



LESSONS ON ADDRESSING HIV/AIDS IN THE WORKPLACE

Executive Summary

Introduction

This paper summarizes some of the themes and discussions of a workshop facilitated by CARE's Southern and Western Africa Regional Management Unit (SWARMU) on HIV/AIDS in the workplace. The three-day event, which took place in Johannesburg, South Africa, in January 2005, involved representatives from 12 Country Offices and from Regional Management Units in Southern Africa, East and Central Africa, Asia and Latin America, and from various departments in CARE USA and CARE UK headquarters.

Participants for the workshop were invited from CARE country offices that had already developed HIV/AIDS workplace policies, and that had one to four years of experience in implementation. The emphasis was on discussing actual challenges and successes in the process of policy development, sharing ideas for improving day-to-day implementation of policy and identifying how CARE's internal experiences could be used to support our local partners in civil society, government and the private sector.

Key themes

The workshop enabled participants to share their practical experiences, learn new information and exchange ideas to enable them to improve their policies and to modify implementation of these policies. Some of the key themes included:

1. Be relevant to specific contexts: status of the epidemic and local resources

The trends and drivers of the HIV/AIDS epidemic vary enormously from country to country, and even among different locations in a single country. At the same time, the resources available to address the epidemic vary in terms of money, quality of health care systems, and availability of services to reduce new transmissions or minimize impacts.

There is therefore no single format for what can and should be done in all workplace policies and programs. Participants at the workshop used a framework of 'high vs. low HIV prevalence' and 'high vs. low resources' to analyze diverse situations and to guide development of a tailor-made package of support and services. For example, it is neither relevant nor realistic to claim to offer staff the same package of benefits in Angola and the Sudan, where basic services were destroyed during years of conflict, that one might offer in South Africa or Malawi.

While the details of a workplace policy should be based upon the local context, participants did conclude that there probably is a basic package for all situations. The basic standards include:

- Follow national labor laws and international good practice guides, such as those from the International Labor Organization and Southern African Development Community

- Address the four major objectives of prevention, positive living, access and adherence to treatment, and mitigation of social and economic impacts.
- Link closely to other staff health or wellness policies.
- Provide for basic services including HIV/AIDS education, access to condoms, and the promotion of general wellness and positive living.
- Ensure confidentiality, while seeking to reduce stigma associated with HIV and AIDS.

Once these basic building blocks are in place, policies can go on to include additional services. These might be provided by the employer or accessed through external specialists.

2. Move from HIV/AIDS-specific to general health and wellness policies.

Most workshop participants work in countries where CARE developed separate HIV/AIDS workplace policies for staff. Given their experiences, most of them now think it may be preferable to develop comprehensive staff health policies that include attention to the epidemic, rather than having stand-alone HIV/AIDS policies.

Workplace policies should recognize HIV/AIDS as a critical and growing problem, and seek to provide comprehensive support in ways that are appropriate to the local situation and resource base. Comprehensive health and wellness policies could frame HIV/AIDS as a preventable infection, and one that can be managed as a chronic condition, similar to diabetes. This approach could help to reduce the stigma surrounding HIV/AIDS, while encouraging staff to understand and address their broader health issues. Such an approach could also help ensure that attention to HIV/AIDS does not displace justifiable attention to other health conditions, such as malaria, diarrhea and heart problems.

Some participants felt that it might be useful to start with a separate HIV/AIDS policy in order to highlight the fact that the organization is taking the epidemic seriously, and to ensure that the systems are properly set up. After a couple of years, however, this policy could be incorporated into the general staff health and wellness policy. In other situations, one could incorporate attention to HIV/AIDS directly into existing health policies without any separate HIV/AIDS policy at all. Alternatively, one could develop and permanently retain a separate HIV/AIDS workplace policy alongside other staff health policies, as a way of emphasizing the importance of the issues.

In any case, it is vital to ensure that aspects of policy that address HIV/AIDS and those that deal with general staff health and wellness are consistent with each other from the outset. For instance, the policies should have similar approaches to staff and dependent coverage, maintenance of confidentiality and procedures for covering costs.

3. Address prevention, positive living, treatment and mitigation of impacts

At present, most HIV/AIDS workplace policies focus on prevention and treatment, with much attention to the cost of antiretroviral drugs. At the SWARMU workshop, a working group was assigned to study the kinds of services that CARE should provide to staff during the different stages of HIV/AIDS. The group's work was based on an HIV/AIDS continuum framework which suggests four key components (prevention, positive living, treatment and impact mitigation) should be included in any workplace programs [see diagram]. The continuum framework is designed to be relevant to various degrees in any setting and used as a policy guide to ensure that all stages are taken into account. This can help clarify which interventions are most relevant in a particular situation, as well as who should receive benefits.

4. Improve confidentiality for staff, while retaining financial oversight

One of the major themes at the workshop was the need to develop systems and procedures to protect confidentiality for staff who use HIV-related services, in ways that also allow for financial oversight and integrity. Especially where medical insurance schemes do not exist, employers face a potential conflict between personal confidentiality and financial transparency.

