



THE GLOBAL BUSINESS COUNCIL ON
HIV/AIDS

Employees & **HIV/AIDS**

ACTION FOR BUSINESS LEADERS



COMPANY PROGRAMS

ELEMENTS OF SUCCESSFUL PROGRAMS

The business sector can address HIV/AIDS in a wide variety of ways, from partnering with governments and communities to help improve prevention and care programs, to high-level advocacy and leadership. However, the greatest immediate responsibility – and opportunity – for individual companies is to protect their workforces and their families against the spread of this epidemic, and to support employees infected with HIV in remaining healthy and able to contribute to the business for as long as possible.

Over the last decade, businesses have begun to establish workplace policies and programs to combat HIV/AIDS. Given that programs need to be tailored to an individual company's size, location and type of business, the experiences of other companies is invaluable in helping individual businesses face up to the challenge of HIV/AIDS.

The Council has therefore produced "Employees and HIV/AIDS: Action for Business Leaders" to provide advice to senior company directors on the feasibility and effectiveness of establishing HIV workplace programs. The Council has reviewed a number of HIV employee programs adopted by companies across a range of business interests in regions of the world with high HIV prevalence, including automotive manufacturing, breweries, electricity, petroleum and banking. These are followed by a list of contacts and references that company managers can use. In addition, the Council has produced;

- an AIDS awareness poster for in the workplace or for adaptation by companies in their own programs; and
- a short summary of the principles of any effective program.

The key elements of any successful HIV employee program include:

RISK ASSESSMENT

Initial risk assessments to evaluate the scale of the HIV problem in workforces, societies and markets have been crucial in helping companies devise targeted programs (see the Eskom case study).

In particular, risks have been assessed in terms of;

- existing levels of HIV/AIDS within the workforce and surrounding communities
- costs to the company of HIV/AIDS related employee absence and death (absenteeism, recruitment, training, reduced productivity etc.)
- costs to the company resulting from hospitalization, home care and any existing prevention activities

The Council and the Futures Group have developed a modeling tool to provide a preliminary assessment of the costs from HIV/AIDS to companies operating in heavily affected regions. It is available through the Council's web site at www.businessfightsaids.org.

NON-DISCRIMINATORY POLICIES

Companies have updated their policies to ensure employee confidentiality and to support employees living with HIV/AIDS to remain productive members of the workforce for as long as possible. Many such company policies have first been developed by subsidiaries in heavily affected regions before being rolled out company-wide. While having the general aim of tackling HIV/AIDS related discrimination, they need to be adapted to comply with relevant national legislation. To be effective, HIV non-discriminatory policies need the active endorsement of senior management centrally, regionally and nationally (see the Unilever case study). Pre-employment screening for HIV should be recognized as discriminatory and counter-productive. As well as fostering a more supportive workplace environment, the adoption of non-discriminatory policies is a clear public commitment that helps to counter the fear and stigma that still typify many communities' responses to the epidemic. The involvement of trade unions and employee representatives in the formulation of policies has been important in ensuring employee support.

AWARENESS & PREVENTION

Businesses have a unique opportunity to help employees protect themselves against HIV infection by providing accurate and easily understandable information on how HIV is – and is not – transmitted. The companies presented here have taken a number of innovative approaches. For employees in many countries of high HIV prevalence, the program

may be the only source of reliable information on HIV/AIDS. Companies should incorporate strategies into their HIV/AIDS programs and policies that are sensitive to the specific needs of female and male workers. Gender specific approaches have proven to be effective in curtailing the spread of HIV/AIDS and sexually transmitted infections.

Companies have learned that preventing new HIV infections requires more than awareness. Successful company-based HIV prevention programs have also included condom distribution and diagnosis and treatment of sexually transmitted infections. Some companies have strengthened their own programs through collaboration with local community-based organizations or public sector health services.

VOLUNTARY COUNSELLING & TESTING (VCT)

Companies can offer their employees voluntary counselling and testing (VCT) in on-site clinics or in partnership with other local health services. It is vital that confidentiality about individual test results is guaranteed, although anonymous screening information about HIV rates in the workforce can assist future planning. Many companies have found that employees are reluctant to access VCT in circumstances where knowledge of their HIV-positive status may accrue little benefit (for example poor access to care, support and treatment). However, companies that offer VCT services as part of comprehensive programs combining prevention and care, see the effectiveness of the overall program enhanced. Employees that test negative can take advantage of company

prevention education to reduce their risk of infection. Employees who test positive can access services that improve their health, quality of life and life expectancy. VCT forms an integral part of some prevention interventions, such as the reduction of mother-to-child transmission of HIV.

VCT can have a key role in implementing an effective, measurable program. Companies can assess the impact of their HIV programs and adapt them accordingly.

CARE, SUPPORT & TREATMENT

Businesses can help their employees living with HIV/AIDS continue to contribute to the business for as long as possible, through a range of care and support services, through company clinics or in partnership with other healthcare providers. For some this is an extension or an expansion of existing provision, whether in-house or through health insurance, to employees and their immediate families.

