

# **THE POTENTIAL IMPACT OF HIV/AIDS ON THE FINANCIAL PERFORMANCES OF S.A COMPANIES**

**JACK MOEKETSI TLADI**

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Study leader: Prof A. Roux

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***Declaration***

I, the undersigned, hereby declare that the work contained in this assignment 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.

Signature:

Date:

## SUMMARY

Despite the seriousness of HIV and AIDS affecting productivity at workplaces, little attention is being paid to the special needs of the infected people in the world of work and the ultimate reality this will have on the companies' financial health.

HIV/AIDS retards economic development and business growth. The epidemic influences the workforce and markets in which business operates. Business must play a leading part in the internal response to HIV/AIDS pandemic. This is both an ethical imperative and the key to business success. Most research conducted on the subject mainly concentrated on the effects of HIV and AIDS on productivity, emphasizing absenteeism as the direct cause of low productivity.

The costs of HIV and AIDS will be felt beyond the direct effect of the disease. The indirect costs include the following:

- The increased costs of recruiting and training, given the extra deaths and disabilities expected.
- The negative effect on staff morale
- Loss of time as a result of management and labor meetings to discuss the AIDS crisis as it develops, this resulting in loss of turnover and profits.

With the rising prevalence of HIV/AIDS, businesses should be increasingly concerned about the impact of the disease on their organizations-concerns that should be well founded. At the broadest level, businesses are dependent on the strength and vitality of the economies in which they operate. HIV/AIDS raises the costs of doing business, reduces productivity and lowers overall demand for goods and services.

The research process in this article focused particularly on workplace issues, which are a key dimension of the relationship between corporations and HIV/AIDS.

Data collection was by both structured questionnaires and unstructured interviews, interviews with both management and workers' representatives and structured questionnaires with the general workforce. The questions asked were open-ended: "Is HIV/AIDS a problem for your company now or in the future?" and "If HIV/AIDS impacted on your company' financial performance would you act and why?" The research group consisted of four companies in different areas of operations: retail, service and manufacturing and the participants were chosen on the basis of certain inclusive criteria:

- The number of employees employed.
- Length of service operation.
- Willingness to share certain financial information.

A qualitative method of data analysis was used in the study and is described in detail. The qualitative research method looks at the subjective meanings attached, descriptions, metaphors, symbols and descriptions of specific cases.

It was found that despite the differences from one company to the other, the potential impact of HIV/AIDS on companies' financials went beyond the direct costs of productivity.

As the debate over the availability of cheaper generic anti-retroviral drugs rages in the background, business is faced with the dilemma of significant investment to keep their labour force healthy and alive. This has to be weighed up against the high costs involved in rehiring, retraining and re-incentivising their replacements.

## OPSOMMING

Ten spyte van tekens dat MIV en VIGS produktiwiteit in die werkplek affekteer, word daar nog baie min te doen aan die behoeftes van die werkers wat deur die epidemie getref word. Verder, word min aandag geskenk aan die potensiële uitwerking van die epidemie op die finansiële gesondheid van maatskappye.

MIV/VIGS vertraag ekonomiese ontwikkeling en besigheidsgroei. Die epidemie het 'n negatiewe impak op die arbeidsmag en die market waarin besigheid plaasvind. Besigheid moet dus die leiding neem in die interne respons op die MIV/VIGS pandemie. Dit is eties belangrik en die sleutel tot die sukses van besigheid. Die meeste navorsing oor die onderwerp het tot dusver gekonsentreer op die effek van MIV en VIGS op produktiwiteit met die klem op afwesigheid as 'n direkte oorsaak van lae produktiwiteit.

Die koste van MIV en VIGS behels egter veel meer as net die direkte gevolge van die siekte. Die indirekte koste sluit die volgende in:

- Die koste verbonde aan opleiding en die soeke na nuwe personeel weens sterftes en siekte van personeel.
- Die negatiewe effek op die moraal van personeel.
- Verlore tyd as gevolg van bestuurs- en arbeidsvergaderings om die VIGS-krisis te bespreek namate dit ontwikkel en winste negatief beïnvloed.

Besigheid behoort meer bekommerd te wees oor die toename in MIV/VIGS gevalle en die impak wat dit op organisasies sal hê. MIV/VIGS verhoog die kostes van besigheid doen, verminder produktiwiteit en verlaag die algemene vraag na goedere en dienste.

Die navorsingsbenadering in die artikel fokus op daardie werkplek-aangeleenthede wat 'n sleuteldimensie is van die verhouding tussen organisasies en MIV/VIGS.

Data is ingewin deur middel van gestruktureerde vraelyste en ongestruktureerde onderhoude. Onderhoude is met beide bestuurslui en verteenwoordigers van werkers gevoer, en gestruktureerde vrae met die werkers. Die vrae gestel was oop vrae soos “Is MIV/VIGS ‘n probleem vir u onderneming huidiglik of in die toekoms? En “Indien MIV/VIGS ‘n negatiewe impak het op die ondernemings se prestasie sal jy optree en waarom?”

Die navorsingsgroep het bestaan uit vier ondernemings in die kleinhandels-, dienslewings-, en vervaardigingssektor. Die deelnemers is gekies op die basis van inklusiwiteit met die volgende kriteria:

- Die getal werkers in diens.
- Hoe lank is onderneming in besigheid?
- Die bereidwilligheid om inligting te deel.

‘n Kwalitatiewe metode van data analise is gebruik wat breedvoerig verduidelik en beskryf word. Die navorsingsmetode kyk veral na subjektiewe betekenis, omskrywings, metafore, simbole en omskrywings van spesifieke gevalle.

Navorsing het getoon dat MIV/VIGS ‘n impak het op ondernemings se finansiële omstandighede en produktiwiteit.

Terwyl die debat oor goedkoper generiese anti-retrovirale middele aan die gang is, word ondernemings of besighede konfronteer met die keuse tussen beduidende investering om die werksmag gesond en lewendig te hou of die hoë koste van herindiensneming, heropleiding en insentiewe.

## 1. Introduction

HIV/AIDS represents a crucial workplace issue. There are currently more than 42 million people living with HIV/AIDS and nine out of ten are adults in their *productive prime*. Worldwide, the epidemic is undermining economic activity and social progress. It is threatening livelihoods, *reducing productivity*, restricting the demand for products, discouraging foreign investment and negatively impacting economic growth.

HIV/AIDS is a serious social development concern, pushing people in many countries deeper into poverty as households lose their breadwinners, livelihoods are compromised and savings are consumed by the cost of health care. HIV/AIDS is adding to the strain on national institutions and resources. Social systems that enable people to cope with adversity are being damaged. In the most severely affected settings there is mounting evidence that HIV/AIDS is eroding human security and capacity, undermining economic development and threatening social cohesion.

Inevitably this situation influences business. International organizations have identified how, in some regions HIV/AIDS is reducing productivity and increasing costs, due to a fall in the supply of labour, the loss of skills and experience, increasing absenteeism, reduced morale, and growing needs for health care and training (ILO, 2000; IOE, 2002).

