Overview

An HIV/AIDS workplace policy provides the basic framework for company action to reduce the spread of HIV/AIDS and to manage its impacts. The policy should serve as a guide for present and future situations regarding HIV/AIDS and clarify this topic to employees and managers. Workplace HIV/AIDS policies should:

- Make an explicit promise for corporate action;
- Commit to confidentiality and non-discrimination for all employees;
- Assure consistency with appropriate national laws;
- Lay out a standard of behavior for all employees (whether HIV-infected or not);
- Provide guidance to supervisors and managers;
- Explain to employees living with HIV/AIDS the type of support and care they will receive, so they are more likely to come forward for counseling and testing;
- Help stop the spread of the virus through prevention programs;
- Be made available to all employees, in a format that is easily understood; and,
- Manage the impact of HIV/AIDS with the ultimate aim of cutting business costs.

Below are the 10 key elements that every HIV/AIDS workplace policy should contain (from the International Labour Organization's "Code of practice on HIV/AIDS and the world of work").

1. RECOGNITION OF HIV/AIDS AS A WORKPLACE ISSUE

HIV/AIDS is a workplace issue because it affects workers and enterprises by increasing labor costs and reducing productivity. The ILO calculated that employment growth forfeited due to HIV/AIDS amounts to an estimated 1.3 million jobs each year. Recognizing the link between workplaces and the surrounding communities, business also has a role to play in the wider struggle to beat the epidemic.

2. NON-DISCRIMINATION

HIV/AIDS should be treated like any other serious illness/condition in the workplace. There should be no discrimination against workers on the basis of real or perceived HIV status. The nondiscrimination principle extends to employment status, as well as access to health insurance, pensions and other staff entitlements. Stigmatization and discrimination against people living with HIV/AIDS actually inhibits HIV/AIDS prevention: if people fear the possibility of discrimination, they are less likely to undergo counseling and testing and seek out treatment. As a result, they may unknowingly pass HIV on to others. Additionally, those who are positive are more likely conceal their status for fear of being shunned by their co-workers or fired.

3. GENDER EQUALITY

The gender dimensions of HIV/AIDS should be recognized. Women are more likely to become infected and more often adversely affected by HIV/AIDS than men, for biological, sociocultural and economic reasons. HIV/AIDS programs must therefore respond to the circumstances and needs of men and women in a manner that is appropriate to each group.

4. HEALTHY WORK ENVIRONMENT

The work environment should be healthy and safe, as far as is practicable, for all concerned parties. This means employers are responsible for providing information on HIV transmission. It does not, however, give employers the right to test employees for HIV in the interest of public health, because casual contact in the workplace presents no risk of HIV transmission. In addition, a healthy work environment tries to accommodate all workers (in light of their physical and mental health) and thereby mitigate the impact of AIDS on workers.

5. SOCIAL DIALOGUE

Successful HIV/AIDS policies require cooperation and trust between employers, workers and their representatives, and government, where appropriate. This is fundamental, as policies are more likely to be used effectively if they have been developed with the full participation of all concerned parties.

6. NO SCREENING FOR PURPOSES OF EXCLUSION FROM EMPLOYMENT

Companies should not require HIV/AIDS screening of new applicants or current employees. HIV screening not only violates the right to confidentiality, but is impractical and unnecessary. At best, HIV test results are snapshots of individuals’ infection status today. It is no guarantee that they will remain HIV-negative or that they will not become infected tomorrow, or next month. It is also important to remember that people with HIV are often healthy and are able to work productively for many years.
7. CONFIDENTIALITY

Companies are never justified in asking job applicants or workers to disclose HIV-related information. Nor should co-workers be obliged to reveal such information about fellow workers. Access to personal information of this type should be strictly bound by confidentiality provisions (e.g., managers and health personnel can sign confidentiality pledges to show their commitment to this principle). Violating employee confidentiality will erode trust, employee morale and productivity as well as encourage possible legal action.

8. CONTINUATION OF EMPLOYMENT RELATIONSHIP

HIV infection cannot be a cause for termination of employment. Persons with HIV should be encouraged to work for as long as they are medically fit in available, appropriate work. This principle is based on the fact that being HIV-positive is not the same as having AIDS and related opportunistic infections. Reasonable accommodation to help workers can include flexible working hours, special equipment, opportunities for rest breaks, time off for medical appointments, flexible sick leave, part-time work and return-to-work arrangements. With availability of antiretroviral therapy, it will be possible and advantageous both to the employee and the employer.

