

# Employers' Handbook on **HIV/AIDS**

*A Guide for Action*

International Organisation of Employers



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Joint United Nations Programme on HIV/AIDS  
**UNAIDS**  
UNICEF • UNDP • UNFPA • UNDCP  
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The Handbook was elaborated with information provided by IOE members from the following countries, sectoral associations and individual companies:

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Sectoral associations: **Kenya:** Kenya Tea Growers' Association. **South Africa:** Chamber of Mines.

Individual companies: **Cameroon:** Alucam. **France:** Pechiney Aluminium, **Malaysia:** Regent Kuala Lumpur. **Norway:** Veidekke. **Philippines:** Philacor Corporation. **South Africa:** Anglogold, Anglo Platinum, BMW SA(PTY)Ltd, BP Africa Region, Caltex, Goldfields, Harmony Gold Mining, Nedcor Bank, Old Mutual, Pg Group, SAPPI, Woolworths. **USA:** Chevron Corporation, Levi Strauss & Co., Rohm & Haas Company, UNOCAL Thailand.

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UNAIDS/02.17E (English original, May 2002)  
ISBN 92-9173-173-0

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# TABLE OF CONTENTS

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PREFACE	1
INTRODUCTION	3
Basic facts about HIV/AIDS	3
Regional trends on HIV/AIDS	4
CHAPTER 1: Should employers and their organizations be involved in the fight against HIV/AIDS?	7
Macroeconomic impact: HIV/AIDS' effect on the business environment	8
Microeconomic impact: HIV/AIDS' effect on individual companies	9
CHAPTER 2: Responding to the impact of HIV/AIDS in the workplace: Employers' responses	13
Guidelines for employers' organizations	13
Guidelines for companies	16
Developing a HIV/AIDS policy for the enterprise	17
Providing HIV-prevention education in the workplace	17
Providing care, support and treatment	19
Implementing fair employment practices	19
Community involvement	20
CHAPTER 3: Examples of initiatives by employers' organizations and by individual companies	21
Initiatives by employers' organizations	23
Initiatives by companies	31
REFERENCES	39

# PREFACE

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The HIV/AIDS epidemic has become a global crisis affecting all levels of society. Increasingly affected is the business world, which is suffering not only from the human cost to the workforce but also in terms of losses in profits and productivity that result in many new challenges for both employers and employees.

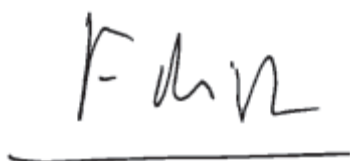
Across the world, AIDS is having a direct and indirect impact on business. In southern Africa, for example, it is estimated that more than 20% of the economically active population in the 15–49-year-old age group are infected with HIV. In the workplace, employers are experiencing reduced productivity as a result of employee absenteeism and death. Consequently, employers are being challenged to manage the impact of HIV/AIDS in the workplace, which includes dealing with issues of stigma and discrimination, changing requirements for health-care benefits, training of replacement staff, and loss of skills and knowledge among employees.

One of the missions of the International Organisation of Employers (IOE) is to facilitate the transfer of information and experience to employers' organizations in the social and labour fields. It is hoped that this Handbook will serve as a guide to employers' organizations and their members in their endeavours to mitigate the impact of HIV/AIDS on their companies and business environments. The Handbook outlines a framework for action by both employers' organizations and their members, providing examples of innovative responses to the pandemic by their counterparts in other parts of the world. Constructive and proactive responses to HIV in the workplace can lead to good industrial relations and uninterrupted production.

The Handbook was elaborated with information provided by IOE members, sectoral associations and individual companies, as listed on the inside cover. Without the extra effort that they made to document initiatives in their countries and companies, this Handbook would not have been possible.

The Joint United Nations Programme on HIV/AIDS (UNAIDS) is the leading advocate for global action on HIV/AIDS, and it brings together the expertise of eight UN system agencies to fight the epidemic. It is with the conviction that businesses have a fundamental contribution to make that the UNAIDS Secretariat has endorsed and supported this IOE project. Technical expertise from the Global Programme on HIV/AIDS of the International Labour Organisation—the leading UN Cosponsor of UNAIDS in matters relating to the workplace—is warmly acknowledged.

It is only through the mobilization of all social actors that we will halt the spread of AIDS. We are convinced that the work of employers, as encouraged and supported with this Handbook, will make an invaluable contribution to our fight.



François Perigot, President, IOE  
International Organisation of Employers



Dr Peter Piot, Executive Director, UNAIDS  
Joint United Nations Programme on HIV/AIDS

# INTRODUCTION

## Basic facts about HIV/AIDS

**What is AIDS?** AIDS stands for acquired immunodeficiency syndrome—a pattern of devastating infections caused by the human immunodeficiency virus, or HIV, which attacks and destroys certain white blood cells that are essential to the body's immune system.

When HIV infects a cell, it combines with that cell's genetic material and may lie inactive for years. Most people infected with HIV are still healthy and can live for years with no symptoms or with only minor illnesses. They are infected with HIV, but they do not have AIDS.

After a variable period of time, the virus becomes activated and then leads progressively to the serious infections and other conditions that characterize AIDS. Although there are treatments that can extend life, AIDS is a fatal disease. Research continues on possible vaccines and, ultimately, a cure. For the moment, however, prevention of transmission remains the only method of control.

UNAIDS estimates that 90% of all HIV-infected people worldwide do not know they have the virus.

**HIV spreads** through four major routes of transmission:

- all **unprotected sexual** acts (vaginal, anal, oral) carry a risk of HIV transmission because they bring body fluids secreted during sex directly into contact with exposed mucous membranes;
- transfusions of unscreened blood;
- from an infected woman to her child during pregnancy, delivery and breastfeeding;
- contaminated needles (most frequently used for injecting drugs).

**HIV is NOT contracted** by:

- shaking hands, hugging, kissing
- coughing or sneezing
- working with people
- sharing food or utensils
- using toilets or showers
- getting a mosquito or insect bite

**Protect yourself** by:

- using a condom during sex;
- using clean needles, if injecting drugs or other substances;
- ensuring that any blood for transfusions has been screened for HIV.

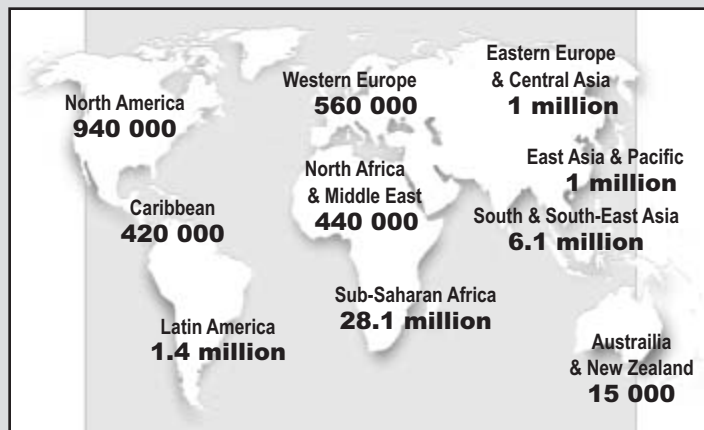
Persons who are HIV-positive are both infected and infectious for life. Even when they look and feel healthy, they can transmit the virus to others.

**From HIV to AIDS.** Individuals with HIV are infected for life and will probably die from opportunistic infections caused by the weakening of their immune system. Treatment with antiretroviral drugs can slow the progression of HIV. Regular medication for opportunistic infections can substantially prolong the life of someone with HIV. In individuals who do not get antiretroviral therapy, the time between infection with HIV and the development of the serious illnesses that define AIDS is around eight years, and most patients do not survive much more than two years after the onset of AIDS.

*Source:* UNAIDS (The UNAIDS Report, 1999; AIDS and HIV Infection, 2000; Global Business Council, 2001).

## Regional trends on HIV/AIDS

### Adults and children estimated to be living with HIV/AIDS, end 2001



Twenty years after the first clinical evidence of acquired immunodeficiency syndrome was reported, AIDS has become the most devastating disease humankind has ever faced. Since the epidemic began, more than 60 million people have been infected with the virus. HIV/AIDS is now the leading cause of death in sub-Saharan Africa. Worldwide, it is the fourth-biggest killer.

At the end of 2001, an estimated 40 million people globally were living with HIV. In many parts of the developing world, the majority of new infections occur in young adults, with young women especially vulnerable. About one-third of those currently living with HIV/AIDS are aged 15–24. Most of them do not know they carry the virus. Millions more know nothing or too little about HIV to protect themselves against it.

#### **Eastern Europe and Central Asia: still the fastest-growing epidemic**

Eastern Europe, especially the Russian Federation, continues to experience the fastest-growing epidemic in the world, with the number of new HIV infections rising steeply. In 2001, there were an estimated 250 000 new infections in this region, bringing to 1 million the number of people living with HIV. Given the high levels of other sexually transmitted infections, and the high rates of injecting drug use among young people, the epidemic looks set to grow considerably.

### **Asia and the Pacific: narrowing windows of opportunity**

In Asia and the Pacific, an estimated 7.1 million people are now living with HIV/AIDS. The epidemic claimed the lives of 435 000 people in the region in 2001. The apparently low national prevalence rates in many countries in this region are dangerously deceptive. They hide localized epidemics in different areas, including some of the world's most populous countries. There is a serious threat of major, generalized epidemics. But, as Cambodia and Thailand have shown, prompt, large-scale prevention programmes can hold the epidemic at bay. In Cambodia, concerted efforts, driven by strong political leadership and public commitment, lowered HIV prevalence among pregnant women to 2.3% at the end of 2000—down by almost a third from the rate recorded in 1997.