Studies have identified particular costs for companies in sub-Saharan Africa (Simon *et al*, 2000). Anglo Gold, a subsidiary of Anglo American, has calculated that nearly a quarter of its 90 000 gold and mining workers are infected with HIV, “ costing a huge amount a year in absenteeism, early pension payouts and the need to recruit and train staff to replace those too ill to work.”. They have estimated that AIDS is costing them up to \$6 for every ounce of gold produced (Macalister, 2002). Other companies operating in Africa have themselves identified significant direct and indirect costs to business (Ligomeka, 2003). There are also longer-term implications, even for companies without significant operations in the global South, as “Aids threatens the opportunities for companies looking to expand into new middle-income markets such as Brazil, South

Africa, China and India” (Plumley *et al*, 2002:1). Therefore, many companies have strong economic and social reasons for becoming active in promoting HIV/AIDS prevention both in the workplace and in the community if they are to protect the “bottom line” (Faleyimu *et al*, 2002:1)

In addition to interest in the impact of HIV/AIDS on business activity, this article also considers the current and potential impact of business activity on HIV/AIDS. Some regard certain companies, or systems of production, as partly culpable for the spread of the disease and the lack of social capacity to cope with it, while others suggest that companies can make, and sometimes are making, a valuable contribution to fighting the pandemic. These debates play out in four key areas, relating to the workplace, medical products, philanthropy and political economy.

By the late 1990s the human resource costs of HIV/AIDS were beginning to be considered by businesses (Rosen *et al*, 2000). As some companies woke up to the financial risks posed by HIV/AIDS, corporate responses brought both criticism and applause.

On the one hand, some have suggested that many companies have responded in ways that make it more difficult to prevent infection and mitigate the effects of the disease. Criticism is levelled at companies using discriminatory practices, reducing benefits and outsourcing low skilled jobs in order to avoid costs from HIV/AIDS (Stevens, 2002). In sub-Saharan Africa, the private sector has been shown to be systematically shifting the burden of HIV/AIDS onto other stakeholders, particularly governments and households (Rosen and Simon, 2003). Common practices include pre-employment screening, reductions in employee benefits, restructured employment contracts and the outsourcing of low skilled jobs. In March 2003, a brewery company in Accra, Ghana, made the news for introducing compulsory HIV/AIDS tests for employees and new recruits, citing as justification the problem of spiralling labour training costs (Mensah, 2003). A report from Boston University School of Public Health reported that between 1997 and 1999



more than two-thirds of large South African employers reduced the level of health care benefits or increased employee contributions (Rosen and Simon, 2003).

Others have argued that some businesses are culpable for the spread of HIV through their use of migrant labour in mining or heavy construction projects, creating migrant labour economies (Collins and Rau, 2000). The male workers are often away from their families and partners for months, and sex workers are common. A paper published by the Southern African Migration Project (SAMP) argued that there had been little research into the relationship between migration and HIV/AIDS prevalence, yet it appears to be a significant factor (Williams *et al*, 2002).

Another area of action and contention surrounds the sale of medical products. One issue is discriminatory practices in the sale of health insurance. Only in October 2002 did some insurance firms agree to stop asking applicants whether they had taken an HIV test as a way to find out about sexual history and possible future risk (Carvel, 2002). Many insurance firms still exclude HIV/AIDS from health insurance coverage, unless contracted after five years after taking out a health insurance policy.

This study is motivated by the fact that most companies do not yet report appropriate data for investors and regulators to make informed decisions about the impact of HIV/AIDS. In response to the draft guidelines (GRI, 2003), an accountancy body in South Africa noted that companies would not be willing to report on prevalence rates, as this might adversely impact their share price. This suggests that voluntary reporting will face obstacles, and that regulatory intervention may be needed. In 2003 the Johannesburg Securities Exchange (JSE) moved to adopt a listing requirement for companies to report on HIV/AIDS, although debates remained over whether this should be limited to a broad discussion in the “financial review” rather than the reporting of figures on prevalence and costs (Temkin, 2003). Perhaps the UN Global Compact, which began engaging with HIV/AIDS during 2003, could help support a global reporting framework on these issues.

The JSE and GRI approaches are founded on the understanding that HIV/AIDS poses a significant threat to financial performance, and that managing it well will be good for business.

## **2. Research objective**

The objective of the research is to investigate the impact of HIV/AIDS on the company's financial performance. The research question can thus be phrased as follows:

*Is there a significant relationship between the workforce, which is HIV/AIDS infected or affected, and the company's financial performance?*

## **3. HIV and productivity**

The *potential economic impact* of HIV/AIDS on South African companies is now receiving wide attention. Recognition that HIV/AIDS primarily occurs in young adults of working age, and that the costs of health care are potentially massive, are leading – in some quarters - to predictions of economic disaster. But, despite these predictions and recent, renewed interest in the topic, there is an ongoing scarcity of rigorous public-domain information about the economic impacts of HIV/AIDS.

Studies at the level of individual businesses have given useful insights into the impact of HIV/AIDS and provide information to guide the development of plans and programmes by businesses and policy makers to mitigate against the impact of HIV/AIDS in the workplace that address both economic and broader social issues. Forsythe *et al.* 1994, provide an important contribution inasmuch as their work is one of the first to provide a relatively rigorous costing of impacts on companies. The study illustrates several key patterns that improve understanding, and can assist in developing strategies to address HIV/AIDS impacts at the macro-and micro-economic levels. Among the key observations are the scale of impacts, the different vulnerabilities of different companies,

and the importance of addressing HIV/AIDS among more skilled staff, who are often neglected by workplace programmes.

Aventin and Huard (1997) also provide a rigorous and comprehensive analysis of costs. While types, scale and variability of costs are largely consistent with those observed by Forsythe *et al.*, the article raises further important issues in understanding the economic impacts of HIV/AIDS. These include the potential significance of many costs that cannot easily be quantified, and the legal or illegal responses of firms to reduce the costs of HIV/AIDS among employees.

The macroeconomic impacts of HIV/AIDS remain somewhat uncertain due to methodological problems. There are difficulties in predicting economic growth *per se*, the demographic impacts of HIV/AIDS, and how effectively economies will adjust to various pressures created by the epidemic.

Empirical studies of the economic effect of HIV/AIDS are difficult, particularly as most South African companies have yet to feel the full impact of the epidemic. Nevertheless, there is quite wide consensus that while the cumulative effect of HIV/AIDS on economic growth over the long term is likely to be significant, it seems unlikely to be the dominant determinant of macro-economic performance in most companies.

White, A. (1997) identifies several important limitations of this research study. These include questions about the extent to which HIV/AIDS care needs will actually result in increased expenditure, and whether modeling adequately captures the effects of skills loss in skills-scarce economies. He also points out that although macro-economic impacts may not be as disastrous as initially thought, they remain high enough to provide economic justification for greater expenditure on interventions to prevent infection and manage impacts among workers.

