the crucial components of treatment, Antiretroviral Therapy (ART), was, until recently, too expensive for many organisations.   However, with falling costs, the economic and moral arguments for the provision of ART are increasingly strong.   Nonetheless, implementation is complex and presents both moral and financial conundrums that are not easily resolved.   Even the market leaders are only at the early stages of implementation. However, provisional lessons and suggested approaches are beginning to emerge.

While a number of guidelines for developing HIV/AIDS workplace strategies and case studies on the approaches

taken by various organisations have been published[1], these have tended to focus on the commercial sector. To date there has been limited work focussed specifically on the needs and experiences of the NGO sector.

This guide was created by the UK Consortium on AIDS and International Development (the Consortium on AIDS) to illustrate the approaches being taken by NGOs to HIV/AIDS workplace strategies and to develop a provisional guide to good practice for NGOs.

The guide includes:

* Components of a HIV/AIDS workplace strategy

* Guide to developing a workplace strategy

* Lessons from the NGO and commercial sector

* Testimonies of HIV positive people

* A list of reference websites and publications

The guide is targeted at all NGOs with particular focus on those with staff in high prevalence or high HIV/AIDS growth countries.   While the guide tries to identify good practice, any approach needs to be adapted to suit the structural and financial dynamics of the implementing organisation.

This guide and case studies were developed by Tabitha Elwes and Aileen Jackson on behalf of the Consortium on AIDS in September and October 2003. Research included interviews with NGOs, commercial organisations and others involved in HIV/AIDS workplace initiatives and reviews of work undertaken by the ILO, UNAIDS and Family Health International. Information was gathered at the 11th International Conference for People Living with HIV/AIDS in Kampala in October 2003 of HIV positive people's experience of workplace programmes.

The Consortium on AIDS would like to thank

* ActionAid, the International HIV/AIDS Alliance, CAFOD and Oxfam GB for funding the project

* ACORD, Christian Aid, Diageo, the International HIV/AIDS Alliance, Oxfam GB, Save the Children GB, Standard Chartered, VSO and UNICEF for participating as case studies

* Richard Frank Prouten and Cranfield University for use of Frank's MSC Thesis on ART provision in NGOs

* Sue Holden for use of AIDS on the Agenda published by Oxfam GB

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[1] Examples of Best Practice Guidelines include the ILO, UNAIDS and Family Health International. Case studies are available from the Global Business Coalition on HIV/AIDS and the Asian Business Coalition on AIDS. See Appendix A.

3. Current situation

Evolution of HIV/AIDS workplace strategies

Over the last five years the role of businesses and employers in addressing HIV/AIDS has evolved dramatically. When early risk analyses (supported by anecdotal evidence on rising deaths and absenteeism) showed that HIV/AIDS was eroding profitability, companies in Southern Africa, notably in mining and banking, were galvanised into action.

Initial focus was on education and prevention, but it quickly became clear that to be effective (and to overcome the stigma associated with HIV/AIDS) these programmes needed to be addressed within the context of clear HIV/AIDS workplace policies. These outline an organisation's commitment to addressing HIV/AIDS in the workplace; and inform employees of their rights and responsibilities (particularly with regard to discrimination and confidentiality). They also provide guidance to managers who may have to deal with HIV/AIDS on a day-to-day basis.

Early programmes focused on education and free condom distribution. Over time these were expanded to include treatment of opportunistic infections, prevention of mother-to-child transmission and counselling. Best practice templates for workplace strategies began to emerge sponsored by trade unions and employers' federations.

Initially, the cost of ART, in countries with no free national health service, and the complexities of managing treatment were such that few organisations could justify investment in treatment. However, the rapid decline in ART costs; increasing recognition of the non-medical costs associated with HIV/AIDS (i.e. staff turnover, death in service benefits, staff training etc.) combined with more flexible insurance models and an expanding infrastructure capable of delivering treatment has led to a re-evaluation of employer-sponsored treatment programmes.

Over the course of the last two years an increasing number of organisations have started to put in place workplace strategies that include a commitment to ART. With ART the progress of the disease can be managed to some extent and People Living with HIV/AIDS can continue to be healthy and work. With the advent of wider scale ART it is hoped that attitudes will subtly begin to shift. As HIV/AIDS begins to be seen as a manageable condition, some of the stigma associated with the condition will begin to be eroded and people will be more willing to see the benefits of testing and knowing their status.

Various studies have illustrated that the benefits of implementing HIV/AIDS treatment outweigh the costs and

companies are increasingly realising that 'taking action on HIV/AIDS costs less than no action'. [2]

It is difficult to generalise about the scale of businesses response to HIV/AIDS; it varies by country and sector. South African organisations have been at the cutting edge (70% of those surveyed recently had an HIV/AIDS workplace policy); and increasingly multinationals see a workplace strategy including treatment as best practice; without which they are vulnerable to negative PR.

Exhibit 1: Deloitte & Touche Human Capital survey 2002

- 80% of firms expect HIV/AIDS to have a "moderate" to "extreme" effect on operations
- 70% of companies have an HIV/AIDS policy
- 14% of employee deaths in 2000 were ascribed to AIDS
- 16% of compassionate leave in 2000 related to HIV/AIDS
- 72% of employers offered awareness programmes
- 47% of organisations made attendance at these compulsory
- 35% extended programmes to families and communities
- 81% of organisations would adapt the workload of employees with HIV/AIDS or provide them with alternative positions as their health declined
- The majority of medical schemes of respondents had an HIV/AIDS disease management programme.
- Two thirds of the participants' medical schemes limited or capped the treatment of HIV/AIDS

Source: Survey of 67 South African Companies from across a wide range of sectors conducted in 2002

It is still early days. There are many challenges associated with implementing an HIV/AIDS strategy. However, as economic, moral and "best practice" arguments push large organisations towards comprehensive strategies, medium-sized and small organisations are following suit.

Exhibit 2: The Old Mutual 2003 healthcare survey

26% of companies surveyed had introduced a disease management campaign, but only half of these had seen any meaningful increase in the amount of people accessing these. It is necessary to register on a disease management programme to access the benefits. The main reasons for low take-up appear to be fear of job losses and social stigma and affordability.

The NGO response

The arguments for implementing HIV/AIDS workplace strategies are equally if not more compelling for NGOs than for commercial companies.

- Many NGOs operate in high prevalence areas with large numbers of national staff (i.e. those who are most vulnerable to HIV/AIDS)

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[2] Centre for International Health, Boston University Costing Model (www.international-health.org/AIDS_Economics), University of California-San Francisco (http://www.ucsf.edu/daybreak)

- Staff are an NGOs key asset and high turnover because of HIV/AIDS can erode programme effectiveness (leading to loss of knowledge and skills)

- If NGOs are to lobby effectively on ethical issues they need to be at the forefront of best practice;

- If NGOs are to be credible with partners and communities as they mainstream HIVAIDS and develop dedicated programmes they need to be seen to be addressing HIV/AIDS issues internally

Despite these arguments NGOs are lagging behind the commercial sector. While some larger NGOs have had workplace strategies for a number of years; only a few have reviewed these in the light of recent ART developments. Others are in the process of developing a strategy but are grappling with some contentious issues. A significant number of smaller NGOs have yet to address the issue at all.

Recent research undertaken by Frank Prouten at Cranfield University explored HIV/AIDS policies that include ART in international NGOs[3]. Of 22 respondents, five already had a policy including ART, nine were developing a policy but eight were not producing or intending to produce a policy. Larger organisations tended to have more developed policies.
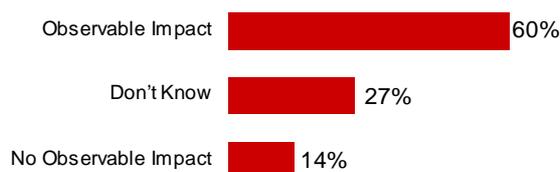
Exhibit 3: Policy status by size of organisation
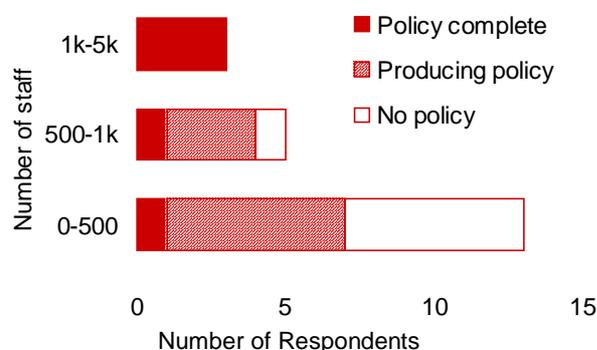
The research asked whether there had been any observable impact of HIV/AIDS on the organisation. The majority responded "yes". Surprisingly of the 12 that responded "yes", three were not producing or intending to produce a policy.

Exhibit 4: Extent to which HIV/AIDS has had an impact

The research demonstrated that organisations with a high percentage of staff in sub-Saharan Africa are more likely to have a policy including ARTs.

Exhibit 5: Policy status by geographical location
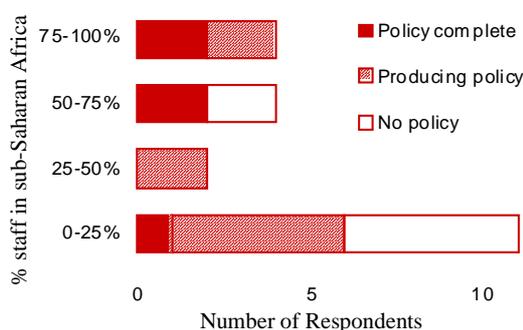
Qualitative interviews also confirmed that for many NGOs it was the immediate needs of specific country programmes (particularly in Southern Africa) that were the catalysts for local responses. These, in turn, stimulated the implementation of global strategies.

Exhibit 6: How local dynamics stimulate action

- *"We had no HIV workplace strategy. However, as I was brought in to start mainstreaming HIV I decided it was essential to develop a strategy, at least for Kenya."*
- *"When I decided to recruit an HIV positive person it forced the issue about treatment; we had to be able to offer her a medical policy that addressed her needs"*
- *"Recruiting an HIV positive person was the single most important thing that we did in terms of reducing stigma and leading to open discussions"*
- *"South Africa started to implement education and explore treatment options because they saw it as a priority; they were the catalyst for getting the HQ to start to think about addressing these issues globally"*

Source: Interviews with NGOs in UK, Kenya and South Africa

The research showed that while there is consistency about the areas being covered by NGO's (e.g. non-discrimination, VCT, confidentiality, coverage of dependants, capping medical expenses etc.); approaches vary. This is a reflection both of the different financial and operating dynamics of NGOs and the fact that there are, as yet, no agreed "best practice" standards, particularly vis-à-vis ART.

