#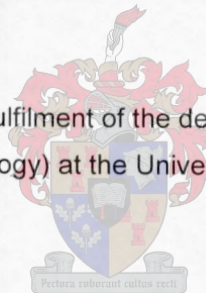 A SA STUDY INTO THE ADHERENCE TO THE INTERNATIONAL LABOUR ORGANISATION'S CODE OF PRACTICE ON HIV/AIDS AND THE WORLD OF WORK IN HIV/AIDS WORKPLACE POLICY CONTENT DEVELOPMENT

Karénsa Klopper

Thesis presented in partial fulfilment of the degree of Masters in Commerce (Industrial Psychology) at the University of Stellenbosch
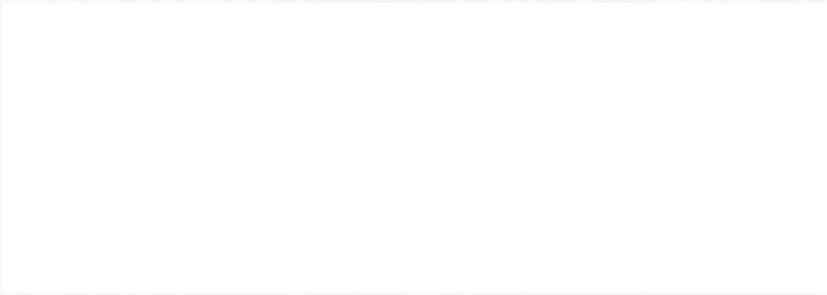
Study leader: Prof. JCD Augustyn

December 2004

Declaration:

I, the undersigned, hereby declare that the work contained in this thesis
is my own original work and that I have not previously in its entirety or in part
submitted it at any university for a degree.

ABSTRACT

In this study, existing data were used to conduct a descriptive research study into the adherence or lack thereof - in varying degrees - of South African companies to the ten key principles of the International Labour Organisation's Code of Practice on HIV/AIDS and the world of work with regard to HIV/AIDS workplace policy content. The research showed that most policies prohibit pre-employment testing and make provisions for job security, protection from discrimination, and ensuring confidentiality.

OPSOMMING

Hierdie studie het ten doel gehad om die mate waartoe ondernemings hulle onderwerp aan die ILO voorskrifte te toets.

Resultate toon daarop dat verskeie ondernemings reeds gedeeltelik daaraan voldoen, maar dat daar nog verskeie aspekte van die Kode is wat in Suid-Afrikaanse onderneming in werking gestel moet word.

INTRODUCTION

A decade ago, HIV/AIDS was regarded primarily as a health crisis (Roberts, Rau & Emery, 2002). Estimates in 1991 predicted that by the end of the decade nine million people in sub-Saharan Africa would be infected and five million would die – a threefold underestimation (UNAIDS, 2000). Today, HIV/AIDS affects millions of South Africans from all walks of life, including people in the workplace. According to the Metropolitan-Doyle model, 18% of South Africa's workforce will be HIV[+] by 2005 while 1.8% will be AIDS sick. By 2010 21% of the South African workforce will be HIV[+] and 2.9% will be AIDS sick (Moore, 1999). HIV/AIDS is definitely not only a health crisis anymore.

According to MacDonald and George (2002), human resource managers have a particularly important role to play in an organisational response to HIV/AIDS. They claim that it is the HR manager's responsibility to manage the problems caused by HIV/AIDS in the workplace at both organisational and individual level. However, HIV/AIDS, which is insidiously attacking and weakening the productive capability of companies' human resources, used to escape the attention of management (Moore, 1999). In fact, recent studies done by Young (2000) and the Bureau for Economic Investigation at the University of Stellenbosch (Wasserman, 2003), found that local organisations have not yet started to react in a serious manner to the epidemic. According to the latter study, only 26% of South African Organisations have developed HIV/AIDS workplace policies; 18% have established voluntary testing and counselling services; 41% developed awareness programmes; 13% created care and support programmes; and only 6% provides anti-retroviral treatment at the workplace (Wasserman, 2003).

According to the same study, HIV/AIDS already has a prominent detrimental impact on one third of South African companies (Wasserman, 2003) and it is becoming clear that the manner in which management addresses HIV/AIDS in the workplace will determine whether companies remain profitable and competitive during the first decade of the 21st century (Moore, 1999).

From the above, it seems that a need for advice concerning action to be undertaken by organisations with regard to reducing the impact of HIV/AIDS on individuals, enterprises and communities exists. The International Labour Organisation (ILO) developed the ILO Code of Practice on HIV/AIDS and the world of work in response to this need. The Code is a blueprint for workplace action. It provides practical guidance to governments, employers and workers for developing national and workplace policies and programmes to combat the spread of HIV and mitigate its impact in the business environment. The Code was formally adopted by the ILO Governing Body in June 2001.

It would be interesting to assess to what extent South African companies have adhered to the Code since June 2001. The opportunity to make such an assessment arose when the Industrial Psychology Department of the University of Stellenbosch and MEDUNSA collaboratively established a post-graduate degree in the management of HIV/AIDS in the world of work during 2000. Although this course deals with many workplace issues related to HIV/AIDS, one of its most important modules entails the study and application of the ILO Code of Practice on HIV/AIDS and the world of work. Attention is specifically given to the development, content, implementation and evaluation of an HIV/AIDS workplace policy.

Students have to describe and evaluate their respective companies' HIV/AIDS workplace policies with regard to the ILO Code of Practice on HIV/AIDS and the world of work as part of their evaluation for this module. These assignments are therefore rather relevant in determining the extent of adherence to the Code with regard to HIV/AIDS workplace policies as part of the South African business response to the epidemic. In this paper, these assignments are viewed as data that will be used to conduct a descriptive study into the adherence of South African companies to the ILO Code of Practice on HIV/AIDS and the world of work with regard to HIV/AIDS workplace policies.

5

According to Hodges-Aeberhard (1999), the implementation of laws, negotiated agreements and voluntary codes should be monitored with a view to tracking best practices and removing problems. In the field of HIV/AIDS and the world of work, however, little has been done in this regard (Stein, 2001). This study will, however, clarify the current level of workplace responses to the epidemic and will consequently make suggestions with regard to sections of the Code that need to be given more immediate attention by management.

This paper is divided into 5 sections. Section two reviews literature related to HIV/AIDS and the ILO Code of Practice on HIV/AIDS and the world of work; section three describes the methodology; section four presents the analysis and interpretation of data (assignments); and section five concludes and draws implications for future action.

2. LITERATURE REVIEW

2.1. THE IMPACT OF HIV/AIDS

Should a doctor suddenly appear on television announcing, in an excited voice, a cure for the Paraguayan flu, who would notice? For his discovery to impress people so deeply that they would seek vaccination, he would first need to prove the terrible danger of the unknown virus to mankind. In the same manner, it is necessary to first emphasise the negative impact that HIV/AIDS has on organisations before campaigning a business response to the epidemic.