Rau, Forsythe and Okeyo (1994) provide further, more detailed insights into the projected macroeconomic impacts of HIV/AIDS and the kind of assumptions that are made in

producing projections. They set an important precedent in attempting to place macroeconomic analysis within a context of knowledge about social impacts, and impacts on individual businesses. Many of the assumptions are likely to be the subject of debate, such as the implications for healthcare costs, savings and investment. It also raises key issues about the impact of HIV/AIDS on per capita GDP, employment and employment patterns, and implications for current social and economic policy objectives. Most interestingly perhaps, the article makes several suggestions of possible policy responses to macroeconomic impacts. Those listed cannot be considered to be a comprehensive list, and warrant further debate in themselves. However, they do raise key issues, such as the role of the private sector and how to create an environment to encourage private sector responses that are appropriate to economic and development objectives. Another is the need to use economic evaluation to identify appropriate HIV/AIDS-related policies, an area that has still to be adequately explored.

The costs that this researcher was able to identify and evaluate over the course of this study are of various kinds (**Table 1**), and are very much in line with the results of similar studies conducted in the commercial sector in Kenya (Forsythe *et al.*,1994), and as highlighted in this article.

However, the problems posed by HIV/AIDS in the companies surveyed do not seem to be confined to those costs that can be quantified, i.e. the direct and indirect costs whose origins can be identified without any great difficulty.

With the exception of absence from work in the terminal phase of illness, and productivity losses, the cause of which is difficult to identify for various reasons (e.g. the personnel department of **Company C**, presented in the sub-section *Results of the survey*) did not record absences when the employee was in the terminal phase). The other costs are “visibly” caused by the illness. These remain generally identifiable and measurable.

**Table 1: HIV-related expenditure of firms ( % of total )**

	Company :			
	A	B	C	D
Medical care/ assistance	23,4	7,5	1,5	2,0
Absence/ sick leave/ funeral attendance	62,5	30,0	20,0	4,0
Increased health insurance costs	–	10,0	–	–
Recruitment & training (loss of skill)	–			
Lost productivity (loss of tacit knowledge)	?	?	?	–
Loss of productivity (decline in morale)	?	?	?	–
Invalidity pensions (retirements funds)	–	?	–	–
Funeral costs	23,4	12,5	2,5	2,0

*\*These figures are calculated from the results of the survey*

Those indirect costs categorized as ‘difficult to quantify’ (marked ? in Table 1) cannot be assessed precisely, but this does not mean they do not have serious and disruptive implications for the work process and production. The smooth functioning of companies often depends on teamwork, which requires cohesion among the various actors in each plant. What the researcher observed was that HIV/AIDS causes numerous problems, the resolution of which is sometimes a very lengthy and constraining process.

In the case above, the problems are caused by disputes between employees that arise when inadequate information about the illness leads them to refuse to eat or work with those workmates they suspect to be sick; other disputes develop when the company doctor is suspected of not respecting medical confidentiality (decline in morale), or when workers suspect their employer of unfairly dismissing those among them who are sick.

This leads to a breakdown of the social bonds; not only between the various socio-occupational categories, but also between individuals, which inevitably has a disruptive

effect on work rates and consistency in situations in which the production process consists of a number of different stages, as on production lines.

These organizational consequences are aggravated by the death of key individuals who are difficult to replace when there is a shortage of highly skilled people in the labour market. The increase in staff turnover caused by the rising number of deaths (Baggaley *et al*,1994) has fuelled this phenomenon, while at the same time disrupting the transmission of skills and know-how. Not only is the life expectancy of skilled workers reduced, but their period of tenure in the company is also shortened relative to the length of career they might have expected and the professional experience they would have been able to acquire and pass on to others.

It may be reasonable to assume that eventually, i.e. within a generation, certain valuable skills and know-how will be lost altogether. These cumulative effects, taken as a whole, seem to me to be more damaging than the costs listed in **Table 1**.

### ***Effects on production***

There is a danger that labour will continue to be externalized in the way described above, and that the country's economy will be weakened as job insecurity grows. In one of the surveyed companies the Managing Director is restructuring his workforce following the deaths of his second-and fourth-in-command, and is no longer seeking to expand his company.

Thus, some companies may in future modify their organization as well as their organizational structures. In an extreme case, and on the assumption that the epidemic continues to grow more severe, some companies have indicated plans to move their plants to other countries where HIV/AIDS is less of a problem (e.g. Senegal or Benin), or to pursue a strategy of subcontracting if they can do so without harming their activities.

This would eliminate the need to manage the organizational aspects of the production process, while retaining a high degree of flexibility.

### *Analysis of costs*

An analysis of the costs identified and assessed brings to light three interesting aspects:

- HIV/Aids impacts in different ways on various plants (e.g. Companies *A, C & D* do not contribute to employees' health costs, so they have zero costs under their headings.
- The share of those items incurring the highest costs varies from plant to plant.
- The greatest costs are not due the death of employees. Health care costs and loss of productivity in the case of *Company B*, and sick leave in the case of *Company A*, and all costs incurred during the period of sickness are the major drivers of cost.

Thus, sickness itself cost all the four companies surveyed the most.

### *Conclusion*

From the analysis thus far it is apparent that

- without appropriate prevention efforts in the workplace, labour costs are likely to rise significantly with the spread of HIV/AIDS;
- a growing proportion of company profits is likely to be required to meet these costs - this will equate to either reduced profitability or changes in the labour policies and benefits;
- most costs are associated with health care, absenteeism and training;
- higher level staff are likely to represent a disproportionately high percentage of the HIV/AIDS-related costs;
- labour-intensive companies are most vulnerable to the impact of HIV/AIDS; and

- companies offering greater employee benefits are likely to be more vulnerable.

This assessment is only the first step and will provide an important tool to communicate to business and policy makers the potential financial benefits of prevention interventions in the workplace.

## 4. Methodology

### 4.1 Research Design

The purpose behind the method used in this study is to work from a point where nothing is known about the infection and/ or affection rate v/s the profit ratios of the participating companies, to a point where a *significant relationship* can be established between factors responsible for increased absenteeism, increased staff turnover, loss of skills, loss of tacit knowledge, decline in morale and profitability. The aim of the study is to gain an understanding of how HIV/AIDS impacts on the financial performance of the company. It is important for the purpose of the study for the participants (employees and management) to give descriptions in their own words for the decline in productivity in their workplaces. A qualitative research design was decided upon to collect those descriptions.

Qualitative research designs are investigative methods used to investigate the nature of social phenomena (Maso, 1994). The research design seeks to gain insight by discovering the meanings attached to a given phenomenon. The qualitative research looks at subjective meanings, descriptions, metaphors, symbols and descriptions of specific cases. According to Neuman (1997) the researchers attempt to capture aspects of the social world for which it is difficult to develop precise measures expressed as numbers. In case of the present study, the researcher had an opportunity to interact with the participants as humans, face to face, and the results were not expressed as just numbers, the researcher had an opportunity to have direct contact with both management and workers' representatives at their own work settings to enter in their own worlds, to listen and follow as they guided him along the journeys of their operations. Lastly, the researcher



ends up attempting to view and understand reality as the way participants view and understand them.