9. PREVENTION

HIV infection is preventable. Prevention of all means of transmission can be achieved through a combination of strategies: informational materials, participatory education classes (including personal risk assessment and life skills), practical support for behavioral change (such as condom distribution and encouraging family living situations among employees), and treatment for other sexually transmitted infections.

10. CARE AND SUPPORT

Solidarity, care and support should guide the response to HIV/AIDS in the workplace. Prevention, care and treatment should be seen on a continuum of workplace programming. Availability of and access to treatment services encourages voluntary testing amongst employees. Care and support include treatment for opportunistic infections, especially tuberculosis; antiretroviral therapy; workplace accommodation; psychosocial support and counseling; employee and family assistance programs; and access to benefits from health insurance and occupational schemes.

CONCLUSION

Developing an HIV/AIDS workplace policy should be the initial step for any company in its commitment to address HIV/AIDS. Such policies will clearly state the company’s position on the issue and articulate a set of guidelines that management staff can follow in the future. HIV/AIDS workplace policies will also outline the responsibilities, rights and expected behavior for management and employees.

REFERENCES AND RESOURCES

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www.ilo.org/public/english/employment/trav/aids/publ/index.htm

HIV/AIDS Workplace Policy Examples

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www.ilo.org/public/english/employment/trav/aids/publ/gpcasestudies.htm

Anglo American:
www.angloamerican.co.uk/cr/hiv/aids/hivpolicy

Heineken:
www.smartwork.org/resources/heineken.shtml

Merck:
www.merck.com/cr/enabling_access/developing_world/hiv/hiv_workplace_policy.html

Pfizer:
www.pfizer.com/responsibility/values_commitments/hiv_aids_workplace_policy.jsp

ABOUT GBC

The Global Business Coalition on HIV/AIDS, Tuberculosis and Malaria (GBC) mobilizes international business against the three diseases. The alliance of 220 international companies is dedicated to combating these epidemics through the business sector’s unique skills and expertise. The official focal point of the private sector delegation to the Global Fund to Fight AIDS, Tuberculosis and Malaria, GBC maintains head quarters in New York with regional offices in Beijing, Geneva, Johannesburg, Kyiv, Moscow, Nairobi and Paris.
Overview

With no cure in sight, prevention is the only way to stop the spread of HIV/AIDS. Prevention programs can help people protect themselves against HIV infection and help foster greater tolerance for people already living with the disease. They are essential not only for workplaces in high prevalence settings but have become increasingly integral in areas of low prevalence and emerging epidemics.

HIV/AIDS prevention programs make good business sense and are an excellent investment:
- Studies have estimated that prevention programs can cost as little as US$3 or $4 per year of life saved, less than 1% the cost of responding to employees already infected with HIV;¹
- Prevention programs can reduce HIV-related fears and stigma, thereby improving employee morale and labor relations;
- They can also bring about positive changes in behavior, leading to a healthier workforce, less absenteeism, more reliable supply networks and higher productivity.

TRENDS IN HIV/AIDS PREVENTION

Successful HIV prevention programs must take a multi-pronged approach, combining biomedical, behavioral and structural interventions. Male condoms remain the accepted standard, while recent promising biomedical interventions include microbicides, male circumcision, oral and topical ARVs and treatment of sexually transmitted infections (STIs).

IMPLEMENTING PREVENTION PROGRAMS

Companies should seek active involvement from stakeholders and people affected by policies (including workers, local governments, and people living with HIV/AIDS) in designing a workplace prevention program. This process will create feelings of trust, increase employee participation, and ensure that prevention programs will be relevant to employees’ specific needs.

ELEMENTS OF PREVENTION PROGRAMS

Research and best practice show that prevention efforts are most successful when they include:
- Information and awareness-raising
- Peer education programs
- Gender-specific focus
- Partnerships
- Monitoring and evaluation

INFORMATION AND AWARENESS-RAISING

Prevention programs may include a range of subject matter:
- Company policies on HIV/AIDS in the workplace, including non-discrimination, support and confidentiality
- Simple facts about HIV infection: how it is spread and not spread
- Debunking myths about HIV/AIDS as well as superstitions and taboos related to sexual behavior
- Lifestyle factors that may increase employees’ risk
- Positive behavior change in order to prevent HIV infection
- Consistent and correct usage of male and female condoms
- Compassion and tolerance for people living with HIV/AIDS
- Links between HIV/AIDS and general health programs at the workplace: hygiene, nutrition, exercise and other infections (especially for populations at high risk for tuberculosis)

Focusing on information and awareness-raising to inform employees about HIV/AIDS as a workplace issue is an essential first step to a prevention program. Doing so introduces the issue to employees and signals to them that the company leadership supports public discussion of the disease and its effects.