According to Smart (2001), the impact of HIV/AIDS needs to be understood at three levels: (1) at the individual, personal or employee level; (2) at the macro or societal level; and (3) at the enterprise, organisation or workplace level. For employers in South Africa, HIV/AIDS is no longer someone else's problem. Research into the impact of the HIV/AIDS epidemic reveals alarming statistics. In 1999 11% of the workforce in South Africa was HIV positive. By 2005 it is estimated that in South Africa, almost 2% of the workforce will be AIDS sick (Moore, 1999). Without intervention, the costs of AIDS on organisations could have serious consequences for the profitability of business in South Africa (Barnett & Whiteside, 2002). Organisations will experience the impact of HIV/AIDS in many areas, including the following.

- *Benefits.* According to Smart (2001), the cost of group cover will be increased by death payments, early retirements, funeral payments and pensions paid to families after the contributor's death. Smart (2001) further states that medical aids and benefit schemes are the most obvious on which the epidemic will impact seeing that the cost of treating HIV and related illnesses is substantial. Barnett and Whiteside (2002) support these claims by Smart (2001). In fact, both Moore (1999) and Stein (2001) estimate that the cost of an average set of benefits is expected to double for many schemes by 2005, and triple by 2010. This could add approximately 15% to the remuneration budget of a manufacturing company by 2005, or alternatively result in members' benefits being halved for the same contribution (Moore, 1999).

- *Wage Increases and Skills Shortages.* Overtime and casual wages are expected to rise with those of skilled workers increasing most, while unemployment levels will fall, reflecting labour shortages at some levels (UNAIDS, 2003). According to Quattek (2000), the lion's share of infections and deaths will be borne by the unskilled and semi-skilled part of the workforce. Nevertheless, the skilled and highly skilled will also be profoundly affected. South Africa is already battling with a skills shortage that will clearly be further exacerbated by the AIDS epidemic (Love Life, 2000). Higher wages leads to higher production costs which, in turn, results in a loss of global competitiveness and a loss of foreign exchange.

- *Absenteeism and Morbidity.* According to Smart (2001), the operation of institutions will be disrupted when infected employees become ill and receive additional sick leave. The disruption will be amplified when the more qualified and experienced employees are absent, as finding a temporary replacement is more difficult and unsettling for business. Increased death rates will also lead to increased absenteeism, as employees attend funerals of family members, friends and colleagues. Women will probably also have to care for sick family members, which may involve time off from work (Grant, Strode & Smart, 2002; Rosen, Simon, Macleod, Thea & Vincent, 2001; Whiteside & Sunter, 2000).

- *Mortality or Retirement.* The loss of an employee – either through death or retirement – requires an appropriate and timely replacement to be appointed and trained. As mentioned before, this becomes more difficult the more qualified and experienced the employee is, particularly in developing economies with skills

shortages (Cohen, 2002; Grant et al., 2002; Rosen et al., 2001). Recruitment and training of replacement workers incurs additional expenditure for an organisation (Barnett & Whiteside, 2002).

- *Staff Morale.* The epidemic has a negative impact on morale in the workplace. There is a fear of infection and possible death that may lead to an increased suspicion of others including resistance to shouldering additional responsibilities for colleagues who are off sick, absent from work or newly recruited and not yet fully functional (Cohen, 2002; Grant et al., 2002; Whiteside & Sunter, 2000).

Smart (1999) states that the costs of time lost have been shown to be the most significant costs to companies. Stein (2001) agrees, claiming that the most significant costs for most companies are likely to be indirect costs that cannot be controlled. These include absenteeism, loss of skills and tacit knowledge, and decline in morale – all of which result in lower productivity and less profit.

- *Investments.* Rau (2002) states that HIV/AIDS is definitely a factor that investors and banks take into account when deciding whether to invest in a company and this, in turn, affects the availability of capital for expansion. At the same time capital may be reduced as resources are used to meet other immediate needs resulting from HIV/AIDS (Smart, 2001). In fact, according to Rau (2002), HIV/AIDS cuts into budgeted company expenses by increasing costs of, for example, employee healthcare, recruitment and training. The disease therefore ultimately reduces company profits as expenses increase, production or service delivery fails to adhere to planned schedules, and customers change their purchasing plans because of the effect HIV/AIDS has on their available resources.

Other indirect costs include the cost of ensuring that occupational health and safety standards are in compliance; dealing with prejudice amongst employees when some staff members are HIV positive; ensuring that HIV status of staff remains confidential; increased management and labour meetings to discuss the AIDS crisis as it develops; loss of turnover and profits due to the impact of HIV/AIDS on clients; and higher accident levels due to fatigue in the workplace (Mkosi, 2000; Moore, 1999; Whiteside & Sunter, 2000).

It is therefore clear that HIV infection can disrupt the smooth operations of a business in a variety of ways and that a company must now consider all these factors in its management planning and operations. HIV/AIDS evidently represents a crucial and conclusive workplace issue to which establishing the appropriate business response is an important consideration.

2.2. HIV/AIDS WORKPLACE POLICY

According to Grant et al. (2002), the need for policies relating to HIV/AIDS at the workplace has arisen out of the necessity to develop a more organised, formalised response to the epidemic as the work sector becomes increasingly affected by the epidemic. The workplace furthermore provides an excellent environment to implement a comprehensive HIV/AIDS programme and policy. A workplace policy on HIV/AIDS is central to developing and implementing an effective workplace programme.

An HIV/AIDS policy is the starting point for the management of HIV/AIDS in the workplace (MacDonald & George, 2002; Roberts et al., 2002). A workplace policy provides the framework for business action to reduce the spread of HIV/AIDS and manage its impact (UNAIDS, 2003). Both Grant et al. (2002) and Rau (2002) state that a workplace HIV/AIDS policy reflects an organisation's position on HIV/AIDS and creates a well-defined framework within which all responses can be accommodated. Although the law does not yet require an employer to develop a workplace AIDS policy and programme, to do so makes good business sense and makes for good labour relations (Smart, 2001).

According to the ILO Code of Practice on HIV/AIDS and the world of work (International Labour Office, 2001), employers should consult with workers and their representatives to develop and implement an appropriate policy for their workplace. It should basically be designed to prevent the spread of infection and protect all workers from discrimination related to HIV/AIDS. A checklist for workplace policy planning and implementation appears in Appendix III of the Code.

The functions of an HIV/AIDS policy includes defining an organisation's position on HIV/AIDS and setting out clear guidelines on how HIV/AIDS will be managed within the workplace; aligning the workplace response to the legal framework; ensuring fairness; identifying and protecting employers' and employees' rights and responsibilities in the context of HIV/AIDS; setting standards of behaviour expected

9

of all employers and employees; establishing consistency within the company; setting the standard for communication on HIV/AIDS; providing a good foundation upon which to build an HIV/AIDS workplace programme; and informing employees about assistance available to those affected by HIV and AIDS (Rau, 2002; Smart, 1999).

According to Rau (2002), HIV/AIDS workplace policies can vary in length, detail, and being descriptive or not. Longer policies, however, have the advantage of addressing questions and concerns that may arise over time among both supervisors and employees. A more detailed policy also provides guidance to assist supervisors and managers who interact with HIV-positive employees or deal with situations caused by the disease (Rau, 2002).