## **4.2 The participants**

The study concentrated on the factors responsible for decline in productivity, viz. increased absenteeism, loss of skills, declining morale, loss of tacit knowledge and subsequent decline in profits as a result.

### ***Recruiting of participants***

The survey was sent to senior managers/ owners and union representatives of ten companies, but only four responded to the questionnaires. The participating companies were recruited from different spheres of businesses, viz., the manufacturing, retailing and service industries so as to give a balanced generalization of the results.

### ***Criteria for the selection of participants***

The participants were chosen on the basis of certain inclusion criteria. These criteria included the following:

- The participants had to be companies of small to medium size structures, employing no less than 50 employees to enable the researcher full participation.
- Employees need not to have been permanently employed, but the company must have been in existence for more than three years for annual comparison of the financial results.
- They must have been willing to participate in the study and share certain financial information about their company.

### 4.3 Data collection

#### *Introduction*

It soon became clear that data collection was not going to be straightforward. The problem was that the surveyed companies' information systems in different departments were not uniform across their operations, were not always well adapted to their needs and, in particular, could not collect data relevant to an HIV/AIDS survey. For example, definitions of absenteeism varied across operations and could not be measured for various reasons, e.g. a worker could be absent from his morning shift and assume late/ night shift without proper arrangement. Measures of productivity were even more difficult to calculate. Nonetheless, this survey shows a number of clear trends while also highlighting the gaps in the data.

All in all it took six months to carry out this survey and its analysis, and hold discussions with the stakeholders. While this was longer than hoped or anticipated, one very important lesson was learned from the process: a slow, inclusive survey will be accepted more readily than one that is quick but does not make stakeholders feel involved. So, an important principle became clear: inclusion should be the watchword of any HIV/AIDS survey and this may mean that it requires more time. Furthermore, data collection and cleaning were often sensitive, requiring considerable diplomacy as inter-departmental and inter-unit interests were threatened by the need to standardize and ascertain the accuracy of data. In brief, the survey revealed minor work-a-day inadequacies in systems and performance, which are normal and tolerable in any organization.

#### *The interview*

Since the interview method enables the researcher to study the data as they merge and not according to pre-selected aspects (Lee, 1993) the decision was made to use both methods- the interview with management and employee representatives plus a questionnaire for the general workforce. With the general workforce it was more on the *declining morale* of

employees in view of them seeing their comrades and their comrades' families dying as a result of the HIV/AIDS pandemic, whereas, with management and employees' representatives it was more with declines in productivity, which resulted in decline in profits.

### ***The interview process***

The researcher started by applying for permission to conduct this research project by first sending questionnaires (**Appendix B**) to participating companies, giving the background to the study and the purpose of the research. Once permission was granted, an undertaking (**Appendix A**) was made not to reveal the identity of the participating companies and not to use any data collected from the companies for any other purpose except for this study and further that any findings and recommendations out of this study would be made known and available to the participating companies free of charge. For this research, therefore, participating companies will only be referred to as ***Companies A, B, C or D.***

#### **4.4 Method of data analysis**

Kvale (1996) is of the opinion that analysis and interpretation of data starts at the beginning of the research of the process, and not in the final phase of the process. The interviews were transcribed and analyzed according to the guidelines outlined by Kvale (1996). The following steps were followed to complete the analysis of the categories of experience:

- ***Familiarization with data.*** In order to familiarize himself with the information provided in the interviews, the researcher read through the transcripts several times.
- ***Developing the categories.*** The next step was to determine the actual interpretation of words as expressed by the subjects. This was done by focusing on the meaning of phrases, or of sentences grouped together.

- ***Establishing stability.*** To establish the intra-observer reliability or stability of the procedure, which will indicate the degree to which a procedure is constant over time, it was decided to start with the analysis of the transcript.
- ***Establishing consensus.*** The inter-coder reliability or consensus, which will indicate the degree to which a procedure can be repeated under different circumstances, was established using the first transcript as well. A friend who has a Masters degree analyzed the transcript independently.
- ***Establishing credibility.*** The correspondence between the meanings the participants attributed to the data they had given and the way in which the researcher portrayed that data, indicates creditability of the research. One way of determining this is when the researcher condenses and interprets the meaning of what the interviewee describes and ‘sends’ back (Kvale, 1996). This was done during the interview to clarify some points and to ensure that that the participants’ descriptions were done justice to.
- ***Description of categories.*** After identifying and defining the categories, the next step was to describe them in more detail. Each category was dealt with individually, taking each company’s description into consideration and making verbatim references from the original transcripts.
- The final step was to discuss the categories and integrate them with the literature and theoretical information provided in the Introduction of this article.

#### **4.5 Conclusion**

A detailed account of the research method used for this study was discussed in this section. The steps that were followed in the qualitative analysis of data were also provided in detail. The following section presents the results.

## 5. Results

### 5.1 Introduction

The results and findings are described in this section. To begin with, a short description of the participants is presented to introduce them into the study. The next step will be the description of the results of the data gathered from the participants, in the form of categories of experience. The definitions of the categories of experience will be presented below the name of each category, followed by a short description of the category and the verbatim examples.