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[3] Richard Frank Prouten – MSc Thesis "Responding to HIV/AIDS antiretroviral provision policy in the NGO Workplace" Cranfield University Disaster Management Centre. Survey of 22 UK and Irish international NGOs

4.   Developing a strategy

Components of a workplace strategy

There is no turnkey HIV/AIDS workplace strategy that will work for all organisations; each NGO needs to look at its own circumstances and develop a solution accordingly. It is, however, possible to identify the main elements that a workplace strategy should cover. Oxfam GB has developed a model which encompasses four key components.

- **Situation Analysis**. This will allow the organisation to understand the scale of the problem in terms of direct and indirect impact on staff, cost and resource implications; levels of awareness and what resources can be drawn on to support the programme

- **Policy and Guidelines**. To articulate the principles and processes for managing HIV/AIDS in the workplace

- **Key Programmes**. These are the Education & Prevention and the Treatment & Care Programmes

- **Supporting Mechanisms**. These will need to be tailored to allow effective implementation

Exhibit 7: Components of a workplace strategy
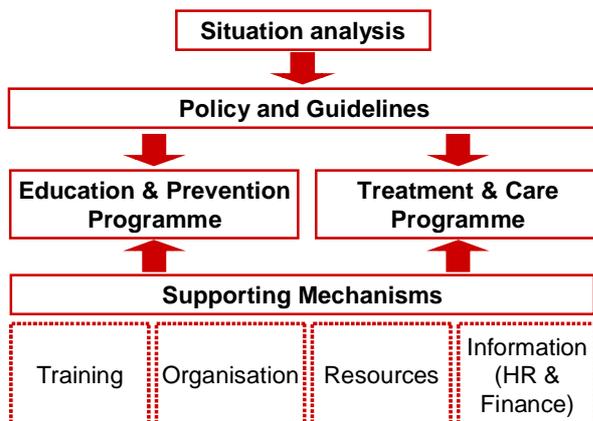
Source: Oxfam GB

Developing a workplace strategy

Developing and implementing a workplace strategy takes time and resources. Finding an acceptable solution is not always easy; the balance between the interests of the organisation and those of the employees is a delicate one. Consequently; in developing a workplace strategy it is essential to involve representatives from across the organisation and People Living with HIV/AIDS.

The ILO recommends a multi-stakeholder approach involving representatives from senior management, human resources (HR), finance, various levels of employees, People Living with HIV/AIDS and, if applicable, the unions. It may also be important to get external input particularly

around issues to do with treatment. In practice, interviews showed that within NGOs the development process broadly falls into two groups:

- Championing by an individual or group working directly in HIV/AIDS or in a high prevalence area. These people often assume responsibility for developing the strategy in addition to their other work and then look to achieve buy-in centrally

- Central policy development driven by the Trustees or Senior Management Team with global HR taking day-to-day responsibility and/or using workshops, surveys and questionnaires to get input and buy-in from the regions

Ideally, the process needs to leverage both the on–the-ground experience and energy of HIV/AIDS programme staff and the authority and perspective of central staff. Crucially, HR needs to be involved to ensure the consistency, legality and practicality of any strategy. Ultimately, to be successful any strategy needs to be seen to have buy-in and commitment from the most senior levels of the organisation.

In terms of getting organisation-wide buy-in and understanding, a range of different tools were used:

- **Dedicated internal and inter-office workshops and conferences.** Oxfam had a three day regional workshop with representatives from programmes, HR and finance to cover all aspects of HIV/AIDS from programme work and mainstreaming to workplace policy and staff issues

- **Global management and HR conferences** help to raise issues and share the experience of management in high prevalence areas with those from other regions

- **Surveys and Focus Groups.** ACORD undertook anonymous surveys to understand the impact of HIV on staff, levels of awareness and the issues staff wanted management to address vis-à-vis HIV/AIDS

- **Presentations from People Living with HIV/AIDS** are highly effective in bringing home the realities of the condition and in pushing HIV/AIDS up the agenda

- **The use of newsletters and intranets** was also seen as an important tool in the consultation loop

The following diagram shows the elements of a suggested strategy development process.

Exhibit 8: The strategy development process
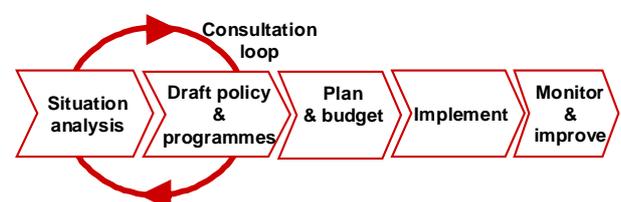
5.   Situation analysis

The first step in developing an HIV/AIDS workplace strategy is to understand the current situation; how HIV/AIDS is impacting the organisation; the current levels of awareness among staff and what support is already available, either within the workplace (through existing benefits / initiatives) or through the local community.

It is then important to look into the future. By extrapolating trends in key indicators, by talking with management or by building a risk assessment model, an NGO can begin to assess the likely scale of the HIV/AIDS impact going forward and where operations may be vulnerable.

NGOs use a variety of methods, both quantitative and qualitative, to assess the impact of HIV/AIDS.

Exhibit 9: Approaches to assessing the situation

Key indicator monitoring	Reviewing trend data (including absenteeism, staff turnover, medical benefit costs / claims) to gauge trends
Staff surveys	Anonymous surveys to understand levels of awareness; attitudes to PLHA; impact of HIV/AIDS at work and home
Management surveys	Surveys to understand management's perception of the scale of the problem and willingness/need to implement an HIV/AIDS strategy
Awareness workshops	Workshops to sensitise staff and to discuss key components of the strategy
Reviewing local dynamics	Assessment of local health and support mechanisms and existing policies (such as health policies) and procedures
Risk and cost assessment	Building a risk assessment model to assess the likely impact of HIV/AIDS and potential cost of ART

Key indicator monitoring

Looking at trends in key management data (such as absenteeism, staff turnover, medical benefit costs, numbers of dependents etc.) and published HIV/AIDS data by country can be a useful starting point in understanding how HIV/AIDS is impacting an organisation. However, the data is often inadequate. First, much HIV prevalence data is unreliable; for instance, data from Sudan and Angola arguably understates the real situation. Second, management information systems are often inadequate in monitoring key indicators, such as absenteeism or medical bills. Third, stigma is such that many People Living with HIV/AIDS go to great lengths to conceal their condition (for instance taking time off as holiday rather than sick leave). However, any data provides a useful starting point to

developing hypotheses about the likely impact (see Oxfam GB's risk analysis below).

Staff surveys

Surveys have been widely used by NGOs to demonstrate the need for an HIV/AIDS workplace strategy and to inform strategy development. Surveys are also an effective method of gathering information on staff awareness of HIV/AIDS issues. Most NGOs found that the process of undertaking a survey was very positive. It involved staff at all levels and was regarded as an effective way to start mainstreaming HIV within the organisation and getting buy-in to the process.

It is essential that surveys are anonymous and that staff feel confident that the process is secure. It is also important to reach all levels including support staff (e.g. guards, drivers and cleaners). While the survey may initially be a "one off", it is worthwhile considering what information may be useful over time. In practice it could become a regular (e.g. annual) survey providing key trend data (both on the impact of HIV/AIDS and on the impact of the workplace strategy). Given the stigma associated with HIV/AIDS it is important to test the questionnaire with staff and People Living with AIDS and get feedback on the acceptability of key questions before undertaking the survey.

Exhibit 10: Case study: ACORD staff HIV/AIDS survey

Aim of survey to assess:
- How staff in Africa are affected at home and/or work
- How they gain access to information about HIV/AIDS
- What staff thought ACORD should do to support those directly and indirectly affected and/or infected

Survey process:
- Survey was anonymous
- An admin person in each office managed the process to ensure confidentiality, arrange translations, encourage response from support staff
- 166 people (one third of staff) responded

Survey results:
- 78% said a workplace policy was a high priority
- 30% had taken time off work due to HIV related issues (illness, caring for relatives, funerals); only 5% felt this was a regular occurrence
- 40% had increased responsibilities and financial burdens at home due to HIV/AIDS
- 50% feared contracting HIV "often" or "sometimes"
- 80% felt awareness raising at work was very important and should include all staff and families
- 64% wanted information about employment rights
- 59% wanted information on national policies
- 59% wanted information on VCT, 49% on the treatment available and 50% on prevention methods
- 54% used ACORD as their main source of HIV/AIDS information. However, 65% would have preferred to use a hospital or counselling centre
- Top priorities from a workplace programme were access to ART, health insurance and VCT

Management surveys

Surveys of management (country management, programme management and HR in particular) can provide qualitative and anecdotal evidence about the potential size of the problem. For instance, the perceived impact on programmes and anonymous examples of cases and challenges with which management has had to deal. A survey can also help to identify preliminary views on how issues should be addressed and the extent to which management is prepared to make managing the impact of HIV/AIDS a priority.

Awareness workshops

A number of organisations have used staff awareness workshops as a way of beginning to sensitise staff to issues related to HIV/AIDS in the workplace. The workshops also allow staff to discuss the essential and desirable components of a workplace policy. The participatory nature of the workshops, involving all levels of staff, helps to get buy-in as staff feel their input and opinion is valued.

Exhibit 11: Awareness raising workshops

The International HIV/AIDS Alliance conducted staff awareness raising workshops as part of their own policy development process and as a service to partner organisations.

The workshops included:

- HIV/AIDS clarification and queries
- Stigma and discrimination issues
- Confidentiality and disclosure
- Issues and concerns about HIV/AIDS in the workplace

The workshop process highlighted staff concerns about confidentiality, specifically what was confidential and how confidentiality could be maintained if people were accessing treatment.