### **Sub-Saharan Africa: the crisis grows**

AIDS killed 2.3 million African people in 2001. The estimated 3.4 million new HIV infections in sub-Saharan Africa in the past year mean that 28.1 million Africans now live with the virus. Without adequate treatment and care, most of them will not survive the next decade. Recent antenatal clinic data show that several parts of southern Africa have now joined Botswana with prevalence rates exceeding 30% among pregnant women. In West Africa, at least five countries are experiencing serious epidemics, with adult HIV prevalence exceeding 5%. However, HIV prevalence among adults continues to fall in Uganda, while there is evidence that prevalence among young people (especially women) is dropping in some parts of the continent.

### **The Middle East and North Africa: slow but marked spread**

In the Middle East and North Africa, the number of people living with HIV now totals 440 000. The epidemic's advance is most marked in countries (such as Djibouti, Somalia and the Sudan) that are already experiencing complex emergencies. While HIV prevalence continues to be low in most countries in the region, increasing numbers of HIV infections are being detected in several countries, including the Islamic Republic of Iran, the Libyan Arab Jamahiriya and Pakistan.

### **High-income countries: resurgent epidemic threatens**

A larger epidemic also threatens to develop in the high-income countries, where over 75 000 people acquired HIV in 2001, bringing to 1.5 million the total number of people living with HIV/AIDS. Recent advances in treatment and care in these countries are not being consistently matched with enough progress on the prevention front. New evidence of rising HIV infection rates in North America, parts of Europe and Australia is emerging. Unsafe sex, reflected in outbreaks of sexually transmitted infections, and widespread injecting drug use are propelling these epidemics, which, at the same time, are shifting more towards deprived communities.

### **Latin America and the Caribbean: diverse epidemics**

An estimated 1.8 million adults and children are living with HIV in Latin America and the Caribbean—a region that is experiencing diverse epidemics. With an average adult HIV prevalence of approximately 2%, the Caribbean is the second-most affected region in the world. But relatively low national HIV prevalence rates in most South and Central American countries mask the fact that the epidemic is already firmly lodged among specific population groups. These countries can avert more extensive epidemics by stepping up their responses now.

*Source: UNAIDS Epidemiological update, 2001*



# CHAPTER 1:

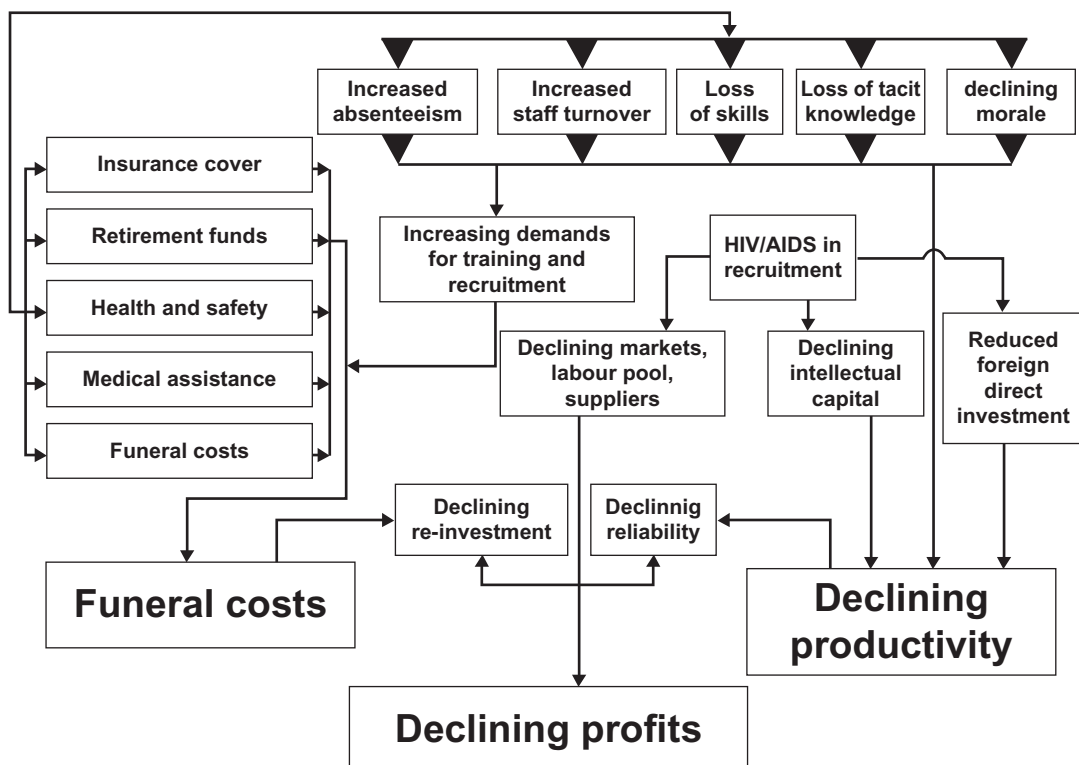
## Should employers and their organizations be involved in the fight against HIV/AIDS?

The question of whether or not employers should be involved in the fight against HIV/AIDS is a crucial one for IOE members worldwide. Employers everywhere are asking themselves whether HIV/AIDS has a negative impact on business. The answer is yes.

HIV/AIDS is a pandemic that has far-reaching effects. Not only is it a public health challenge intertwined with complex social issues, AIDS is also a looming economic disaster. In an increasingly globalized world, multinational enterprises and small and medium-sized enterprises (SMEs) feel the economic impact of HIV/AIDS equally.

For employers, HIV/AIDS has a negative impact on both the business environment (macroeconomic impact) and on the enterprise directly (microeconomic impact).

**Figure 1: The impact of HIV/AIDS on employers: overview**



Source: UNAIDS (adapted from *The Business Response to HIV/AIDS: impact and lessons learned*, 2000)

## **Macroeconomic impact: HIV/AIDS' effect on the business environment**

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According to significant research focused on the AIDS pandemic in sub-Saharan Africa, the virus generally targets the working-age population. Affecting people in their most productive years of life, it leads to reduced earnings, as well as increased care demands, higher expenditure on health care and premature death. Savings and disposable income decline. In the long term, the consumer market is reduced, leading to a drop in resources available for production and investment. Reduced consumer demand, resources and investment possibilities directly affect economic growth. By the year 2020, the World Bank estimates that the macroeconomic impact of HIV/AIDS may be significant enough to reduce the growth of national income by up to a third in countries with adult prevalence rates of 10%.

In developing countries, where the amount of physical capital is often low, human capital represents one of the most important economic assets. HIV/AIDS thus has profound effects on the dependency ratio and further implications on the labour force. This impact is felt not only in the size of the labour force but also in its quality. ILO projections for 29 African countries with prevalence rates above 2% in 1997 indicate that the total population for these countries will decrease by 8% in 2020 as a result of AIDS-related deaths. Many of those infected with HIV/AIDS are experienced and skilled workers in both managerial and non-managerial employment.

The loss of workers to AIDS creates a generation of orphans, who, by 2010, could represent up to 10% of the population in some African countries. These children will put further strain on an economy that lacks a social safety net. This implies that even those who escape the virus will be adversely affected, since extended families, friends and communities will need to fill in for deceased parents. The loss of skilled workers, together with the entry into the labour market of orphaned children who have to support themselves, may lower both the average working age and the skill level. This may lead to widespread use of child labour, with its inevitable consequences. The *Employers' Handbook on Child Labour*, published by IOE, provides guidance to employers on how to take action in such cases.

In high-prevalence countries, due to higher morbidity, no sector of the economy escapes the impact of this pandemic. All sectors experience reduced availability of productive and skilled labour and investment opportunities. The combined effect is an increase in service and production costs for business, particularly due to the loss of workers in transport and utility sectors essential for most market activities. Businesses do not operate in isolation, thus the impact of HIV/AIDS is felt throughout business supply chains and into broader society. As World Bank President, James Wolfensohn, put it, "HIV/AIDS is a major development challenge, if not the most important challenge confronting Africa today".

Business relies on the education sector for its future workers, managers and business leaders. The education sector is severely affected by HIV/AIDS. It suffers from a loss of experienced teachers due to AIDS-related death and illness. For example, research carried out in Zambia showed that teachers were dying at a faster rate than new ones could be trained. In addition, there are fewer children attending school. This is due to many factors, such as lower household income. But children also spend more time caring for sick family members, rearing younger siblings, or even struggling with HIV infection themselves.

## **Impact on pensions and social security benefits**

As fewer employees will reach retirement age, contributions by employees to pensions and social security systems will decline. This will put increased pressures on statutory and enterprise schemes. At the same time, expenditure on sickness and death-related benefits and pensions for surviving dependants will increase as a percentage of the government wage bill. Coupled with social spending on an increasing number of orphans, in the face of declining tax revenues, the government will have even fewer resources to invest in economic development.

## **Savings, investment and comparative advantage**

While public and private savings fall due to the costs of treating HIV/AIDS, investment and physical capital may also decrease. Analyses of the macroeconomic impact of AIDS in Malawi and South Africa suggest that annual GDP growth rates may drop by 1–2% as a result of the pandemic. Over time, if nothing is done, such trends contribute to macroeconomic instability as the fiscal position deteriorates, with potential disruptive effects on economic and social relations.

Empirical evidence gathered by the World Bank indicates that government and private savings are being squeezed by the HIV/AIDS epidemic. Government savings decrease due to lower revenues and epidemic-related expenses, while private-sector savings decrease due to increased spending on health care. Lower enterprise productivity may push companies to relocate to countries less affected by the epidemic, leading to a decrease in direct foreign investment.