### 5.2 The participants

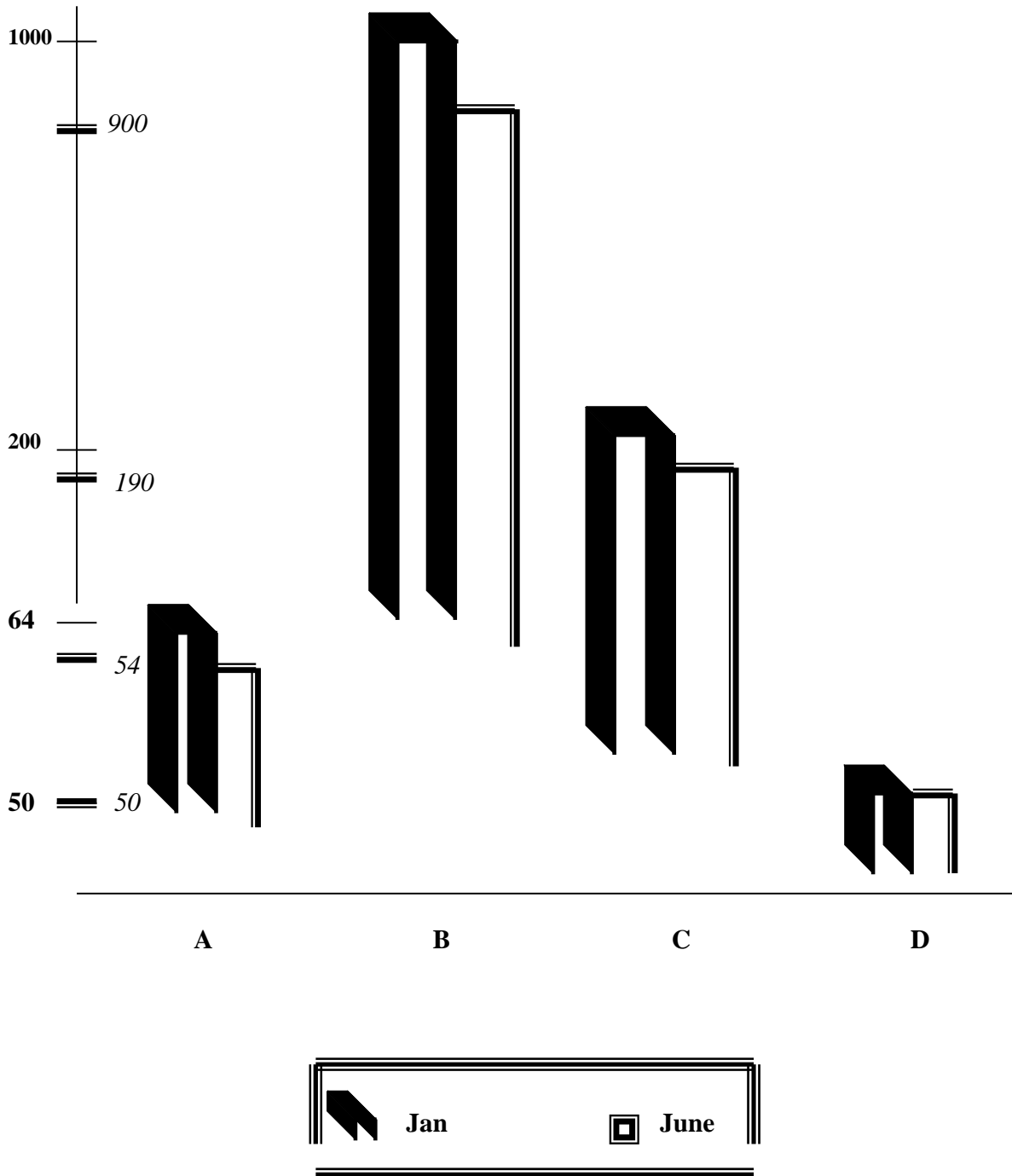
Each participating company will be introduced in order to give some background to the reader concerning some aspects of their operations. Careful consideration was given to the amount of background information provided due to the sensitive nature of the study and the undertaking given by the researcher to the participating companies. As a result, the participating companies' real names will not be used so as to protect their identities.

### 5.3 Results of the survey

**Table 2: Number of days employees were absent as a result of different reasons**

Company	Reason for absence						
	Total Jan 2004	Total Jun 2004	Absent during period under review	Funeral	Sick	Death	Living conditions (poverty; unemployment)
A	64	50	40	15	15	4	6
B	1 000	900	300	125	75	50	50
C	200	190	10	5	3	1	1
D	50	50	2	1	1	-	-
<b>TOTAL</b>	<b>1 314</b>	<b>1 194</b>	<b>352</b>	<b>146</b>	<b>94</b>	<b>55</b>	<b>57</b>

Figure 1: Diagrammatic demonstrations of the survey results



Prevalence surveys were conducted in January and June 2004 at four different companies (here known only as companies A,B,C and D).

All told, 1 194 out of a total of 314 employees took part in this survey. Thus, only 9,13% of employees did not form part of this survey as a result of having left their employ, either because they have been fired or resigned during the period under review.

Of the total percentage surveyed, an effective 29,48% of the total workforce was reported absent during the period under review. These 'absents' were explained as follows:

- Absent as a result of attending a funeral of a colleague or family member (12,23%).
- Absent as a result of being sick (7,87%).
- Absent as a result of being dead (4,61%).
- Absent as a result of adverse living conditions (4,77%).

#### **5.4 Profile of companies**

##### ***Company A***

This is a service industry (Food outlet/ Restaurant) with the owner having three outlets employing 64 staff members in total. When the survey started in January 2004 only 64 people were employed, both temporarily and permanently; however, for this research study their employment status did not really matter.

In June when the survey was concluded, only 54 of the original 64 employees were still with the company. Ten (10) workers of the original group had either resigned or had been fired or boarded on medical grounds, as they could not be traced back to the survey for reconciliation purposes. Forty (40) absents were recorded during the period under review. This is not necessarily the number of different people reported absent at any point in

time, but the number of absents which could mean one person being absent for more than once.

Of the 40 workers absent during the period under review, 15 were absent due to funeral commitments, another 15 were not present as a result of being sick, and 4 had died and 6 (six) could not come because of poverty or living conditions e.g. like not having bus/ taxi fare or water/ electricity at home. *All these reported cases had negative return on the finances of the company as the management had to hire more scab labor to maintain production levels or pay more for overtime.*

### ***Company B***

This manufacturing company is highly labour intensive, employing 1000 people on different shifts. This is a wholesaler, as it does not sell directly to the end user but intermediary/ retailers. Consequently, production levels are high as the company has pre-determined orders to meet.

*Production levels have to be met at all times for continued contracts, business efficiency and profitability.* In January 2004, 1 000 people were employed, but at the end of June only 900 were still in the employer's books with 100 having either resigned or being fired or even on pension as a result of medical grounds.

During the period under review 300 absents were reported, of which 125 were for funeral attendances, 75 due to ill health and 50 had passed away. Because of these unplanned/ unscheduled absents, targets were in some instances not met, resulting in some contracts being reviewed and in worst cases being cancelled for non-performance or lack of reliability. These tendencies have a significant financial impact on the organization.



### ***Company C***

This is a retail company, where cashiers at points of sales are of critical importance because of speed and accuracy gained from training and past experience. Only 10 of the original 200 employed at the start of the survey had left the company (fired or resigned or on pension due to medical reasons) and only 10 absents were reported during the six months of the survey, of which five had reported funeral attendances, three ill health and one dead; this did not necessarily affect the company negatively in financial terms. The strategy here was that management had rotationally trained every worker on general operations of the company so as to easily shift people around as floats in cases of emergencies. *This investment in human capital was clearly beneficial, although it also came at a cost.*

### ***Company D***

This is another service industry with the owner having several garages (five in all) with 10 petrol tenders in each garage. It is the only company that reported the same number of employees at the end of the research period (six months), with only two reported absents during the period under review due to one sickness and one funeral attendance. *This is a family business and more than half of the workforce was related.* Employee attendance as reported by the HR department was impressive.

## **5.5 Conclusion**

While the absenteeism, sicknesses and reported deaths could not be directly linked to HIV/AIDS infection or affection (since the human resources department was not willing to grant the researcher access to the employees' records for scrutiny), the face-to-face interviews with the workers' representative gave a clear indication of the situation affecting their colleagues. Management was also highly concerned about the future of the company "bottom line".