Reviewing local dynamics

It is important to review the benefits, programmes and policies applicable to HIV/AIDS that are already in place and to identify what health and information services already exist in the workplace or local community. Understanding the availability and quality of local healthcare facilities is important when deciding whether or how ARTs can be provided, particularly in remote locations.

NGOs have used external consultants and agencies with an understanding of local healthcare provision and services to undertake these surveys. Some have undertaken these surveys at the initial stages of policy development (such as the International HIV/AIDS Alliance and Save the Children UK) whilst others have conducted a more detailed analysis

of treatment and care options as part of their implementation planning (Diageo and Oxfam GB).

Risk assessment

Quantifying the impact of HIV/AIDS on an organisation can be complex and time consuming. Given the sparsity of hard data, a model will only ever give ball park results and cannot measure the impact of HIV/AIDS on staff morale, productivity and credibility within the community. However, despite these limitations, a risk assessment can be a valuable tool in securing board level (and potentially donor) buy-in to additional financial commitments (such as for ART). It is an approach that only tends to be adopted by larger, well funded NGOs.

Oxfam GB developed a risk assessment model in 2002. The risk assessment quantified the impact of HIV/AIDS on staff absenteeism, staff turnover, death-in-service benefits, recruitment and training costs and HR resourcing. The model was also used to estimate the cost of ART provision. The results showed that the costs of providing ART to employees would be more than offset by the savings arising from staff health improvements including reduced staff turnover, death in service, absenteeism, etc. The model played an important role in convincing senior management to move forward with new ART benefit commitments.

Exhibit 12: Oxfam GB's risk assessment model
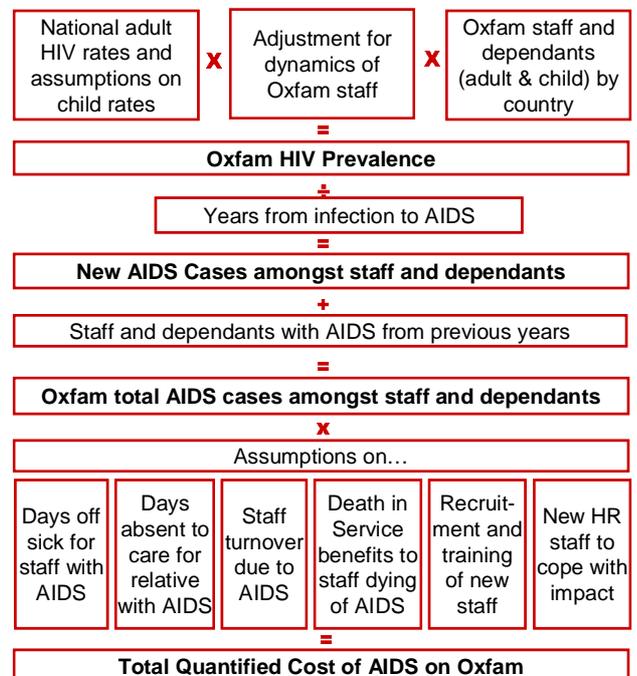
6. Overview of HIV/AIDS workplace policies

Chronic illness or separate HIV/AIDS policy?

The jury is still out as to whether HIV/AIDS should be addressed through a discrete policy or as part of a broader chronic illness policy. Most NGOs start by developing a specific HIV/AIDS policy because they need to respond quickly and clearly to the pandemic and because there are certain aspects, in particular stigma and discrimination, which are unique to HIV/AIDS. However, for many, the ultimate aim is to integrate this with other polices (e.g. chronic illness, medical benefits, HR policies). Indeed, for many NGOs, the process of developing a comprehensive HIV/AIDS policy can be a catalyst for reviewing the effectiveness of associated areas, such as medical benefits.

Exhibit 13: Pros and cons of a separate policy

- Oxfam will protect the right to confidentiality on medical status of all staff
- Information on the HIV status of an employee will not be shared without the employee's prior informal written consent
- Employees will be under no obligation to inform the organisation about their HIV status unless they wish to
- Oxfam GB will prohibit compulsory testing or screening for HIV pre-employment or at any other time

Local or organisation-wide approach?

Although local initiatives are often the catalyst to action, increasingly NGOs are taking organisation-wide approaches to HIV/AIDS policies to ensure minimum standards and consistency. The extent to which an approach is "imposed" from or "recommended" by the centre is usually determined by the operating dynamics of the NGO. Whichever approach is taken, regional or country directors need the flexibility to implement according to local dynamics and this needs to be reflected in the drafting of the policy.

Exhibit 14: Organisation-wide and local approaches

Global policy	•Oxfam GB, Standard Chartered and Christian AID have organisation-wide policies. Consistent commitments and requirements apply globally and cannot be changed. However, how the policy and associated programmes are implemented can vary by country to take account of local dynamics.
Global guidelines	•Save the Children has organisation-wide guidelines. These outline the organisation's principles and areas to be covered, but leave it to country directors to develop policies according to their own requirements.
Local approach	•Action Aid has allowed operations in Africa to implement their own policies. Lessons from these are now informing organisation-wide guidelines. Diageo took a similar approach and is now developing global guidelines to ensure consistency and equitability.

What should an HIV/AIDS policy cover?

A number of HIV/AIDS policy guidelines have been published[4]. These cover eight broad areas as shown below. The devil, as always, is in the detail. Specific approaches are dependent on organisational structure, culture and size, geographic reach and, crucially, finance and resources.

Exhibit 15: Components of a workplace policy

Clear policies, procedures & objectives	• Conveying objectives of policy • Management & staff guidelines • How policy integrates with existing HR, medical policies & national laws
Confidentiality	• Right to confidentiality • No obligation to inform • No compulsory HIV testing
Non-discrimination & reasonable accommodation	• Non-discrimination from recruitment to retirement • Protect against discrimination (clear disciplinary procedures) • Treat the same as any other illness • Reasonable accommodation (e.g. adjustment of roles, flexible hours)
Education & information	• Internal training – awareness raising, prevention & care, de-stigmatisation • External education – working with families, partner organisations, community
Gender issues	• Practices to try & redress inbalance
Prevention	• First Aid & health & safety procedures • Access to PEP • Distribution of male & female condoms • Voluntary counselling and testing (VCT) • Prevention and treatment of STDs • Prevention of Mother to Child (MTCT)
Treatment & care	• Opportunistic infections treatment (e.g. TB) • Access to ART • Support systems (counselling etc.)
Monitoring & evaluation	• Systems for monitoring implementation & impact

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[4] Examples of NGO policies can be found in Appendix A: Useful Sources, as can links to guidelines from the ILO, UNAIDS and FHI

Clear objectives, policies and procedures

It is essential that an NGO has clear policy objectives and well articulated procedures. Some NGOs have developed comprehensive policies but failed to communicate them effectively *"We developed a very generous treatment programme but, because we did not have effective education and communications, initially no one realised it existed – we are now addressing this"* Action Aid Kenya.

It is important to develop guidelines that provide clear direction to managers when dealing with HIV/AIDS issues. These need to be tested with HR, programme and finance managers (possibly using case studies of specific situations) to ensure they are adequately robust.

Confidentiality

Stigma and discrimination is one of the biggest challenges NGOs face in implementing an HIV/AIDS strategy. Respecting confidentiality is essential if employees are to feel sufficiently confident to access support and treatment. Organisations need to balance the rights of employees to confidentiality with a supportive environment in which people feel they can be open about their status if they desire.

If confidential information needs to be shared with other people in the organisation (such as a line manager) the HIV positive staff member should agree to this in writing. She/he should have a clear understanding of how any information will be used; who will have access to this information and why. Staff must also understand what information is confidential and how they preserve others' rights to confidentiality. Disciplinary procedures that will be invoked if confidentiality is broken need to be clearly articulated.

Exhibit 16: Oxfam GB's confidentiality policy

- Oxfam will protect the right to confidentiality on medical status of all staff
- Information on the HIV status of an employee will not be shared without the employee's prior informal written consent
- Employees will be under no obligation to inform the organisation about their HIV status unless they wish to
- Oxfam GB will prohibit compulsory testing or screening for HIV pre-employment or at any other time

The principles of confidentiality may present particular pressures, especially to HR. *"We suspected this person was having problems and had talked to their line manager about this, but because they wouldn't talk to us about it, there was very little we could do to help"* HR Manager. Even in situations like this, when it is with the best of intentions, the right of confidentiality has to be absolutely sacrosanct.

It is important to ensure that each office has one person responsible for managing any HIV/AIDS treatment and care programme (probably a senior HR person). That person needs to be clearly identified so that staff know to whom they can turn. They need to be a person who is adequately respected and trusted by staff and who is sufficiently senior to make decisions about implementation of treatment without having to disclose for whom they are making that decision. This position can be emotionally demanding (they may become the person to whom individuals turn when they have just heard devastating news about their own or a relative's status). The staff member may require training in HIV/AIDS counselling to help them cope with this pressure. They will also require management recognition of this additional role.

Exhibit 17: Approaches taken to maintain confidentiality

- Ask staff to sign a Confidentiality Agreement
- Source testing and treatment from external service providers *"an organisation's clinic is a rather public forum to access treatment"*
- Check how many people within the organisation have access to confidential information and change processes and procedures to minimise this
- Examples of "confidential" procedures for treatment:
  - only one person (HR manager) is required to authorise medical bills, all bills submitted to finance on a no-names basis
  - use a third party intermediary (e.g. insurance provider) to manage medical service provision, reports to the NGO would simply cover the number of people involved and treatment effectiveness
  - Establish a "numbers" based system with the service provider. Clinic is given a regular list of those eligible for treatment but bills and reports to the NGO only cover the number of people involved and treatment effectiveness (requires adequate auditing processes)

Non-discrimination and accommodation

The issues around non-discrimination are the same as with other illnesses or conditions. However, given the stigma associated with HIV/AIDS and the scale of the pandemic, these policies are more likely to be tested by HIV/AIDS.

Exhibit 18: Oxfam GB 's non-discrimination policy

- Oxfam will implement non-discriminatory policies, practices and procedures in managing individuals with HIV/AIDS
- Oxfam will approach individuals with HIV/AIDS in the same manner as those with any other progressive or debilitating illness
- Oxfam will not discriminate against applicants or employees who are HIV positive
- HIV status will not be considered when deciding if someone is suitable for a posting or promotion
- Discrimination or harassment towards someone because of their HIV status will be considered a disciplinary offence
- Oxfam will make every reasonable effort to accommodate the needs of people with HIV/AIDS within the limits of what is practical in any given situation

It is important to ensure that the management tools to deal with discrimination (in particular clear disciplinary procedures) are effective and adequate and that precedents are replicable and sustainable. It is worth noting that discrimination can occur when someone is "perceived" to be HIV positive (whether they are or are not) and procedures need to be flexible enough to deal with this.