Prevention programs should share HIV/AIDS information with employees through a number of channels, such as:
- Public display of the company’s HIV/AIDS policy
- Educational pamphlets
- Articles in company newsletters
- Visual media (e.g., posters, screensavers)
- Speeches by persons living with HIV/AIDS
- Skits, theatre, concerts and/or films
- Emails to employees
- Presentations by executives at company-wide events or family activities
- Employee orientations and general health and wellness sessions

A varied approach is important because employees may need to hear the message several times before it affects their attitudes and behavior. It also acknowledges the diversity present in the workplace and the various methods required to reach employees. For example, workplaces in multi-ethnic communities may require pamphlets in several languages, or pictorial versions for employees with low literacy levels. Theatre and films may be more appropriate tools for workforces with varying levels of literacy and
education. A young workforce may be more responsive to digital media and events with information on the disease.

Employees may have different comfort levels in discussing the epidemic. Informational campaigns, therefore, should provide several avenues to ask questions and receive information in a confidential and safe manner. Examples include telephone hotlines, intranet sites and drop-off boxes for written questions and comments/feedback.

PEER EDUCATION PROGRAMS

Peer educators are employees trained to communicate HIV/AIDS information and education in sensitive, non-judgmental ways. People are more likely to change their behavior if people they already know and trust encourage them to do so. Peer educators lead workshops with employees to explore HIV/AIDS-related topics in a more in-depth manner than informational campaigns. Research shows that peer educators are an excellent way of inspiring HIV/AIDS prevention and behavior change.

GENDER-SPECIFIC FOCUS

Gender is another important consideration for prevention programs because men and women face different risk factors. Furthermore, women are becoming infected at a faster rate than men, and in sub-Saharan Africa represent 61% of all HIV infections. In response to cultural sensitivity, peer educators can organize separate sessions for men and women in order to encourage open and frank discussions, aided by more targeted information.

PARTNERSHIPS

Companies often lack the internal capacity to implement successful prevention programs in the workplace. Partnering with HIV/AIDS service organizations, experts and local stakeholders allows a company to roll out HIV prevention programs with the expertise necessary to operate within local context and culture.

MONITORING AND EVALUATION (M&E)

The success of an HIV workplace prevention program depends on a robust system of monitoring and evaluation. Measuring program progress against pre-determined objectives allows for the assessment of cost-effectiveness and leads to evidence-based program improvement.

CASE STUDIES

TELKOM SOUTH AFRICA is a founding member of the Direct AIDS Intervention (DAI), a partnership supporting companies as they address HIV/AIDS in the workplace. The heart of Telkom’s prevention program is a team of HIV-positive peer educators known as the Ambassadors.

OLD MUTUAL, South Africa’s largest financial services group, offers a fully integrated workplace program with peer education, condom distribution and treatment of STIs alongside workplace testing, treatment and care.

STANDARD BANK GROUP S.A. maintains an outstanding, continent-wide program of M&E that reinforces a prevention program reaching 40,000 employees.

LEVI STRAUSS & CO. has engaged multiple stakeholders, including community organizations and local government, to extended HIV/AIDS education to the vulnerable population of women migrant workers in China. The program has reached over 850,000 women in 1,000 factories.

For more on these companies and others, please visit the Case Studies Database on the GBC website.

FROM PREVENTION TO COUNSELING AND TESTING

The success of any HIV/AIDS prevention program can be strengthened by providing counseling and testing services – either at the workplace or off-site. Research has shown that coupling counseling and testing services with prevention programming results in greater uptake of services. HIV/AIDS counseling and testing also creates the most likely opportunity for behavior change to occur and is an important entry point for other health services, including treatment and care for those infected.

See our briefs on gender, counseling and testing, treatment and care and monitoring and evaluation for additional information.

CONCLUSION

If implemented strategically, workplace prevention programs can be a useful and cost-effective strategy to address HIV/AIDS among employees. Prevention programs require strong leadership, up-to-date information, support, and participation from all levels of the organization—from senior management to workers on the shop floor. By helping to change attitudes and behavior, prevention is an initial step in reducing the business costs associated with HIV/AIDS. A comprehensive HIV/AIDS response that includes access to counseling and testing, and treatment of those who may be HIV-positive, will help to reduce costs even further and to help eliminate unnecessary pain and suffering.