With increases in unit labour costs, the comparative advantage of economies with high HIV/AIDS prevalence rates will increasingly be based on natural resources. In sum, HIV/AIDS-related illness and death will cause a reduction in the workforce and in the capacity to maintain future flow of workers, while having a negative impact on education and training opportunities.

## **Microeconomic impact: HIV/AIDS' effect on individual companies**

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In high-prevalence countries, individual business operations have established a direct link between HIV/AIDS, declining productivity, rising production costs and declining profits. A USAID-funded study of a transport company in Zimbabwe estimated that the total cost to the company arising from HIV/AIDS was equal to 20% of profits. In this case, over half the costs incurred were due to higher health-related costs.

### **Declining productivity**

Declining levels of productivity due to increased absenteeism and organizational disruption lead to declining profits, unless production costs are declining at an even faster rate. Declining and fluctuating productivity makes it difficult for a company to meet supply demands from consumers, thus influencing its overall growth and development.

Absenteeism stemming from HIV/AIDS-related illness and care for sick family members leads to disruption of the production cycle, the under-utilization of equipment and use of temporary staff, which can directly affect the quality of products and services. One sugar production and processing firm in Kenya noted increased absenteeism from 1995 to 1997, with 8000 days of work lost due to HIV-related illness.

Such illness and death lead to increased disorganization within the company workforce as a result of rising staff turnover, loss of skills, loss of tacit knowledge (gained from work experience and the company environment), declining morale and replacement costs. These costs are not immediately obvious and are difficult to quantify accurately. While almost everyone has heard of HIV/AIDS, misconceptions about HIV infection persist, even in developed countries. If employees lack accurate information about HIV and AIDS, the smooth conduct of business can be affected by:

- fears of becoming infected, which may lead to refusal to work with an employee who is known, or is rumoured, to have HIV or AIDS;
- false beliefs and stigmatization, which can lead to the employee being mistreated; and
- discrimination in the making of personnel decisions—for example, the unjustified discharge of an employee who has HIV.

With high levels of staff turnover, transmission of skills and knowledge becomes difficult. Loss of colleagues severely affects staff morale. Discrimination against people living with AIDS and disruption of work activities also take their toll on morale. These less visible organizational factors, built up over long periods of time, are critical for a more efficient, effective and ultimately productive workforce. In smaller companies, the effects of these losses are amplified.

### **Increased costs**

Rising production costs for business not only affect current profit margins, but also future profits by reducing the investment capacity for increasing productivity, expansion, research and development, and workforce training and support.

HIV/AIDS increases costs in a number of ways:

### **Recruitment and training**

Increased staff turnover and loss of skilled workers raise recruitment and training costs. Companies may have to employ extra labour to cope with staff fluctuations and losses. Research carried out in sub-Saharan Africa shows that, in some countries, infection rates are highest among urban-dwelling, high-income, skilled men and their partners. In an economy with low education levels, enterprises dependent on highly educated staff may face higher replacement costs compared to enterprises with less skilled employees. In addition, scarcity of skilled labour not only increases training costs but also results in demand for higher wages.

### **Insurance cover and pensions**

Company life insurance premiums and pension fund commitments increase as a result of early retirement or death. This is particularly problematic in more advanced economies where such benefits are more comprehensive. For example, in Zimbabwe, over a two-year period, life insurance premiums quadrupled as a result of HIV/AIDS.

## **Health management**

In cases where companies provide health care, the costs of this service increase significantly with rising HIV/AIDS rates. A study of a commercial agro-estate in Kenya showed that medical expenditure as a result of AIDS rose to over 400% above that of projected expenditure without AIDS. These increased costs ultimately affect the level of benefits that a business is able to provide its workforce. Of course, the provision of health care is not just a cost but also an investment, because it can help prevent or limit sickness/absenteeism and workforce health risks. This is particularly relevant in countries where public health-care provision is limited and private health care expensive.

## **Funeral costs**

Considerable costs are incurred by businesses that meet the funeral costs of employees. This practice is particularly prevalent in many parts of sub-Saharan Africa. Increased funeral costs are largely as a result of the high mortality due to HIV/AIDS. For example, in one year, Barclays Bank in Zambia experienced 36 AIDS-related deaths out of a total workforce of 1600 employees.

## **Conclusion**

Early investments, such as in education and prevention campaigns, can considerably help reduce the spread of the epidemic among workers, their families and surrounding communities.

Health-care provision, such as treatment of STIs, can help reduce infection rates. Provision of antiretroviral therapy, though costly, can help prolong the lives of employees and hence provide long-term benefits to the company. Not responding at all may result in related costs increasing exponentially.

In conclusion, it is imperative for a business to respond to HIV/AIDS for its own benefit and that of its broader stakeholders. HIV/AIDS has become a 'bottom line' issue for companies and for the broader business environment. Where there are still opportunities in a number of countries and regions to prevent HIV/AIDS reaching epidemic proportions, it is important that businesses become involved early in a multisectoral response. Early action will reap tremendous savings in both economic and human terms.

## CHAPTER 2:

# Responding to the impact of HIV/AIDS in the workplace: employers' responses

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The majority of employers are concerned with how to protect their workforce from HIV infection and how to deal with those who are already infected. Actual initiatives taken by an employer to respond to HIV/AIDS in his/her company, however, will depend on the following two key factors:

- ▶ the HIV prevalence rate within the company and the surrounding community; and
- ▶ the level of knowledge and awareness by the management of the real and potential impacts of the pandemic.

In low-prevalence industrialized countries where workforce welfare and health-care provision are well established and where legislation is strong, employers may not feel the need to take extended action. In Italy, for example, most employers interviewed felt that the initiatives taken by their government in the fight against HIV/AIDS were sufficient. Their intervention was therefore deemed unnecessary. In North America and Australia, however, employers have taken the issue of HIV/AIDS seriously, as demonstrated by Levi Strauss & Co. in the United States of America. Multinationals in Europe, with operations in developing countries, are also actively involved in the fight against the pandemic.

In developing countries, however, where prevalence rates are high, employers experience increased pressures regarding how to deal with employees living with HIV/AIDS. One company—the Standard Chartered Bank in the United Kingdom—experienced such pressures in its Africa-based operations and developed a very successful HIV/AIDS Policy and Awareness Programme. Prior to the implementation of the programme, the bank had no defined companywide, regional or local human resource policies to guide managers on recruitment, training and employee support in relation to HIV/AIDS.

Another reason why companies in developing countries are under pressure to take action is that governments in such countries cannot do much, due to lack of resources. In addition, prevalence rates are so high that nothing short of total social mobilization (involving businesses as key actors in society) could fight the pandemic.

### **Guidelines for employers' organizations**

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Employers' organizations are ideally situated to take comprehensive multisectoral action against HIV/AIDS. This is because they have:

- an existing and effective organizational framework linking together member companies;
- a clearly defined target group of employees;
- ability to provide leadership to mobilize members on a number of issues of concern to them;

- existing mechanisms for dealing with health and safety issues in the workplace; and
- the ability to speak on behalf of members on an issue as sensitive as HIV/AIDS, and represent business in other forums dealing with HIV/AIDS (such as United Nations Theme Groups in most developing countries).

A number of Employers' Organizations have taken up the challenge of HIV/AIDS seriously by developing innovative responses to the pandemic. Subregional workshops in Africa, the Caribbean and Asia have been held to share experiences on how employers' organizations can respond effectively.

The following steps, based on practical experiences of employers' organizations in East, Central and Southern Africa, may be used as a checklist for developing a policy and programme by an employers' organization:

**Checklist for developing a policy and programme by an employers' organization:**

- Carry out a baseline survey of the socioeconomic impact of HIV/AIDS and the initiatives taken by members to respond to the problem.
- Present findings of the survey to sensitize board members of employers' organizations and chief executive officers (CEOs) of companies on the need to take action to stop the spread of the virus.
- Develop a national or a sectoral strategy by setting up a broad-based working group, bringing together relevant stakeholders, such as workers' organizations, organizations of people living with HIV/AIDS, government agencies charged with fighting HIV/AIDS, and associations of medical practitioners.
- Bring together social partners to develop national or sectoral codes of practice on HIV/AIDS in the workplace.
- Carry out a 'knowledge, attitude and practice (KAP)' analysis among target groups to determine general awareness of HIV/AIDS, attitudes and behaviour.
- Implement workplace programmes that may include information and education on prevention methods, company policy on HIV/AIDS, and voluntary counselling and testing (VCT).
- Monitor the impact of programmes using indicators such as morbidity, condom use and attitudinal and behavioural change.
- Partner with UN agencies and other strategic partners to mobilize technical and financial resources.

National and subregional employers' organizations, in their capacity as umbrella organizations, have participated in awareness-raising and lobbying for national AIDS policies and the preparation of guidelines on HIV/AIDS in the workplace. At the subregional level, examples of such initiatives include the Caribbean Employers' Confederation, which produced a statement entitled a "Wake-up call to employers in the Caribbean". At the national level, companies in Thailand have come together to form the Thailand Business Council on AIDS. In Cameroon, GICAM (the national employers' federation) is working with the government to implement a HIV/AIDS awareness and education programme for its member companies. This programme involves the use of people living with HIV/AIDS as peer educators in the companies.