Exhibit 19: Reasonable accommodation

> "Reasonable" accommodation is always tricky as what may be reasonable for one person may be inappropriate for another. For instance, it may be reasonable and feasible to move a high level specialist from one project (where there is no local access to treatment) to another (where there is) but not feasible for employees like cleaners or security guards. Given that managers may have to make qualitative decisions in this area it is important that they have access to the support and procedures to help them through this process. Reasonable accommodation includes extended leave, flexible hours for counselling and treatment and adjustment of roles
>
> ACORD has explored a number of ways of dealing with redeployment and increased absenteeism including: graduate trainee/internship programmes, training two people for every job, multi-skilling and encouraging task delegation

Education and information

Education is not controversial, policy-wise, but is a challenge to implement effectively. It is discussed in Section 9.

Gender

Gender imbalances have a strong impact on HIV/AIDS. Women and girls tend to be most vulnerable (biologically and because gender-based inequalities contribute to the vulnerability of young girls and women to HIV/AIDS). Women are also more likely to be the carers when someone is infected or affected. Consequently, gender differentials need to be taken into account when developing HIV/AIDS workplace strategies. This applies not only to education and prevention programmes, which should incorporate a clear gender focus, but also in treatment and care. For example, providing access to treatment preventing mother-to-child transmission. That said, special efforts should also be made to encourage male attendance and involvement in prevention and awareness raising sessions. *"Getting wives to attend education sessions is much easier than getting husbands to attend"* Education Programme Manager

Prevention

Prevention includes ensuring that health and safety procedures are up to date and clearly understood.

Prevention - Post Exposure Prophylaxis (PEP)

Most organisations commit to make PEP available in cases of rape, needle stick injury or accidental exposure to potentially HIV-positive fluids. The preferred approach is to identify a local medical service supplier who will provide PEP treatment to an adequate quality level. In resource poor settings some NGOs (such as MSF who has medical capabilities) may choose to keep PEP for emergency treatment themselves. In both cases it is important that the management guidelines outline procedures and that users understand the risks of taking the treatment. PEP is highly toxic, its efficacy is not guaranteed and it can lead to resistance should the user have to take ART subsequently.

To ensure that access to PEP is not abused (e.g. by staff having consensual unprotected sex) staff need to be properly educated about the value and limitations of PEP. Policy statements need to reinforce the requirement for staff to act responsibly; for instance, *"Staff should be aware, through education and awareness activities, of their own responsibility to protect themselves and others, to manage illnesses and not to endanger others"*

Prevention - Voluntary Counselling and Testing (VCT)

Good practice suggests that VCT should be provided by a third party (rather than through an NGO's own clinic or doctor). This reassures staff that consultations are confidential and encourages testing. Managers need to ensure that the preferred provider(s) deliver adequate levels of support and counselling. If the services are not provided free an organisation may want to look at payment structures that ensure confidentiality (see Exhibit 16).

Prevention - Mother to Child Transmission (MTCT)

In some policies commitments to provide MTCT are dealt with separately, in others they are added to commitments on ART. For instance *"ART also includes full provision of treatment to limit MTCT including all necessary blood tests, provision of ART to mother and child at birth, costs of caesareans if recommended by an approved doctor and if adequate facilities are available locally"*

Treatment and Care

Treatment and care, particularly the provision of ART, are the most difficult areas of an HIV/AIDS policy, presenting challenges in terms of funding, scope and implementation. These issues are dealt with in detail in Section 8.

Monitoring and Evaluation

The monitoring is essential to ensure that a policy is put into practice and regularly reviewed. It is important that there are adequate resources for monitoring effectiveness, that appropriate measures are identified and that systems are put in place to capture the key management information

7. Education & information

Education and awareness programmes aim to inform employees about HIV/AIDS and breakdown stigma and discrimination.

Contents of an education programme

Typically programmes cover a range of core subjects

- Basic facts about HIV/AIDS and modes of transmission

- Prevention

- Testing and treatment and where to access these services

- Importance of treatment of sexually transmitted diseases and symptoms of opportunistic infections

- The NGO's HIV/AIDS policy and employee rights

- National regulations and international conventions

Most NGOs now discuss issues such as discrimination, stigma and confidentiality to encourage a supportive environment and to help to break down the barriers that stop people accessing benefits. Some organisations have broadened their programmes to include general health and nutrition, diversity and other areas of employee wellbeing.

It is essential that any education programme is rooted in the culture and dynamics of local offices and that content is adapted to ensure it is effective.

Exhibit 20: Keys to a successful education programme

- Commitment from the top (internationally and nationally)
- Flexibility to tailor approach to local country dynamics
- Leveraging volunteers who are enthusiastic and interested
- Adequate training and support to Champions
- Provision of central information, guides and tools to make the programme easy to implement
- Recruiting HIV positive people who are open about their status
- Getting People Living with HIV/AIDS to speak to staff
- Involving People Living with HIV/AIDS in policy development and delivery
- Commitment of Champions' time and some budget

Components of an education programme

Organisations use a number of different tools in an education programme

- Staff handbooks (distributed to all staff and giving basic information about HIV/AIDS)

- Leaflets on different aspects of HIV/AIDS distributed in various places such as reception desks and toilets

- Posters put up around the office on certain occasions (for instance around World AIDS day in December)

- HIV/AIDS information boards which are located centrally and which are updated with new features about HIV/AIDS (both locally and internationally) and which contain contact details of local service suppliers (e.g. VCT and treatment, MTCT, counselling and support groups)

- Education sessions involving external speakers (particularly including PLHA)

Any local initiatives need to be complemented by international efforts from HQ. For instance, ensuring that up to date information is available and clearly sign posted on the organisation's intranet and that the Chief Executive commits (and is seen to commit) to encouraging and funding the education programme.

Exhibit 21: Standard Chartered Champion's tool kit

- Badges to distribute to employees once they have been trained
- Booklets on healthy foods and food to avoid if infected
- Games, such as Bridges of Hope, developed to break down taboo conversation barriers and to initiate discussion about sexual behaviour and HIV/AIDS
- Case studies and picture cards to help people to discuss perceptions about people with HIV/AIDS and discrimination
- Condom demonstration tools (both male and female)
- A Guideline Book for the Toolkit explaining each exercise and its usage

The intensity of different organisations' educational programmes varies:

- Many organisations had an intensive programme during the launch of their HIV/AIDS policy involving corporate communications (using the Intranet and emails from the Chief Executive) as well as local events

- Some organisations undertake events once or twice a year (involving staff and sometime family). Ideally these are high profile and involve external speakers

- Regular, ongoing HIV/AIDS education programmes have so far mainly been confined to operations in Africa due to a greater perceived need. These can involve monthly sessions on different topics for all staff

- Including HIV/AIDS education as part of the induction process for new staff is increasingly best HR practice

Exhibit 22: Christian Aid's Induction Approach

- Christian Aid has used real life case studies as part of their induction training in London
- These are based on information originally gathered from field offices but with confidential or identifying information disguised or removed
- Case studies are a good way to explore the potential stigma of HIV/AIDS and people's views on how to address it
- The case studies also stimulate discussions around issues such as equity, the reality of HIV/AIDS and the needs of staff

Approaches to delivery

Organisations use different approaches to deliver education including champions and peer educators, external advisors and local NGOs and, crucially, the involvement of People Living with HIV/AIDS.

Peer educators and Champions

There are two potential components to a Champion or Peer Educator role:

• First, coordinating and implementing the HIV/AIDS education programme locally (identifying local service suppliers, keeping information boards up to date and organising education sessions and inductions)

• Second, following training, playing a counselling and advisory role to staff in need of support with HIV/AIDS

Opinion is divided on the success of internal champions. Some NGOs have had good experiences whilst others have felt it is more acceptable for staff to receive information (and crucially counselling) from an external source.

Exhibit 23: ActionAid and Oxfam GB Champions

ActionAid

• ActionAid teamed up with the Save the Children UK programme in Mozambique to run a joint training course for staff who had volunteered to become peer educators and informal counsellors.

• Although staff participated enthusiastically in the course, they subsequently found that they had too little time to organise information sessions or other activities, while the HIV/AIDS Co-ordinator had too little time to support them properly.

• Another difficulty was that, in general, staff members were reluctant to consult the peer educators, fearing that conversations would not be confidential.

Oxfam GB

• Oxfam GB's approach is focussed on identifying HIV/AIDS Champions in each office to coordinate and implement the education programme.

• Staff with concerns about HIV/AIDS are encouraged to go to external local counsellors and support centres.

• However, it is recognised that Champions may end up being the person that staff turn to informally when they need emotional support around HIV/AIDS.

• Oxfam GB will review whether counselling training is required for Champions or key HR people.

Source: AIDS on the Agenda by Sue Holden, published by Oxfam GB with ActionAid and Save the Children UK

Particularly, if Champions or peer educators are to counsel and advise they need to be properly supported (through training, provision of materials, emotional support and the time commitment being factored into their workload). They also need to be selected very carefully to ensure that they have the right personality and temperament. They need to

be seen to be discrete and receptive, and they also need to be able to deal with the emotional pressures of counselling in often very stressful circumstances. Frequently, the people who are chosen to play these roles are either in HR or directly involved in managing HIV/AIDS programmes.

Within the commercial sector, the level of investment in training and supporting Peer Educators is a measure of the importance that is placed on HIV/AIDS education.

Exhibit 24: Standard Chartered's Champion Training

• Staff were asked to volunteer to be Champions to ensure commitment.

• Volunteers were selected to represent a cross section of all levels of staff and a balance between men and women

• The system operates on a ratio of roughly two peer educators for 250 people

• Two Champions from each country attended a three day training session in London, they then went back to train more Champions locally

• Local training was delivered by: internal facilitators (two HR people from Africa); an external consultant (who had helped to develop the awareness programme); a regional NGO working in HIV/AIDS to bring local insight; at some sessions there was also involvement of PLHA

• Champions are given facts, statistics and case studies about HIV/AIDS and trained to use their toolbox materials

External Support and Local NGOs

For many NGOs using external speakers as part of an education programme is highly effective.