REFERENCES


RESOURCES


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WORKPLACE TREATMENT PROGRAMS
UPDATED AUGUST 2008

Overview
The advent of antiretroviral treatment (ART) is arguably the single most significant milestone in the history of the HIV/AIDS pandemic. Introduced in 1997, ART has been shown to substantially extend survival and reduce HIV/AIDS-related morbidity for the vast majority of people who have access to the drugs, regardless of where they live. In 2002, when Anglo American pioneered one of the first workplace treatment programs using ART in sub-Saharan Africa, the virological outcomes they achieved were comparable to those observed in other ART programs in the US and Europe.1

Since then, the case for workplace treatment programs has gained even more momentum:
- Dramatic price reductions in developing countries mean that one year’s supply of first-line drugs now cost as little as US$99 per patient.2
- Simplified drug regimes involving just one to three pills per day facilitate better adherence than previous, complicated prescriptions.
- Evidence is mounting that ART yields positive returns on investment in terms of enhanced productivity and lower absenteeism and turnover, especially for companies with operations in high-prevalence areas.
- Business coalitions, consumer advocacy groups, workers’ unions and multilateral organizations have emphasized the ethical obligation that companies have to care for the health of their employees and their dependents.
- Despite this tremendous progress, at the end of 2007, ART was only reaching 31% of the 9.7 million people in need.3

This brief offers practical advice for companies interested in developing HIV/AIDS treatment programs.

TREATMENT AS A WORKPLACE ISSUE
HIV/AIDS is a workplace issue (see “HIV and Business: Why It Matters”) and treatment represents a critical component of a comprehensive response to the epidemic. A well-executed workplace treatment program highlights the commitment of an organization to its workforce and has the potential to diminish the threat to operations posed by HIV/AIDS.

For example, by including ART as a benefit within its employee health plan, IBM South Africa was able to reduce absenteeism by HIV-positive employees from 25 days a year to 3. At Anglo American, AIDS-related mortality declined by 71% from 6 to 12 months after initiating ART, and by 89% after more than 12 months. TB incidence was cut in half.1

Offering ART can also improve workforce morale and motivation. According to a model produced by researchers at Boston University, when all of these results are quantified and compared to the cost of treatment, ART represents net financial savings for most companies located in Africa.5

Over 18 and 24 month periods, Anglo American calculated monthly savings of between $29 and $63 for every employee receiving ART.5 In lower prevalence settings, treatment can be an effective investment as well, as demonstrated by Volkswagen Brazil. Through their AIDS Care program, they were able to reduce the company’s HIV/AIDS-related expenses by over two-thirds.7

PROGRAM DELIVERY
Many large companies choose to provide ART through their own on-site health facilities. The major advantages of this approach are control (from the perspective of the company) and convenience (from the perspective of the patient). The logistics of monitoring and evaluation tend to be much more straightforward for internal programs, compared to situations where services are contracted out to external providers. Furthermore, the proximity of on-site facilities helps productivity because employees do not have to miss as much work time to travel to their doctor’s appointments or pick up their medicines.

Despite these advantages, small and medium-sized companies often lack the resources to provide on-site care. The Aurum Institute for Health Research suggests 1 doctor, 2.5 nurses and 2.5 counselors for every 250 patients on ART at the workplace.1 Thus, for businesses with fewer than 250 patients on ART, hiring a full-time doctor may not be an efficient use of resources. Resource-pooling or outsourcing are viable options that overcome some of these challenges.

In the United States, small businesses are beginning to explore ways to band together in health insurance-buying pools to increase their purchasing power8, and variations on this idea could be applied to the direct provision of care as well.

Even for companies that do have the capacity to provide ART on-site, there are persistent concerns about confidentiality. Employees at Heineken Rwanda recommended that the best way to ease employees’ mistrust would be through reimbursements for off-site testing and care.9 When this occurs, companies must build time into employees’ schedules to accommodate doctor’s appointments and pharmacy visits.

Workplace programs are most imperative when employees do not have other medical coverage schemes or ready
sources of care, as is still the case for the majority of people living with HIV worldwide. Still, the tremendous progress that the public sector has made in expanding treatment in recent years should not be underestimated. The increasing availability of public sector treatment has deterred some companies from spending their own funds on ART, but workplace programs may make sense even when public sector care is available. At the very least, they should intervene to provide ART when a delay in access due to government waiting lists for treatment may compromise an employee’s health.

There is no single best-practice regarding program placement for ART. Rather, each business needs to weigh the strengths and weaknesses of each option as they apply to their specific operating context.