The lessons for other companies from this experience are fairly straightforward. They include the following:

- It is difficult to measure and monitor the impact of HIV/AIDS on a company unless there is a good management information system (MIS)
- It is only useful to know HIV prevalence rates in the company if the information is going to be used to achieve the following practical goals:
  - To plan for human resource needs.
  - To assess benefits.
  - To examine treatment options.
- It is not enough to look at costs; an organization must also look at critical posts—those where lack of experience, adequate numbers or high levels of absenteeism will mean that efficient operations will be compromised.
- The ‘criticality’ of posts may not be easily predicted and their identification may involve some very difficult reflection.
- A company does not operate in isolation; it needs to look at its relationship with other companies, the government and the community and to consider how its decisions in terms of a HIV/AIDS response affect, and are affected by, the wider environment.
- There is a need for commitment to the process at all levels of the company and this is particularly important if any recommendation of these findings is to be implemented.

The financial impact of HIV/AIDS on a business will depend on the likelihood of a number of HIV/AIDS risks occurring and the severity of the financial consequences where these risk events occur. In other words, if a business is exposed to a large number of potential HIV/AIDS risks and it is likely that these risk events will occur, then it is also likely that the financial impact will be high.

**Direct Risk** (i.e. caused directly by death, absenteeism or illness of employees, and representing directly measurable costs to a business).

- Increase in the cost of group life cover and disability cover.
- Increase in the cost of providing medical benefits.
- Potential increase in the cost of providing retirement benefits, depending on benefit structure, the type of retirement fund
- Increase in the cost of absenteeism
- Increased costs due to higher staff turn-over rate: cost of recruitment and training to replace employees who retired due to ill-health or died in service.
- Cost of compassionate leave, including time to attend funerals of colleagues and family members.

**Indirect Risk** (i.e. those risks from direct risks that are difficult to quantify).

- Business risk: reduction in staff productivity.
- Loss of workforce morale.
- Loss of 'institutional memory' or intellectual capital. etc, etc
- Loss of continuity and client relationships especially where the disease affects key persons.
- Legal risk: possible risk of increased litigation against companies, where employee's and/ or customers feel that they have been discriminated against. Risk of vicarious liability for actions of managers/ fellow employees falling foul of provisions in the law relating to HIV/AIDS.
- Potential increases in the cost of salaries where there is loss of skilled or managerial staff, and where remaining or replacement skilled or managerial staff can command higher salaries. It would be a mistake to assume that managers are not exposed to HIV/AIDS risk, as is often done in business.

## 6. Discussion of results

### 6.1 Introduction

The main analytical finding from this research is that the corporate sector is just starting to wake up to the risks posed to business operations by HIV/AIDS and still has to awaken to its wider responsibilities, which arise from its influence over the conditions that encourage HIV/AIDS prevalence and undermine possibilities for mitigating its effects. Dialogue and action on the interface between business and HIV/AIDS has often focused on the business response to HIV/AIDS, rather than on the HIV/Aids response to business. The researcher' view is that all actors must consider the wider social and economic conditions influencing HIV/AIDS prevalence and impact.

The costs of HIV/AIDS will be felt beyond the direct effect of the disease, and these indirect costs include

- the increased costs of recruiting and training staff, given the extra deaths and disabilities expected;
- costs of additional sick and compassionate leave;
- the negative effect on staff morale;
- costs of ensuring that occupational health and safety standards are adequate;
- dealing with prejudice among staff when some employees are HIV-positive;
- ensuring staff members' HIV status remains confidential;
- management and labour meetings to discuss the AIDS crisis as it develops, and
- loss of turnover and profits due to its effect.

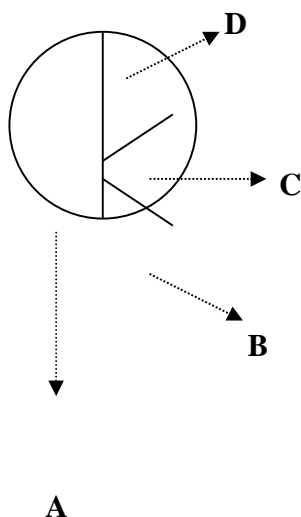
With HIV infections increasing daily, companies will have to train more people for every job because of the AIDS death toll, projected to reach 500 000 a year by 2008. Non-intervention by the companies will result in further costs incurred by absenteeism, hospitalization, and funerals. **The cumulative effect of this is loss of productivity and hence profits.**

The questionnaires used in this research article played an important role in encouraging debate and policy development within some corporations, as illustrated by the following quotes from completed questionnaires:

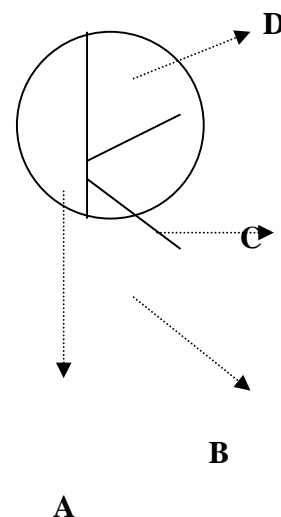
- “We think, that this questionnaire was very useful for our company, and helped us to set up our policies, programs and actions.”
- The questionnaire reached us right in time. It is helpful for the further development of the policy as it raises awareness for certain areas which will have to be taken into consideration.”
- “Well worth completing. Provides food for thought on this issue.”
- “This survey has provided the opportunity to further discuss HIV/Aids issues within our company.”

In general, the managers of the companies surveyed do not appear to regard HIV/AIDS as a serious problem for their companies. Figure 2 indicates the views of the managers of the four companies who replied to the survey, concerning the current and future threat of HIV/AIDS to their business.

**Now**



**In 10 years**



**Figure 2: Is HIV/Aids a problem for your company?**

The figures show the belief (now and in future) that HIV/AIDS will not affect the market share of these locally based companies.

While there was a wide range of opinions on this matter, which reflects the different types of companies surveyed, and the differential risks faced depending on what economic activities are involved, there were no programmes or strategies *now* or in *future* that were planned. Thus, Figure 2 is projected the same after 10 years because the management of the surveyed companies thought that HIV/AIDS would not affect their operations in future.

But, after some deliberations on the matter and after the question was re-phrased as: *If HIV/AIDS impacts on the financial performance of your company, would you act on it and why?* the responses changed. The answer was **yes** and the reasons were as follows

- To manage costs or declining productivity.
- To be a corporate citizen.
- To avoid long-term threat to growth.

The researcher can conclude, therefore, that the relationship between corporations and HIV/AIDS is wide and contested, perhaps more so than acknowledged.

## **7. CONCLUSION**

### **7.1 Introduction**

The study attempted to provide a view on the potential impact of HIV/AIDS on a company's financial performances by looking at issues responsible for increased absenteeism, decline in employees' morale, increased staff turnover, loss of skills and loss of tacit knowledge resulting in increased costs, declining profits and declining productivity. A holistic view approach was used to check the overall commitment of management on the HIV/AIDS policy issues and their understanding of the ultimate

financial impact of the pandemic on the organization *if nothing was done*. In this section a selection of scenario planning projections are presented, before the final conclusions are reached. At the same time, the limitations of the study are described and some recommendations for future research are advanced.