With regard to building partnerships, a number of employers' organizations have collaborated with social partners to develop national or regional codes of practice on HIV/AIDS in the workplace. Examples of such initiatives are the Malaysian Code of Practice on Prevention and Management of HIV/AIDS at the Workplace, the Southern African Development Community (SADC) Code on HIV/AIDS and Employment, and the Zimbabwe Labour Relations (HIV and AIDS) Regulations. At the international level, ILO has developed a code of practice on HIV/AIDS and the world of work, which was the result of tripartite discussions between representatives of workers, employers and governments. All these codes serve as guidelines on how the workplace can mitigate the impact of HIV/AIDS. Through these codes, consensus has been achieved on how to handle sensitive issues such as pre-employment HIV/AIDS screening, dealing with workers who are already infected and handling confidential information pertaining to workers' HIV status.

### **The ILO Code of Practice on HIV/AIDS and the World of Work**

ILO has produced a Code of Practice on HIV/AIDS and the World of Work, which forms the cornerstone of ILO's efforts against HIV/AIDS. The code was developed through tripartite consultations in 2001, with the active participation of 12 employer representatives and IOE. It received the support of the UN Secretary General and the UN system at the General Assembly Special Session on HIV/AIDS, New York, 25–27 June 2001, as well as of corporations, labour organizations and NGOs.

The ILO code of practice was produced in response to many requests for guidance, especially from employers. It is intended to help reduce the spread of HIV and mitigate its impact on labour and enterprises. It contains fundamental principles for policy development and practical guidelines from which concrete responses can be developed at the enterprise, community and national levels in the following key areas:

- prevention through education and practical support for behavioural change;
- non-discrimination and protection of workers' rights, including employment security, entitlement to benefits, and gender equality;
- care and support, including confidential voluntary counselling and testing, as well as treatment in settings where local health systems are inadequate.

As a voluntary instrument, the code is adaptable to a variety of situations and different levels of resources.

#### **Key principles include:**

- no discrimination in employment related to HIV status (real or perceived)
- continuation of employment regardless of HIV status
- confidentiality in a healthy and safe work environment
- gender equality as the basis of interventions for prevention and coping
- voluntary testing with counselling, but no screening for employment or recruitment
- the need for social dialogue, prevention programmes, and care and support as the basis for addressing the epidemic in the workplace.



## **Guidelines for companies**

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### **The challenges facing companies in responding to HIV/AIDS.**

The four challenges facing companies in responding to HIV/AIDS are:

- ▶ lack of funds and expertise, especially in the case of small and medium-sized enterprises;
- ▶ the sensitivity of the issue of HIV/AIDS, how to deal with workers' attitudes on issues relating to sex and sexual behaviour, and the stigmatization associated with the infection;
- ▶ commitment from shareholders on the need for action;
- ▶ how to provide care and support—medical care, counselling, alternative working arrangements (reasonable accommodation)—to those infected.

Despite all these challenges, the following attributes make the workplace suitable for disseminating information on HIV prevention:

- The workplace exerts a powerful influence on people's social attitudes, values and even sexual behaviour.
- In addition to earning a living, workers, whether on the factory floor, in the office, or in the mine, also interact socially, exchanging information and experiences, thus influencing one another's opinions and behaviour. Peer group pressure in this case becomes a key factor in people's thinking and behaviour.
- The workplace also binds people together by forming a sense of shared identity and community.
- Many workplaces also have existing structures such as health and safety committees, workers' committees and workers' representatives that can be mobilized in support of HIV/AIDS awareness and prevention.
- Some workplaces have excellent medical clinics and hospitals that can provide not only information but also high-level care and support to employees with HIV/AIDS and their families.

### **Responding to HIV/AIDS in the workplace**

The five main initiatives that a company can take to respond to HIV/AIDS in the workplace:

- ▶ developing a HIV/AIDS policy for the company;
- ▶ providing HIV prevention education in the workplace;
- ▶ providing care and support in the workplace;
- ▶ implementing fair employment practices; and
- ▶ community involvement.

## **Developing a HIV/AIDS policy for the enterprise**

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A HIV/AIDS policy states the company's position and practices for preventing the transmission of HIV and for handling HIV infection among employees. It is usually designed to establish consistency within the company and compliance with local and national laws, as well as setting standards of expected behaviour for all employees. In addition, the policy aims to provide guidance to employees on how to address HIV/AIDS and where to go for assistance.

The policy must:

- have worker participation in its drafting;
- be communicated to all concerned in simple and clear terms;
- be reviewed and updated in the light of epidemiological data and the very dynamic therapeutic responses to the pandemic, as well as other scientific information;
- be monitored for its successful implementation; and
- be evaluated for its implementation and effectiveness.

The workplace policy on HIV/AIDS should address essential issues, including:

- compliance with the laws and culture of the country;
- prevention of discrimination against people with HIV or AIDS;
- behaviour expected of staff towards a HIV-positive co-worker;
- medical and educational services;
- confidentiality and privacy;
- benefits that can be expected by an employee (health benefits, sick leave etc.);
- accommodation of employees with HIV and acceptable work performance standards;
- first aid practices and 'universal precautions';
- conformity with other current policies and practices within the organization;
- balance in the needs of the company, management, co-workers and the individual; and
- resources, both within and outside the company, for information and services and HIV-prevention education in the workplace.

## **Providing HIV-prevention education in the workplace**

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The aim of a workplace HIV-prevention education programme is to help prevent employees from becoming infected with HIV, while also teaching employees to accept an infected co-worker. Through education and training, staff members are less likely to discriminate against an infected co-worker. Such educational sessions also provide managers and employees with opportunities to talk and learn about HIV/AIDS. According to the ILO Code of Practice on HIV/AIDS, effective education provides workers with the capacity to protect themselves against HIV infection. Education can also help reduce HIV-related anxiety and stigmatization and significantly contribute towards attitudinal and behavioural change. It is advisable that such HIV educational programmes take into account the cultural diversity of workers and other factors, such as age, gender, sexual orientation,

occupation and behavioural risk factors of the workforce, as well as factors that might increase their vulnerability to HIV infection. It is also recommended that such programmes be delivered by workers' peers. The Federation of Uganda Employers (FUE), for example, has had long-term and sustained results with its peer education programmes.

**A workplace HIV-prevention education programme needs to:**

- provide basic information about HIV and AIDS, on fair treatment of people living with HIV or AIDS, and on the enterprise's policy;
- discuss and promote prevention methods;
- emphasize regular and correct condom use, which is essential for the prevention of HIV and other sexually transmitted infections (STIs); if reliable and affordable condoms are not readily available, the company may consider providing condoms (free or at low cost) to its employees, through dispensing machines, company stores and clinics;
- promote safety awareness;
- design the programme to provide clear answers to staff members' concerns about working with people with HIV/AIDS, emphasizing that casual contact at the workplace carries no risk of HIV infection; and
- discuss occupational hazards of at-risk groups of workers, such as on-site medical staff and laboratory technicians who are regularly exposed to human blood or blood products and should be provided with first aid training, details of universal precautions and protective equipment.

**For a programme to succeed, it is strongly recommended that it be:**

- implemented during company time;
- inclusive of top-level management;
- offered in small group meetings;
- mandatory for all staff;
- structured to allow time for discussion and questions;
- reinforced periodically by regular follow-up meetings; and
- monitored to assess employee knowledge through pre- and post-programme surveys.

**The following should be considered when delivering educational messages:**

- explanation of the company's guidelines to all workers;
- use of staff members as peer educators or training facilitators;
- distribution of a brochure or pamphlet about HIV/AIDS to all employees;
- screening of a demonstration videotape, followed by a discussion;
- invitation to a person with HIV/AIDS, or an expert from either the local health department or HIV/AIDS organization, to give a presentation to employees;
- encouragement of employees to learn about HIV/AIDS on their own; and
- invitations to other companies to share their experiences, with the opportunity for employees to ask questions.

## **Providing care, support and treatment**

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Care, support and treatment are fundamental elements of an effective response. To mitigate the impact of the HIV/AIDS epidemic in the workplace, counselling and other forms of social support to workers may be provided. Where health-care services exist at the workplace, appropriate treatment may also be provided, particularly for opportunistic infections. While some companies are providing treatment for STIs to reduce HIV infection rates, other companies, such as Debswana in Botswana and the CMI Company Health Centre in Côte d'Ivoire, provide antiretroviral treatment to their employees with AIDS, thus helping to prolong their lives. Where health services are not available, workers should be informed about the location of available outside services. Such linkages have the advantage of reaching beyond the workers to cover their families (particularly their children).

## **Implementing fair employment practices**

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Adherence to fair employment practices will ensure that the workplace provides a non-discriminatory environment that is reasonable for all employees, as well as supportive of those with HIV. Some of these principles are:

- complying with existing laws that regulate business practices in relation to those living with HIV, or general laws applicable to HIV, such as employment laws pertaining to disabled persons;
- making alternative working arrangements for employees with HIV/AIDS;
- treating a HIV/AIDS infection in a manner similar to other disabilities or life-threatening illnesses;
- respecting confidentiality of medical information; and
- providing voluntary screening for HIV/AIDS to encourage workers to determine their status and hence take appropriate measures.

### **Checklist for developing a company policy and programme on HIV/AIDS in the workplace:**

- Set up a HIV/AIDS committee with representatives of top management, supervisors, workers, trade unions, human resources department, training department, industrial relations unit, occupational health unit, health and safety committee, and persons living with AIDS, if they agree.
- Decide terms of reference and decision-making powers and responsibilities.
- Review national laws and their implications for the enterprise.
- Investigate the needs of the company by carrying out a baseline study among the workers, and determining what health and information services are already available at the workplace and in the local community.
- Formulate a draft policy to be circulated for comment before a revised draft is adopted.
- Draw up a budget, seeking funds from outside the company. If necessary, identify existing resources in the local community.