Some of the most common and fatal opportunistic infections like Pneumocystis carinii pneumonia (PCP) and TB can be treated and prevented with inexpensive drugs. By providing basic treatments like these, companies can improve the health of their HIV positive employees and immediate families for significant periods (the Illovo Sugar case study demonstrates how small to medium enterprises can implement

such programs). Many companies collaborate with local AIDS service organizations to provide home-based care to help alleviate the onset of serious illness, and to provide palliative care, medical advice, and support to families and caregivers.

More companies are now offering antiretroviral therapy (ARVs) for infected employees and their families. The companies highlighted in this document provide the classic “cocktail” of triple therapy, that has been so successful in improving the lives of people with HIV/AIDS in the industrialized world. The prices of these medicines have recently been reduced significantly by a range of manufacturers. The Council strongly advocates that access to these lower priced medications should be extended to the business sector, particularly those companies operating in heavily affected regions.

However, the cost of drugs is not the only consideration. ARVs require ongoing monitoring and supervision by trained medical personnel with access to the necessary clinical tests. ARVs are a long-term commitment: Their considerable benefits continue only for as long as they are taken. Adherence to treatment is crucial to reduce the risk of developing resistance to the medications. Some companies (such as Daimler Chrysler and Heineken) have initiated ARV programs with technical support from public and private sector partners. Many companies calculate that ARV therapy has long term cost benefits, for example through reduced absenteeism and hospitalization.

DAIMLERCHRYSLER HAS 4,500 EMPLOYEES IN THREE LOCATIONS IN SOUTH AFRICA. THE COMPANY MANUFACTURES MERCEDES-BENZ PASSENGER CARS AND MITSUBISHI PICK-UPS FOR THE SOUTH AFRICAN MARKET AND EXPORT TO THE UK, JAPAN, AND AUSTRALIA. THE HIV/AIDS PROGRAM COVERS ITS EMPLOYEES AND THEIR FAMILIES, A TOTAL OF 23,000 PEOPLE.

COMPANY RESPONSE

The Company's HIV program was developed with the aid of demographic profiling of the workforce and through the active participation of its key stakeholders, including GTZ, the German Government's international technical co-operation agency. The package covers:

- Information, education and communication, including the use of trained peer educators, to tackle discrimination as well as HIV transmission (education materials were adapted from the popular South African "Soul City" project)
- Condom availability and distribution
- Voluntary counselling and testing (VCT)
- An integrated disease management protocol extending the existing medical scheme to cover treatment of opportunistic infections, sexually transmitted infections (STIs), short course antiretroviral therapy (ARVs) for prevention of vertical transmission, ARV treatment, monitoring and hospitalization

The Company determined a need for one peer educator for every 30 employees, so needed to train nearly 150 over the three sites. Using criteria identified by UNAIDS, employee groups were invited to select their own peer educators from the pool of volunteers. In addition, all company shop stewards were trained as peer educators. The peer educators offer monthly sessions in the workplace with informal contact between these. Company supervisors are also trained to support and de-brief the peer educators. They are not paid additionally for their role, and so far their sessions have all taken place during normal working hours.

Employees were surveyed regarding condom provision. There was consensus on the brand of condom, but two thirds preferred to pay for their condoms while a third wanted free access. The Company has adopted specially designed 'vending' machines that allow employees to take free condoms or pay a subsidized price as they wish.

The program was devised and delivered in a public-private partnership project with GTZ. While DaimlerChrysler is the principal funder of the program, the German government contributed 500,000 German Marks for technical research, development and monitoring.

The program is managed by the Company's HIV/AIDS Task Force and HIV/AIDS Coordinator, with representatives from the Company's medical and human resources staff, employees and trade union. Purchase of ARVs at preferential prices is handled by the Company with the involvement of GTZ.

The ARV treatment is delivered by the Company's medical teams in its own clinics, available to any of its HIV positive employees, their partners and children. Funds have been set aside to guarantee access to ARVs to this group over and above the existing medical scheme.

MOTIVATION FOR ACTION

Human Resources Managers were concerned at increased levels of medical expense and mortality in younger employees. In July 2000, GTZ approached the Company, making a series of presentations on the state of the epidemic in South Africa, how other companies had been affected, and the roles and responsibilities of all potential public and private sector partners.

HIV prevalence at the Company level was projected by considering indirect indicators for HIV, such as STIs and TB, as well as regional HIV prevalence estimates and provincial antenatal surveillance data.

Besides GTZ, the key stakeholders involved in developing the program were employees and their trade union, the National Union of Metalworkers of South Africa (NUMSA), and non-governmental organizations (NGOs) specialized in HIV/AIDS programs. Apart from preventing the further spread of the virus, DaimlerChrysler's core objective was to secure the sustainability of its investment and operations in the country.

RESULTS AND LESSONS

The company and GTZ built a full monitoring and evaluation system into the program from the outset, looking at success with target groups, employee participation, changes in knowledge, attitudes, perception and behavior, HIV prevalence, cost benefit analysis, and take-up of medical services.