• First, it allows staff to access to specialists with in-depth, hands-on knowledge about particular aspects of HIV (for instance, HIV/AIDS and the law, or MTCT)

• Second, it can remove the potential embarrassment of having a member of staff talking to colleagues about sensitive issues (such as sex and prevention)

In most cases identifying local NGOs or clinics or support centres to provide information is done by the local HIV/AIDS Champion. Sometimes, particularly effective speakers may be paid to travel round offices or to speak at regional staff conferences. When local NGOs are asked to speak it is important to budget for a donation to the organisation to reflect their contribution.

In the case of external counselling and support, it is important that staff can access information (addresses, telephone numbers etc.) confidentially (without having to ask someone) – so these details should be posted on the HIV/AIDS information board and made available electronically.

Exhibit 25: ActionAid employing HIV positive people

Involving People Living with HIV/AIDS

Involving HIV positive people is one of the most powerful tools for breaking down stigma and discrimination; they promote positive role models and present the reality of living with HIV/AIDS. Crucially they help to bring home the message that HIV/AIDS can affect anyone from any background, any country, any education level or position.

Standard Chartered in Asia encountered resistance amongst staff to the concept of HIV/AIDS education. Professional staff felt that it was only cleaners and drivers who needed education on awareness and prevention. However, as part of their training a young woman with HIV/AIDS spoke to them about her life and her experiences, her dreams and sorrows. *"It was the single most important factor that made them realise they were all at risk. Seeing is believing, it can be incredibly powerful"* Standard Chartered HIV/AIDS Co-ordinator.

Most organisations are keen to involve People Living with HIV/AIDS and are actively involved in promoting the principles of GIPA (the Greater Involvement of People Living with HIV/AIDS) Declaration of 1994. However, few have people within their organisation who are open about their HIV status (a reflection of the ongoing stigma in many societies). Some organisations are now actively looking to recruit HIV positive staff or volunteers.

Organisations are turning to external networks of People Living with HIV/AIDS. These include the International Community of Women Living with HIV/AIDS (ICW) or the Global Network of People Living with HIV/AIDS (GMP+), both of whom are present across many regions (see Appendix A for website details). These organisations focus on advocacy and the rights of HIV-positive individuals: reducing stigma and discrimination through increased awareness and lobbying for access to treatment and care for all are core aims. These networks can help identify People Living with HIV/AIDS for recruitment or to participate in company education programmes. They also can provide enormous value and insight when an organisation is developing a workplace strategy; their experience ensuring that policies and programmes are rooted in the physical, social and psychological needs of People Living with HIV/AIDS

- ActionAid Africa has an 'affirmative action' policy that all programmes should employ an openly HIV-positive member of staff

- ActionAid Burundi has a GIPA staff member who is experienced in social work and trained as a counsellor.

- With her skills and openness about her HIV status, she is helping to sensitise and support ActionAid Burundi staff and others from partner organisations and the community.

- In early 2002, around twenty people from ActionAid Burundi had met with her voluntarily to talk confidentiality about HIV/AIDS.

- Almost half of these subsequently took an HIV test.

- *"Those who have received a positive result are accepting their condition with remarkable courage. One among them has created her own group for support to other people living with AIDS"*

Source: AIDS on the Agenda by Sue Holden, published by Oxfam GB with ActionAid and Save the Children UK

8.   Treatment & care

There are many treatments that are of value to people with HIV/AIDS. These can range for treatment for opportunistic infections (such as TB) to preventative measures (such as flu jabs or vitamin supplements to boost the immune system). However, among the possible treatment options it is the provision of ART that is the most complicated to provide. The expense and complexity of treatment mean NGOs have to strike a balance between pragmatic and ideal solutions. This section looks at particular challenges and the approaches taken by some NGOs.

Should ART be provided?

Until recently, the cost of ART in many countries was prohibitive and few organisations could afford to fund commitments to staff. However, over the last 18 months ART drug prices have declined significantly. While the cost of ART is still high for an NGO (from £600 - £2000 a year per patient depending on the country) many larger organisations are now extending their health benefits to cover treatment. Smaller NGOs are hoping to follow suit but need to raise awareness with and commitments from donors to do so.

Most NGOs that have made ART available have funded this over and above existing health benefits.

Exhibit 26: Tools to reduce and manage ART costs

- Using cheaper generic drugs rather than branded
- Capping total medical expenses per employee per annum (often around £3000)
- Partnering with commercial companies with ART programmes in order to "piggy back" on their investments
- Buying drugs directly from suppliers to secure lowest cost (larger organisations like UNICEF)
- Committing to cover only a percentage of costs (for instance 80%) with the employee paying the remainder and a hardship fund for employees who are unable to pay
- Getting programmes to includes a provision for ART in their budgets and funding applications
- Securing medical insurance for employees which includes coverage for HIV/AIDS
- Creating a central provision in the balance sheet (this can be managed internally or externally) that can be drawn down as required

Who should be covered for ART?

This is one of the most contentious aspects of an HIV/AIDS workplace policy. The high cost of ART and the lack of hard data about the potential size of demand means that most NGOs have decided to limit (at least initially) the level of support they provide. When adding ART as an additional benefit most NGOs have committed to cover only employees; or employee plus one dependant; or employee

plus spouse or long term partner. However many will review their policies on coverage once the cost to the organisation and the scale of demand become clearer. Some organisations have been more aggressive, mitigating risk with medical insurance (where it is available) and extending coverage (in two cases to up to eight dependants).

Notably, some of the South African mining companies who were the first to initiate treatment have now extended their coverage to dependants. This is because they believe the financial requirements are manageable (as a commercial organisation), it reduces the problem of potential drug sharing and it increases staff morale.

Exhibit 27: Case study - treatment after divorce

"The availability of ART is limited to staff and their spouse or long-term partner. HIV treatment once started is for life. It cannot be ethically halted if the domestic arrangements of the employee change, nor can we accept more than one partner for treatment without making the system unmanageable and potentially open to abuse. At the same time we know that circumstances do change. Employees can and will change partners. The rule therefore is that we will, where necessary, treat one partner per employee, but only one partner. If an employee divorces, or remarries, and his/her previous partner did not require any treatment then the new partner is eligible. If the previous partner is already receiving treatment then the new partner is not eligible. An employee does not have the right to ask for the treatment for one to be ended so that another can take their place."

Should pre-existing conditions be covered?

Most NGOs believe it is important to cover HIV/AIDS if it is a pre-existing condition. First because overcoming stigma and supporting disclosure is key with HIV/AIDS, and second because many NGOs want to recruit people who are openly HIV positive. However, frequently existing health benefits and medical insurance do not cover pre-existing conditions. Some NGOs have specific policy clauses articulating that benefits will be provided if HIV/AIDS is a pre-existing condition, others do not explicitly exclude it as a pre-existing condition. This latter approach may not be as transparent to managers as a specific statement.

When should staff be eligible for treatment?

Most NGOs have clauses in their policy stating that ART is only available to permanent contract employees once they have completed their probationary period (often six months). Other medical benefits may be given during the probationary period.

Many NGOs have large numbers of employees on short fixed term contracts; these are usually excluded from treatment. Some organisations allow fixed term staff to be covered if they have completed more than a year of continuous service.

Exhibit 28: Examples – qualifying staff

> *"A qualifying period of six months employment applies for access to the medical benefits set out in this policy. However, staff and dependants may claim medical expenses not covered by insurance and incurring within the first six months of employment for voluntary HIV counselling and testing; and treatment of sexually transmitted infections"*
>
> *"… will provide ART to those employees on contracts of 12 months plus (including open ended contracts) or those who have been in continuous employment for 12 months (i.e. a succession of short term contracts).… Will not make the ART programme available to employees during their probationary period unless they were already on ART when recruited"*

ART needs to be taken regularly and if stopped a patient can develop resistance. Typically when a staff member leaves an organisation, for whatever reason, the employers' obligations end. Most organisations take this route with ART; some, however, extend their commitment. Oxfam GB has extended its commitment for twelve months to enable employees to find alternative funding for ART. The commitment applies whatever the reason for the departure of the staff member. This helps to relieve the emotional barriers managers would experience if they needed to sack/make someone redundant but faced the consequence of stopping their life-saving treatment.

In the commercial sector, some large organisations, such as Diageo, have been able to pledge *"to provide ART to employees and dependants for life"* or specifically, to continue treatment to staff members who retire. Most NGOs are not yet in a position to take on such commitments, although it will continue to be an area to review regularly.

Exhibit 29: Examples – when staff leave

> *"On termination of employment – no matter what the reason NGOX is under no obligation to continue medical benefits"*
>
> *"The right to treatment depends on employment. It ends if the officer leaves of his or her volition or is sacked. Special provisions apply in the case of retirement or retrenchment, including retirement on medical grounds. In such cases we would continue to fund treatment for the employee following departure in line with the principle that treatment is for life.… Treatment for the partner/spouse who is already receiving treatment when the employee retires should continue for as long as necessary, even if the employee dies. Where an employee dies and leaves behind a partner who is already diagnosed as HIV positive at the time of the employee's death, treatment may similarly be made available"*
>
> *"The provision of ART for the employee and any dependant continues for a period of 12 months after leaving (whatever the reason for leaving – end of contract, dismissal, retirement, to dependent after death of employee…)".*

ART in resource poor settings

ART is complex to administer; it requires continuous monitoring and managing. Consequently, in remote locations in developing countries there may not be adequate medical infrastructure, particularly in areas that require emergency relief work. This presents a particular challenge for some NGOs: how can they provide ART in these circumstances?

Many NGOs have taken a cautious approach, committing only to treatment *"where adequate facilities are available locally"*. This avoids commitment to fund travel costs, which could spiral out of control; but it is an inequitable solution.

Some organisations have said that they will consider covering travel costs on a case-by-case basis (where the cost of the required journeys is affordable). While this approach avoids a large financial commitment, it places considerable pressure on managers: what is a "reasonable" cost when making a decision about life saving treatment?