Even when an organization has a good HIV/AIDS workplace policy that offers accessible and relevant services, employees may not use the services for fear that others in the organization will guess or find out that they are living with HIV. For example, in order to have a clear audit trail, finance staff often want to ensure that all invoices and payment vouchers clearly state what services are being purchased, as well as who receives the services. In such situations, many staff actually avoid using available services out of fear that people in the finance department will see details of their diagnosis or treatment.

Many employers face this situation, and can learn from exchanging experiences and ideas. For this reason, Oxfam Great Britain's Regional HIV/AIDS Workplace Coordinator was invited to the CARE workshop to discuss her experiences in several countries. Participants considered several options for systems that can help balance confidentiality and financial transparency in various situations. Most involve formal relationships among the employee, the employer, and one or more other organizations that provide services.

Context: Policy development, community programs

The workshop participants discussed the process of developing workplace policies in a participatory manner. Both the process and the results are related to programs that the organization implements in communities. These included:

Management should lead participatory process of policy development and improvement

Senior managers must be clearly committed and provide leadership to the process of developing and implementing the policy. The process should encourage participation by staff in management, administration, finance, human resources, program delivery and support services; staff at all levels should be involved. In countries with geographically dispersed staff, efforts should be made to involve those in more remote offices. This process should be led by a team that is representative of the whole.

This internal process is grounded in basic principles of participation and empowerment. These principles underlie all fieldwork in all programs, and are clearly linked to the principle of Greater Involvement of People Living with HIV and AIDS (GIPA).

However, while the process should be participatory, it should not drag on for too long: some participants noted that they took over two years to develop and agree on a policy, during which time there was no framework to guide support for staff. They suggested that an initial policy should not be expected to be perfect. The initial policy can be rapidly put into action, closely monitored, reviewed after a year or so, and then improved.

From personal to professional: Workplace policies as foundations for programs

Workshop participants noted that while workplace policies are important for staff personally, they can also provide a strong basis for the organization's professional program and advocacy work. Internal policies can help CARE staff stay healthy and thereby help the organization retain skilled staff and save resources. Further, they can ensure that staff members are informed and confident enough to address HIV/AIDS in their day-to-day professional activities. As such, workplace policies make good financial sense and can underpin strong program and advocacy work. A good staff policy should not be seen as increasing overhead costs; rather, it should be treated as an investment that can improve the overall quality and capacity of the employer.



HIV/AIDS IN THE WORKPLACE

1. Making Responses Fit the Context

This briefing is one in a short series of papers emerging from a workshop facilitated by CARE's Southern and Western Africa Regional Management Unit (SWARMU) on HIV/AIDS in the workplace. The three day, cross-regional event – involving representatives from Regional Management Units and 12 Country Offices in Southern Africa, East and Central Africa, Asia and Latin America, plus CARE USA and CARE UK – took place in Johannesburg, South Africa, in January 2005.

Summary

This briefing addresses the reality that there is no single HIV/AIDS workplace policy that fits every context. The epidemic varies enormously from one country to the next and even from one community to the next. Policies should be guided by the core goal of supporting prevention, positive living, access and adherence to treatment and impact mitigation. However, they should be adapted to the specific context in question, including the type and scale of technical and financial resources available locally.

Background

The HIV/AIDS epidemic differs greatly among the countries where CARE works, with adult HIV prevalence ranging from under 1 percent to over 35 percent. Similarly, locally available services and resources vary enormously, both within CARE and within government, religious and private sector service providers.

Furthermore, epidemics and available resources change over time. As such, it is vital to understand and consider underlying trends and their impacts. For example, a country that currently has low HIV prevalence may actually be experiencing a rapidly increasing rate of new infections. Such a scenario was seen in South Africa, where adult HIV prevalence rose from one to 25 percent during 1990–2000.

Whatever the context, these differences and trends mean that all workplace policies have to be regularly monitored and adjusted to fit local realities.

Understanding the local context

An appropriate response to HIV/AIDS needs to be based on a clear understanding of the local situation. As such, an employer should start by assessing the local epidemic, including trends in prevalence and impacts, rates of new infection, gender aspects, and availability and quality of resources. This facilitates creation of a policy that makes use of what already exists in the short term, while gradually improving access to other support and services in the longer term.

There is no single correct format for the package of support and services offered by a workplace policy. Instead, each policy needs to be tailor-made to the specific complex-

ities and costs of the local epidemic. Despite this need for specificity, there are some common minimum standards that can guide development of all policies. The workshop participants used a 2 x 2 matrix to compare the situation of different countries, based on level of resources ('lower' vs. 'medium to high') and the local HIV prevalence and impact ('lower' vs. 'high or increasing').