Access to ARVs was at the top of trade union requests for the program and its inclusion helped achieve high levels of employee involvement and satisfaction with the overall program, including a high take-up of VCT. The Company is committed to exploring ways to expand ARV access within the communities in which they operate, and hopes to develop partnerships with NGOs and the South African government to achieve this.

Contacts: Karl-Heinz Schlaiss, DCSA, +27 12 677 1946,
karl.schlaiss@daimlerchrysler.com

Dr Andrea Knigge, GTZ, +27 12 342 1981, knigge.gtz-suedafrika@za.gtz.de

WITH OPERATIONS IN MORE THAN 170 COUNTRIES, HEINEKEN IS THE WORLD'S MOST INTERNATIONAL BREWING GROUP. PRODUCTION IS BASED AT MORE THAN 110 BREWERIES IN OVER 50 COUNTRIES. OTHER PARTS OF THE WORLD ARE SERVED VIA HEINEKEN'S EXPORT OPERATIONS. OF OVER EIGHTY BEERS, THE MAIN BRANDS ARE HEINEKEN, AMSTEL, AND MURPHY'S, AND IN AFRICA, PRIMUS, GULDER AND STAR.

COMPANY RESPONSE

The Company has had an HIV prevention program in operation for over ten years in central Africa, with regular reviews and updates by the General Manager group for the region. The Company has adopted a comprehensive approach that consists of:

- HIV/AIDS materials for employees that were developed in country (often with the support of the company's marketing teams)
- Information sessions and education, delivered to workforces or subsets of workforces as appropriate (eg female employees) by external public health experts, often identified with the help of the World Health Organization (WHO) and non-governmental organizations (NGOs)
- Increased availability of condoms in the workplace (either available free of charge or at low, subsidized costs)
- General protection and preventive measures (for example, efforts to guarantee safe blood supplies and general health and safety measures)
- Management of sexually transmitted infections (STIs) using the Company's own workplace clinics
- Counselling (made culturally appropriate by local provision and training)
- Promotion of voluntary counselling and testing (VCT) at sites where antiretroviral therapy treatment (ARVs) is becoming available (provided by internal and external medical personnel with the support of Trade Unions)
- Short courses of ARVs to prevent transmission from mother-to-child (available in the clinics of six of the Company's central African breweries where antenatal HIV testing is carried out with informed consent)
- The company's existing "Health support program for HIV and AIDS patients" is designed to support HIV positive employees and their immediate families through the prevention and treatment of opportunistic infections and through counselling and care for AIDS patients



Heineken's medical department waiting area in Kinshasa.

In 2001, Heineken's board decided to expand its HIV employee program to include access to care, support and treatment, most notably access to ARVs. Access is available to employees, a partner and children. Heineken is currently considering how to ensure continuing access to treatment for chronic conditions once employees' children

cease to qualify for company benefits (at age 18). The ARV program is being piloted in selected sites before being phased in throughout the Company's operations.

The Company has contracted Pharmaccess, a foundation that organizes ARV treatment in Africa, to acquire drugs and advise on the establishment of regimes. The program has been able to take advantage of the price reductions made by manufacturers. Heineken has brought its own doctors to the Netherlands for training and arranged for the training of nurses and lab personnel in country. Treatment is then managed by the company's own clinics which are based in the workplace.

The Company supports employees in adhering to treatment: Periods of directly observed treatment are interspersed with times when employees and family members take medication outside of the clinic (including weekends, holidays and more prolonged breaks). To begin with treatment will be based on two regimes of ARV combinations, allowing one to be substituted for the other in the event of treatment failure.

MOTIVATION FOR ACTION

Heinken's Board defined HIV/AIDS is defined as a key issue for the Company. It undertook a risk assessment, considering the impact of HIV/AIDS and costs of interventions in three countries (Ghana, Burundi and Thailand). Data already collected by the company was handed to

an external agency for analysis and recommendations. Heineken's senior management identified HIV/AIDS not just as a medical issue, but as one with enormous social implications that could not be ignored. The results of the risk assessment gave confidence that its response made sense in financial as well as humanitarian terms.

EVALUATION AND MONITORING

The Company will carefully monitor the pilot programs, addressing for example, adherence success and side effects. Recognizing the relatively small scale of their own program, the Company is keen to use the wider experience of Pharmaccess and other AIDS organizations to help inform the expansion of its program.

LESSONS LEARNED AND NEXT STEPS

Heineken is a large company with many sites that could potentially join its ARV program. The central African region has already benefited from an established HIV prevention program, and thus makes it the obvious choice to begin piloting the program. This approach allows the Company to monitor and adapt its program to help guarantee the effectiveness and sustainability of a larger program.