Consensus has been developed internationally on the core principles that should underpin a workplace response to HIV/AIDS. Principles are important as they guide responses to new and changing situations. In other words, principles provide a framework of rights and responsibilities that can be used when trying to resolve disputes or new challenges that may face a workplace and which is not covered by existing laws or policies (Grant et al., 2002). The ILO Code of Practice on HIV/AIDS and the world of work provides guidelines for the development of policies and programmes on HIV/AIDS in the workplace. These guidelines, based on 10 key principles, encourage a consistent approach to HIV/AIDS while being flexible enough to address the different needs of individual workplaces (UNAIDS, 2003).

2.3. THE ILO CODE OF PRACTICE ON HIV/AIDS AND THE WORLD OF WORK

The International Labour Organisation (ILO) is a United Nations specialised agency that seeks the promotion of social justice and internationally recognised human and labour rights. South Africa is one of its founder members (1919).

The ILO has a tripartite structure unique to the United Nations, in which employers' and workers' representatives – the "social partners" of the economy – have an equal voice with those of governments in shaping its policies and programmes. The work of the ILO is guided by the Governing Body of 28 government members and 14 worker and 14 employer members. The ILO furthermore encourages this tripartite structure within its member States by promoting a "social dialogue" between trade unions and employers in formulating, and where appropriate, implementing national policy on social, economic, and other issues (International Labour Organization, 2003).

The broad policies and minimum international labour standards of the ILO are set by the International Labour Conference that meets annually. Each member country has the right to send four delegates to attend the conference, two from the government and on each representing workers and employers. These delegates are free to speak and vote independently. The conference provides an international forum for discussion of world labour and social problems (International Labour Organisation, 2003).

The ILO estimates that over 25 million workers worldwide are infected with HIV (Chartier, 2002) and according to the International Labour Office (2001), the HIV/AIDS epidemic is now a global crisis, and constitutes one of the most formidable challenges to development and social progress. Beyond the suffering it imposes on individuals and their families, the epidemic has become a major threat to the world of work by affecting the most productive segment of the labour force and by imposing huge additional costs on enterprises in all sectors through declining productivity, increasing labour costs and loss of skills and expertise (International Labour Office, 2001).

According to Chartier (2002), HIV/AIDS is furthermore affecting fundamental rights at work, particularly with respect to discrimination and stigmatisation aimed at workers

and people living with and affected by HIV/AIDS. The epidemic and its impact strike hardest at vulnerable groups including women and children, thereby enhancing existing gender inequalities (Chartier, 2002; International Labour Office, 2001). Considering these alarming facts and tendencies, it is relevant that there is an urgent need for an ethical and human rights-based approach to HIV/AIDS. The ILO realised that HIV/AIDS represents a real threat to its legitimate concern to protect the rights of working men and women affected by the epidemic. The Organisation therefore decided at the International Labour Conference in June 2000, that the ILO should intensify its involvement in the struggle against AIDS.

The Organisation adopted a resolution that recommended the creation of an ILO programme on HIV/AIDS and the development of international guidelines to deal with HIV/AIDS and the world of work. The Code was developed through widespread consultations, taking into account examples of national codes and company policies in many regions. It was approved by consensus at a tripartite meeting of experts in Geneva in May 2001 and adopted by the ILO Governing Body in June 2001. Launched at the United Nations General Assembly Special Session on HIV/AIDS in 2001, the Code has been enthusiastically welcomed by governments and their workplace partners in all regions and given substantial political support; it has been translated into 15 languages to date at the request of constituents (Chartier, 2002).

According to the International Labour Office (2001), the Code provides invaluable practical guidance to policy-makers, employers' and workers' organisations and other social partners for formulating and implementing appropriate workplace policy, prevention and care programmes, and for establishing strategies to address workers in the informal sector. Some best practices already identified in practice are reflected in the key principles of the code. These practices include commitment by leaders, partnership with civil society, including people living with AIDS, and education.

The main objective of the code is to provide a set of guidelines to address the HIV/AIDS epidemic in the world of work and within the framework of the promotion of acceptable work. The guidelines cover the following key areas of action (International Labour Office, 2001):

- prevention of HIV/AIDS;
- management and mitigation of the impact of HIV/AIDS on the world of work;
- care and support of workers infected and affected by HIV/AIDS; and

- the elimination of stigma and discrimination on the basis of real or perceived HIV status.

2.3.1. THE TEN KEY PRINCIPLES

The Code of Practice on HIV/AIDS and the world of work contains fundamental principles for policies at national and organisational level. These principles are shortly described below.

1. Recognition of HIV/AIDS as a Workplace Issue

HIV/AIDS is a threat to productivity, profitability and the welfare of all employees and their families and is therefore a workplace issue that should be managed like any other serious illness/condition in the workplace. The workplace has a role to play in the wider struggle to limit the progression and effects of the epidemic (International Labour Office, 2001). The Code describes a number of methods to assist in achieving the latter goal, for example, providing awareness training and/or education in the prevention of HIV/AIDS.

2. Non-discrimination

Non-discrimination is a basic principle of the Code and can be found in several of its provisions (i.e. the promotion of non-discrimination in access to employment; access to benefits of occupational schemes, and opportunities relating to transfer and promotion) (Chartier, 2002; UNAIDS, 2003). The Code stipulates no discrimination against workers on the basis of real or perceived HIV status (International Labour Office, 2001).

According to Grant et al. (2002), unfair discrimination occurs when an employee infected or affected by HIV/AIDS is treated discriminately due to their HIV status. This treatment is unfair as it impairs their fundamental human dignity. According to Chartier (2002), this principle is fundamental to the ILO. An HIV/AIDS policy should therefore contain principles and processes to promote non-discrimination in relation to HIV and AIDS. Various measures are available, including (1) ensuring that employees with HIV or AIDS are not unfairly discriminated against within the employment relationship, and within any employment policy and practice (for example, in the allocation of employee benefits) and (2) taking steps to promote a non-discriminatory working environment based on the principles of equality by, for

example, providing awareness and education on the rights of people living with HIV and AIDS (Grant et al., 2002).

The Employment Equity Act, No. 55 of 1998 and The Labour Relations Act, No. 66 of 1995 provide a framework for issues related to non-discrimination and HIV/AIDS.

3. *Gender Equality*

The code highlights the disproportionate impact that HIV/AIDS has upon women in South Africa and the importance of ensuring that policies and programmes take into account the vulnerabilities of women employees and job applicants (International Labour Office, 2001). Women are generally more likely to become infected and are more often adversely affected by the HIV/AIDS epidemic than men, due to biological, socio-cultural and economic factors (Mkosi, 2000; Rau, 2002).