In practice, where organisations are unable to find local ART providers they are exploring solutions such as distance medicine or working with local NGOs or commercial companies to train local medical practitioners in ART. These initiatives tend to be discretionary, outside any policy commitment.

Investing in the infrastructure to deliver ART (a solution adopted by larger commercial organisations with critical masses of employees) is expensive. But some medical NGOs, such as MSF, are exploring ways to obtain ART drugs and provide treatment in the field themselves.

With declining ART costs and the roll out of ART workplace schemes, the medical infrastructure to manage ART is, developing, albeit slowly. The problem of un-served areas will reduce as the distances to adequate medical providers decrease over time. However, for the moment it remains a real issue that NGOs need to address.

Exhibit 30: Example of Oxfam's Approach on ART

Challenge	Approach
Extending ART to dependants adds financial risk	Oxfam GB decided to commit to ART to employees plus one dependant. This is in line with the approaches of other organisations. Oxfam will review the financial impact before deciding whether to extend the programme
Patient's who stop ART can develop resistance – so how does Oxfam GB deal with staff on short term contracts?	Oxfam GB decided to offer ART to staff on contracts of 12 months or more (inc open-ended contracts) or who had been in continuous employment with Oxfam GB for 12 months (i.e. on rolling fixed term contracts)
	Oxfam GB decided to fund ART for up to 12 months after an employee leaves (whatever the reason) to enable them to find an alternative funding for ART.
In some remote areas there may be no clinic to provide ART so how does Oxfam GB support staff in these areas?	Oxfam GB decided to commit to provide ART *"where adequate facilities are available locally";* this avoids committing to fund travel costs, which could spiral out of control. Separately, Oxfam is exploring options, such as distance medicine, for un-served areas.

Providing ART to volunteers

Many NGOs working in development have extensive networks of national volunteers. Arrangements vary; some are informal, while some include a formal contract (outlining duties required, hours expected to work etc.). Organisations may have different levels of volunteer (with some tiers being paid a stipend or expenses to reflect greater commitments or skills).

In many cases the voluntary aspect of the work contributed by the community is part of the NGO's strategy intended to enhance community empowerment and commitment to community interests. This could be seriously undermined through the provision of benefits that may supplant other types of motivation. On the other hand, how can an NGO justify providing benefits to one set of people and not to another.

Exhibit 31: Issues around Volunteers and Treatment

- How can ART be funded?
- Which volunteers will be eligible?
- How do you manage the scale of the scheme?
- How do you ensure that it does not attract the wrong sort of volunteers?
- How do you ensure that the volunteer-led work does not just become a treatment programme

Some NGOs, such as ICW (the International Community of Women living With HIV/AIDS) have started to investigate how they can provide ART to their volunteers. However, this presents a huge number of challenges, for which there are

as yet no obvious solutions. ICW is not and does not have the capacity to be a service delivery organisation but is an advocacy network, which has limited infrastructure and limited resources.

Exhibit 32: Issues around Volunteers and Treatment

- The International Community of Women living with HIV/AIDS (ICW) is the only global network run by and for HIV positive women
- ICW has a staff of 4 in London and 1 in Kenya, most activities are conducted by volunteers and trustees based on all five continents
- ICW have a network of 3000 women with HIV/AIDS; these women in turn support a larger community of HIV positive women
- ICW has three key advocacy areas: gender equity, global access to care and treatment for all, and meaningful involvement of women and young girls in all decision-making that affects their lives
- While staff in London enjoy free access to ART through the UK national health service, the vast majority of volunteers enjoy no such rights
- Some volunteers, understandably, join ICW in the hope that it will increase their chances of accessing treatment
- Some of the trustees believe ICW should provide access to treatment for all members, whether paid or voluntary; other trustees believe in the principle of *"no drugs for ANY of us until we have achieved access for ALL of us"*
- In a dynamic, passionate and committed network both these views are valued and respected
- *"These views highlight the dilemma that has already faced thousands of us in our own personal decisions to start taking ART, in the knowledge that so many of our equally committed sisters are sick and die regularly"*
- In the last year alone four of ICWs most active members from Africa have died in situations where access to ART might well have kept them alive.
- The women at ICW are very passionate about these issues
- *"ICW calls on the international community to share with us in loudly protesting against the existing status quo, which creates such a heartfelt dilemma for our network. Such life and death decisions should by rights have no place on our agenda, given that the drugs are already affordable, the financial resources are there - and all we are waiting for is the decisions of our global leaders to act. How long do we have to wait?"*

9. Implementation

While developing an HIV/AIDS workplace strategy takes time, ensuring effective implementation is key. Most of the NGOs consulted are only now beginning to implement their strategies so lessons have yet to emerge. However, the main challenges appear to be:

- Planning Roll Out

- Resources

- Communication

- Implementing Treatment

- Monitoring and evaluation

Planning roll out

Roll out needs to be carefully planned. The roles and responsibilities of those implementing the strategy need to be clearly defined, included in those people's job descriptions and covered as part of the appraisal process.

Exhibit 33: Planning roll out

> - Which offices are rolling out and when?
> - Who is responsible for that roll out?
> - What support do offices need to roll out the programme?
>   – Advisers/additional resource
>   – Easy to use guidelines and support materials to minimise time and effort
>   – Training and training materials
>   – Budget
>   – Supporting information – posters, handbooks, guidelines

Detailed information outlining rollout can be included in a roadmap document so that progress can be tracked against set targets and dates[5] .

Exhibit 34: UNICEF implementation check list

> - UNICEF provides a set of 10 easy to use guidance notes outlining how an office should go about implementing the policy and developing an education programme to meet the minimum standard requirements
> - The guidance notes cover
>   – Minimum standards
>   – Responsibilities
>   – Rationale
>   – Key messages
>   – Step by step implementation check list
>   – Reporting
>   – What resource material exits
>   – Best practice information
>   – Possible partners/stakeholders
>   – Manager's notes

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[5] For an example road map see IFC's "Good Practice Note – HIV/AIDS in the workplace". Details in Appendix A

Resources

While NGOs are increasingly thorough about costing ART commitments, they frequently fail to budget adequately for implementing other aspects of the strategy. Some NGOs (and many commercial organisations) have realised they need additional staff to ensure effective implementation.

Exhibit 35: Oxfam GB resourcing

> - Oxfam GB has recruited two new staff on 18 months contracts to manage the implementation of their strategy in Southern, East and Central Africa.
> - They will be responsible in particular for identifying and evaluating effective treatment partners and defining working relationships with these partners that ensure confidentiality.
> - They will also support local staff and Office Champions as they roll out their education programmes.
> - They will identify lessons to share with other Oxfam GB regions to support their implementation

Management time will be required and during the early phases HIV/AIDS Champions and Peer Educators will need to put in dedicated time (for instance a day a week for the first six weeks) to ensure effective launch; this time should be estimated and managed. Evidence from many NGOs suggests that "*inadequate time*" is the biggest contributor to programmes that fail or lose momentum.

Communications

Some organisations have found that not communicating their new workplace strategy has been a key dynamic in its failure. Including policy information in a staff handbook or contract is inadequate. Communication needs to be led from the top (the CEO) so that staff appreciate that addressing HIV/AIDS in the workplace is now an organisational priority. Regional or Country Directors need to take responsibility for successful implementation in their area.

Ideally a high profile communications campaign should be planned which briefs country and HR managers and then is launched to all staff. Communications on HIV/AIDS and the workplace policy should also be included in induction training of new employees.

Exhibit 36: Communications tools

> - Memo launching policy from CEO
> - Intranet web site on policy and programmes
> - Management guidelines
> - HIV/AIDS staff handbook
> - Posters, leaflets, badges, fact sheets, case studies

Implementation of treatment

Implementing the treatment and care programme is arguably the most difficult area. There is a two stage process.

- First, determine what the key components of the treatment programme are: diagnosis, clinical evaluation, initiating treatment, managing and monitoring treatment (refer to the WHO guidelines – see Appendix A)

- Identify local medical services that are able to deliver affective treatment and VCT. Many organisations have assigned additional resource to help with this process. Either through an extra staff member for a region or by using local consultants.

It is difficult to be prescriptive about the implementation of treatment as it will be highly dependent on local resources. For NGO's with limited resources it will be important to understand how other organisations have undertaken their treatment programmes. For instance, the UN usually has a list of authorised treatment providers in a country. NGO's may be able to explore partnerships on treatment with commercial organisations in some locations.

Exhibit 37: Diageo reviewing medical infrastructure

- Medical services review underway by local consultants to identify what medical structures are in place near each of their operating sites. Based on this Diageo will be know where there is adequate existing infrastructure and where they would have to think about rehabilitating or developing new infrastructure

Monitoring and evaluation

Most workplace strategies are in their infancy and it is too early to judge success. However, going forward it will be necessary to demonstrate to donor's how a policy is working and to identify areas of success and failure.

For many NGOs this means reviewing their existing HR and finance systems to ensure that key performance indicators can be accessed. Ideally, it will be important to try and track indicators like: staff absenteeism, total cost of medical benefits and staff turnover due to medical conditions. As treatment programmes are put in place anonymous data should be collated on numbers of staff accessing treatment.

In addition, some NGOs are looking to conduct staff surveys (some annually) to judge levels of awareness about HIV/AIDS and the workplace policy and the success of the policy from recipient's perspective. Over time this should allow them to monitor changes in attitudes and to gather effective information to review the strategy.

Exhibit 38: UNICEF monitoring survey

- UNICEF is tracking what countries are doing to action the policy by getting office managers to report back on specific questions as part of the annual review process

- The questions are:

- Does the office have a specific work plan and budget to implement the UN Policy on HIV/AIDS in the workplace?

- How many sessions are held to orientate staff on the policy and/or to provide advice on how HIV is transmitted and can be avoided?

- Are condoms freely available to UNICEF staff within the UNICEF workplace?

- What arrangements in place to ensure that HIV-positive UNICEF staff can access ART and medical attention for the management of HIV/AIDS?