**PROGRAM SCOPE**

People who are HIV-positive do not immediately require ART. In fact, there is an average period of eight years between HIV infection and treatment eligibility. The WHO advises that the optimal time to begin ART is before patients present with their first opportunistic infection. This situation should be assessed via immunological monitoring (CD4 testing), where a CD4 cell count below 200 serves as the threshold for treatment. Patients with severe illness should be given ART regardless of CD4 count. In the absence of appropriate diagnostic technology, treatment decisions can be based exclusively on clinical signs, but this approach is inferior to immunological monitoring.

The same guidelines that are used to determine employee eligibility for ART should be extended to their dependents. In this manner, coverage will reach into the surrounding community. Such a policy is not purely altruistic. Treatment for a positive spouse is also likely to help the support and adherence of the employee. Furthermore, ART provision for dependents will reduce absenteeism from employees needing to stay at home to care for sick family members.

**MAXIMIZING IMPACT**

*Continuum of Care:* ART has the greatest impact on an individual’s health when it is integrated within a complete range of HIV/AIDS services. For example, treatment and testing naturally reinforce one another. Availability of ART is one the greatest motivators for getting tested. At the same time, testing can improve clinical outcomes with ART because it identifies patients during the early stages of the disease, when the medicine is most effective. The experiences of member companies validate this relationship. At Anglo American, higher CD-4 cell counts at commencement of ART were linked to improvements in employee productivity. At Heineken, availability of ART was linked to increases in the CD4-count of employees at the time of diagnosis.

Treatment also undermines AIDS stigma in the long term. When employees see their HIV-positive colleagues stay healthy and keep their jobs, it serves as a powerful anti-discrimination message. Such awareness-raising eventually feeds back into testing and treatment uptake as well.

Finally, there is a direct link between treatment and prevention. ART lowers viral load, thereby reducing the risk that people with HIV will transmit the virus to their sexual partners.

**Adherence:** The single best predictor of treatment success is adherence. Experience has shown that many of the factors that promote adherence can be incorporated into workplace programs. For example, recent data from Anglo American revealed that 79 out of 100 HIV-positive employees had not disclosed their status to their co-workers, a scenario that often leads to hiding medicine or skipping doses in the presence of others. Thus, the company should scale up their existing efforts to reduce stigma and create a more socially supportive environment.

Regular counseling is key to encouraging adherence in any setting. First and foremost, counseling helps employees come to terms with their HIV status. It can also function as a forum for dealing with some of the more ongoing challenges to adherence, including being away from home and the physical side-effects of treatment. Patients experiencing harsh side-effects may need extra counseling to maintain their motivation. Patients without AIDS-related symptoms may need counseling to maintain their motivation, too.

People of all levels of education are capable of high adherence. In fact, level of schooling does not appear to influence adherence rates. To the extent to which low education has been associated with poor adherence, the relationship seems to have more to do with language barriers between patients and providers than lack of education itself. This can be mitigated by making a greater effort to offer translation services and hire providers who are sensitive to linguistic diversity.

**Business Action**

The pharmaceutical and insurance industries are uniquely situated to leverage their core competencies in a manner that facilitates broader treatment access, both inside and outside of the workplace. In 1997, GBC founding member GlaxoSmithKline became the first company to offers its HIV medicines to developing countries at preferential prices. Other member companies, including Bristol Myers-Squibb, Merck and Pfizer, have since followed suite through progressive pricing policies, donations and participation in global programs like the UN/Industry Accelerating Access Initiative. In the insurance industry, Discovery Health has spearheaded the formation of the Discovery HIV Partnership Fund to purchase antiretrovirals for uninsured HIV-positive employees in South Africa.

**MONITORING IMPACT**

Monitoring the impact of a treatment program will help justify its expense and secure future funding to ensure its sustainability over time. Through monitoring, Anglo American has been able to clearly demonstrate the extent to which ART has benefited the company. They found that the longer that an employee remains on treatment, the more savings are realized, both in terms of health care costs and absenteeism. Other companies have used monitoring to identify and correct for gaps in their treatment coverage. Still others have used it as a means of publicizing their achievements. Whatever its purpose, monitoring will enhance any workplace treatment program for the company and the employee.
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ABOUT GBC

GBC is a Coalition of more than 220 companies united to keep the fight against HIV/AIDS, tuberculosis, and malaria a global priority. The Coalition’s members share learnings from the front lines of the fight, and GBC provides tailored support so that companies can take an active role in defeating the pandemics. GBC also organizes collective actions among companies, and links the public and private sectors in ways that pool talents and resources. The official focal point of the private sector delegation to the Global Fund to Fight AIDS, Tuberculosis and Malaria, GBC maintains head quarters in New York with regional offices in Beijing, Johannesburg, Kyiv, Moscow, Nairobi and Paris.