Contextual analysis

		Level of HIV prevalence and impact	
		High or Increasing	Low
Level of resources	High to Medium	<ul style="list-style-type: none"> Information/education Prevention Positive living Antiretrovirals and other treatment Impact mitigation <i>Example: South Africa</i>	<ul style="list-style-type: none"> Information/education Prevention Positive living <i>Example: Angola</i>
	Low	<ul style="list-style-type: none"> Information/education Prevention Positive living Antiretrovirals and other treatment <i>Example: Brazil</i>	<ul style="list-style-type: none"> Information/education Prevention Positive living <i>Example: Niger</i>

For example, South Africa has high adult HIV prevalence (over 24 percent) and a mature epidemic, with widespread illness and deaths due to AIDS. Although facilities in some areas are not adequate, the country has many HIV/AIDS services, trained medical personnel, and a government roll-out of antiretroviral treatment. As such, the country might be considered to have 'high prevalence and impact' with relatively 'medium to high resources.' This means that any workplace policy should aim to be comprehensive, addressing a full spectrum of interventions. These can be offered through direct provision, or through referrals to specialists.

In contrast, Angola has a relatively early epidemic, with minimal visible impact at the moment. However, the epidemic is growing, with high HIV prevalence in particular locations, such as towns along major transport routes, and in specific populations, such as sex workers. Further, the context is one of low levels of resources, with few health workers trained to deal with HIV/AIDS, virtually no specialist services, and generally low awareness of the epidemic. In this situation of 'high or increasing prevalence and impact' and 'low level of resources,' a workplace policy might emphasize information and prevention, within a package addressing broader sexual and reproductive health, and general wellness.

Whatever the context, organizations should not try to develop a 'perfect' workplace policy from the start – this can result in long delays. Instead, they should develop a policy, implement it, and then review and improve it based on practical lessons learned during implementation.

Some of the most important minimum standards suggested by participants at the CARE workshop were:

- Respond to all major objectives covering the HIV/AIDS continuum: prevention, positive living, access to treatment and impact mitigation.
- Follow national labor laws and international good practice guidelines.
- Be clear on how key objectives including prevention, positive living, access to treatment, and impact mitigation will be addressed.
- Include basic HIV/AIDS education, based on Knowledge, Attitudes and Practices surveys.
- Provide condoms in the workplace.
- Promote general health and wellness, in ways that tie into Positive Living (such as good nutrition, safer sex practices, prompt medical treatment for illnesses).

These minimum standards are all relatively inexpensive and can be undertaken to some degree in all contexts. Meanwhile, where resources permit, additional services can be added. Examples of these might include access to CD4 counts, antiretroviral treatment and home-based care.

This incremental approach is similar to that proposed by UNAIDS. Please see the box 'Deciding a Package of Services.'

Accessing services

There are a number of ways in which organizations can ensure access to services for their staff. The employer may simply inform staff where to access services, or may take a more active role. Six models discussed for access to treatment include:

- Provision through national HIV/AIDS services.
- Private medical insurance or medical aid schemes.
- Internal focal point and third party service provider.
- Third party provider and third party broker.
- Third party disease management service.
- Direct provision of services by the employer.

These options are outlined further in (refer to 'Protecting Confidentiality while Accessing Services' briefing).

Whatever approach the organization takes, it can cooperate with other local employers to ensure that the staff of all organizations in a geographical area can access services. This can involve non-profit organizations, for-profit businesses and government departments. They can pool their efforts and resources to identify what services already exist and, where necessary, improve them or set up new ones.

Recommendations

The views and experiences shared at the SWARMU workshop led to the identification of a number of recommendations about adapting HIV/AIDS workplace policies to coun-

try contexts. Participants felt policies should incorporate the following concepts:

- Be based upon an assessment of the specific local context, including the status of the epidemic and the availability of resources.
- Offer a tailor-made package of support and services that are accessible, affordable and of high quality.
- Be based upon the HIV/AIDS continuum and when possible include support for prevention, positive living, access and adherence to treatment, and mitigation of impacts.
- Offer a variety of strategies to ensure access to services.

Deciding a package of services

Care and support packages, according to resource availability:

The essential package

- Voluntary HIV counseling and testing.
- Psychosocial support for HIV positive people and their families.
- Palliative care and treatment for pneumonia, oral thrush, vaginal candidiasis and pulmonary tuberculosis (DOTS).
- Prevention of infections with cotrimoxazole prophylaxis for symptomatic HIV-positive people.
- Official recognition and facilitation of community activities that reduce the impact of HIV infection.

The intermediate package

All of the above plus one or more of the following:

- Active case-finding (and treatment) of tuberculosis among HIV-positive people.
- Preventive therapy for tuberculosis for HIV-positive people.
- Systemic antifungals for systemic fungal infections (such as cryptococcosis).
- Treatment for Kaposi sarcoma with essential drugs.
- Surgical treatment for cervical cancer.
- Treatment of extensive herpes with acyclovir. Funding for community activities that reduce the impact of HIV infection.

The advanced package

All of the above PLUS:

- Triple antiretroviral therapy.
- Diagnosis and treatment of opportunistic infections that are difficult to diagnose and/or expensive to treat, such as atypical mycobacterial infections, cytomegalovirus infection, multiresistant tuberculosis, toxoplasmosis and HIV/AIDS-associated cancers.
- Specific public services that reduce the economic and social impacts of HIV; and that supplement community efforts that reduce the impact of HIV infection.