Appendix A: Useful sources

Documents: 2003

Developing HIV/Workplace and Medical Benefits policies: with partners in Cambodia, Burkina Faso and Senegal
International HIV/AIDS Alliance, Draft Summary 2003
http://www.aidsalliance.org/_docs/_languages/_eng/_content/_3_publications/download/training/Toolkits/Medical%20benefits.pdf

HIV/AIDS Workplace Policy
Pacific Island Forum, 2003
The Pacific Island Forum represents Heads of Government of all the independent and self-governing Pacific Island countries, Australia and New Zealand
Summary:
http://www.forumsec.org.fj/news/2003/May%2007.htm
The full HIVAIDS workplace policy can be downloaded from the Forum Secretariat website:
http://www.forumsec.org.fi

Heineken HIV/AIDS policy: EMS Roundtable on Development
Stefaan Van der Borght, 17 March 2003
Information on Heineken's policy
http://europa.eu.int/comm/enterprise/csr/documents/20030317/csrdevheineken.pdf

Letting them die: why HIV prevention programmes often fail
Catherine Campbell, 2003.
Published by James Currey in the UK, Indiana University Press in the US and Juta in Cape Town.
Reports on a three year study of a workplace HIV prevention intervention in a gold mining community near Johannesburg, South Africa. Contains material on issues of worker participation, wider community mobilisation and multi-stakeholder partnerships, lessons for people trying to use these as strategies to support HIV prevention efforts.

Preventing HIV/AIDS guidelines for the Aid Sector
People in Aid, 2003.
It can be ordered on line
http://www.peopleinaid.org/pubs/order.php

Documents: 2002

Action against AIDS in the workplace
UNAIDS, 2002
Contains sections on: 1) Workplace policy: key components and sample language; 2) 10 steps for implementation; 3) ILO Code of Practice: key principles; 4) Trade union action against AIDS
http://www.unaids.org
http://www.abconaids.org/asp/DispDoc.asp?DocID=268

Business Taking Action to Manage HIV/AIDS
Asian Business Coalition on AIDS, 2002
This 24-pages document contains a selection of business practices responding to HIV/AIDS in and outside the Asian workplace.
http://www.abconaids.org/asp/DispDoc.asp?DocID=266

Employees & HIV/AIDS: action for business leaders: company programs
Global Business Coalition on HIV/AIDS, 2002
This document was produced by the Global Business Coalition on HIV/AIDS (GBC) to provide advice to senior company directors on the feasibility and effectiveness of establishing HIV workplace programmes. It reviews a number of HIV employee programmes adopted by companies from different business interests in regions of the world with high HIV prevalence. The document also contains a list of contacts and references that company managers can use.
www.businessfightsaids.org/web/zips/employ.PDF

Guidelines on HIV/AIDS and the law for advice and legal office workers
South Africa: AIDS Law Project, 2002
This booklet, intended for people working in advice and legal offices, draws from the work that the AIDS Law Project has done over the years. It contains answers to the everyday questions that people ask the Project. These questions are grouped into seven topics: general facts, workplace rights, grants and pensions, insurance, health, children, and criminal law
www.alp.org.za/resctr/pubs/pdf/20020826 rcpubadv.pdf

HIV/AIDS in the Workplace
Good Practice Note: December 2002, Number 2
International Finance Corporation, World Bank Group
http://www.ksg.harvard.edu/cbg/hiv-aids/Durban/IFC_HIVAIDS.pdf

HIV/AIDS Workplace Toolkit
Society for Human Resource Management
HIV/AIDS WorkplaceToolkit. In an effort to provide employers with accurate, helpful and up-to-date information, the Society for Human Resource Management and the National AIDS Fund have created this website to assist human resource professionals with handling workplace issues involving HIV/AIDS. Other resources are also available. Requires membership.
http://www.shrm.org/ (do a search for the title)

HIV/AIDS and the World of Work: An ILO code of practice
Geneva: International Labour Office. ILO Global Programme on HIV/AIDS and the World of Work, 2002
This code is aimed at preventing the spread and mitigating the impact of HIV/AIDS in the world of work. It is built on and around two pillars, the first - which is at the heart of all the ILO's work – is the protection of workers against

discrimination, and the second is prevention: the workplace is not only an appropriate but an essential place for HIV/AIDS information, education and behavior change. The code provides invaluable guidance to policy-makers, organizations and the social partners for forming effective and appropriate workplace and national policy that respects the dignity of all workers
http://www.ilo.org/public/english/support/publ/online.htm

Implementing the ILO Code of Practice on HIV/AIDS and the world of work: an education and training manual
Geneva: International Labour Office. ILO Global Programme on HIV/AIDS and the World of Work, 2002
This manual is a source of information on HIV/AIDS and the world of work, a reference guide to the ILO (International Labour Office) Code of Practice adopted in May 2001 and its application in policy development, and a tool for training. It contains ten sections, including eight modules. The first section introduces the manual. The second section (module 1) describes the spread of the epidemic, how HIV is transmitted, why HIV/AIDS is a workplace issue, and how it affects labour and employment. Module 2 discusses in detail four of the ten key principles of Section 4 in the Code of Practice: non-discrimination, no screening, confidentiality, and the continuation of the employment relationship. Module 3 concentrates on the development and implementation of workplace policies through the process of social dialogue. Module 4 is designed to help governments establish a policy and legal framework which promotes and supports action to reduce HIV transmission. Module 5 deals specifically with gender issues, addressing equally men and women. Modules 6 and 7 assist employers and workers in implementing effective prevention and care and support programmes in the workplace. Module 8 discusses how connections with persons working in the informal economy can be strengthened and the Code made relevant to their needs and situation. The last section contains references and resources.
http://www.ilo.org/public/english/support/publ/online.htm

Employers' handbook on HIV/AIDS: a guide for action
Geneva: International Organisation of Employers; UNAIDS, 2002
Includes bibliographical references.
Based on feedback from members of the International Organisation of Employers (IOE), this handbook documents selected initiatives in the workplace, designed to minimize the impact of HIV/AIDS and to maximize prevention efforts. Such initiatives include HIV/AIDS prevention programs, making information about the virus widely available in the workplace, encouraging informed and supportive attitudes towards co-workers, and promoting changes in attitudes and behaviour towards sex. Some employers are also establishing care programs to treat opportunistic infections among workers and families, reduce the prevalence of sexually transmitted infections and even offer antiretroviral drugs. This handbook also provides details of results obtained and lessons learned from the various initiatives undertaken by employers worldwide.

www.unaids.org/publications/documents/sectors/workplace/JC767-EmployHandb-E.pdf
http://www.ioe-emp.org/ioe_emp/pdf/HIV-AIDS.pdf

HIV/AIDS in the Workplace
Business for Social Responsibility, 2002
http://www.bsr.org/BSRResources/IssueBriefDetail.cfm?DocumentID=49032

Global Compact Primer on HIV/AIDS (four sections)
1) About HIV/AIDS (General information about HIV/AIDS)
2) Workplace Initiatives (Guidelines and examples on company policies dealing with HIV/AIDS in the workplace)
3) Beyond the Workplace (Information for companies fighting HIV/AIDS beyond the workplace)
4)The Role of Business in Fighting HIV/AIDS (Summary of a global e-conference on HIV/AIDS hosted by the World Bank Institute in cooperation with the Global Compact)
http://www.unglobalcompact.org/
access from 'Learning' section, then select HIV/AIDS from the 'Priorities' dialogue box

The labour market and employment implications of HIV/AIDS
ILO Programme on HIV/AIDS and the World of Work, Working Paper 1, by Franklyn Lisk, June 2002
Describes the economic implications of HIV/AIDS and focuses on labour and employment implications of the epidemic.
http://www.ilo.org/public/english/protection/trav/aids/publ/wp1_labourmarket.pdf

Workplace HIV/AIDS Programs: An Action Guide for Managers
by Bill Rau, Family Health international, 2002
A practical, hands-on "how-to" guide, advising managers on how, specifically, to create workplace programs in the developing world – and how not to. It is buttressed by candid case studies of employers' experiences with HIV in the workplace. Chapters on: HIV/AIDS in the Workplace, Assessing the Risks and Impact of HIV/AIDS on Companies, Workplace HIV/AIDS Policies, Workplace HIV/AIDS Prevention and Care Programs, Managing the Impact of HIV/AIDS on a Company, Company Leadership in HIV/AIDS Prevention and Care
http://www.fhi.org/en/HIVAIDS/Publications/manualsguidebooks/Workplace_HIV_program_guide.htm

HIV/AIDS Workplace Tools
The Business/Labour Responds to AIDS program, CDC
http://www.brta-lrta.org/tools/tools.htm

Manager's Kit
The Business/Labour Responds to AIDS program, CDC
The Manager's Kit leads you through each step, from developing a workplace policy in your company to educating the community at large about HIV/AIDS. The kit is available in English and Spanish
www.brta-lrta.org/tools/pdf_mngrkit/wkp_all.pdf

Good Practice Notes: HIV/AIDS in the Workplace
International Finance Corportation (World Bank Group)
http://www.ksg.harvard.edu/cbg/hiv-aids/Durban/IFC_HIVAIDS.pdf

Documents: 2000 and earlier

The Business Response to HIV/AIDS: Impact and Lessons Learned
Produced jointly by UNAIDS, The Prince of Wales Business Leaders Forum and The Global Business Council on HIV & AIDS, 2000
The report aims to provide assistance to business in recognizing the business case for further action against HIV/AIDS in the workplace and beyond.
http://www.businessfightsaids.org/pdf/Impacts.pdf

Campaign against HIV/AIDS: A guide for shop stewards
Congress of South African Trade Unions, 2000
Includes a section on Developing an HIV / AIDS policy. An HIV / AIDS policy states how your organisation views its workers with HIV / AIDS and what it will do to support them, as well as the strategy it will use to prevent the spread of HIV / AIDS. The policy must be developed through consultation with all levels of workers. The policy demonstrates the commitment of your organisation to respond to the HIV/AIDS epidemic
http://www.cosatu.org.za/docs/2000/hivbook.htm#policy

Everybody's Business: the enlightening truth about AIDS
Metropolitan Group, 2000
This is a collection of articles from ten years of AIDS Analysis Africa journal. Aimed at business and government leaders, it provides a record of the unfolding of the epidemic and what measures businesses, NGOs and government departments should implement now. ZAR120 (including postage and packaging).
From the AIDS Research Unit, Metropolitan Tel: +27 21 940 6717 E-mail:aidsinfo@metropolitan.co.za

Your rights in the workplace [booklet]
South Africa: AIDS Law Project, 2000
This pamphlet looks at the current laws and policies that are in place dealing with HIV/AIDS and the workplace. It focuses on persons living with/or affected by HIV or AIDS and their right to equality in the workplace. It advises persons on what they can do to protect their rights, and lists organisations that can help.
www.hri.ca/partners/alp

Best practices: company actions on HIV/AIDS in Southern Africa
Harare: Organisation of African Trade Union Unity (OATUU) Health Safety and Environment Programme, 1999. Loewenson R, ed.