- Establish a plan of action, including a timetable and lines of responsibility, to implement policy.
- Disseminate widely the policy and plan of action via noticeboards, mailings, pay-slip inserts, special meetings, induction courses and training sessions.
- Monitor the impact of the policy.
- Review the policy regularly in light of internal monitoring and external information about the virus and its workplace implications.

*Source: ILO Code of Practice on HIV/AIDS and the World of Work*

## **Community involvement**

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As indicated earlier, the HIV/AIDS pandemic is a societal and developmental issue. This means that, for the scourge to be eradicated, all sections of society must work in partnership. The Lesedi Project in South Africa, which brings together mining companies and surrounding local communities, has demonstrated that workplace-based HIV/AIDS prevention programmes are more effective when they go beyond the company to include the surrounding community. Companies have realized that, to protect their workers effectively, they need to protect them everywhere, i.e. in the workplace and in their communities. In addition, businesses that take visible leads in HIV and AIDS education in the community can boost their reputation as responsible corporate citizens, hence acting as role models for other businesses and community institutions (including religious groups, schools and government institutions).

### **Some of the actions that the enterprise can take beyond the workplace include:**

- providing HIV/AIDS services and information to clients, suppliers etc.;
- educating workers' families about HIV and AIDS;
- getting involved in local community efforts to slow the spread of HIV; and
- contributing resources, business experience and expertise to community HIV/AIDS education, care and support initiatives.

# CHAPTER 3:

## Examples of initiatives taken by employers' organizations and individual companies

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Many companies and employers' organizations are well advanced in their fight against HIV/AIDS. Leaders in the business community have devised effective and efficient measures to combat the disease, rendering the workers healthier, their societies better-protected and their companies more efficient.

This chapter presents several cases of activities undertaken by employers' organizations and individual companies. The cases highlight a number of important themes.

Activities need not be expensive. Awareness-raising about HIV/AIDS, for example, is best achieved when integrated into existing training programmes and human resource activities. Innovative approaches try to piggy-back on existing programmes and institutions. In Thailand, for example, an employers' organization worked with a graduate business programme to ensure that managing HIV/AIDS was included in the curriculum.

Activities work best when commitment is demonstrated by the highest managerial levels. The Federation of Kenyan Employers, to cite just one example, has undertaken specific activities to convince company CEOs of the need to take action and demonstrate leadership within their firms. With CEOs, there is generally a two-part message: the epidemic can hurt business, but addressing HIV/AIDS is cost-effective.

Once it is clear that a company's leaders are committed to fighting HIV/AIDS, workers' peers are the best placed to do awareness-raising. Convincing people to change their sexual behaviour is a delicate matter, and most comfortably addressed in a setting among equals. Involving people living with AIDS not only ensures that the messages are the right ones, but multiplies the forcefulness of the message. Like many others, Philacor Corporation in the Philippines turned to local community organizations focused on HIV/AIDS for help in obtaining the expertise needed to train peer educators who, in turn, work with their colleagues.

A classic starting point is through the development of policy guidelines on AIDS. Whether done for a company or an employers' organization, the process of drafting guidelines can help in facing the disease and is a necessary first step towards fighting stigma and discrimination—key obstacles to fighting AIDS effectively. Such policy guidelines are all the more effective when produced in partnership with workers.

The examples given below show how HIV/AIDS can be fought in the workplace. The case studies not only describe the activities undertaken, but also present the initial motivations that prompted action and highlight the lessons learned.

Of course, there is more work to be done as well. Programmes put in place need to be monitored to determine whether they are reaching the right audiences and changing people's behaviour, and whether HIV prevalence—in the company and in society—is dropping. It is also important to scale up the activities. The business leaders described in the following pages will hopefully serve as models and as an inspiration for more companies to take the simple steps needed to fight HIV/AIDS.

IOE sent a circular to its members requesting information on their HIV/AIDS-related activities. Most of the responses were received from developing countries, where the impact of HIV/AIDS on companies is highest. There were also a few responses from the developed world, where HIV/AIDS is particularly an issue with regard to discrimination in the workplace. The virus was considered a bottom-line issue by multinational companies with operations in the developing world. A few experiences from different geographical regions have been selected to demonstrate how employers' organizations and their members are dealing with the problem. More information on these and other initiatives by employers' organizations, sectoral associations and individual companies, is available from the IOE Secretariat in Geneva.

## Initiatives by employers' organizations

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### Federation of Kenya Employers (FKE)

#### About the FKE

The Federation of Kenya Employers (FKE), registered in 1959, is made up of 2800 employers. The mission of the FKE is “to continuously raise the social consciousness as well as to protect the interests of Kenya employers through the promotion of modern management policies, public policy advocacy, fair labour practices and sound industrial relations in order to enable them to promote free enterprise, cultivate entrepreneurship culture, influence and control business environment, create quality and productivity awareness, improve profitability and foster growth and employment”.

#### Reasons for taking action on HIV/AIDS

The Federation took action against HIV/AIDS in the workplace after recognizing the epidemic's negative impact on productivity and profitability. HIV/AIDS hurts the bottom line of FKE members through loss of skilled manpower, high medical bills and worker replacement costs. By fighting the pandemic, the FKE will not only help to improve the business well-being of its members but also help to maintain the good health of the workforce. With the national level of infections rising to an estimated 2 200 000 cases over a period of 17 years, the workplace is now as much affected as the nation. As business development is the engine of growth for the economy, the workplace stands as the most important area requiring attention in Kenya's fight against HIV/AIDS.

#### Activities/interventions

The FKE began its fight against HIV/AIDS in 1988, by issuing its first “Guidelines on HIV/AIDS in the workplace” to its members. In October 2000, the Federation was identified by the government and the United Nations Development Programme (UNDP) as a focal point for the fight against HIV/AIDS in the workplace. The UNDP and the government's National AIDS Control Council (NACC) provided some seed funding to initiate programmes.

The FKE has since carried out a nationwide Training Needs Assessment to ensure that programmes responded to real employer needs. Human resource managers and chief executive officers (CEOs) of its members validated the findings. Subsequently, the FKE ran awareness-raising sessions for 680 chief executives and human resource managers. The managers were given additional training as HIV/AIDS programme facilitators in the workplace. The FKE has produced an *Animators'/Facilitators' Training Manual*, which will be used in future training programmes for facilitators. The FKE organizes awareness-raising workshops open to all members, in addition to in-house programmes for companies wishing to be assisted individually.

In 2000, the FKE drafted its own *Code of Conduct on HIV/AIDS in the Workplace* (revised in 2001), with input from CEOs, human resource managers and other stakeholders such as unions. The Code of Conduct is a rights-based and union-friendly document that gives guidance to employers and other interested organizations on how to handle HIV/AIDS issues in the workplace. The Code is now widely used by FKE members. Employers have used the Code to create individualized company policies that are shared with workers through their unions and included in the personnel manuals. Major companies have sought the help of FKE in drafting company policies.



Finally, the FKE also established a HIV/AIDS Advisory Committee of 28 members. The Committee, chaired by the immediate former national chairman of the FKE, meets monthly to review the progress of programme activities and to advise the FKE Board of Management.

**Results obtained**

Success can be seen through the widespread adoption of the Code by employers and unions across the country. Through its sensitization programmes, many involving radio and TV broadcasts and the print media, employers in Kenya (both members and non-members) have increased their level of awareness on the importance of fighting HIV/AIDS in the workplace, alongside the community-based fight against the pandemic. The FKE programme has also helped create a bond of solidarity between workers and employers, as they work together in a concerted effort to fight the pandemic in the workplace.

**Lessons learned**

The FKE aims to carry out a survey, with the help of employers, workers and other stakeholders, to determine the real impact of its activities to date. It is clear, however, that FKE members are more than willing to provide material and financial support and to participate in long-range planning of sustainable workplace programmes. The FKE has also learned that corporate commitment, especially from senior management, is critical for success. Thanks partly to FKE programmes, employers who never saw HIV/AIDS as affecting their productivity and profitability now recognize the risks and appreciate the need to cooperate in the fight.

## **The Chamber of Mines of South Africa**

### **About the Chamber of Mines**

The Chamber of Mines of South Africa, a voluntary association of mining finance companies and mines operating in different commodities, is the principal advocate of the major policy positions endorsed by the mining employers. It offers its policy guidance to various opinion-forming institutions in South Africa and abroad. It is an active member of Business South Africa, the IOE member in the country.

### **Reasons for taking action**

As a sector that uses human resources intensively, the mining industry recognized early the threat of HIV/AIDS, in the mid-80s. But the increase in HIV prevalence over the years meant that managing HIV/AIDS ceased to be purely a health issue, and instead became part of corporate social responsibility. The socioeconomic, legal, ethical and health ramifications of the disease compel businesses to regard managing HIV/AIDS as a business imperative.

### **Interventions**

The mining industry was one of the first sectors to perform case-prevalence surveys. Education and awareness programmes instituted by the industry were evaluated in 1989, confirming that 94% of miners knew about HIV/AIDS.

Subsequently, integrated HIV/AIDS programmes, covering prevention and care, were implemented at mines. These programmes provide confidential, informed, voluntary counselling and testing, education and awareness campaigns, pre- and post-test counselling, anonymous HIV screening surveillance, distribution of condoms, treatment of sexually transmitted infections and preventive therapy against opportunistic infections. Company HIV/AIDS policies are in place and are constantly reviewed.