Source: "Report on the Global HIV/AIDS Epidemic," UNAIDS, June 2000.



HIV/AIDS IN THE WORKPLACE

2. From HIV/AIDS Policies to Wellness Policies

This briefing is one in a short series of papers emerging from a workshop facilitated by CARE's Southern and Western Africa Regional Management Unit (SWARMU) on HIV/AIDS in the workplace. The three day, cross-regional event – involving representatives from Regional Management Units and 12 Country Offices in Southern Africa, East and Central Africa, Asia and Latin America, plus CARE USA and CARE UK – took place in Johannesburg, South Africa, in January 2005.

Summary

Most of the workshop participants live in countries where CARE has already developed separate HIV/AIDS workplace policies for staff. Given their experiences, many of them now think it may be preferable to have comprehensive staff health policies that include attention to the epidemic, rather than having stand-alone HIV/AIDS policies.

Workplace policies should recognize HIV/AIDS as a critical and growing problem, and seek to provide comprehensive support in ways that are appropriate to the local situation and resource base. Such comprehensive policies would frame HIV/AIDS as a preventable infection, and one that can often be managed as a chronic condition, such as diabetes. This approach could help to reduce the stigma surrounding HIV/AIDS, while encouraging staff to understand and address their broader health issues. Such an approach could also help ensure that attention to HIV/AIDS does not displace justifiable attention to other health conditions, such as malaria, diarrhea and heart problems.

Types of workplace policies

There are three broad options for a workplace policy. These include:

- **Develop and retain a stand-alone HIV/AIDS policy:** A few of the participants felt that HIV/AIDS is such a critical issue in their countries that there should always be a separate HIV/AIDS workplace policy.
- **Move from stand-alone HIV/AIDS policy to general health and wellness:** Many participants felt that it might be useful to start with a separate HIV/AIDS policy in order to highlight the fact that the organization is taking the epidemic seriously, and to ensure that the systems are properly set up and functioning. After a couple of years, however, this stand-alone policy could be incorporated into the general staff health and wellness policy.
- **Build attention to HIV/AIDS in existing staff health and wellness policy:** In other situations, it may be best to start from an existing policy and modify it to include attention to HIV/AIDS. If this is done, special attention and careful monitoring may be needed to ensure that HIV/AIDS is not 'lost' amid other issues.

In all situations, it is vital to ensure that aspects of policy

that address HIV/AIDS and those that deal with other staff health and wellness issues are consistent with each other from the outset. For example, they should have similar approaches to which staff and dependents are covered, how confidentiality is maintained and procedures for covering costs.

Process of building a broader health policy

Participants agreed that any process should begin with a review of existing staff health policies, benefits and interventions. This review should clarify any gaps or specific additions needed to address HIV/AIDS, as well as other conditions. Such a review helps ensure policy is in line with national labor laws and international standards and guidelines (such as those of the International Labor Organisation, and Southern Africa Development Community¹).

Participants proposed that this process of review and policy design should involve staff at all levels to identify their full range of medical and health needs. This information helps ensure attention to all major health concerns.

Many CARE country offices have undertaken assessments of existing knowledge, attitudes, and practices among staff, as well as identified what they would like to see included in an HIV/AIDS or staff health program.

Different contexts, multiple health issues

Workplace policies should recognize HIV/AIDS as a critical and growing problem, and seek to provide comprehensive support in ways that are appropriate to the local situation and resource base. It is also important to ensure that benefits for other health conditions are equitable.

The prevalence of HIV/AIDS and the resources available to treat it vary enormously from region to region. In areas where prevalence is low, staff are less likely to be concerned with the epidemic. In these areas, health policies might focus more on other illnesses and health problems, and HIV-related messages might focus more on prevention. In areas where HIV prevalence is high and there are clear impacts of illness and death, it might be necessary to highlight HIV/AIDS, and to direct more time and resources specifically towards management of HIV, treatment of opportunistic infections, and access and adherence to antiretrovirals.

Whether in high or low prevalence areas, 'AIDS exceptionalism' can be counterproductive. For example, it could be problematic if a staff member with HIV receives special attention and care, while another staff member with a chronic health condition is not offered any support. Even in areas with high HIV prevalence, people do have other pressing health concerns, such as malaria, cancer, diabetes, physical disabilities or mental illness. The workplace health policy should not displace attention to these justifiable concerns by focusing too much on HIV/AIDS.

Confidentiality, Stigma and Discrimination

Even when HIV/AIDS policies have been developed with active staff participation, employees have often been reluctant to make use of the resulting services, especially those involving extended or expensive treatment. This is in part due to the fear of stigma or discrimination that may result from one's HIV status being known to managers or colleagues at work.

Some fear that if their HIV status is known to others, they may suffer personal discrimination at work or in the community, or professional disadvantages such as being passed over for training or promotion, or even being dismissed.

Some workshop participants felt that the mere act of formulating an HIV/AIDS-specific policy can create stigma, given the separate systems, procedures and benefits for those living with the virus.