4. *Healthy Work Environment*

The work environment should be healthy and safe, in line with national regulations and negotiated agreements, to reduce the risk of on-the-job transmission of HIV. All employers are therefore obliged to provide and maintain, as far as is reasonably acceptable practice, a workplace that is safe and without risk to the health of its employees (International Labour Office, 2001). In the context of HIV and AIDS, a policy should deal with an assessment of the risk , if any, of occupational transmission; appropriate training, awareness and education on the use of universal infection control procedures; the provision of accessible and appropriate equipment to deal with occupational incidents; the steps to be taken following and occupational incident (including whether the organisation will fund post-exposure prophylaxis for affected employees); and adequate monitoring of occupational exposure to HIV (Roberts et al., 2002; UNAIDS Best Practice Collection, 2003).

The Code furthermore states that a healthy work environment facilitates optimal physical and mental health in relation to work and adaptation of work to the capabilities of workers, taking in consideration their state of physical and mental health (International Labour Office, 2001). According to UNAIDS (2003), this ensures that the impact of AIDS on both the worker and the enterprise are mitigated.

5. *Social Dialogue*

The successful implementation of an HIV/AIDS policy and programme requires co-operation and trust between employers, workers and their representatives and government, where appropriate, with the active involvement of workers infected and affected by HIV/AIDS (International Labour Office, 2001). This is very practical in that any policy is more likely to be implemented effectively if it has been developed with the full participation of all concerned and affected parties. This principle basically underscores the idea of tripartite, which is fundamental to the structure of the ILO.

6. *Screening for Purpose of Exclusion from Employment or Work Process*

According to the Code (International Labour Office, 2001), HIV/AIDS testing should not be a prerequisite at the time of recruitment or as a condition of continued employment. Section eight of the Code provides further guidance on this matter.

The Code of Good Practice on Key Aspects of HIV/AIDS and Employment (The Department of Labour, 2000) provides further guidance to employers on the prohibition of testing employees for HIV, as contained in s7 (2) of the Employment Equity Act No. 55 of 1998. The Act provides that employers may not require employees to be tested for HIV, unless they have been authorised to do so by the Labour Court. The Code outlines several instances of permissible testing (such as HIV testing as part of a health care service in the workplace) while at the same time requiring that even such permissible testing may only take place at the initiative of the employee; within a health care worker and employee/patient relationship; with informed consent and pre- and post-test counselling; and with strict procedures relating to confidentiality of an employee's HIV status.

7. *Confidentiality*

The ILO Code of Practice on HIV/AIDS and the world of work (International Labour Office, 2001) states that there is no justification requesting job applicants or workers to disclose HIV-related personal information. Nor should co-workers be obliged to reveal such personal information about fellow workers. According to Grant et al. (2002), a breach of confidentiality occurs when a person who is under legal or ethical duty to keep certain information confidential, discloses this information without permission. Breaches of confidentiality erode employee morale, can disrupt production and can lead to legal action (Rau, 2002).

15

The Code furthermore states that all HIV/AIDS related information of workers should be kept strictly confidential and kept only on medical files, whereby any access to information complies with national laws and practices at all times (International Labour Office, 2001).

8. Continuation of Employment Relationship

According to the Code (International Labour Office, 2001), HIV infection is not a cause for termination of employment and persons with HIV-related illnesses should be able 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 a number of possible opportunistic infections (Barnett & Whiteside, 2002). Employers should, in consultation with workers and their representatives, take measures to reasonably accommodate workers with AIDS-related illnesses. According to UNAIDS (2003), reasonable accommodation to help workers continue in employment can include rearrangement of working time, special equipment, opportunities for rest breaks, time off for medical appointments, flexible sick leave, part-time work and return-to-work arrangements.

9. Prevention

Businesses alone cannot contain the progression of the disease. However, businesses are in key positions to help inform and influence employee attitudes and sexual behaviour (Love Life, 2000). The workplace provides a structured environment for sharing information, for reinforcing notions of acceptable behaviour, and for implementing prevention interventions (Roberts et al., 2002).

Prevention of all means of transmission can be achieved through a variety of strategies which are appropriately targeted to national conditions and which are culturally sensitive (International Labour Office, 2001). According to Holtgrave (1998), effective AIDS preventions yield enormous saving in averted AIDS costs. Guidelines and examples with regard to prevention are given in the Code, especially section six. Prevention can be furthered through a combination of information, participatory education (including life skills), practical support for behavioural change (such as condom distribution), and treatment for sexually transmitted infections (Holtgrave, 1998; International Labour Office, 2001).

10. Care and Support

Solidarity, care and support should guide the response to HIV/AIDS in the world of work. All workers, including workers with HIV, are entitled to affordable health services (International Labour Office, 2001). UNAIDS (2003) states that prevention, care and treatment should be seen as a continuum, rather than separate elements, of a workplace programme. Care and support include the provision of voluntary testing and counselling; treatment for opportunistic infections, especially tuberculosis; workplace accommodation; employee and family assistance programmes; and access to benefits from health insurance and occupational schemes. The UNAIDS Best Practice Collection (1998) as well as Roberts et al. (2002) state that access to counselling and health care services can help maintain the quality of life for HIV-positive people and their families, and influence productivity in a positive manner.

Based on the Code of Practice on Key Aspects of HIV/AIDS and Employment (The Department of Labour, 2000), it is clear that an HIV/AIDS policy should contain provisions regarding the provisions of employee benefits, in relation to HIV/AIDS. It should take into account that every employee has the right to equal access to employee benefits and that every employee with HIV or AIDS has the right to a minimum level of medical aid benefits from their medical aid scheme. According to the Medical Schemes Act (No 131 of 1998), workers can, unlike before, choose to join any option offered by a medical aids scheme (as long as they can afford it).

2.3.2. OTHER IMPORTANT THEMES TO BE ADDRESSED

According to MacDonald and George (2002), an HIV/AIDS workplace policy must address certain issues, to mention but a few, the organisation's position on voluntary counselling and testing for HIV; dismissal for incapacity as a result of HIV/AIDS; the organisation's position on involvement with the community; recruitment and selection policies in respect of persons infected with HIV; and the organisation's position on the provision of anti-retroviral and other medication. Many of these themes expand the ten key principles described previously. We will now discuss a number of these matters.

A fundamental responsibility for employers, workers and their organisations is to develop appropriate strategies to *assess* and appropriately respond to the economic impact of HIV/AIDS on their particular workplace and sector (International Labour Office, 2001; MacDonald & George, 2002). This usually involves identifying the level

17

of HIV infection in the workforce. This is a major point of conflict between the employees' right to confidentiality and the organisation's need to identify the level of infection. However, where the objective is to quantify the size of the HIV/AIDS problem in the workforce, then anonymous testing is seen as being appropriate. The ILO Code of Practice on HIV/AIDS and the world of work (International Labour Office, 2001) states that employers, workers and their representatives should encourage support for, and access to, *confidential voluntary counselling and testing* that is provided by qualified health services.

Voluntary counselling and testing (VCT) is a programme whereby employees voluntarily agree to undergo a process of counselling and HIV testing in order to verify their HIV status. Participation in a VCT programme must, however, be with informed consent of the person. Testing may only take place following confidential and appropriate counselling and with protection of the right to confidentiality (Grant et al., 2002). Individuals must be provided with access to counselling to assist them in dealing with the consequences of the disease on both a physical and psychological level (MacDonald & George, 2002).