For more information, please visit us at http://www.gbcimpact.org.
Overview

Measuring success is part and parcel of conducting business in any sector: managers calculate return on investment and year-on-year growth; marketers track everything from product sales to changing customer demographics. The truth is that businesses make better decisions and get more bang for their buck when they measure and communicate results through monitoring and evaluation. Why should business action on AIDS, TB and malaria be any different?

Some of the primary reasons for conducting monitoring and evaluation in the context of business-supported public health programs are:

- To assess the effectiveness of the program and review progress against pre-determined objectives;
- To enable comparison with best practice;
- To analyze and report on the cost-effectiveness of investments; and,
- To establish a basis for communicating impact.

This brief explains monitoring and evaluation terminology, lays out the simple steps companies should follow and provides case studies from member companies who have used performance measurement to enhance their work.

TERMINOLOGY

Whereas those of us in the business world use a vernacular in which “metrics,” “results” and “performance” are common terms, the public health community talks in terms of “indicators,” “outputs” and “outcomes.” Don’t be confused: these are all terms for the same concepts – and monitoring and evaluation (M&E) is the all-inclusive phrase public health professionals use to mean tracking and measuring performance. The other terms are associated with specific elements within a comprehensive M&E plan. These elements, presented in sequential order, are:

- **Inputs** – Resources invested (e.g., dollars spent to conduct a prevention campaign)
- **Process** - Activities conducted (e.g., number of educational materials distributed)
- **Outputs** – Service usage, change in knowledge and attitudes (e.g., percent of population who recognize how to prevent HIV)
- **Outcomes** – Behavior change (e.g., percent of population who report condom use)
- **Impact** – Change in health status, workplace productivity (e.g., HIV incidence)

Interim progress, as measured by inputs, process, outputs and outcomes, is generally referred to as monitoring. Evaluation primarily relates to impact. The reason we say monitoring and evaluation is to underline the importance of paying attention to this entire continuum.

1.) DEFINE GOALS AND OBJECTIVES

Before a company can begin to even think about measurement, they must first define the goals and objectives of their program. Goals capture the ultimate aim of the program, usually related to broad social, health or economic concerns. Goals are conceptual in nature and they tend to defy measurement, but they provide a framework for establishing more concrete objectives. A solid objective adheres to what is commonly known as the SMART criteria:

- **Specific**
- **Measurable**
- **Appropriate**
- **Realistic**
- **Time-bound**

For example, a SMART objective for a malaria intervention could be, “to reduce productivity losses due to malaria by half within one year.” However, the definition of productivity is somewhat vague. In order to make this objective more specific and measurable, it would be even better to say something like, “To reduce absenteeism due to malaria by half within one year.”

2.) MATCH OBJECTIVES TO INDICATORS

Once objectives are clear, the next step is to select indicators. Indicators are simple measurement that tracks program objectives, either through numeric values, such as percentages, rankings and absolute counts (e.g., days of work missed due to malaria captures the idea of productivity losses), or through yes/no scores, such as the presence or absence of a given condition (e.g., a workplace policy on HIV/AIDS to indicate leadership commitment). Ultimately, performance will be assessed in terms of these values and scores. A company must think very carefully about how to develop indicators that are meaningful for them.

3.) DECIDE HOW TO COLLECT THE DATA

The third step in performance measurement is to decide how to collect the data. There are many sources and methods for data collection, and the best choice for a company will vary depending on their operating context, available resources and the indicator that is sought. For instance, companies are prone to use questionnaires to assess knowledge and behavior, whereas for evaluating treatment uptake, clinical records usually provide more accurate insight. With a questionnaire, companies then need to determine to whom it should be administered: the entire workforce? the community? a representative sample thereof? Another consideration with data collection is timing. Because each indicator should be assessed at least once
both before and after the program has been implemented (except input and certain process measurements), it is important to build M&E into a program early to get accurate baseline data. The best point for obtaining follow-up data will depend on the indicator (e.g., knowledge and attitudes are a precursor to behavior change).

For the purpose of establishing causality, companies should also collect data from an equivalent control group that was not exposed to the program, but this is often overly costly and ambitious to do. Businesses should always be wary of misattributing changes in indicators to their own interventions when external events have had a significant influence.

4.) COLLECT DATA

Data collection itself is the fourth step. It is relatively straightforward compared to some of the preceding steps. Nonetheless, the people involved in data collection will require training so that they understand the protocol with which they are expected to comply. In addition, this training should address the rationale behind the M&E effort so the people involved don’t view their tasks as tedious and burdensome.