HIV/AIDS-specific policies or procedures may put people in situations in which their HIV status will be disclosed to others, even if only to one or two people such as focal points or members of the Human Resources department. A staff member may have to get special permission to access HIV-specific funds, or get authorization from a manager or member of the Human Resources department to access treatment from specialist HIV/AIDS service providers.

Whether the workplace health policies incorporates HIV/AIDS, or if there is a stand-alone HIV/AIDS policy, the organization must take care that systems and procedures ensure the highest degree of confidentiality. This is true of all health and medical conditions, not just HIV/AIDS. Whenever possible, the systems and procedures for accessing HIV-related services should be similar to those involved in accessing other types of health services.

Recommendations

The views and experiences shared at the SWARMU workshop led to the identification of a number of recommendations about moving from HIV/AIDS policies to wellness policies. Participants proposed that organizations should:

- Consider whether it is best to have a separate HIV/AIDS policy, or to integrate attention to HIV/AIDS in existing health policies. Start from reviewing existing health policies and benefits to ensure consistency.
- Start by consulting their staff at all levels regarding their overall health concerns, and then involve them in all stages of policy review and implementation.
- Keep in mind that, even in areas with high HIV prevalence, some people do have other pressing health con-

cerns. The workplace health policy should not displace attention to these justifiable concerns.

- Present HIV/AIDS as a preventable infection that can be managed and controlled as a life-long, chronic condition, somewhat like insulin-dependent diabetes.
- Encourage staff to take charge of their own routine health management. Voluntary HIV counseling and testing should be seen in the same light as routine medical and dental check-ups. It offers opportunity to find out their HIV status and:
 - If negative, take steps to remain that way.
 - If positive, ensure they know how to manage their condition, maintain the immune system, avoid re-infection, and take and adhere to treatment when required.
- Support families of staff with some health services. These can be limited to simple, inexpensive provision of information such as talks and presentations, or can be expanded to provide more costly treatment and care.
- Do cost projections for all potential services over one, five and 10 years, so the organization can better decide what it can afford to offer, and for which mix of staff and dependents. The cost of services should be compared to the impact of illness and death among staff and families, which may include absenteeism, reduced work quality, lower morale, staff turnover and funeral expenses.
- Build costs for staff health and wellness interventions into standard staff benefits packages and include in all budgets.
- Review and upgrade staff health and wellness policies and workplace interventions on a regular basis.

¹ "HIV/AIDS and the World of Work: An ILO Code of Practice," ILO, 2002; and "Code of Conduct on HIV/AIDS and Employment in the SADC," SADC.



HIV/AIDS IN THE WORKPLACE

3. Addressing the Full Continuum of Needs

This briefing is one in a short series of papers emerging from a workshop facilitated by CARE's Southern and Western Africa Regional Management Unit (SWARMU) on HIV/AIDS in the workplace. The three day, cross-regional event – involving representatives from Regional Management Units and 12 Country Offices in Southern Africa, East and Central Africa, Asia and Latin America, plus CARE USA and CARE UK – took place in Johannesburg, South Africa, in January 2005.

Summary

This briefing focuses on how HIV/AIDS workplace policies should address the entire continuum of needs related to the epidemic. These policies should include attention to all of the major phases of HIV/AIDS, including:

- Prevention of new HIV infections.
- Enabling people living with HIV/AIDS to live longer and healthier lives.
- Improving access and adherence to treatment, including opportunistic infections and antiretroviral therapy.
- Reducing social and economic burdens on employees and dependents.

Background

At present, most HIV/AIDS workplace policies focus on prevention and treatment, with much attention to the cost of antiretroviral drugs. At the SWARMU workshop, a working group was assigned to study the kinds of services that CARE should provide to staff during the different stages of HIV/AIDS. The group's work was based on an HIV/AIDS continuum framework which suggests four key components (prevention, positive living, treatment and impact mitigation) to be included in any workplace program [see diagram].

HIV/AIDS prevalence varies greatly from country to country, along with the resources available to treat the disease. However, the continuum of needs is relevant to various degrees in any setting and can be used as a policy guide to

ensure that all stages are taken into account. This can help clarify which interventions are most relevant in a particular situation, as well as who should receive benefits.

Who Benefits?

Staff members living with HIV/AIDS and their dependents all have a relationship with CARE and should, potentially, be linked to HIV/AIDS services [see box]. However, local customs, contexts, and available resources make it necessary for each country office to determine who should benefit; there is no one portfolio of services, nor a standard for whom to include or exclude. Some workshop participants felt that given the nature of the epidemic, all formally recognized sexual partners should be included. However, CARE's primary responsibility is to the employee and in practice, the financial burden on the organization could be unrealistic if services were extended to too many people. On the other hand, it may be fruitless to support a staff member in terms of prevention or treatment if the spouse or long-term partner does not receive similar support.