Activities are not limited to the workforce, but are also made available to the surrounding communities. The Bambisanani Project, based in Kokstad in the Eastern Cape, is being used by The Employment Bureau of Africa (an organization affiliated to the Chamber), to develop a model for extending home-based health care for people living with HIV/AIDS to their communities of origin.

Tuberculosis (TB), compounded by HIV/AIDS, is a major public health problem and miners are particularly at risk because of the concomitant exposure to silica dust. In response, the mining industry has an active TB case-finding and prevention programme.

### **Results obtained**

Other programmes developed in response to AIDS target sexually transmitted infections. The Lesedi intervention in Virginia, a Free State Province mining community, reduced the prevalence of STIs among miners and high-risk women in the community. The intervention provides monthly examinations, counselling and treatment. The STI prevalence among local miners declined by 43% for gonorrhoea and *Chlamydia* combined, and by 77% for genital ulcer disease. The model is being replicated in other areas.

### **Lessons learned**

- It is more cost-effective to integrate prevention and care strategies.
- The targeting of populations at high risk not only within the company but also in the surrounding community enhances the effectiveness of intervention programmes.
- There must be a sustained effort to aggressively treat opportunistic infections, in order to mitigate the effects of the disease.
- Stakeholder participation in the drafting of HIV/AIDS company policies and agreements is critical in ensuring acceptance and ownership.
- Senior management must demonstrate commitment by endorsing these policies and programmes.
- Relevant data must be collected to predict the impact of the disease and also to assess the effectiveness of intervention measures.
- Stakeholder cooperation affords all social partners the opportunity to share scarce resources.

## **Employers' Confederation of Thailand (ECOT)**

### **About ECOT**

The Employers' Confederation of Thailand (ECOT), established in 1976, represents private sector employers and aims to:

- ▶ promote good relations between employers and employees, and enhance and facilitate the spirit of negotiation;
- ▶ promote understanding and cooperation between private employers and government;
- ▶ represent the interests of private employers in various government and international bodies; and
- ▶ promote, support and assist members in adopting good labour practices.

### **Reasons for taking action**

As a core objective, ECOT promotes good labour practices among its members. HIV/AIDS is not a new issue in Thailand and has been having an impact on the Thai economy and businesses, in terms of loss of skilled personnel, reduced productivity, shrinking market and increased social security costs. It has also created various family and social problems. Each year, more than 50 000 Thais are dying from AIDS, over 90% of whom are in the 15–49-year-old age bracket, the most productive segment of the labour force. As a result, ECOT has decided to commit itself to creating awareness, educating employers and workers, and promoting good practices in the workplace in terms of prevention and non-discrimination.

### **Interventions**

With the technical assistance from ILO, Thailand Business Council on AIDS, and CARE International, ECOT organized a workshop on 'HIV/AIDS in the Workplace' on 29 June 2001 in Rayong, a rapidly industrializing province with high HIV prevalence. Forty personnel managers attended the workshop, which was aimed at creating awareness of the seriousness of the epidemic and its impact on business. The *ILO Code of Practice on HIV/AIDS and the World of Work* was also presented as a tool for use in the workplace.

ECOT has also successfully approached the National Institute of Development and Administration (NIDA)—a leading graduate school in Thailand—to have HIV/AIDS included in the curriculum.

### **Results obtained**

Following the workshop, a number of companies drafted workplace policies and began to implement programmes. This indicates that the workshop was successful in convincing companies of the seriousness of the AIDS threat and prompting them to take action.

In addition, ECOT has started a programme whereby companies with existing policies work with other members to replicate and scale up successful efforts. Sony Semiconductor and Rohm Apollo Electronics, for example, have introduced their HIV/AIDS-related practices to other member companies, most successfully to Pranda Jewelry and Delta Electronics.

### **Lessons learned**

ECOT has learned that the process of replication, of sharing from business to business, is working very well and they will continue with this approach to reach other employers. This effort can now be more effectively implemented with the adoption of the *ILO Code of Practice on HIV/AIDS*.

ECOT's ultimate objective is to develop and implement a National HIV/AIDS Workplace Policy, aimed at prevention of the epidemic, safeguarding of decent working conditions, and protection of the rights and dignity of workers living with HIV/AIDS.

To achieve this objective, collaboration, trust, support and commitment of a variety of partners are critical. These partners include government, employers, unions, workers and other national and international agencies. ECOT has declared its commitment and will continue to work towards achieving results.

## **Barbados Employers' Confederation (BEC)**

### **About BEC**

Formed in 1956, the Barbados Employers' Confederation provides its members with industrial relations advice, the interpretation of current labour legislation, regulations and recommendations for good employment practices, and occupational safety and health advice. The BEC represents employers' interests with government and networks with regional and international organizations to develop the best employer practices for its members.

### **Reasons for taking action**

As the only organization representing the interests of employers in Barbados, BEC felt it necessary to take action to enlighten members and their employees on the effects of HIV/AIDS and its devastating effect on society as a whole. Efforts are aimed mainly at sensitizing employers to their responsibility to educate their employees about health and safety issues, in order to create a better understanding of co-workers who may be infected with HIV.

### **Interventions/activities**

BEC has produced *Dealing with AIDS in the Workplace*—a document that is aimed at both managerial and general staff. For employers, the document provides a basic set of guidelines to design programmes consistent with applicable laws (covering education, labour management and personnel policies) for employees who have been confirmed positive for HIV and/or have a disability from the manifestation of AIDS. The second-largest conglomerate on the island has used BEC's guidelines to develop their policy to deal with employees who may be afflicted with the disease. Five other major companies are doing likewise.

BEC represents employers on the National Advisory Committee on AIDS (NACA). In collaboration with NACA and the Ministry of Labour, BEC has contributed to public awareness programmes at community centres across the island. BEC staff members field questions during these events. In response to whether employers should have compulsory testing for new entrants to the workplace, BEC's staff always emphasize that UN policy states that compulsory testing has no place in the fight to combat this epidemic, as it gives rise to discrimination and stigmatization, alienating those who are HIV-positive.

In addition, BEC has conducted training programmes for its members and also with the Barbados Workers' Union for the general workforce.

### **Results obtained**

It is too early to measure the effectiveness of these programmes, but generally there has been an increase in public awareness, which relates to greater tolerance of, and understanding for, employers and employees. The community awareness-raising activities undertaken in collaboration with the NACA and the Ministry of Labour have received wide coverage from both print and electronic media. A number of companies in the country have used BEC's guide to develop workplace policies and programmes on HIV/AIDS.

### **Lessons learned**

Initial indicators would suggest that success is more likely for programmes conducted in conjunction with government, workers' organizations and other stakeholders.

## **Social Service of Industry (SESI), Brazil**

### **About SESI**

SESI was founded in 1946 by the Brazilian National Confederation of Industry, the IOE member in Brazil, to look after the social well-being of its workers and their families. It provides assistance to industrial workers in the fields of health, education, recreation, nutrition, etc. Today, SESI has active branches in each of Brazil's 27 states.

### **Reasons for taking action**

Being actively responsible for the well-being of workers, SESI has been actively involved in the fight against HIV/AIDS since 1988 in order to protect its workers from infection. Prior to taking action, SESI had noticed that a lot of people in the economically active population were falling victim to HIV/AIDS. Together with its member companies, the organization was thus forced to act promptly to prevent further infections.

### **Interventions**

The organization started by carrying out HIV/AIDS and STI prevention education in enterprises in 1988. With support from the Brazilian Ministry of Health's National AIDS Programme, SESI carried out a KAP (knowledge, attitude and practice) analysis to establish the level of knowledge on HIV/AIDS and STI transmission, attitudes towards infected co-workers, sexual behaviour, condom use etc. The KAP analysis revealed that 99% of workers believed that the use of condoms could prevent HIV infection, but only 18.5% of the men and 22.6% of the women actually used condoms.

The second phase consisted of a training programme. This involved the training of trainers from the 27 SESI departments, who would, in turn, train workers as peer educators to discuss STIs and HIV/AIDS with their colleagues. The peer educators were charged with disseminating prevention methods in member companies. They would also help prevent discrimination and promote support and understanding in the workplace for those who had been infected. After the training, SESI implemented a second KAP analysis to find out if there had been behavioural change among workers who had participated in the project.

In addition to its training programme, SESI actively participates in HIV/AIDS and STI awareness activities organized during World AIDS Day, the Rio Carnival and on Valentine's Day. These activities have enabled the organization to reach a million workers and to distribute 800 000 condoms.

### **Results obtained**

The HIV/AIDS and STI prevention project enabled the organization to train 300 peer educators, involving 5000 enterprises with a total workforce of 300 000 workers in the 27 Brazilian states. Not only did HIV awareness increase, but the second KAP survey revealed that sexual behaviour had changed, with reduced risk-taking.

### **Lessons learned**

Collaboration with the government's National AIDS Programme enables the private sector to build synergies with other projects and to reach more people.

Participatory methodology involving peer educators can produce better results than when information is simply disseminated.

## Initiatives by companies

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### **Levi Strauss & Co.**

#### **About Levi Strauss & Co.**

Founded in 1853 by Bavarian immigrant Levi Strauss, Levi Strauss & Co. (LS&CO.) is one of the world's largest apparel marketers, with sales of the Levi's®, Dockers® and Slates® brands in more than 80 countries. The company is an active member of the United States Council for International Business, the IOE member in the USA.

#### **Reasons for taking action**

LS&CO. has a long history of commitment to its employees and to the communities where it has a business presence. LS&CO.'s involvement in the fight against HIV/AIDS is characterized by efforts to educate employees and their families through innovative, risk-taking programmes that raise HIV/AIDS awareness and provide education and direct care.