Contact: Dr Henk Rijckborst, +31 071 545 6700, h.rijckborst@heineken.com

ESKOM IS ONE OF THE WORLD'S LARGEST ELECTRICITY UTILITIES. BASED IN SOUTH AFRICA, IT RUNS 20 POWER STATIONS AND MAINTAINS OVER 26,000 KMS OF TRANSMISSION LINES. ESKOM HAS OVER 35,000 EMPLOYEES.

COMPANY RESPONSE

Eskom has a long-standing HIV/AIDS program that has evolved as both the epidemic and the Company's understanding of it have grown:

- Prevention & Awareness, using proven methods including trained peer educators (over 1,200 to date) and theater to reach employees at all sites, covering human rights and HIV/AIDS care as well as HIV prevention. Condoms are available through dispensers in most company toilet facilities. The Company provides treatment for sexually transmitted infections (STIs) free of charge through its clinics. Sessions run by people living with HIV/AIDS help address stigma associated with the virus).
- Voluntary Counseling and Testing (VCT), with Eskom paying for the first test, which can be done through any agency approved by the Company.
- Care and support, including psychological support from counselors, access to antiretroviral therapy (ARVs) under the Company's medical aid insurance scheme (which covers all employees and their immediate families) through approved HIV clinicians, and monitoring of TB treatment at the Company's own clinics.

MOTIVATION FOR ACTION

Eskom initiated a HIV/AIDS policy as far back as 1988, covering education, surveillance and counselling. However, by the mid-1990s Eskom became aware of the real threat of HIV/AIDS to its business and its workforce. The Company commissioned an impact analysis of HIV/AIDS on its operations. The projections, including a 26% HIV prevalence rate in the workforce in ten years in the absence of any interventions, motivated Eskom to declare HIV/AIDS a strategic priority.

In developing its program, Eskom formed two specific committees. Its strategic committee looked at the impact of HIV/AIDS on the Company and employees and developed strategies to cope with the impact. Its operational committee developed and implemented education, prevention and care programs. An HIV/AIDS cost center was created in 1996 to monitor education, awareness and care costs. In 1999, direct costs, not including Medical Aid, amounted to R125 per employee (circa \$US19), including treatment of opportunistic infections.

MONITORING AND EVALUATION

Policies and practices are reviewed annually to ensure non-discrimination in all business processes, including recruitment and procurement. The Company has trained staff to track the trends and impact of HIV/AIDS using a model developed by the Harvard Institute of International Development.

RESULTS AND LESSONS

A key component of Eskom's program is the emphasis placed on monitoring and evaluation. Eskom's experience shows how reliable information on the impact of the epidemic can first be used to trigger and then direct an effective company response. After the initial impact study undertaken in 1995, Eskom commissioned a more sophisticated HIV/AIDS risk analysis in 1999, taking account of the demographics of employees. This highlighted the economic and financial impact, particularly in terms of productivity, loss of personnel, training needs and pension and medical costs. The company also undertook knowledge

and attitude studies (demonstrating 80 percent awareness and knowledge levels) and an anonymous and voluntary HIV/AIDS surveillance study (showing that HIV prevalence was lower than the 1995 prediction of 11 percent). These studies have provided evidence of success to date and will help assess the effectiveness of future actions and training.

Other benefits that Eskom identify are: the support and cooperation from management, employees and unions; low incidence of discrimination against the field workers with HIV/AIDS; and a greater willingness of employees to seek more information about their risks and HIV status.

Eskom's corporate responsibility programs on HIV/AIDS, including its support for the development of an AIDS vaccine, were born largely out its workplace program, and are underpinned by the conviction that the benefits of HIV/AIDS prevention and care strategies outweigh the costs of an unchecked spread of HIV/AIDS within the workplace and communities.

Contact: Dr Bangini Mkhize, +27 11 800 3061, baningi.mkhize@eskom.co.za

STANDARD CHARTERED BANK, FOUNDED IN 1853, IS AN INTERNATIONAL COMMERCIAL BANK FOCUSED ON EMERGING MARKETS IN ASIA, THE INDIAN SUB-CONTINENT, THE MIDDLE EAST, AFRICA AND LATIN AMERICA. THE BANK'S CORE BUSINESS IS IN CONSUMER BANKING, CORPORATE AND INSTITUTIONAL BANKING AND TREASURY, WITH 30,000 EMPLOYEES WORKING IN OVER 500 OFFICES IN MORE THAN 50 COUNTRIES.

COMPANY RESPONSE

The first element of the Company's response to HIV/AIDS was the development in 1999 of a clearly defined non-discriminatory HIV/AIDS policy linked to the Bank's policy on the protection and enhancement of human rights in the workplace and equal opportunity regardless of color, race, gender and ethnicity. The policy incorporates procedures and practices for managing employees living with HIV/AIDS, treating them in the same way as those with other progressive or debilitating illnesses. While the policy and procedures are set at the Group level for all its global operations, they are flexible enough to enable branches to take account of local practices, procedure, culture and legislation.

In March 2000, Standard Chartered Bank initiated an HIV/AIDS awareness campaign. The objectives are to create awareness of the magnitude and impact of HIV/AIDS, educate staff in order to minimize and control the impact, and to change risky behaviors.