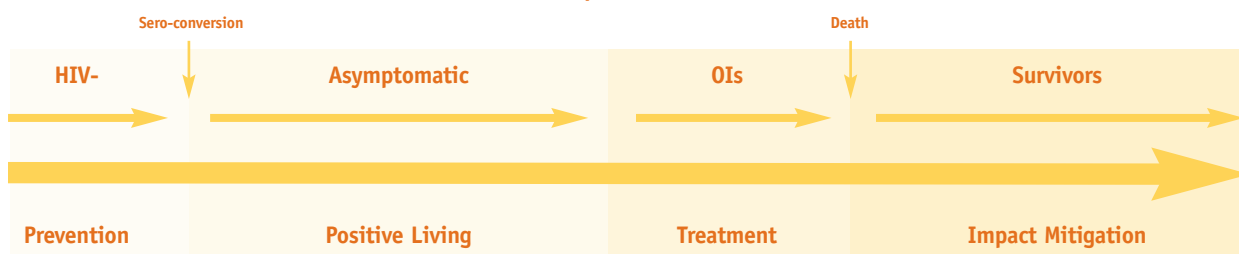
There can be a middle ground: CARE may provide some of the less expensive and more easily accessible services to all staff, spouses and legal dependents, but restrict other services to staff, or to staff and dependents, or to a specific number of dependents.

In all cases, the organization should assess availability, access and quality of local services, and calculate likely costs of services that it may offer. This approach may require cost projections that include various types of services, methods of providing access to services and numbers of beneficiaries. The cost of providing services should be compared to the direct and indirect costs of increased illness and death of staff if services are not provided.

Accessing the Services

CARE and other employers might have an ideal set of services, but provide or facilitate access to these through

THE HIV/AIDS Timeline



What are Key Services?

The table below summarizes some proposals from workshop participants based on the main objectives of prevention, positive living, treatment and support, and impact mitigation. Education is a key service for all, in all situations; the topics and approach should vary according to the needs. For example, education for positive living can include information on nutrition, treatment literacy, stigma and so on.

✓	employer should normally provide
?	optional
text	consider under special circumstances

	Staff			Spouse(s)	Legal Dependents
	Short term	Long term	Probation		
Prevention					
Education	✓	✓	✓	✓	✓
Condoms	✓	✓	✓	✓	?
VCT	✓	✓	✓	✓	✓
STI treatment	✓	✓	✓	✓	?
Positive living					
Education	✓	✓	✓	✓	✓
VCT	✓	✓	✓	✓	✓
Counseling	✓	✓	✓	✓	✓
Condoms	✓	✓	✓	✓	?
Nutrition support	✓	✓	✓	✓	?
Treatment and support					
Positive living (as above)	✓	✓	✓	✓	✓
Case management: STIs, opportunistic infections	For contracts of at least 6 months	✓	For those already on ART when they start works	✓	Limited number, to be determined
Anti-retrovirals	✓	✓	✓	✓	✓
Impact mitigation					
Funeral costs	✓	✓	✓	✓	✓
Group/family counseling	✓	✓	✓	✓	✓

a range of mechanisms. Some could be directly provided by the employer to staff, especially such inexpensive and relatively easy services as basic HIV information materials and condoms. The employer could arrange to pay for some services that are provided by professionals outside of the organization. Finally, the employer could simply provide information on where and how to access some services from external specialists. As HIV/AIDS services become more common, CARE may begin by temporarily providing or paying for them, and later reduce its role to that of helping staff access services through others, including public services.

Recommendations

The views and experiences shared at the workshop led to the identification of a number of recommendations regarding addressing the full continuum of needs within HIV/AIDS workplace policies:

- Country offices should encourage all staff and family members to go for voluntary counseling and testing, even if they feel healthy. Counseling and information can help some to continue to avoid infection. For others, an early HIV diagnosis can help people to live positively, including accessing treatment before one's immune system deteriorates badly.
- The organization should support positive living for those

with HIV. Such an approach might include improved nutrition, psychosocial support, avoidance of re-infection, and primary health care to avoid or quickly treat opportunistic infections.

- There should be mechanisms in place to review job descriptions to avoid discriminating against employees affected by HIV/AIDS. Contracts or job descriptions can be revised to include flexi-hours to accommodate those who cannot manage normal working hours, such as those who are ill, going for treatment, or caring for others.
- Anyone taking anti-retrovirals or long-term treatment for opportunistic infections should be able to continue their treatment. Employers should consider continuing to support treatment for a few months after a contract ends, to enable the ex-employee to get a new job or link into the public health system.
- Impact mitigation should not be neglected. To date, this component has not been a specific focus in country offices, although they generally support funeral expenses through voluntary staff donations or funeral funds. For example, CARE Zambia, which has lost many staff to HIV/AIDS, supports visits to the home of the deceased and has an office grieving process that includes group counseling sessions and memorial services.



HIV/AIDS IN THE WORKPLACE:

4. Protecting Confidentiality While Accessing Services

This briefing is one in a short series of papers emerging from a workshop facilitated by CARE's Southern and Western Africa Regional Management Unit (SWARMU) on HIV/AIDS in the workplace. The three day, cross-regional event – involving representatives from Regional Management Units and 12 Country Offices in Southern Africa, East and Central Africa, Asia and Latin America, plus CARE USA and CARE UK – took place in Johannesburg, South Africa, in January 2005.