#### **Interventions**

##### *Employee awareness initiatives*

One of the early, leading companies in this area, LS&CO. launched in 1982 an AIDS education programme targeting employees and their families. Employee volunteer efforts are encouraged through a 'Community Involvement Teams' programme. A good example comes from LS&CO.'s Asia Pacific Division, where, in the autumn of 2001, every office ran one or more half-day workshops for employees. In several offices, LS&CO. has invited business affiliates (e.g., contractors and advertising agencies) to attend. Workshops are conducted by NGOs experienced in this field.

##### *Global-giving programme*

LS&CO. and the Levi Strauss Foundation operate a global-giving programme, supporting community-based initiatives in more than 40 countries, with a cumulative total of more than US\$24 million. Begun in 1985, the LS&CO. programme supports education and HIV-prevention projects for poor and underserved people, providing:

- ▶ direct assistance to persons with AIDS and their caregivers;
- ▶ risk-reduction education for those with high-risk behaviours; and
- ▶ services targeted at populations severely affected by AIDS (e.g., injecting drug users, people of colour, gay and bisexual men, and disadvantaged populations).

Flexible grant-making accommodates regional differences in terms of HIV prevalence, populations affected, level of education on HIV/AIDS, condom usage, government policy, and capacity of the NGO sector. Often being one of the first corporate actors in a country, LS&CO. has directed most funding to populations at high risk or with limited access to information (e.g., the gay community, sex workers, immigrants, and disenfranchised communities). Though always significant, funding going to projects for youth and women is increasing.

##### *Multi-media: Drugworld, Positive Lives and World AIDS Day*

Drugworld is a provocative animated video that educates young people about the dangers of drug misuse in relation to HIV/AIDS. Funded by LS&CO. and the British Government, and produced in



collaboration with a charity called Turning Point, the video targets 14–18-year-old kids. The film was launched together with a website in 1998 in London, and has subsequently been translated, and activities begun, in Spain and Hungary with local NGOs and through schools.

A photojournalistic exhibition, *Positive Lives*, has increased public awareness and provided educational outreach programmes for young people in Europe, the United States, Africa and Asia. It was developed in the United Kingdom with the Terrence Higgins Trust.

Finally, each year, LS&CO. partners with the UN, community organizations, and well-known celebrities to create programmes focused on youth and employees. Customers can see educational videos and receive 'safe sex' reminders, including information leaflets, condoms and red ribbons.

#### *Global Business Council on HIV & AIDS*

Due largely to LS&CO.'s leadership and advocacy, the Global Business Council on HIV & AIDS (GBC) was launched in 1997 to expand the business response to the pandemic. GBC is an international group of business leaders who encourage the crucial participation of the private sector in defeating AIDS.

#### **Lessons learned and future activities**

Many lessons are evident from the examples cited above. Major companies taking the lead can have great impact, not only on workers and their families but on associated businesses and, indeed, the business sector as a whole. Building partnerships beyond the company—whether to NGOs, governments or development agencies—helps complement and multiply a company's impact. Mobilizing the media savvy of businesses to fight AIDS can be very effective, especially when dealing with key target populations, such as youth.

As HIV/AIDS remains one of the main health and social issues throughout the world, LS&CO. is committed to playing a leadership role. In line with new strategic directions, LS&CO. will, in 2002:

- work with the most affected populations, especially youth and women;
- support the development of creative, cross-border educational campaigns;
- support capacity- and coalition-building of NGOs working in the field;
- increasingly link World AIDS Day celebrations to other LS&CO. AIDS-related activities;
- advocate increasing involvement from other stakeholders through information-sharing, media relations, and coalition-building; and
- continue educating their employees on HIV/AIDS.

## **PHILACOR Corporation**

### **About Philacor**

Philacor Corporation is a leading manufacturer of freezers and refrigerators in the Philippines. It is an active member of the Employers' Confederation of Philippines, the IOE member in the country.

When the HIV/AIDS project was started, the company had 1500 employees of whom 96% were male with an average age of 27. Fifty percent were single.

### **Reasons for taking action**

The programme was started in response to worker demand for information.

### **Interventions**

The company began by inviting local NGOs and people living with HIV/AIDS to talk to their workers. With the support of both management and the labour union, the collaborating NGO created information, education and communication materials and trained six peer educators. The peer educators attended a two-week seminar provided by NGOs and the Department of Health and were certified as HIV/AIDS educators. The peer educators, drawn from different levels within the corporation, gave short seminars during meeting breaks and other pauses in the work schedules.

Philacor has also incorporated HIV/AIDS education into other programmes, such as their first aid programme, new staff orientations, worker reorientations, and so forth. The company publishes a quarterly newsletter in which advocacy articles on HIV/AIDS are written both in English and the local language.

In 1996, Philacor developed its own policy statement on HIV/AIDS that was approved by both the management and the union. The policy covers the issues of employment, discrimination, reasonable accommodation and workplace education. It is based on principles that respect the individual rights and dignity of people with HIV/AIDS and on non-discriminatory employment practices regardless of HIV/AIDS status, gender and sexual orientation.

### **Results obtained**

According to a survey carried out by the company's medical director, after implementation of the education programmes, 90% of workers had accurate knowledge regarding HIV/AIDS transmission.

### **Lessons learned**

The workplace can be an extremely important location for promoting HIV/AIDS education and prevention. Firstly, the target population in this particular company is rather homogeneous, with the majority being young men of sexually active age, single or married. Having a relatively homogenous workforce, or target audience, can simplify the task of providing appropriate messages and educational materials.

Secondly, addressing HIV/AIDS in the workplace means that HIV/AIDS programmes can be added to existing staff training, orientations, and other regular programmes. Such procedures are an efficient means of providing the information, at little added expense for the employer.

Finally, the project staff emphasized that it was very important that both the labour union and management understood the importance of HIV/AIDS. This shared knowledge was key to promoting and expanding the various activities of the initiative.

## **The ALUCAM Group (Cameroon)**

### **About ALUCAM**

Established in 1955, ALUCAM is a Cameroonian aluminium-manufacturing company that produces basic aluminium and, through its branch, SOCATRAL, transforms it into finished products. Together with their families, the workforce of 650 people forms a community of 4000 people. Most live in Edéa, 60km from the largest city, Douala. The company is a member of GICAM, the IOE member in Cameroon.

### **Reasons for taking action**

The first death in the company, known to be AIDS-related, occurred in 1986, but it was not until 1994 that ALUCAM realized that the scope of the HIV/AIDS pandemic required an immediate response. As a result, in 1995, the company, assisted by one of its shareholders, Pechiney Aluminium (of France), carried out an impact analysis.

### **Interventions**

In 1997, the company started its HIV education and prevention programme in the workplace. The following actions were carried out in collaboration with the Pan African Organisation against AIDS, the Ministry of Health and religious organizations:

- ▶ employment of a medical practitioner and an assistant for HIV/AIDS;
- ▶ training of 30 peer educators;
- ▶ implementation of HIV/AIDS awareness activities for employees and their families;
- ▶ specific education and training for female employees;
- ▶ special activities for communities and families on World AIDS Day; and
- ▶ distribution of free condoms.

In 1999, the company collaborated with pharmaceutical firms (Glaxo Wellcome and Merck Squibb Dohme) and the Pasteur Centre to launch a research project called TRICAM. The purpose of the project was to evaluate the possibility of providing antiretroviral (ARV) treatment to workers. As part of the project, the company agreed to treat HIV-positive employees with ARV drugs, which were provided free of charge by the pharmaceutical companies. The company undertook to continue providing this treatment after the research project ended, despite the high costs involved, and to continue treatment for employees even if employment were to be terminated. In 2000, 40 employees who had been diagnosed with AIDS joined the programme and received ARV treatment. In the meantime, education and outreach efforts were continued through schools, local associations and traditional chiefs.

### **Results obtained**

The TRICAM project is now completed (although those who participated in the programme continue to receive ARV treatment), and yielded the following results:

- A reduction in industrial disruption (due to HIV/AIDS), thanks to the programme. Before the start of this programme, the company experienced deaths and prolonged illnesses among its employees. Those who underwent the ARV therapy returned to work. Consequently, the company intends to provide this treatment to more employees.
- More employees are seeking voluntary testing and counselling. In 2000, a total of 200 employees volunteered for HIV tests.

- The use of condoms is widespread among employees.
- HIV prevalence rates in the company (estimated at 5%) are lower than the national average (estimated at 11.5%).
- Employees with HIV/AIDS suffer less stigmatization and no discrimination.

**Lessons learned**

Use of company resources and structures can be effective in the fight against HIV/AIDS among employees and surrounding communities.

The commitment of top-level management and company shareholders is essential, especially with regard to provision of antiretroviral treatment, which can be costly to the company. However, the provision of ARV treatment within an integrated programme can diminish industrial disruption due to HIV/AIDS, improve staff morale, and contribute to fighting AIDS in the communities where workers live.

## **Woolworths (South Africa)**

### **About Woolworths (South Africa)**

Woolworths is a retail chain that specializes in food and textiles, with 130 branches in South Africa, employing 16 000 people. It is a member of Business South Africa, the IOE member in the country.

The company has an ethos of valuing its employees and realizes that, while the HIV/AIDS epidemic can erode the company's profitability, the impact on individuals and their families is devastating.