According to Chartier (2002), prevention through the provision of *information and education* is a fundamental principle of the Code, covering two entire chapters on the subject. Chapter 6 deals with workplace and community information and education programmes, and chapter 7 with the training of the various groups involved in the world of work: managers, peer educators, workers' representatives, health and safety officers, and labour inspectors (International Labour Office, 2001).

According to the ILO Code of Practice on HIV/AIDS and the world of work (International Labour Office, 2001), employers and their organisations should, in consultation with workers and their representatives, initiate and support programmes at their workplaces to inform, educate and train workers about HIV/AIDS prevention, care and support and the enterprise's policy on HIV/AIDS, including measures to reduce discrimination against people infected or affected by HIV/AIDS and specific staff benefits and entitlements. The motivation for this being that an aware and educated workforce is better equipped to avoid the problem arising from stigmatisation of employees living with HIV/AIDS and is better equipped to avoid infection, either through sexual activity, or from exposure to infected persons in the event of a workplace accident (MacDonald & George, 2002).

Adequate information, education and training should be provided in a variety of forms. Programmes should be targeted and tailored to suit the age, gender, sexual orientation, sectoral characteristics and behavioural risk factor of the workforce and its cultural context. They should be delivered by trusted and respected individuals. Peer-education as well as the involvement of people living with HIV/AIDS in the design and implementation of programmes has been found to be particularly effective (Roberts et al., 2002). Peer education is therefore recommended at all levels of education and training.

There should furthermore be **grievance and disciplinary procedures** in place that can be used by workers and their representatives for work-related grievances. These procedures should specify under what circumstances disciplinary proceedings can be commenced against any employee who discriminates on the grounds of confirmed or perceived HIV status or who violated the workplace policy on HIV/AIDS (International Labour Office, 2001).

Although an employee with HIV/AIDS or another disability is protected by the law, the organisation has the right to expect acceptable performance standards of all employees. This provides a balance between the organisation's need for optimising productivity and the needs of an employee who may be ill or have a disability (MacDonald & George, 2002). In order to ensure that employees are not unfairly dismissed on the basis of HIV status, an HIV/AIDS policy should set clear **guidelines on dismissals** for employees living with HIV or AIDS by (for example) stressing the fact that an employee may not be dismissed solely on the basis of his or her HIV status and that an employee who has become incapable of performing his or her duties may be lawfully dismissed for incapacity as long as the dismissal follows a fair procedure as set out in the Labour Relations Act No. 66 of 1995.

An HIV/AIDS policy should furthermore ensure that employees living with HIV or AIDS are **reasonably accommodated** within the working environment in order to maximize their performance and to ensure that they are able to work for as long as they are capable to do so. It is very important to note that if one has HIV, it does not necessarily imply that one is sick. It may take years for someone who has HIV to develop AIDS. During this time, people who have HIV can lead normal and productive lives. Employees with life-threatening diseases or other disabilities are often physically able and prefer to continue work (Barnett & Whiteside, 2002).

19

HIV/AIDS policies should acknowledge this, and should incorporate potential steps employers are willing to take to accommodate employees living with these diseases or disabilities (including HIV or AIDS). These steps include facilitating access to health services outside the workplace, rearrangement of working time, transferring an employee to lighter or less stressful duties, special equipment, opportunities for rest breaks, time off for medical appointments, flexible sick leave, part-time work and return-to-work arrangements (International Labour Office, 2001; MacDonald & George, 2002).

Only where a worker with an AIDS-related condition is to sick to continue work and where alternative working arrangements including extended sick leave have been exhausted, may the employment relationship cease, in which case dismissal must occur in accordance with anti-discrimination and labour laws and in compliance of general procedures and full benefits (Chartier, 2002). According to the UNAIDS Best Practice Collection (1998), there are many misconceptions and fears pertaining to this policy area. Open and congenial dialogue on the topic is advised.

Employers, unions and workers' representatives must **communicate** HIV/AIDS policies to employees in simple, clear and unambiguous terms and continue to demonstrate their support for HIV/AIDS prevention and care programmes. Efficient communication will reinforce established business practices, assure consistent implementation of the policy and reinforce low-risk worker (including sexual) behaviour (Rau, 2002). The function of supervisors will improve if all employees are aware of the existence and details of the company HIV/AIDS policy. The policy can be displayed for notice in public areas. Employee newsletters can also include the policy along with explanation of various clauses. Another valuable method of communication involves providing employees with information packets on the HIV/AIDS policy (Rau, 2002).

According to MacDonald and George (2002), combating HIV/AIDS in the workplace requires co-operation. It is therefore essential that all formal and informal groups within the organisation be fully **involved**. The HR manager is pivotal to ensuring that this happens. MacDonald and George (2002) further states that trade unions are an important formal structure in the workplace and have a critical role to play in the fight against HIV/AIDS. The International Labour Office (2000) supports this statement. Trade unions have the trust of their members and can be a powerful ally in getting voluntary testing and counselling accepted by employees, and in communicating

policies, procedures, and rules of the organisation as they apply to HIV/AIDS – to name but a few examples.

The above described themes are fundamental to the ten principles. Having established an understanding with regard to the subject matter, the third section describes the methodology of the study.

3. METHODOLOGY

3.1. RESEARCH QUESTION

This paper comprises a descriptive research study that has as object the following research question:

To what degree are South African businesses currently adhering to the implementation of the ILO Code of Practice on HIV/AIDS and the world of work in regard to HIV/AIDS workplace policy content development?

More specifically, it focuses on the implementation of the ten key principles as well as certain themes contained in the Code of Practice on HIV/AIDS and the world of work. It therefore includes asking to what degree does HIV/AIDS workplace policies in South African businesses comply with:

1. Prohibition of pre-employment testing;
2. Ensuring job-security and accommodation for HIV positive employees ;
3. Protection from discrimination;
4. Recognition of HIV/AIDS as a workplace issue;
5. Provision for the reduction of risk in the workplace;
6. Prevention and treatment of sexually transmitted diseases;
7. Ensuring confidentiality;
8. Provision of care and support services;
9. Ensuring gender equality;
10. Requiring workforce and trade union involvement;
11. Provision of voluntary counselling and testing (VCT);
12. Provision for education and awareness programmes;
13. Provision for conducting an HIV/AIDS impact assessment;
14. Establishing grievance and disciplinary procedures; and

15. Ensuring proper communication of the policy.

3.2. THE SAMPLE AND DATA USED

The students following this course comprise of employees from an extensive spectrum of businesses in South Africa. It could therefore be accepted as a sample of the possible target population comprising of employees from a representative range of businesses both listed and unlisted on the Johannesburg Stock Exchange. Although this sample has not been established through highly statistical methods, it does, however, represent a large number of South African businesses.