The mechanisms through which this information is delivered include presentations by trained peer-educators ('champions') from the Bank, the distribution to staff of handbooks covering facts on HIV/AIDS, and posters and flyers on the 'shop-floor'. HIV/AIDS awareness packs were developed with the support of other companies (for example, Levi Strauss and Glaxo Wellcome) and non-governmental organizations (NGOs). The Bank has subsequently made its packs available to international and regional companies in the financial sector operating in Africa, including national banks, Bankers Associations, as well as NGOs. The program has now been implemented in 12 countries in Africa.

The Bank has now developed a second stage in its information-based response, "Living with HIV". The campaign dispels HIV/AIDS myths, provides positive images of people living with HIV/AIDS, gives information on nutrition and HIV treatments, and gives guidance on caring for someone living with HIV/AIDS at home. The Bank is currently examining the different medical aid packages used across Africa in order to improve, where necessary, employee access to HIV treatment.

MOTIVATION FOR ACTION

The origin of Standard Chartered Bank's response to HIV/AIDS stemmed largely from Country Managing Directors, particularly in Africa, seeking human resource policy advice on the management of employees living with HIV/AIDS. In addition, HIV/AIDS had started to impact on the Bank's profitability through the loss of personnel, absenteeism, medical and welfare costs. The Company realized that the impact of HIV/AIDS on its various stakeholders was likely to be significant in the future.

In 1999, Standard Chartered Bank undertook a major assessment of its branches in 45 different countries to identify existing policies, practices and the prevalence of HIV/AIDS. As a result a strategy was developed, based on a three step process; education, monitoring and management. The company decided to focus initially on Africa, where the impact of HIV/AIDS has been the highest. The program is now being rolled out company-wide.

RESULTS AND LESSONS

In spite of the short time that its response has been in place the Bank has identified some key lessons:

- Guidance and advice of external HIV/AIDS organizations at the early stage was extremely useful, including presentations that helped to win the commitment of senior management to the program.
- Information-based programs need to be culturally sensitive, so the involvement of individual offices in the development of the pack and training was invaluable: It was clear, for example, that in many settings single-sex sessions would have to be offered.
- Action on HIV/AIDS can be shared so that the employees of clients, suppliers and even competitors have access to the same prevention programs: HIV/AIDS is not an issue for competition.

Contact: Stacey Holcroft, +27 11 301 0608,
stacey.holcroft@za.standardchartered.com

IN A UNIQUE PARTNERSHIP, SUGAR PRODUCER ILLOVO SUGAR HAS TEAMED UP WITH THE UNIVERSITY OF BRITISH COLUMBIA TO TEST THE EFFECTIVENESS OF A PACKAGE OF HIV PREVENTION AND CARE IN ITS SUGAR MILL IN KWAZULU NATAL, SOUTH AFRICA. THE MILL, ONE OF 8 OPERATED BY THE COMPANY IN SOUTH AFRICA, HAS A WORKFORCE OF 400.

COMPANY RESPONSE

Kwa-Zulu Natal, with an antenatal seroprevalence of 30% in 1999, is one of the South African provinces hardest hit by the HIV/AIDS epidemic. This plant had previously undertaken some HIV prevention activities, including the distribution of HIV/AIDS literature, free condom distribution, and occasional meetings to promote voluntary counselling and testing (VCT). However, the Company had no coordinated program for preventative and therapeutic management of HIV infection or measurement of its effect.

The Company and researchers developed a program that, while not including antiretroviral therapy at this stage, demonstrates that small to medium enterprises can implement cost-effective and viable interventions encompassing prevention and care.

The program includes:

- Prevention and education, consisting of treatment of sexually transmitted infections (STIs), social marketing of condoms at subsidized prices, promotion of safer sex through workplace education, peer counselors and the promotion of VCT.
- These are linked to a therapeutic initiative, consisting of isoniazid and cotrimoxazole prophylaxis for those workers infected with HIV. These drugs help prevent TB and parasitic and bacterial infections, at an annual cost of US\$2 and US\$40 per patient, respectively.

The therapies are delivered as part of a “care pathway” developed specifically for employees that test positive for HIV in the VCT. Other elements of the care pathway include:

- Monitoring, including CD4 cell counts, to measure the progression of HIV infection
- Tuberculosis screening
- Standardised physical examination and symptom checklist
- Monitoring of medication adherence and toxicity
- Counselling

The package is co-ordinated and supervised by a committee specially created for the program made up of management, union and medical staff representatives. The Company's own occupational clinic is used to deliver the therapies. Hospitalization due to TB or other infections is accommodated by local, public facilities. The peer educators are volunteer employees who receive recognition for their efforts but no remuneration. They participate in administering and directing the peer education effort.

Before embarking on the new interventions, HIV prevalence was evaluated in the workforce using anonymous testing. Prevalence among employees' partners was estimated from existing data for the district. Levels of 27% were found among the employees and estimated levels of 30% among their partners. The program is being measured not just for its impact on HIV incidence, but also for its cost

per HIV positive employee, per HIV infection avoided and per DALY (Disability Adjusted Life Year) saved.