Private sector AIDS policy: businesses managing AIDS, a guide for managers

Roberts M, Rau B, Emery A. Family Health International /IMPACT, 1999

Putting HIV/AIDS on the Business Agenda
Geneva: UNAIDS, 1998

HIV/AIDS and the Workplace - forging innovative business responses
UNAIDS Technical Update. Geneva: UNAID 1998

Work against AIDS: workplace-based AIDS initiatives in Zimbabwe
No. 8 in the Strategies for Hope series, 1993
Further information: www.stratshope.org
Order from TALC PO Box 49, St Albans, Herts AL1 5TX UK
Tel: +44 1727 853869, Fax: +44 1727 846852
E-mail: talcuk@btinternet.com

Organisations:

Anglo American plc
Describes Anglo American's HIV/AIDS policy and advocacy work.
http://www.angloamerican.co.uk/hivaids/

Asian Business Coalition on AIDS
The Asian Business Coalition on AIDS website includes pages on HIV/AIDS policy development, Employment and the risk of HIV infection, cost assessment, downloadable policy documents, sample HIV/AIDS policy, case studies.
http://www.abconaids.org

Botswana Network on Ethics, Law, and HIV/AIDS (BONELA)
BONELA is involved in employment and HIV issues. Working to inform future legislation in the area of employment and HIV. They have published a small booklet on the current policy and legal situation with regards to employmennt and HIV. Contact: BONELA, P.O Box 402958, Plot 50662, Medical Mews, Gaborone Fairground, Gaborone, Botswana. Tel: +(267) 393-2516 / 7184-4993, Fax: +(267) 393-2517, e-mail: bonela@botsnet.bw

Business for Social Responsibility **(BSR)**
Helps member companies achieve success in ways that respect ethical values, people, communities and the environment. BSR provides information, tools, training and advisory services to make corporate social responsibility an integral part of business operations and strategies. A nonprofit organization, BSR promotes cross sector collaboration and contributes to global efforts to advance the field of corporate social responsibility
http://www.bsr.org/

Centres for Disease Control and Prevention (CDC)
Business Responds to AIDS and Labor Responds to AIDS' programs (BRTA/LRTA) help large and small businesses and labour unions meet the challenges of HIV/AIDS in the workplace and the community. To fulfill its mission of promoting the development of comprehensive workplace

HIV/AIDS programs. The Business/Labour Responds to AIDS programs have five core components: 1) HIV/AIDS policy development; 2) Manager/labour leader training; 3) Employee/worker education; 4) Employee/worker family education; 5) HIV-related community service and volunteerism
http://www.brta-lrta.org/index.htm

Global Business Coalition on AIDS
The Global Business Coalition on HIV/AIDS (GBC) is an alliance of international businesses dedicated to combating the AIDS epidemic through the business sector's skills and expertise.
http://www.businessfightsaids.org/
http://www.businessfightsaids.org/resources_guides.asp

Global Compact
The Global Compact is designed to bring companies together with UN agencies, labour and civil society in support of human rights, labour standards and the environment. The Global Compact, ILO and UNAIDS have joined forces to mobilize business, encourage increased action to fight HIV/AIDS in the workplace, and combat stigmatisation
http://www.unglobalcompact.org/Portal/

International Labour Organization (ILO)
The International Labour Organization is the UN specialized agency which seeks the promotion of social justice and internationally recognized human and labour rights.
http://www.ilo.org/aids

International Organisation of Employers
Represents the interests of business in the labour and social policy fields. Consists of 136 national employer organisations from 132 countries.
http://www.ioe-emp.org/

SAfAIDS
SAfAIDS have a policy on HIV/AIDS workplace programmes running. They have also assisted several organisations in the region to develop HIV/AIDS workplace policies. Contact SAfAIDS for further information on the development of workplace policies
 www.safaids.org.zw.

Society for Human Resource Management (SHRM)
"The world's largest association devoted to human resource management. Serves the needs of HR professionals by providing the most essential and comprehensive resources available. SHRM currently has more than 500 affiliated chapters within the United States and members in more than 100 countries."
http://www.shrm.org/

Training and Research Support Centre, Zimbabwe
TARSC's principal objective is to provide training, research and support services for non-state, non-profit, civic organisations to develop social capacities, networking and action. Resources and publications list: 1) Health, HIV/AIDS

& Occupational Health. 2) Economic and Employment Issues and AIDS/HIV. Lists many sources of reports on Trade Unions & HIV/AIDS and employment issues in southern Africa.
http://www.tarsc.org/publist1.html
http://www.tarsc.org/publics2.html

Thailand Business Coalition on AIDS (TBCA)
TBCA is a non-profit alliance linking the private and public sector in effective management of HIV/AIDS in the workplace and the wider community. Established in 1993, TBCA works to accomplish 2 objectives: 1) To promote clear, non-discriminatory workplace policies and education programs to business. 2) To bring corporate resources, such as human capital, management skills and funds, to assist in HIV/AIDS prevention.
http://www.abconaids.org/asp/view.asp?PageID=4&SiteID=2&LangID=0&MenuID=28&SponsorID=58

World Economic Forum's Global Health Initiative
The initiative is designed to foster greater private sector involvement in HIV/AIDS. TB and malaria issues. The website has resources to help promote good practice and corporate advocacy.
http://www.weforum.org

Impact assessments:

Centre for International Health – Boston University
Developed a cost model that estimates the present value of new HIV infection in the formal business sector in southern Africa. The study showed that new infection can cost between 3.4% and 10.7% of annual salaries depending on skill level. Associated benefits, and prevalence of the area (IFC, 2002)
http://www.international-health.org/AIDS-economics

University of California-San Francisco
Economic model to compare HIV-related business costs for large Ugandan companies (500+) with the cost of providing prevention, care and treatment to employees. The study concluded that even programs offering ART can be cost effective, especially in light of price reductions (IFC, 2002) UCSF electronic newsletter Daybreak, 7/14/2000,
http://www.ucsf.edu/daybreak

AIDS on the Agenda - Adapting Development and Humanitarian Programmes to Meet the Challenge of HIV/AIDS
Sue Holden, Published by Oxfam GB, in association with ActionAid and Save the Children UK, November 2003 Example impact assessment and costing analysis in Chapter 7 – experiences of mainstreaming AIDS internally
http://www.oxfam.org.uk/what_we_do/issues/hivaids/aidsagenda.htm

Metropolitan Life Insurance Company of South Africa: HIV/AIDS model developed for the South African context
Offers a quick rough cost estimate.
http://www.redribbon.co.za;

click on "Try our online AIDS Test", then "AIDS in the workplace"

Tata Tea Company – India
Simple web-based calculator to assess the costs of HIV/AIDS to a company
http://education.vsnl.com/sexualhealth/economic

Useful websites:

The POLICY project of the Futures Group International
Maintains a database that includes most available national HIV/AIDS policies.
http://209.27.118.7

Development Gateway
The Development Gateway is an interactive site for information on sustainable development and poverty reduction, and a space for communities to share experiences on development efforts
http://www.developmentgateway.org

3Plus-U
A new educational initiative by the International Labour Organisation (ILO) and the United Nations Cyberschoolbus project. The ILO has developed a unique on-line digital adventure, 3Plus-U, to introduce students and teachers to the importance of work and the need for protecting people in the workplace. This Flash-enabled Web site illustrates through stories, quizzes, challenges and adventures how the world of work affects everyone
http://www.un.org/Pubs/CyberSchoolBus/3PLUSU/index.html

European Union AIDS Programme
http://europa.eu.int/comm/development/aids

Health And Development Networks
www.hdnet.org

AEGIS
www.aegis.com

Africa Southern Africa AIDS Information Dssemination Service (SAfAIDS)
www.safaids.org

Eldis
http://www.eldis.org/hivaids/

International Networks of People Living with HIV/AIDS:

Global Network of People Living with HIV/AIDS (GNP+)
GNP+ is a global network for and by people living with HIV/AIDS. Their aim is to work to improve the quality of life of People Living with HIV/AIDS by helping to build their capacity on the global, regional and national level
http://www.gnpplus.net/

International Council of AIDS Service Organisations (ICASO)
ICASO is a global network of non-governmental and community-based organisations, with secretariats in five geographic regions and a central secretariat based in Canada
www.icaso.org

International Community of Women Living with HIV/AIDS (ICW)
ICW is the only global network run by and for HIV positive women. It operates on all five continents. It exists to promote the voices of HIV positive women and advocates for changes that improve these women's lives
http://www.icw.org

National Networks of People Living with HIV/AIDS:

Indian Network of People Living with HIV/AIDS
INP+ is a non-profitable community based organization of people living with HIV and its secretariat is based in Chennai, India.
E-mail: inpplus@vsnl.com, Website: http://www.inpplus.org/

National Association of People with AIDS (NAPWA) Washington DC, USA
http://www.napwa.org/index.html

Positive Women Network of South India
23, Brindavan Street, West Mambalam, Chennai 33. India
Ph. 3711176, 4717363, poswonet@hotmail.com

The Southern African Network of AIDS Service Organisations (SANASO)
Network of NGOs, Faith based organisations FBOs, Community based Organisations (CBOs) and People living with HIV/AIDS (PWAs) involved in HIV/AIDS work in Southern Africa
http://www.sanaso.org.zw/about.htm

UK Consortium on AIDS & International Development
New City Cloisters, 196 Old Street, London EC1V 9FR, U.K.
Tel: 020 7251 6201   e-mail: ukaidscon@gn.apc.org
www.aidsconsortium.org.uk

The UK Consortium on AIDS & International Development is a group of more than 60 UK based organisations working together to understand and develop effective approaches to the problems created by the HIV epidemic in developing countries. It enables each agency to bring its own experience to be shared and used to help all the members improve their responses to the epidemic, through: information exchange - networking - advocacy - and campaigning.