Students had to describe and evaluate their respective companies' HIV/AIDS workplace policies with regard to the ILO Code of Practice on HIV/AIDS and the world of work as part of their evaluation for this module. As stated before, these assignments are therefore rather relevant in determining the extent of adherence or non-adherence to the Code with regard to HIV/AIDS workplace policies as part of the current South African business response to the epidemic. These assignments were therefore viewed as data and were used to conduct a descriptive study into the adherence of South African companies to the ILO Code of Practice on HIV/AIDS and the world of work with regard to HIV/AIDS workplace policy content development. These assignments were completed during 2002/2003.

The final sample comprised 150 respondents (students) out of the original total of 408. The reason for this being that a number of the assignments did not fulfil certain criteria. It was decided that only students who passed the relevant assignment, would be included in the sample. The reason being that those who failed didn't answer the question correctly and possibly omitted to describe and evaluate their workplace policies correctly. A small number of the students' companies did not have HIV/AIDS workplace policies and they where forced to describe other relevant principles and policies within their organisations. Seeing that this study's main focus is on the content of HIV/AIDS workplace policies, it was decided to further exclude these students from the sample. The assignments of students from other countries were also excluded. Finally, where there were students employed at the same company, their assignments were viewed and analysed as one data set.

3.3. DATA ANALYSIS

Responses to the assignment were analysed using descriptive statistical techniques. Simple tabulated presentations were employed to interpret, analyse and present the data collected by means of the assignment.

3.4. LIMITATIONS

It is important to notice that due to the following limitations, some caution is necessary in generalising the findings for all businesses in South Africa. Nevertheless, the results of the study, possibly provides a fair reflection of the South African scenario.

- The sample of the companies may not be representative of the South African business community as a whole.
- The responses in the assignments are subjective assessments of the respondents.
- The respondents' descriptions vary in terms of comprehensiveness.
- The researchers view and evaluation of the assignments is also subjective.
- Not much is known about the sample of organisations.
- HIV/AIDS is a sensitive issue. In view of this, some of the respondents were unwilling to reveal confidential data.

4. DATA ANALYSIS AND INTERPRETATION

It should be noted that even though many of these HIV/AIDS workplace policies did in fact cover a very wide range of issues as outlined by the ILO, it is done in a very vague manner and the details on the issues are very general in assumption.

Excluding the latter, many respondents also indicated that despite having established HIV/AIDS policies in the workplace, these are often not implemented. For example, according to one respondent, there are "seemingly endemic incidences of discrimination against employees with HIV" in his company, regardless of the fact that his workplace policy clearly prohibits this behaviour. This shows a blatant contravention of the provisions of the ILO Code of Practice on HIV/AIDS and the

world of work, the Employment Equity Act No. 55 of 1998, and of that particular workplace policy.

Tables 1 – 6 reflect the results. Remember that the final sample comprised of 150 respondents.

1. Prohibition of Pre-Employment Testing

The study has revealed that not all company policies rule out the pre-employment testing of prospective employees. Although pre-employment testing is prohibited, as contained in section 7 of the Employment Equity Act No. 55 of 1998, only 93% of the policies adopt this principle. Four respondents clearly indicated that this issue is not addressed in their respective HIV/AIDS workplace policies. They further indicated that pre-employment testing does take place in their organisations. Six other respondents did not make any mention of this principle in describing and evaluating their policies.

2. Ensuring Job-Security and Accommodation for HIV Positive Employees

The results show that 83% of the HIV/AIDS workplace policies under review guarantee job security for HIV positive employees who are physically strong enough to fulfil the occupational requirements of their current or other less strenuous jobs. 87% provide some form of accommodation, including job modification, extended sick leave, and time off to attend health related appointments. Table 2 depicts these in a descending order of frequency of mention.

The following brief description of what one organisation's policy propose with regard to accommodation, demonstrates the extent to which some South African companies are willing to go in supporting employees living with HIV/AIDS. This policy states that modification should include allowing an employee to work from home and submit assignments via e-mail or fax. In the event that an employee occupy a position that does not necessitate being at the office for the whole day, the employee will be allocated a flexible working schedule. The policy also encourages a job sharing system in order to ensure that the expertise and skills of the infected employee would not be lost by ensuring that skill are transferred to another employee. The opportunity to change to a less strenuous position is also recommended. The policy further accord infected employees time off to attend health related appointments and also provides for extended sick leave when necessary.

24

3. Protection from Discrimination

Almost all the policies provide for the protection of HIV positive employees from discrimination by their fellow workers. In fact, only 2 policies did not make any noticeable mention of this principle. 99% of the policies focus on non-discrimination by declaring that no person living with HIV/ADS will be unfairly discriminated against within the employment relationship or within any employment practice or policy with regard to recruitment procedures, appointments, job classification, remuneration, training opportunities, promotion and benefit allocation. However, some respondents indicated that although their policies make the above mentioned statements, the rest of the policies lacks in supporting non-discrimination by not describing proper prevention, care and support and other relevant programmes.

4. Recognition of HIV/AIDS as a Workplace Issue

The study indicates that 55% of the respondents' policies indisputably recognise HIV/AIDS as a workplace issue. An additional 17% of the policies under review make vague references to this principle.

5. Provision for the Reduction of Risk in the Workplace

60% of the policies under review make provision for workplace safety through the use of universal precautions and 51% through the provision of first aid procedures. However, training in this regard is often not specifically provided for in company policy. Only 48% provide for training with regard to safety and first aid procedures. 79% mention the importance of providing a safe and healthy work environment. Table 3 presents the response with regard to various safety measures.

6. Prevention and Treatment of Sexually Transmitted Diseases

HIV/AIDS education and training activities in the workplace are designed to educate workers about HIV/AIDS and encourage changes in behaviour that will reduce the spread of HIV by covering factual information about HIV/AIDS, its transmission and about safer sex alternatives. 67% of the policies under review are committed to providing education with regard to the prevention of spreading and contracting HIV/AIDS.

According to Roberts et al. (2002), most HIV/AIDS education activities include condom promotion as a part of their precautionary safe sex message. The results show that 52% of the policies support condom distribution in the workplace. There can be little doubt that a concerted effort to eradicate STDs in the workforce would

have a significant impact on HIV infection rates. However, only 34% of the policies under review mention or promote the treatment of STDs. Table 4 shows the various preventative measures enclosed in the policies under review.

7. Ensuring Confidentiality

99% of the policies under review specify that disclosure is voluntary and guarantee the confidentiality of HIV infected workers. However, few of the respondents clearly indicated whether or not this explicitly preclude HR personnel or management from receiving information regarding HIV status from medical personnel. Only one respondent stated that although his policy provides for voluntary disclosure and confidentiality, it clearly asserts that it does not prohibit HR personnel or management from receiving information regarding HIV status from medical personnel.

8. Provision of Care and Support Services

Counselling and support services for concerned workers and for HIV-infected workers and their families are usually part of a comprehensive workplace HIV/AIDS program. Not only are these services beneficial to the physical and mental welfare of employees and their families, but they increase the probability of sustained behaviour changes that will assist in the prevention of the transmission of the AIDS virus. The results showed that 92% of the policies under review include the provision of care and support services. Table 5 depict the various approaches to providing care and support measured in this study.