RESULTS AND LESSONS LEARNED

From the start of the program at the beginning of 1999, the number of condoms distributed at the mill increased by 400% (fewer than 500 per month during 1998, compared to a peak of over 2000 per month by June 2000). Condom use was measured before and after the study, rising from 34% to 80%. During the same period the number of STIs treated declined on average by 88%.

58 employees were identified HIV positive through VCT; 48 of these enrolled in the care pathway. Of these, 17 received cotrimoxazole and 5 received isoniazid.

Using computer software developed by Family Health International AIDSCAP, the researchers have calculated that 11 HIV infections have been averted in employees and their partners over the first year. This is over a 91% decrease on what would have been expected without the interventions.

The package of prevention and care has brought the following benefits:

- care and prevention elements are interdependent and together may facilitate uptake of safer sex practices and VCT
- knowledge of status enables informed behavior change
- the availability of low cost treatments can also be an incentive for behavior change and have demonstrated effect on health and quality of life
- significant reductions in the rate of new HIV infections can result

Contact: Dr Chester Morris, +1 604 875 4588, cmorris@cw.bc.ca

CHEVRON NIGERIA LIMITED IS THE LOCAL OPERATING COMPANY OF CHEVRON TEXACO CORPORATION, ONE OF THE LARGEST INTEGRATED PETROLEUM COMPANIES IN THE WORLD. CHEVRON HAS BEEN OPERATING IN NIGERIA SINCE 1961 AND IN 1999 PRODUCED AROUND 420,000 BARRELS OF OIL PER DAY. THE COMPANY MAKES AN EXPLICIT COMMITMENT TO CONTRIBUTE TO THE WELL-BEING OF THE COMMUNITIES WHERE IT OPERATES BY PROVIDING JOBS, TRAINING OPPORTUNITIES AND ECONOMIC DEVELOPMENT. THE COMPANY HAS 2,600 EMPLOYEES IN NIGERIA (1,600 DIRECT, 1,000 CONTRACTORS).

COMPANY RESPONSE

The Company's program was developed in 1997 and consists of:

Awareness and Education

- Leaflets and posters are produced locally for workers and the community, often using cartoons, addressing sexually transmitted infections (STIs), HIV/AIDS and safer sex.
- The workers' nightly video screenings are regularly given over to showing HIV/AIDS information videos.
- A peer group education program has been established, recruiting workers for training run jointly by Chevron and local non-governmental organizations (NGOs).
- Workshops for employees' children and other youths have led to the creation of the Chevron Adolescent Reproductive Health Program (CHARP), its youth health club and the annual Youth Festival of Life.

Prevention

- As well as the safer sex messages in the education sessions, the program actively promotes condom use.
- The program encourages participants to develop their own strategies for improved reproductive health through its 'ABC' Strategy—**A**bstain, **B**e mutually faithful, **C**ondom use.
- The Company provides STI treatment and encourages staff to present for early treatment. STI and HIV/AIDS education materials promoting the services of the Chevron medical unit are distributed to the local community and sex workers, as well as employees. The unit does undertake contact tracing to encourage treatment.
- Chevron also provides services to reduce mother-to-child transmission of HIV, offering voluntary counselling and testing, short-course antiretroviral therapy (ARVs), and counselling on breast-feeding.

Treatment

- The Company's clinics offer prophylaxis against opportunistic infections and treatment for these. A newly established committee is considering ways to extend treatment options.
- The Company's response has been developed with some key partners: local management; trade unions; the Center for Adolescent Research Education and Sexuality (CARES); and the Nigeria Action Committee on AIDS (NACA).

MOTIVATION FOR ACTION

In developing its program, Chevron Nigeria conducted a base-line survey to identify priorities. Through questionnaires and focus groups and detailed interviews, the Company identified the circumstances in which HIV could be spread easily. 84% of employees had poor awareness and did not understand how HIV was transmitted; 65% did not see HIV/AIDS as a threat to their own health; only 14% reported using condoms, then mostly with sex workers.

Chevron Nigeria recognized the presence of commercial sex around its oil locations, and the high levels of sexually transmitted diseases detected in some of the Company's health clinics. It also understood the high level of risk in a mobile workforce. It would have been difficult for any outside agency to mount a response as effective as the Company was able to do. Senior management recognized that the Company had a unique role to play in implementing HIV prevention and care services for its direct workforce and local communities.

RESULTS AND LESSONS

The Company considers that the program has been cost-effective, through reducing health costs and investing in a workforce that will be less at risk to HIV infection. The finance department is currently assessing the actual costs per worker. Costs have been kept down through producing materials in-house. Peer-education is seen as a long-term investment ensuring sustainability of the programs.

Within a year of starting the program the company observed a 40% reduction in STIs treated through their clinics, an increase in condom use to 75% of workers and 60% of sex workers (from an overall rate of 14%) and a 65% increase in worker phone-ins and requests for counselling on HIV/AIDS.