### **Reasons for taking action**

In 1996, when AIDS was first raised as an issue within the company, Woolworths did not consider it a serious threat. In 1997, however, an actuarial analysis showed that Woolworths would feel the impact of the disease by 2010, when it was estimated that approximately 16% of employees would be HIV-positive, some 5% would be sick with AIDS at work, and the expected mortality would be 5% higher for the 30–44-year-old age group. Estimates showed that productivity would drop by 2–3%—the equivalent to closing down one of its large stores. Impacts on the pension fund, Group Life Assurance (GLA), and medical aid also showed that these group benefits would take significant knocks. A second analysis in 1999 revealed similar findings.

### **Interventions**

As a result, the Board mandated the Human Resources and the Health Service departments to come up with a long-term strategy. As there were few similar programmes at the time, Woolworths looked to experiences in Kenya and Zimbabwe. Woolworths ultimately decided to adapt and adopt the example of the AIDS Prevention Project of Zimbabwe—a comprehensive peer education programme that ultimately showed a 34% reduction in HIV prevalence in workplaces.

### **Condoms and STIs**

The Woolworths programme consists of three parts: condom distribution, sexually transmitted infection awareness and referral, and education. 'Condocans'—wall-mounted condom distribution cans—were installed in all changing rooms and toilets throughout the organization. Sourced from local authorities and provincial governments, some 30 000 free condoms are distributed per month.

With only seven rotating occupational health practitioners (OHPs), a full STI programme is impractical. However, OHPs systematically refer workers with STI symptoms to local clinics. STI awareness-raising is a priority. OHPs report a steady rate of 30–40 new STI cases per month.

### **Education**

The educational programme focuses on the prevention of HIV transmission. The programme's scope is currently being broadened to include the caring of people who are HIV-positive and have symptomatic AIDS.

Most resources are devoted to peer education and, since 1997, more than 150 peer educators (PEs) have been trained. For the past five years, every Woolworths store has had PEs who run formal sessions based on their training but are also easily accessible, informally and privately, for co-workers. PEs are also encouraged to raise HIV/AIDS awareness in their communities. While the peer education programme is somewhat complex to coordinate and manage, support and

commitment from senior management have made it a success. Management has been convinced that, through a comprehensive approach to managing HIV/AIDS, HIV prevalence could be reduced by 20% by 2010. Calculations show that, for every Rand spent per year on peer education, Woolworths could save R10 over a 10-year period.

Woolworths also addresses education through its Intranet, with a special HIV/AIDS page. One of the most popular sites in the company, it receives approximately 10 questions a week from staff.

### **Treatment**

Woolworths manages health care through its in-house Wooltru Healthcare Fund. In 1999/2000, Woolworths ran a pilot project with 11 patients who were provided with the funding for antiretroviral therapy (ART). Results were mixed. In some cases, the clinical and productivity improvements were dramatic. But, in others, side effects precluded treatment and raised absenteeism. Still others had difficulty paying for benefits over and above those provided by the Healthcare Fund.

Currently, Woolworths' policy is to not provide ART. Although the price of ART has dropped significantly, ancillary costs, such as those involved in testing, make the programme unaffordable. Issues of compliance and distribution of the medication are also problematic, especially since staff members are located across the country. However, this policy is continuously being reviewed in relation to financial, personnel and productivity issues.

Woolworths does provide an alternative HIV benefit to keep HIV-positive people well for as long as possible. People who register with the Healthcare Fund receive preventive medication, vaccinations, counselling, and dental and general practitioner benefits.

### **Results**

Woolworths has recently commissioned the Department of Public Health at the University of Cape Town to evaluate the effectiveness of the peer educator programme. Survey results indicate that Woolworths' staff members were more knowledgeable, have more appropriate attitudes, and reflect better practices in condom use than the staff of comparable companies. Peer educators were found to be well trained and able to persuade their peers to improve their knowledge and change their attitude and behaviour.

Information about HIV/AIDS is also provided to senior management in the form of annual presentations. These focus on workplace management and financial issues relating to HIV/AIDS.

### **Lessons learned**

HIV/AIDS is now regarded as a significant risk to the organization and its related issues are coordinated through a multi-departmental risk-management committee. One of the topics on the agenda is the securing of the supply chain, using a similar approach to that applied to the Y2K bug. Woolworths is currently encouraging its suppliers to develop their own HIV/AIDS programmes.

Through its HIV/AIDS programme, Woolworths has accomplished a great deal, but there are areas that still require improvement. Regional coordination, for example, needs to be strengthened.

Woolworths' approach is that HIV/AIDS can be managed, and the company remains optimistic that it can minimize the impact of the disease. However, it believes that it cannot fight alone and it looks forward to sharing experiences with others who have a similar philosophy.

# REFERENCES

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- Ainsworth M, Semali I (1998) *Who is most likely to die of AIDS? Socioeconomic correlates of adult deaths in Kagera Region, Tanzania*. In Ainsworth M, Franssen L, Over M (eds). *Confronting AIDS: Evidence from the developing world. Selected background papers for the World Bank Policy Research Report, Confronting AIDS: Public priorities in a global epidemic*. European Commission, Brussels, pp.95-109.
- Barbados Employers' Confederation (2001) *Dealing with AIDS in the workplace, Guidelines for managers and supervisors*, Barbados.
- Bloom D, Mahal A, River Path Associates (2001) "HIV/AIDS and the Private sector", Harvard. Unpublished.
- Centres for Disease Control and Prevention (1999) *The Financial Impact of a workplace HIV/AIDS Program on Business*, Atlanta.
- Federation of Kenya Employers (2000): *FKE Code of Conduct on HIV/AIDS in the Workplace*, Nairobi.
- The Global Business Council on HIV/AIDS/The Prince of Wales Business Leaders Forum/UNAIDS (2000) *The business response to HIV/AIDS: impact and lessons learned*, Geneva and London.
- ILO (2001) *Code of Practice on HIV/AIDS and the World of Work*, Geneva.
- ILO/UNAIDS/IOE/PEC/GICAM (2000) "*La Déclaration de Douala*": Subregional workshop on employers' initiatives in response to HIV/AIDS and the world of work. Douala. Unpublished.
- ILO/IOE/FKE/PEC (2001) "Time Bound Action Plan to Combat HIV/AIDS at the Workplace": Sub-regional Workshop for Employers' Organizations in East, Central and Southern African Countries, Mombasa, Kenya. Unpublished.
- International Hotel and Restaurant Association/Pacific Asia Travel Association/UNAIDS (1999) *The challenge of HIV/AIDS in the workplace: A guide for the hospitality industry*, Geneva and Paris.
- Loewenson R, Organisation of African Trade Union Unity Health Safety and Environment Programme/UNAIDS (1999) *Best Practices, Company Actions on HIV/AIDS in Southern Africa* Pretoria, Harare.
- Malaysian Ministry of Human Resources (2001) *Code of Practice on Prevention and Management of HIV/AIDS at the Workplace*, Malaysia.
- Ministry of Public Service, Labour and Social Welfare, Zimbabwe (1998) *Labour relations (HIV and AIDS) regulations*, Zimbabwe.
- NEDLAC (2001) *Code of Good Practice on Key Aspects of HIV/AIDS and Employment*, NEDLAC, Johannesburg, South Africa.
- Southern African Development Community (SADC) (1997) *Code on HIV/AIDS and employment in the Southern African Development Community*, Zambia.
- UNAIDS (1998) *HIV/AIDS and the workplace: Forging innovative business responses*, UNAIDS Best Practice Collection, Geneva.
- UNAIDS (1999): *Summary Booklet of Best Practices*: Best practice collection, Geneva.
- WHO/ILO (1989) "Statement from the Consultation on action to be taken after occupational exposure of health care workers to HIV", Geneva.
- Williams G, Ray S (1993) *Work against AIDS: Workplace-based AIDS initiatives in Zimbabwe*, Strategies for Hope collection, ActionAid, London, AMREF, Nairobi.



## The International Organisation of Employers

The International Organisation of Employers is the recognized organization representing the interests of employers in international social and labour policy matters. It is the world's largest business network, consisting of 135 national employers' organizations from 131 countries.

The International Organisation of Employers:

- promotes and defends the interests of employers in international forums, particularly in the International Labour Organization;
- assists in establishing and strengthening national employers' organizations and enhancing their capabilities and services to members;
- promotes free enterprise, its creation and development; and
- facilitates and promotes the exchange of information, experience and best practice among members.

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## The Joint United Nations Programme on HIV/AIDS (UNAIDS)

The Joint United Nations Programme on HIV/AIDS (UNAIDS) is the leading advocate for global action on HIV/AIDS. It brings together eight UN agencies in a common effort to fight the epidemic: the United Nations Children's Fund (UNICEF), the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the United Nations International Drug Control Programme (UNDCP), the International Labour Organization (ILO), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Health Organization (WHO) and the World Bank.

UNAIDS both mobilizes the responses to the epidemic of its eight cosponsoring organizations and supplements these efforts with special initiatives. Its purpose is to lead and assist an expansion of the international response to HIV on all fronts: medical, public health, social, economic, cultural, political and human rights. UNAIDS works with a broad range of partners—governmental and NGO, business, scientific and lay—to share knowledge, skills and best practice across boundaries.



More than 60 million people worldwide have been infected with HIV/AIDS since the first clinical evidence of the virus was reported 20 years ago. Employers have not been spared as AIDS has taken its toll on workforces, production systems, markets and local communities. As a result, companies of all types face higher costs in training, insurance, benefits, absenteeism and illness.

Based on feedback from members of the International Organisation of Employers (IOE), and through IOE's extensive business networks, 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 programmes, 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 programmes to treat opportunistic infections among workers and families, reduce the prevalence of sexually transmitted infections and even offer antiretroviral drugs to attack HIV itself.

The handbook also provides details of results obtained and lessons learned from the various initiatives undertaken by employers worldwide.

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