9. Ensuring Gender Equality

Approximately 27% of the policies under review acknowledge the fact that more equal gender relations and the empowerment of women are imperative in the fight against HIV/AIDS. Although these policies acknowledge this fact, they do not extend this view by describing how or to what degree women will be empowered in the workplace.

10. Requiring Workforce and Trade Union Involvement

49% of the policies indicate the involvement of the workforce and trade unions in the development of HIV/AIDS workplace policies, HIV/AIDS education programmes, and the implementation of the policies and programmes.

11. Provision of Voluntary Counselling and Testing (VCT)

Approximately 59% of the policies pointed out that confidential HIV/AIDS counselling and testing is available to employees on request.

12. Provision for Education and Awareness Programmes

A large number of respondents merely touched this subject by quoting: "All employees must be offered appropriate education and awareness programmes." Very few revealed greater detail of the content of the education programmes. However, 95% of the policies under review refer to one or other form of education to be provided in the workplace. Most of the respondents stated that their companies' awareness programmes are aimed at minimising the ignorance, prejudice, discrimination and stigma that surrounds HIV/AIDS in order to create understanding. Table 6 gives a picture of the different education programmes described in the various policies under review.

13. Provision for Conducting an HIV/AIDS Impact Assessment

29% of the companies had as yet conducted impact assessments, or made provisions for such assessments in their policies, to ascertain the potential effect of the HIV epidemic on their individual businesses. The reason for this low figure could be that managers are not convinced about the possible impact of HIV/AIDS (it is still largely invisible) hence the lukewarm approach to a detailed study.

14. Establishing Grievance and Disciplinary Procedures

57% of the policies either describe or refer to grievance and disciplinary policies/procedures to be followed with regard to HIV/AIDS. However, it must be noted that this does not indicate that the remainder of the respondents' organisations do not have grievance and disciplinary procedures; it merely indicates that they do not mention these procedures in their HIV/AIDS workplace policies. All of the respondents referred to the Code of Good Practice attached to the Labour Relations Act No. 66 of 1995 when describing their grievance and disciplinary procedures.

15. Ensuring Proper Communication of the Policy

Company HIV/AIDS policy is generally communicated to staff via newsletters, booklets, workshops, and induction programmes. In this study, 33% of the respondents claim that their policies have been communicated to the workforce in one way or another. Some companies have made considerable efforts to ensure the effective communication of the policies. According to one respondent, his

27

organisation communicates its policy during orientation and via booklets, newsletters, education, and by providing each employee with the company handbook on HIV/AIDS.

Table 1   Key results obtained through the study.

Key Responses	Frequency of Mention
Protection from discrimination	149
Ensuring confidentiality	149
Provision for education and awareness programmes	142
Prohibition of pre-employment testing	140
Provision of care and support services	138
Ensuring job-security and accommodation for HIV positive employees	130
provision for the reduction of risk in the workplace	118
Prevention and treatment of sexually transmitted diseases	113
Provision of voluntary counselling and testing	88
Establishing grievance and disciplinary procedures	85
Indisputable recognition of HIV/AIDS as a workplace issue	83
Requiring workforce and trade union involvement	74
Ensuring proper communication of the policy	49
Provision for conducting an HIV/AIDS impact assessment	44
Ensuring gender equality	40
Vague reference of HIV/AIDS as a workplace issue	26

Table 2   Types of accommodation for HIV positive employees.

Key Responses	Frequency of Mention
Job modification / alternative work arrangements	124
Ill-health retirement with all the related benefits	55
Extension of sick leave when necessary	40
Gives time off to attend health related appointments	31

Table 3   Responses with regard to various safety measures.

Key Responses	Frequency of Mention
Use universal prevention control procedures	90
Provide first aid / medical aid kits	76
Provide training with regard to safety and first aid procedures	72
Provide compensation after occupational accident	57
Provide appropriate equipment	50
Provide post exposure prophylaxis after occupational accident	29
Only mention the provision of a safe environment without going into *any* details	7

Table 4   Preventative measures enclosed in the policies under review.

Key Responses	Frequency of Mention
Provide information and education with regard to prevention	101
Condom distribution (practical support for behaviour change)	78
Treatment for Sexually transmitted diseases (STDs) and TB	51

Table 5   Results with regard to providing care and support services.

Key Responses	**Frequency of Mention**
Provide counselling services (either in-house or externally)	120
Provide benefits (e.g. pension fund, medical aid, sick leave, housing benefits, disability fund) regardless of status	73
Have established health care facilities / clinics	45
Provide services to employee family members	39
Provide or help to subsidise anti-retroviral medication	24
Provide services to community	23
Provide support groups (or give referrals to external groups)	21
Help employee or family with benefit and / or compensation claims	16
Provide nutrition / food supplements to employees	13

Table 6   Forms of education to be provided by the companies under review.

Key Responses	Frequency of Mention
Awareness programmes	118
Prevention programmes	94
Up to date information with regard to HIV/AIDS, benefits, workplace policies, and the legal rights of workers	72
Training with regard to safety and first aid procedures	72
Training and use of peer educators	38
Education of the surrounding community	28
Training of managers, supervisors and union representatives in dealing with HIV/AIDS related issues	22

5. RECOMMENDATIONS AND CONCLUSION

In accordance with the Code, most policies exclude pre-employment testing, ensure confidentiality and promote non-discrimination. However, a catastrophic future could await those companies that defy local legislation and international guidelines. Policies such as this should ideally be updated in accordance with the legal obligation to prohibit all forms of pre-employment testing and discrimination against HIV infected individuals. Policies should furthermore state more than merely declaring that HIV status will remain 'confidential'. They should, in addition, specify that it is illegal for medical information to be disclosed by medical practitioners or medical aid administrators to any other company personnel. Disciplinary procedures in the event of confidentiality being breached, or referral to existing disciplinary procedures, should likewise be stipulated in the workplace policy.

Although the majority of policies under review guarantee job-security and care and support for HIV infected employees, many contain vague provisions with regard to the level of accommodation and support that they are prepared to offer. Such provision should clearly specify whether provision will be made for alternative, non-strenuous work for those who wish to remain employed despite intermittent illness or decreasing productivity. It should furthermore provide clear guidelines with regard to the level of accommodation and support to be provided (e.g. time off to attend health related appointments, providing counselling programmes, etc.). Policies should also

guide the employee through the process to be followed in order to access these services and endowments.

In the same way, the majority of policies under review mention providing education and a safe work environment. However, most of them contain vague provisions with regard to these issues. Effective implementation is dependant upon effective planning. HIV/AIDS workplace policies therefore need to clearly describe the safety measures and procedures to be followed. In the same manner, it should address the various subjects to be addressed by education programmes as well as the type of education programmes to be provided.