Summary

One of the major discussions at the SWARMU workshop focused on the need to develop systems and procedures to protect confidentiality for staff who use HIV-related services, in ways that also allow for financial oversight and integrity. Even when an organization has a good HIV/AIDS workplace policy, many employees may not make use of available services in for fear that others will guess or find out that they are living with HIV/AIDS. At the same time, the employer must ensure that finances are used properly and efficiently; transparent, open financial systems information is vital. There is often a conflict between the need for personal confidentiality and the need for financial transparency.

Many employers face similar situations, and can learn from exchanging experiences and ideas. For this reason, Oxfam GB was invited to participate in these sessions.

Participants considered several options for systems, most of which involve formal relationships among the employee, the employer and one or two other organizations that provide services.

Unwanted disclosure limits use of services

Late diagnosis and low uptake of available support is widespread in workplace programs in the private, government and NGO sectors; CARE is no exception.

HIV/AIDS workplace policies generally provide for a range of potential services. Staff and dependents may be provided with information, encouraged to know their HIV status by going for voluntary HIV counseling and testing, and to then take appropriate precautions and make use of relevant services as needed.

Many staff do take information materials, participate in education sessions, and make use of condoms that are freely available in specific locations in the offices. Fewer seem to go for testing until they are ill; fewer staff have actually taken advantage of CARE's offer of financial support for treatment, including opportunistic infections (OIs) and ART. This is the case even in countries where infection rates are high, and many employees or family members are living with HIV. Of those few accessing treatment for OIs or antiretrovirals, most have been diag-

nosed after having already fallen ill with AIDS-defining illnesses. At this stage, it is often too late to manage HIV through positive living alone, and they are forced to go directly onto antiretroviral therapy, if available.

This reluctance to take advantage of the free or subsidized HIV/AIDS services offered by their employers is often due to fear of stigma and discrimination. Many fear that if their HIV status were known to colleagues or managers, they could suffer personal discrimination, be passed over for training or promotions, or even lose their jobs. In some cases, people have even chosen to pay for their own HIV/AIDS treatment directly, at high personal cost, even though their employer would pay for exactly the same services.

Staff workplace policies therefore need to ensure that services are available in ways that offer the highest possible degree of confidentiality.

Financial transparency and integrity

While employees need confidentiality, the employer must maintain financial transparency and openness to ensure resources are used properly and efficiently.

There are challenges to monitoring and evaluating HIV/AIDS workplace policies while protecting confidentiality. If an organization does not know how many staff members or dependents accessed various services, it is harder to determine if these services need to be changed, expanded, or dropped. This uncertainty also makes it harder to plan and budget. While the employer does not need to know who is receiving services, it should have arrangements to find out how many people are receiving which kinds of services. For example, finance staff may want a clear audit trail that clearly states who received which specific services. While understandable from a financial perspective, this approach obviously destroys confidentiality.

Models for accessing services

During the SWARMU workshop, participants had the opportunity to both learn from the experiences of Oxfam GB's HIV/AIDS Workplace Manager for Southern Africa and share their own experiences and ideas about how to set up systems and procedures to ensure confidentiality and financial transparency. Most of the discussions focused on helping staff to access confidential treatment of opportunistic infections and antiretroviral therapy, since these were seen as the most difficult issues to address.

Some of the main advantages and constraints of each system are outlined below. These are all based on the assumption that the employer will have some role in helping staff and some number of dependents access a range of health or HIV/AIDS services. However, the roles of the employer change depending on the situation.

Model 1: Provision through national HIV/AIDS services

Increasingly, Ministries of Health, in collaboration with non-profit organizations such as NGOs and faith-based organizations, are rolling out comprehensive HIV/AIDS treatment. When available, services provided through the national system may be the first option for employees.

At the moment, however, such public services are often limited to cities, or may not be available at all; this is the case in countries such as Angola and Sudan. Even when the services exist, the quality may be uneven due to lack of widespread training and experience with HIV management by health care providers. Further, where available, the demand may be so high that clients have to wait long periods of time before they access the services.

The advantage of public services is that, where available, they are usually free or at reduced cost in most countries. Any staff member using public services has no need to contact his or her employer.

Model 2: Private medical insurance/medical aid schemes

A second option is medical insurance that offers benefits for management of HIV/AIDS. In some countries such as South Africa, medical insurance offers a simple way for people to access high quality, confidential services, including treatment of OIs and access to antiretrovirals.

However, there are many countries in which medical insurance is simply not available, or in which it is limited to specific locations like cities and is not really relevant for those in more remote places. In other situations, medical aid schemes explicitly exclude treatment for HIV/AIDS.

In contexts without strong government health systems or medical insurance, the employer may have to take on a more direct role in identifying service providers and setting up systems and procedures to ensure staff can access support.