Chevron Nigeria's medical staff have made presentations on HIV/AIDS prevention in the workplace at national and international conferences, and have shared the Company's approach with other stakeholders and multinational companies.

Chevron Nigeria's approach acknowledged that the HIV risk of their employees was inseparable from the HIV risk in the surrounding community and so embraced the wider group from the outset. However, successful delivery meant tailoring and targeting interventions; for male oil workers, their partners, sex workers, and young people.

Contact: Dr Bode-Law Faleyimu, +234 1 2600600 ext.2224, BOFA@chevrontexaco.com

UNILEVER MANUFACTURES SOME OF THE WORLD'S MOST RECOGNIZED BRANDS RANGING FROM FOODS (INCLUDING TEA, SPREADS AND ICE CREAM) TO SHAMPOO AND WASHING POWDER. THE COMPANY HAS OVER 260,000 EMPLOYEES AROUND THE WORLD, INCLUDING MANY LOCATIONS IN AFRICA WHERE ITS RESPONSE TO HIV/AIDS BEGAN.

COMPANY RESPONSE

Like other Global Business Council on HIV/AIDS member companies, Unilever has established an extensive awareness and prevention program that includes:

- Information and awareness materials, talks, videos and theatre shows for employees
- The establishment of volunteer peer educators
- Management of sexually transmitted infections (STIs). In most African countries where the company operates it is either the major provider of health care to its employees and their immediate families, or works very closely with third party suppliers
- Provision of free or low cost condoms
- Non-discriminatory policy for HIV positive employees

A key component of the Unilever program is the emphasis it has placed on the leadership and commitment of its senior regional and national management in ensuring the successful implementation of its HIV/AIDS program. Each Chief Executive Officer of its African companies is expected to establish a management team to be responsible for local HIV/AIDS programs. To support these teams, a

resources manual "Business Response to HIV/AIDS" has been produced and disseminated. It provides general guidance on how a program should be established, but it places equal weight on the importance of responding to local needs and playing to local strengths in determining precisely how the program should be implemented. The pack contains sections on:

- HIV transmission, progression to AIDS and its socio-economic determinants
- Elements of a successful employee program
- Policy development and legal issues
- Human Resource issues
- Prevention programs
- Wellness management
- Monitoring and evaluation



Unilever Africa's Business Response to HIV/AIDS pack.

Within each section the Company details the roles that should be played locally and the steps to successful implementation. For example, the pack gives guidance on the principles for HIV/AIDS and STI policy and program development. Having explained the concerns and responsibilities of stakeholders from employees to managers through supervisors and trade union representatives, the pack asserts:

"These principles are important because they have been shown to have a significant impact on whether or not an HIV/AIDS and STI program is effective.

HIV/AIDS and STI issues must be integrated into everyday activities of the organisation. Induction programs for staff should include a module on HIV/AIDS and STIs to raise awareness. Social events (for example, open days) organised by the workplace could include an aspect of HIV/AIDS (for example, a stand that promotes using condoms).

The management of the organisation should demonstrate a clear commitment to the HIV/AIDS and STI strategy. It is very important for workers to see this commitment in concrete form through non-discrimination and support for people with HIV/AIDS and STIs (a policy in a manager's drawer is not a concrete commitment). Concrete commitment will go far in developing mutual trust between employers and employees and facilitating an atmosphere where people are willing to undergo voluntary HIV testing and possibly disclose their HIV status.

Transparency is necessary. For example, policy documents should be available and the documents should be written in a way that is accessible to employees."

MOTIVATION FOR ACTION

Unilever's medical staff observed that while many of its companies had existing HIV/AIDS activities at the time the manual was published in 1999, the manual has allowed them to revisit the scope of their programs and identify new opportunities for action.

MONITORING AND EVALUATION

With the resources manual, Unilever instituted a detailed checklist to enable managers to report on the progress and success of their local HIV/AIDS programs. The checklist includes; electing an HIV/AIDS committee, performing a needs analysis, drafting, consultation, adoption and review of HIV employment policies, program implementation and monitoring and evaluation.

RESULTS AND LESSONS LEARNED

Unilever recognises that company HIV/AIDS programs must be firmly on the Board agenda, with Board level responsibility for delivery. The manual provides a sound basis on which to establish increasingly comprehensive programs, with the local management team having the ultimate responsibility for effective implementation.

Contact: Colin J. Davie, Africa Business Group, +44 20 7822 5164, colin.davie@unilever.com

The following references provide more information about developing HIV Prevention and Care Programs for employees and the immediate community. They do not form an exhaustive list, but are designed to introduce companies to relevant issues, organizations and documents. Please refer to our website (www.businessfightsaids.org) for a more comprehensive list of institutions, business groups, HIV/AIDS organizations and technical resources for the business response to HIV/AIDS.