Very few of the companies under review had as yet conducted, or made provisions for conducting, impact assessment studies. The need to take HIV/AIDS into account in strategic planning may be prudent in so far that the skilled workforce is costly and difficult to replace. It may be useful to determine the exact HIV prevalence rates among employees at the current time – to reveal and proactively manage the impact of HIV/AIDS within the company. Determining actual HIV prevalence rates will thus contribute a great deal to business planning.

It is clear from this study that in many cases, the HIV/ADS policy remains a paper exercise, neither implemented nor enforced. Implementation of the policy will occur as it is applied daily to situations that arise among employees, as supervisors and managers become involved in addressing those situations and as the company implements its HIV/AIDS programme (Rau, 2002). One of the challenges is to make the policy appealing and easily understandable to all sectors of staff. This could be done through proper communication, which, according to this study, seems to be another concern. There are various ways to do this including developing accessible media on the HIV/AIDS policy; displaying the policy in public places; providing copies of the policy to all managers and employees; and by holding awareness and education sessions on the HIV/AIDS policy in order to ensure that managers, supervisors, and union stewards understand the policy and their role in administering it.

Given the fact that the role of STDs in the spread of HIV in sub-Saharan Africa is widely known, an inadequate number of the workplace policies under review refer to the promotion of STD treatment. Effective STD treatment, unlike safer sexual behaviour, is relatively easy to achieve. There can be little doubt that a concerted

effort to promote STD treatment and other preventative programmes would have a significant impact on HIV rates amongst employees. Likewise, companies should not rely entirely upon medical aid companies to promote voluntary counselling and testing, and STD treatment. The promotion of these services within companies is an essential aspect of workplace education and prevention programmes.

There are strong indications that the majority of policies under review violate not only the international guidelines, but also local legislation by not promoting gender equality and social dialogue. Again, policies such as this should ideally be updated in accordance with the legal obligation to promote gender equality and social dialogue with workers and trade unions with regard to HIV/AIDS undertakings in the workplace.

Although a lot of work still needs to be done, it seems as though South African businesses are on the right track with regard to HIV/AIDS workplace policy content. However, too few policies recognise HIV/AIDS as a workplace issue. Before management accept this fact and recognise that it is employees, who are infected and affected by HIV/AIDS, no attempt on the side of South African business will succeed in the fight against HIV/AIDS.

6. REFERENCES

Barnett, T. & Whiteside, A. (2002). *AIDS in the Twenty-First Century: Disease and Globalization* (2nd ed.). New York: PALGRAVE MACMILLAN.

Chartier, M.C. (2002). *ILO AIDS Working Paper: Promoting Human Rights Through the ILO Code of Practice and HIV/AIDS and the World of Work*, November 2002. Geneva: International Labour Organisation.

Cohen, N.P. (2002). *South Africa: Research on the Economic Impact of HIV/AIDS – Complementing Health Interventions,* March 2002. SA: USAID.

Grant, K.B., Strode, A. & Smart, R. (2002). *Managing HIV/AIDS in the Workplace: A Guide for Government Departments*, July 2002. RSA: The Department of Public Service and Administration.

Hodges-Aeberhard, J. (1999). Policy and Legal Issues Relating to HIV/AIDS and the World of Work. *HIV/AIDS and the World of Work: Discussion Papers on HIV/AIDS and the World of Work.* Geneva: International Labour Organisation.

Holtgrave, D.R. (Ed) (1998). *Handbook of Economic Evaluation of HIV Prevention Programmes.* New York: Plenum Press.

International Labour Office. (2000). *HIV/AIDS: A Threat to Decent Work, Productivity and Development.* Geneva: International Labour Organisation.

International Labour Office. (2001). *An ILO Code of Practice on HIV/AIDS and the World of Work.* Geneva: International Labour Organisation.

International Labour Organization (2003). *ILO Information Leaflet.* World Wide Web (http://www.ilo.org/public;english/about/index.htm). Geneva: International Labour Organization.

Love Life (2000). *The Impending Catastrophe: A Resource Book on the Emerging HIV/AIDS Epidemic in South Africa.* Parklands: Love Life.

MacDonald, J. & George, G. (2002). *AIDS Brief for Professionals: Human Resource Managers.* World Wide Web (http://www.und.ac.za/und/heard): HEARD.

Mkosi, B.N. (2000). *Confidentiality as Value in the Management of HIV/AIDS in South Africa.* Unpublished master's thesis, University of Stellenbosch, Stellenbosch.

Moore, D. (1999). The AIDS Threat and the Private Sector. *AIDS Analysis Africa, 9*(6), 1-2.

Quattek, K. (2000). The Economic Impact of AIDS in South Africa: A Dark Cloud on the Horizon. In Shell, R., Quattek, K., Schönteich, M. & Mills, G, *Occasional Papers – HIV/AIDS: a Threat to the African Renaissance?* (pp. 29-56). Johannesburg: Konrad-Adenauer-Stiftung.

Rau, B. (2002). *Workplace HIV/AIDS Programmes: An Action Guide For Managers.* USAID: Family Health International.

Roberts, M., Rau, B. & Emery, A. (2002). *Private Sector AIDS Policy: Businesses Managing AIDS, A Guide for Managers.* World Wide Web (http://www.fhi.org). Family Health International.

Rosen, S., Simon, J., Macleod, W., Thea, D. & Vincent, J. (2001). *Investing in the Epidemic: The Impact of HIV/AIDS on Businesses in Southern Africa*, October 2001. World Wide Web (http://www.joincenter.org/international/AIDS_presentations/Boston.ppt): Boston University School of Public Health (Center for International Health).

Smart, R. (1999). HIV/AIDS in the Workplace: Principles, Planning, Policy, Programmes and Project Participation. *AIDS Analysis Africa, 10*(1), *5-6.*

Smart, A. (2001). *HIV/AIDS in the Workplace.* South Africa: AIDS Directorate Gauteng Department of Health.

Stein, J. (2001). *HIV/AIDS and the South African Media: Workplace Policies and Programmes.* Johannesburg: Centre for AIDS Development, Research and Evaluation (Cadre).

The Department of Labour (2000). *Code of Good Practice on Key Aspects of HIV/AIDS and Employment.* RSA: The Department of Labour.

UNAIDS (2000): *Report on the Global HIV/AIDS Epidemic,* June 2000.

UNAIDS (2003): *Action Against AIDS in the Workplace – The Africa Region,* June 2003.

UNAIDS Best Practice Collection (1998): *HIV/AIDS and the Workplace: Forging Innovative Business Responses,* July 1998.

UNAIDS Best Practice Collection (2003): *The Private Sector Responds to the Epidemic: Debswana – A Global Benchmark,* September 2002.

Wasserman, H. (2003, December 11). MIV/VIGS Eis Tol in Sakesektor. *Die Sake Burger,* p.1.

Whiteside, A. & Sunter, C. (2000). *AIDS: The Challenge for South Africa.* Cape Town: Human & Rousseau.

Young, S. (2000). *Perceptions of Employers About HIV/AIDS in the World of Work: A Brief Note on the Results of a Pilot Study of Some Enterprises in South Africa.* Geneva: International Labour Office – Bureau of Statistics.