Model 3: Internal focal point and third party service provider

In the case of Oxfam GB and several CARE offices, the system involves roughly similar steps:

- The service provider is given a list of all staff in the organization and their registered dependents. The list is updated monthly or quarterly.
- Service Provider assigns codes to all those on the list.
- Staff or dependents wishing to assess services go to the service provider and present the staff member's ID card for the purpose of identification.
- The service provider sees the client and sends two invoices, one with and the other without the individual's name to the designated person at Oxfam in HR. No diagnosis should appear on either invoice.
- The designated person endorses the invoice without a name as a true record and requests finance department to pay the provider. The invoice with a name is confidentially filed away.

CARE Zambia employs a full-time doctor for general staff health concerns, who also oversees employees' HIV/AIDS treatment and compliance with medication. By requesting a list of specific medications, CARE Zambia is also able to judge the number of staff on first line and second line medication and to project costs. Based on confidential doctor-patient relationship, the doctor can request details of medications, and thereby project costs to help planning and budgeting.

The focal person is expected to maintain strict confidentiality, and may not disclose names of staff even to senior managers. Details of staff, codes, and costs are kept confidentially by the Focal Person so that they are available for audits. However, this system nevertheless requires an employee to disclose his or her status to the Focal Person. Even this requirement for limited disclosure may lead some staff to avoid using available support.

Model 4: Third party provider and third party broker

An alternative system sometimes used by Oxfam GB builds on the previous model, but adds an intermediary. The employer gives a list of staff and dependents to both a service provider and a broker. The service provider gives a list of its tariffs to the broker and, at the end of each month, sends them invoices with full details. The broker forwards the invoices to the designated person at Oxfam GB as a total bill, after checking that the individuals are Oxfam staff or dependents and that the charges are in line with the provider's tariffs. The service provider also sends Oxfam a total bill at the end of the month to enable cross-checking of the total amount. The organization then pays the service provider directly. The broker charges Oxfam a handling fee.

The broker helps ensure that the HIV service provider is actually billing for on services rendered. However, the system is more complicated and involves more people. Cost is also a drawback in this model, with third-party fees paid from funds that could be used for benefits.

Oxfam is now considering using a global broker or disease management company. A review process is underway, and Oxfam hopes to have a new global system up and running by January 2006.

Model 5: Third party disease management service

In an alternative used by CARE South Africa-Lesotho, the employer buys services from an intermediary company that has specialist expertise in HIV management. The company is provided with a list of eligible staff and dependents, who approach the disease management company directly. The company may provide some services directly, such as information or voluntary counseling and testing.

The company maintains a list of trained medical practitioners, and refers patients to these practitioners for other services as needed. The company may also provide quality control, and technical and medical support to health care providers.

CARE South Africa-Lesotho encouraged staff to go for VCT provided by their disease management company; the summary information showed that infection rates among employees were similar to national levels. Based on their tests, several CARE employees enrolled in the HIV management program, even before they began to have HIV-related illnesses. As a result, CARE South Africa-Lesotho was able to develop a fully funded HIV/AIDS budget (for staff only, not including dependents) which required a projected increase of only two percent of the payroll.

Model 6: Direct provision of services by the employer

Many organizations provide at least some of the HIV/AIDS services to their own staff. Some services, such as provision of information materials, routine information and condoms, can often be easily provided by the employer. To ensure correctness, information should be provided by trained peer educators.

Some organizations provide specialist HIV/AIDS services to communities, ranging from voluntary counseling and testing all the way through provision of antiretrovirals. Such organizations may offer services to their own staff. However, even when this is possible, staff may prefer to go elsewhere in order to maintain confidentiality. Some CARE Lesotho staff noted that they preferred to go to a VCT center in South Africa, where they were not known, rather than use the CARE-supported center in Lesotho.

Recommendations

The issues of confidentiality and financial oversight are central to the success of all of the systems described above. The views and experiences shared at the SWARMU workshop led to the identification of a number of recommendations about protecting confidentiality while maintaining financial transparency:

- Workplace policies should be developed with attention to the practicalities of implementation, including availability, cost, confidentiality, quality, and financial oversight.
- HIV services should be provided within the framework of general health care, so that staff may access services without fear of being seen as attending ‘the HIV doctor.’
- The subject of HIV/AIDS should not be isolated in policy or practice, but mainstreamed. It should be addressed in all programs, and should be a standard agenda item in every CARE-led meeting, especially in countries with high or increasing HIV prevalence.
- Efforts to address stigma and discrimination should be supported from the top level of organizations. Otherwise, such efforts are likely to fail.
- Staff members at any level who breach confidentiality should be held accountable for their actions. Even senior managers and human resources staff do not have the right to share medical information with each other, without specific authorization from the staff member concerned.
- Organizations should explore how they can partner with other NGOs or with private sector companies to develop locally appropriate systems.
- Financial staff, including auditors, should be involved in designing the systems. HIV/AIDS and other staff health issues are not the responsibility of human resources.

Note: Antiretroviral therapy should only be started when a person’s immune system is weakened, their CD4 count has fallen to around 200 and their viral load (the amount of HIV in their blood) has increased dramatically.