5.) COMMUNICATE IMPACT

The final step in M&E is to interpret and share the results. Impact communication serves several purposes:

- To establish accountability and transparency with key stakeholders;
- To identify and prioritize cost-effective interventions for investors;
- To raise awareness and galvanize support for future initiatives;
- To contribute to the evidence-base for public health interventions; and,
- To earn a reputation for corporate social responsibility amongst consumers and employees.

All companies should make a commitment to communicate the impact of their programs and the lessons learned in the process. However, it is not a one-size fits all activity. Companies must tailor their communication strategies to their different internal and external stakeholders. For example, whereas the Board of Directors may be interested in the return on their investments, this type of information could backfire if released to the public. Even internally, a company will prioritize different things depending on whether they are addressing their Board or their employees.

In addition, certain types of data are more appealing for some audiences than others. While statistics are concise and to the point, they are best-suited to groups who have specialized knowledge of the subject. On the other hand, qualitative data or illustrative stories are more suitable for general audiences. Though this type of information is longer and less direct than its quantitative counterpart, it is better for demonstrating why or how a certain result was achieved.

CASE STUDIES

ANGLO AMERICAN

Since the inception of its HIV/AIDS workplace treatment program in 2002, Anglo American has kept monthly statistics on the number of employees receiving antiretroviral drugs, healthcare costs and associated absenteeism trends. Their data has demonstrated that, for every dollar spent on treatment, there is a positive return on their investment in terms of healthcare savings and increased productivity. Net savings start at $25 per patient, per month and increase over time. Other companies working in high-prevalence settings have been inspired to start their own treatment programs after learning about Anglo’s experience.

TELKOM SOUTH AFRICA

Telkom used M&E to evaluate its voluntary counseling and testing program. During the first four years of existence, the program has reached 19,896 of the company’s 31,720 employees. Out of the employees who were identified as HIV-positive, 4 out of 5 are now getting medical attention, either from Telkom or government services. The workplace testing program has also reached 65% of employees’ spouses and sexual partners. Telkom was recognized for these accomplishments with a 2008 GBC Award for Business Excellence in the Testing and Counseling category.

BBC WORLD SERVICE TRUST

Six years ago, BBC launched a partnership with the Indian government to reduce the rate of HIV infection by promoting behavior change in local media outlets. Based on feedback from extensive market research and pre-testing, they created a television drama about the adventures of an HIV-positive detective. The show’s viewership was amongst the highest in the country. However, BBC recognized that exposure does not necessarily imply behavior change. Thus, they also surveyed viewers about their reactions. The results were encouraging: 85% of viewers said they learned something new and 6.7 million people said they took action as a direct consequence of the programming.

For more information about these and other member companies, visit the GBC Case Studies Database at www.gbcimpact.org/live/cases/index.php.

REFERENCES AND RESOURCES

GBC and gtz. “Interactive Course: Monitoring and Evaluation of Workplace Programs”. Available soon for Coalition members: contact your company’s Relationship Manager, or visit www.gbcimpact.org.


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For more information, please visit us at http://www.gbcimpact.org.
OVERVIEW

- Companies worldwide are stepping up their response to HIV/AIDS by developing workplace policies and programs that mitigate the impact of HIV/AIDS on employees and dependents.
- Male and female workers face different social and biological vulnerabilities to HIV/AIDS, and workplace environments can exacerbate their risks if companies do not take measures to mitigate them.
- Workplace policies and programs, from testing to prevention to treatment, care and support, must be tailored to accommodate all employees, regardless of gender.

THE BUSINESS ISSUE

Globally, women represent 41% of labor force participants living with HIV. Increasingly, companies are learning that their HIV/AIDS workplace policies and programs must address the unique needs and vulnerabilities of both men and women: the question is no longer why company initiatives should be gender-specific and gender-sensitive, but how to do so.

KEY PRINCIPLES OF GENDER INTEGRATION IN WORKPLACE POLICIES

- Do not discriminate against employees living with HIV/AIDS
- Ensure gender equality in access to HIV/AIDS programs
- Ensure confidentiality
- Show no tolerance for violence against women
- Involve employee groups—including women’s groups—in design and implementation.

GENDER SPECIFIC PROGRAMS

- All programs should be gender-sensitive, as well as sensitive to race and sexual orientation. This means targeting both women and men explicitly, or addressing either women or men in separate programs, in recognition of the different types and degrees of risk for men and women workers.
- Information for women must alert them to their higher biological risk of infection, in particular the special vulnerability of young women, whose genital tracts are not yet fully matured.
- Education for men should include awareness-raising, risk assessment and strategies to promote men’s positive behaviors, non-violence and responsibilities regarding HIV/AIDS prevention.
- Education should help both women and men to understand and resolve the unequal power relations between them in employment and personal situations; harassment and violence should be specifically targeted.
- Programs should help men and women to understand their rights, both inside and outside of the workplace, and should empower them to protect themselves by informing them of available resources.
- Appropriately targeted prevention programs should be developed for men who have sex with men (MSM), in consultation with these workers and their representatives whenever feasible.