## 7.2 Scenario projections

Scenario planning is a way to avoid being caught by surprise. This technique does away with market uncertainty as it helps companies avoid bad strategies and plan on good ones. Scenario planning is a window into the future - it allows people to pursue a future, not guess the future. This knowledge allows governments, sectors and companies to model a number of action plans based on representative future forecasts. Along with the ability to predict sector changes, identifying scenarios also gives organizations the ability to stimulate strategies under varied conditions. This approach makes it possible to identify growth strategies as well as potential threats to market positions.

There are a number of reasons why every role-player in the workplace should be involved in responding to the prevention and the management of HIV/AIDS in the workplace. The non-intervention scenario projections - ie if South Africans do nothing about the prevention and management of HIV/AIDS pandemic - based on the Metropolitan Doyle model are listed below (HIV/AIDS Technical Assistance Guidelines (DoL, 1999))

- in 2001, 18.02% of the South African workforce between the ages of 16-59 was HIV positive. If nothing is done, it is projected that this number will increase to 22,35% in 2005 and to 24,08% in 2010
- in 2001, 0,93% of South African workforce had full-blown AIDS. If nothing is done, it is projected that this number will increase to 1,98% in 2005 and 2,91% in 2010.
- In 2001, 235 000 new AIDS cases were reported. If nothing is done, it is projected that this number will increase to 329 000 in 2005 and to 541 000 in 2010.

- In 2001, 197 000 AIDS orphans were reported. If nothing is done, it is projected that this number will increase to one million in 2005 and to two million in 2010.
- In 2001, the life expectancy of females was estimated at 52 years. If nothing is done, it is projected that the life expectancy rates will be reduced to 43 years in 2005 and to 37 years in 2010.
- In 2001, the life expectancy of males was estimated at 49 years, if nothing is done, it is projected that the life expectancy rates will be reduced to 43 years in 2005 and to 38 in 2010.

### **7.3 General findings**

Despite the leadership of a few visionary business people, the business sector has been extremely slow to respond to HIV/AIDS in the face of the unparalleled threat Aids poses to economic prosperity. The alarm bells are only just being heard, and the private sector only just beginning to wake up to the risks posed by HIV/AIDS.

Although many companies, including a number who did not respond to this survey, are aware of published case studies of projects on HIV/AIDS, this does not substitute for a comprehensive policy and programme co-ordinated at group level and incorporating all the key provisions identified by the world's authoritative body on labour practices - the ILO.

This raises two issues. The first relates to the financial management of corporations. Some companies have calculated the financial impact of HIV/Aids on their business to be significant. Some companies have demonstrated the ability to implement policies and programmes on HIV/AIDS in response to these financial risks. Given these facts, even if many companies may not face such immediate financial risks, through not operating in seriously affected sectors or regions, it can be expected that all well-managed national corporations will have systems in place to judge their particular exposure to HIV/AIDS-related risks. Institutional shareholders and government industry departments may



therefore consider asking more questions of corporate management on this issue. If this happens, then surely more companies will begin to wake up to the risks from HIV/AIDS. The second issue relates to how the local community can and should respond to the challenge of HIV/AIDS. The voluntary role that business is playing and can play in the fight against HIV/AIDS needs to be tempered with an awareness of the current lack of wholesale and comprehensive engagement by even the largest companies on this matter, even in the in the most affected areas such agriculture-rural.

#### **7.4 Research-specific conclusions**

What this research suggests is that not only do more companies need to wake up to the risks posed by HIV/AIDS, but they also need to be encouraged and perhaps even directed, to awaken to their responsibility for influencing the conditions within which governments, communities and households respond to HIV/Aids. Therefore, approaches that go beyond voluntary initiatives for critical illnesses such as HIV/AIDS need to be considered by governments.

The survey further suggests that when corporations are responding to HIV/AIDS in a progressive manner, rather than merely reducing their exposure to the financial risks associated with it, their actions are limited in four key areas: *First*, only infrequently is the full range of issues specified by the ILO for incorporation in a workplace policy or programme actually properly integrated. More work on promoting awareness and understanding of the ILO's Code of Practice on HIV/AIDS and the World of Work would thus be useful, but poses a number of capacity challenges. *The second limitation* revealed by this research is the interventions aimed at combating HIV/AIDS in the workplace are often restricted to that workplace, rather than extended to the communities, subcontractors and suppliers. *Third*, and related to this, broader impacts on political economy and their relationship to HIV/AIDS via impacts on poverty and inequality are rarely considered. *Fourth*, companies often focus on managing risk only when risk has already been created. For example, few conduct social impact assessments before

opening operations, or act to reduce or moderate any migration associated with their activities.

These limitations to the corporate response suggest that most companies are not awake to their wider responsibilities, which arise from their influence over those conditions that encourage HIV/Aids prevalence and undermine possibilities for mitigating its effects.

The relationship between business and HIV/AIDS should not only be understood as the response of business to HIV/Aids, but also the response of HIV/AIDS to the activities of business. The importance of this broader view is emphasized by the UN General Assembly Declaration of Commitment on HIV/Aids, which recognizes that all actors should consider the wider and economic conditions influencing HIV/AIDS prevalence and impact (UNGASS, 2001). Therefore the international policy community on HIV/AIDS must act to ensure that more companies are not only wakening up to the risk posed by HIV/AIDS, but also awakening to their responsibility for the current socioeconomic conditions that influence people at risk from, or living with, the virus.

Such an awakening could be achieved even within a risk management approach to corporate action, if both the corporate and financial sectors came to understand that the risks to business posed by HIV/AIDS cannot be addressed without broad-based action to promote sustainable development, and thus prioritize action accordingly.

Nevertheless, this research has produced some data that support a preliminary assessment of what corporate policies on critical illnesses such as HIV/AIDS should cover. At a minimum, a group level corporate policy should aim to ensure that all subsidiaries and group companies go through a process of assessing the following:

- The current and potential impact of critical illnesses such as HIV/AIDS on their workforce, customer base, and stakeholder relations, as well as their financial performance.

- Whether their current policies, programmes and practices on various issues such as occupational health, human resources, industrial relations, marketing and external relations are compatible with best practice guidelines on critical illnesses such as HIV/AIDS and, therefore
  - what additional prevention measures they can take to reduce exposure to critical illnesses vectors such as HIV infection-rather than just reducing their immediate exposure to additional costs.
  - what additional mitigation measures they can take to manage and reduce the impact of critical illnesses, such as Aids-rather than just reducing their immediate exposure to additional costs,
- How their normal course of business, including all functions such as tax management, lobbying and strategy, affect critical illnesses such as HIV/AIDS through impacts on poverty and inequality, and the capacity of governments.
- How they might adjust their strategy, policy and practice to improve their contribution to poverty and inequality reduction, and the capacity of governments.
- How they are supporting or undermining a sector-wide response to the direct and indirect causes of critical illnesses such as HIV/AIDS, particularly factors influencing the capacity of non-private actors to address this.
- Whether they have appropriate monitoring, evaluation and reporting processes in place for their policies, programmes and practices that may affect critical illnesses such as HIV/AIDS.

Another finding from the survey was the often limited scope of corporate policies, in the sense that they do not all address suppliers, subcontractors and communities, nor their

influence on society's ability to respond to the pandemic. Interviews with HIV/AIDS activists confirmed a concern about the limited scope.