WORKPLACE GUIDES AND STANDARDS

International Labor Organization. *An ILO code of practice on HIV/AIDS and World of Work* (Geneva, 2001).
<http://www.ilo.org/public/english/protection/trav/aids/pdf/acodeen.pdf>

Centers for Disease Control and Prevention. *Business Responds to AIDS (BRTA-LRTA). AIDS in the Workplace: Guide for Managers* (Atlanta, 1998).
<http://www.brta-lrta.org/mats/managerskit/homepage.pdf>

International Confederation of Free Trade Unions. *Framework of Action Towards Involving Workers in Fighting HIV/AIDS in the Workplace* (Gaborone, Botswana, 2000).
<http://www.icftu.org/displaydocument.asp?Index=991211419&Language=EN>

Congress of South African Trade Unions. *Campaign Against HIV/AIDS: A Guide for Shop Stewards* (South Africa, 2000).
<http://www.cosatu.org.za/docs/2000/hivbook.htm#policy>

Family Health International. *Private Sector AIDS Policy: Businesses Managing AIDS, A Guide for Managers*. <http://www.fhi.org/en/aids/aidscap/aidspubs/policy/psapp.html>

UNAIDS. *AIDS and HIV Infection Information for United Nations Employees and Their Families* (Geneva, 2000). http://www.unaids.org/publications/documents/sectors/workplace/JC202-UN-Staff-E_Revision.htm

THE BUSINESS RESPONSE TO AIDS: Risk Assessment and Problem Definition

The Futures Group International. *AIDS Impact Model (AIM)*.
<http://www.fgeurope.com>

UNAIDS, The Global Business Council on HIV&AIDS, The Prince of Wales Business Leaders Forum. *The Business Response to HIV/AIDS: Impact and Lessons Learned* (Geneva and London, 2000). <http://www.unaids.org/publications/documents/sectors/workplace/Hiv20001.pdf>

UNAIDS. *HIV/AIDS and the Workplace: Forging Innovative Business Responses* (July, 1998).
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International Labor Organization. *HIV/AIDS in Africa: The Impact on the World of Work* (Geneva, 2000). <http://www.ilo.org/public/english/protection/trav/aids/pdf/adftext.pdf>

Thailand Business Coalition, Thai Red Cross Society and European Community. *Friends Tell Friends: A Peer Based HIV/AIDS Curriculum for Blue-Collar and White-Collar Workers* (Bangkok, 1996). Thailand Business Coalition
 Tel: +662 643 98913, Email: tbca@ksc.net.th

Family Health International. *Forging Multisectoral Partnerships to Prevent HIV and Other STIs in South Africa's Mining Communities. IMPACT ON HIV, Volume 2 (1)* June 2000. <http://www.fhi.org/en/aids/impact/iohiv/ioh21/ioh216.html>

AWARENESS & PREVENTION

Centers for Disease Control and Prevention. *Global AIDS Program: Strategies - Primary Prevention*. http://www.cdc.gov/nchstp/od/gap/program_areas.htm#primary

World Health Organization. *Guidelines for the Management of STI's* (Geneva, 2001). http://www.who.int/HIV_AIDS/STIcasemanagement/STIManagementguidelines/who_hiv_aids_2001.01/index.htm

International AIDS Alliance. *Community Lessons, Global Learning Beyond Awareness Raising: Community Lessons About Improving Responses to HIV/AIDS*. <http://www.aidsmap.com/web/pb4/eng/0FD10228-87FF-11D5-8D06-00508B9ACEB1.htm>

VOLUNTARY COUNSELLING & TESTING

UNAIDS. *Voluntary Counselling & Testing (VCT) Technical Update* (May, 2000). <http://www.unaids.org/publications/documents/health/counselling/JC379-VCT-E.pdf>

Centers for Disease Control and Prevention. *Global AIDS Program: Strategies - Voluntary Counselling and Testing*. http://www.cdc.gov/nchstp/od/gap/strategies/2_1_vct.htm

CARE, SUPPORT & TREATMENT

World Health Organization, UNAIDS. *Key Elements in HIV/AIDS Care and Support - Draft Working Document* (September, 2000). <http://www.unaids.org/publications/documents/care/index.html#acc>

World Health Organization. *Safe and Effective Use of Antiretroviral Treatments in Adults with Particular References to Resource Poor Settings* (2000). http://www.who.int/HIV_AIDS/WHO_HSI_2000.04_1.04/index.htm

UNAIDS. *AIDS Palliative Care* (August, 2001). http://www.unaids.org/publications/documents/care/general/palliative%20care_0608.pdf

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Medicins Sans Frontieres. *Accessing ARVs: Untangling the Web of Price Reductions for Developing Countries* (November, 2001). <http://www.accessmed-msf.org/prod/publications.asp?scntid=9112001121506&contenttype=PARA&>

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HOW TO CONTACT US

The Global Business Council on HIV & AIDS
c/o Viacom

1515 Broadway, 45th floor
New York, NY 10036

TEL +1 212 846 5893

FAX +1 212 846 1939

WEB www.businessfightsaids.org

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