KEY PRINCIPLES OF GENDER INTEGRATION INTO WORKPLACE PREVENTION PROGRAMS AND POLICIES

- Both male and female peer educators should be trained and sensitized regarding people living with HIV/AIDS, and cultural and gender dynamics should be considered when delivering messages and materials (i.e. same sex peer advocacy).
- Utilize expert technical assistance (internal or external) of the company and partnerships (local stakeholders, gender experts, UN, government).
- Offer male and female condom programming and/or social marketing.
- Make provisions to avoid long periods of separation from families or provide rest/recreation and/or family accommodation.
- Develop behavior change programs that consider gender dynamics that render women more vulnerable to HIV and ideas of masculinity and violence.
- Monitor and evaluate baseline data through KAP surveys, and include disaggregated data to track
differences between men and women and between age groups.

KEY PRINCIPLES OF INTEGRATING GENDER INTO TESTING AND COUNSELING

• Voluntary, confidential same-sex peer counseling, to ensure clients feel comfortable discussing sensitive issues, either in-house or through referral structures.
• Obtain informed consent.
• Provide gender sensitive informational material at time of service.
• Ensure services are easy and comfortable to access.

KEY PRINCIPLES OF INTEGRATING GENDER INTO CARE AND SUPPORT

• Support gender appropriate options for group or one on one counseling.
• Address gender-based stigma, as women often face increased stigma and discrimination.
• Include health and psychological services, home based care, and palliative care including treatment.
• Ensure privacy and confidentiality.
• Partner with women’s groups and women’s health groups for service provision.

ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH ON SITE OR REFERRAL FOR EMPLOYEES AND/OR DEPENDENTS

• Prevention of mother-to-child transmission (PMTCT)
• Pre- and post-natal care should be integrated into screening for HIV and other sexually transmitted infections (STIs), as well as family planning services
• Treatment of STIs integrated with testing and counseling services, as STIs increase vulnerability to HIV infection
• Post-exposure prophylaxis for health care workers, rape survivors and others
• Counseling and testing services for victims of sexual violence (with same-sex counselors)
• Services for HIV + women and discordant couples

KEY PRINCIPLES OF INTEGRATING GENDER INTO TREATMENT

• Diagnosis and treatment of other STIs linked to sexual and reproductive health
• Comprehensive PMTCT
• Long term guarantees of antiretroviral drugs
• Post-exposure prophylaxis

ADVOCACY OPPORTUNITIES FOR BUSINESS

• Coordinate with business coalitions and industry peers to increase awareness and gather momentum to advance women’s empowerment and counter their disproportionate risk of HIV infection.
• Initiate partnerships with governmental and non-governmental organizations, local health clinics or international agencies working on reproductive health and/or HIV/AIDS.
• Leverage CEOs and other high-powered advocates to speak out in public forums on the importance of addressing women specifically and directly when it comes to the fight against HIV/AIDS.
• Encourage elected officials in donor and recipient countries to mobilize resources and support laws and policies that empower women.

ADDITIONAL RESOURCES

International Labor Organization: An ILO Code of Practice on HIV and the World of Work

USAID: How to Integrate Gender into HIV/AIDS Programs: Using Lessons Learned from USAID and Partner Organizations

USAID: A Manual for Integrating Gender Into Reproductive Health and HIV Programs: From Commitment to Action

Global Coalition on Women & AIDS
http://womenandhiv.unaids.org/

“In Good Company: How Business Fights the Feminization of HIV/AIDS”

ABOUT GBC

GBC is a Coalition of more than 220 companies united to keep the fight against HIV/AIDS, tuberculosis, and malaria a global priority. The Coalition’s members share learnings from the front lines of the fight, and GBC provides tailored support so that companies can take an active role in defeating the pandemics. GBC also organizes collective actions among companies, and links the public and private sectors in ways that pool talents and resources. The official focal point of the private sector delegation to the Global Fund to Fight AIDS, Tuberculosis and Malaria, GBC maintains headquarters in New York with regional offices in Beijing, Geneva, Johannesburg, Kyiv, Moscow, Nairobi and Paris. For more information, please visit us at http://www.gbcimpact.org.