These are the first steps in a management systems approach, which does not specify exactly what remedial actions should be taken or the performance levels that should be achieved. These will need to be developed over time.

## **7.5 Limitations of the study**

Since the interviews were not directly with the workers, but with their representatives and management, the information obtained from surveys is limited in a number of ways. One limitation was the use of language. The distance between the surveyor and the surveyed means that different understanding of issues and survey questions cannot be identified and be thoroughly dealt with. Surveys also reduce the complex and interrelated phenomena into prescribed options, which can close down rather than open up issues. As corporate action and influence on HIV/AIDS in the workplace is still a recent subject of academic analysis, it is helpful to triangulate surveys with other forms of research that are more exploratory, and even more collaborative and transformative.

The second limitation revealed by this research is that interventions aimed at combating HIV/AIDS in the workplace are often restricted to that workplace, rather than extended to communities, subcontractors and suppliers. Third, and related to this, broader impacts on political economy and their relationship to HIV/AIDS via impacts on poverty and inequality are rarely considered. Fourth, companies often focus on managing risk once risk has already been created. For example, none of the surveyed companies conducted any social impact assessment before opening operations, or act to reduce or moderate any migration associated with their activities. These limitations to the corporate response suggest that most companies are not awake to their wider responsibilities, which arise from their influence over those conditions that encourage HIV/AIDS prevalence and undermine possibilities for mitigating its effects.

The relationship between business and HIV/Aids should not only be understood as the response of business to HIV/AIDS, but also the response of HIV/AIDS to the activities of business.

## 7.6 Recommendations

The following key issues were identified as requiring clear specification if an effective HIV/AIDS strategy were to be developed.

- ***Group HIV/Aids strategy.*** Without such a strategy, the companies would not survive. There is a need for an immediate plan of action.
- ***Development of a group information system.*** The Management Information System (MIS) needs to be structured to enable the extraction of accurate and reliable data in relation to HIV/AIDS prevention, treatment and impact mitigation. The medical database has to interface with financial and human resource-related data.
- ***Provision for future costs.*** The company has to be aware of the currently evident and likely future costs, and to be in a position to cope financially. It is clear that costs will have to include antiretroviral therapy for employees.
- ***Enhancement of manpower planning.*** This is important for the long-term survival of the company. It has to be all-inclusive, encompassing company training policy, and cost-conscious.
- ***Restructuring employee benefits.*** This is a key issue as it is clear that employee benefits will need to be structured in such a way as to afford flexibility and to take account of the company's training strategy. One possibility is to give employees the choice between a gratuity and a pension, depending on their

particular needs. This will require a proper system of benefit management, and some system that gives people an incentive to remain seronegative.

- ***Institutional capacity and capability.*** Companies need to establish policies and instruments that would enable it to continuously examine the adequacy and the availability of its resources (both human and financial)
- ***Legal issues.*** There is a clear need to sensitize managers and employees to the legal issues relating to the management of AIDS in the workplace.
- ***Productivity issues.*** Companies have to establish procedures to enable it to monitor productivity and thus identify Aids-related declines. This will involve the development of new data collection and analysis systems.
- ***Business action against AIDS.*** Businesses have a vital role to play in the wider response to HIV/AIDS, both in their own workplaces and as community leaders. The challenge is to find and replicate cost-effective interventions that mitigate the epidemic spread and impact. Effective programmes often include preventative measures, such as education, condom distribution, and care and support. Research shows that providing HIV prevention and treatment programmes is more cost-effective for companies because they reduce staff turnover and labour costs.

Many prevention and treatment interventions can also be relatively inexpensive. They include: a HIV/AIDS company policy, ensuring that affected employees have access to statutory benefits, and adapting workloads to suit the HIV-infected employees' capacity. *The Employers' Handbook on HIV/AIDS: a guide for action*, published by the International Organization of Employers, provides more intervention examples, as well as details on the impact costs for employees.

- ***What success looks like.*** Every workplace should have a policy and programmes on HIV/AIDS. These should have three main components: prevention, care and support, and protection against stigma and discrimination.

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**APPENDIX A**

**UNDERTAKING**

I, THE UNDERSIGNED (full names and surname)

.....

**DECLARE** to treat all the information supplied to me by participating companies with strictest sensitivity it deserves.

This undertaking is subject to the conditions that all information guarded from these participating companies will be treated as confidential and that the identity of these companies will not be made known to anyone.

In addition, I undertake to make the results of my findings and recommendations of my research available to the participating companies free of charge. Further that, the information provided will not be used for any other purpose other than this research without prior consultation and agreement from the companies involved.

Signed at.....on the.....day of.....2004

Witnesses:

1. ....

2. ....

.....

(Signature of researcher)

## **APPENDIX B**

### **The potential impact of HIV/AIDS on the financial performances of South African companies**

With the rising prevalence of HIV/Aids, businesses are increasingly concerned about the impact of the disease on their organizations-concerns that are well founded. At the broadest level, businesses are dependent on the strength and vitality of the economies in which they operate. HIV/Aids raises the cost of doing business, reduces productivity and lowers overall demand for goods and services. It therefore makes sense to invest in prevention, care and support programmes to stem declining business productivity and profitability.

At company level, such aggregate national losses are often hard to detect-or else have yet to come-and they not always, therefore convince businesses to act. But business impact of Aids is already visible in workplaces in many parts of the world-something that worries managers, from the shop floor to the top management.

Aids takes its toll in the workplace in a number of ways:

- Absenteeism through Aids-related illnesses, to care for others, and to attend funerals
- Increased recruitment and training costs-in many developing regions, finding qualified top management and skilled line workers to replace those who die or can no longer work can be extremely difficult
- Increased labor turnover-productivity suffers d
- uring the time it takes to replace workers, particularly among more skilled or senior workers
- Lower productivity of new recruits-often it takes weeks for new employees to become as productive as those replaced
- Increased health care costs, including growing health staff, medical and insurance costs, death benefits, disability and pension payments.

This questionnaire has been compiled for the purpose of conducting a study on the potential impact of HIV/Aids on South African companies. This study will form part of dissertation towards an M.Phil (HIV/Aids management) degree at the University of Stellenbosch. Respondents are assured that their personal and/ or company details and identities will be kept confidential. This information will not be passed on to other parties, and will not be used for any purpose, other than this study. It is hoped that this will assist others and me in untangling the mysterious and sometimes confusing web that is spun by the HIV/Aids disease complex.

Your participation in this study is highly appreciated.

Yours faithfully

**Jack Moeketsi Tladi (M.Phil student)**

You may also e-mail your responses to [moeketsi.t @ wol.co.ca](mailto:moeketsi.t@wol.co.ca)

**RESPONDENT INFORMATION**

*Name* ..... *of* ..... *a* ..... *company*  
(optional).....

*Type of business (e.g. service, retail or manufacturing).....*

*General* ..... *Level* ..... *of*  
*Qualification*.....

*Gender*..... *(Average*  
*age)*.....