A CASE STUDY ON THE RESPONSE OF ABSA BANK TO THE CHALLENGES OF HIV/AIDS IN THE WORKPLACE.

by

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DECLARATION

By submitting this assignment electronically, I declare that the entirety of the work contained therein is my own original work, that I am the owner of the copyright thereof (unless to the extent explicitly otherwise stated) and that I have not previously in its entirety or in part submitted it for obtaining any qualification.

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ABSTRACT

The purpose of this case study is to give a chronological narration of how Absa Bank addresses the HIV/AIDS pandemic within its workforce. Through the research I intend to look beyond five years; depending on the availability of documents and cooperation of staff who have access to the relevant information.

The introduction includes a short story about how the bank came into existence and the vital role it plays in the South African economy. Second in line is a brief history on the origins of HIV/AIDS from its early stages up to 2008.This will include a brief statistics on the prevalence of the virus globally, with some reasons on the glaring disparities of the prevalence rates among the nations.

This is followed by the brief report from the National HIV Survey, whose research methods involves sampling a cross-section of society, including a large number of people from different geographical, racial and social groups. Their researchers claim to take great pains to try to make the samples as representative as possible.

As for Absa which is mainly an employer of the predominantly so called "white *collar workers",* I have briefly given an anecdote on the studies concerning this particular group and their relationship with HIV/AIDS. This is the group that considers itself immune to the disease.

Following will be an introductory statement and notes on the pandemic as a threat to the bank, by the Group's Risk Department. I will also endeavour to elaborate on show how the Executive Committee responded to the potential threat and challenges facing the bank.

The ABSA integrated Wellness and Health Policy, born out of all the top managerial endeavours to mitigate the impact of the pandemic within its ranks will be thoroughly treated.

Part of they method will be identifying the originators and stakeholders of the organisation's HIV/AIDS and Life Threatening Policy. Included will be the information on what really triggered the Bank's response, to the point of drafting the HIV/AIDS Programme and subsequently implementing it...

The Absa HIV/AIDS Policy is part of the integrated Health and Wellness Programme. The question that begs an answer: "*Is Absa winning the fight against HIV/AIDS within its ranks or not?* This paper will endeavour to analyse whether or not the Bank is effective in its fight against this fast-growing pandemic.

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OPSOMMING

Hierdie werkstuk het ten doel om die respons van ABSA (een van die groot bankgroepe in Suid-Afrika) op te teken in die vorm van ‘n gevallestudie.

Aan die begin van die werkstuk word ‘n kort oorsig van die MIV-pandemie in Suid-en Suider Afrika gegee.

In die volgende hoofstuk word die respons van ABSA kronologies en in detail geboekstaaf.

Finale gevolgtrekkings word in die laaste hoofstuk gemaak.

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GLOSSARY OF TERMS

Affected – Indicating a person/persons who may be directly or indirectly infected by the impacts of the epidemic, while not necessarily themselves are infected with the virus.

AIDS – Anti Immuno Deficiency Syndrome

ARV – Antiretroviral

ASSA- Actuarial Society of South Africa

Chemical dependency – psychological /physical dependency from alcohol and other drugs

Client - individual /group/family member utilising the ABSA Employee Wellness Programme due to personal or work related problems

Consultation – process of interaction with another professional in order to verify or confirm specific information

Counselling – therapeutic intervention by a trained professional, i.e. Social worker, psychologist or psychiatrist.

Critical incident – incident causing a crisis to the individual or family

Discrimination – Any act or omission, including a policy, law, practise, condition or situation which directly or indirectly Imposes burdens, obligations or disadvantages on, or withholds benefits, opportunities or advantages from any person on one or more prohibited grounds

EWP -Employee Wellness Programme

EAPA – Employee Assistance Professional Association

GIPA – Greater Involvement of people living with HIV/AIDS

Group – Means any division or wholly owned subsidiary of the Absa Group Limited

HIV – Human Immune Deficiency Syndrome

HIV Status – The presence or absence of HIV- positive test. The HIV status refers to whether the person is or is not infected with the HI- virus.

IHWP-Integrated Health and Wellness Policy

Immune deficiency – A weakening or breakdown in the defence capacity of the body; rendering the body vulnerable to various infections and opportunistic diseases.

ICAS- International Counselling and Advisory Services

Life Threatening Disease

Includes, but is not limited to

- Cancer

- Cardiac condition
- Tuberculosis
- Chronic Obstructive Airway Disease,
- Hepatitis B,
- Diabetes,
- Renal Pathology,etc
- Chronic Obstructive Airway disease,
- Hepatitis B,
- Diabetes,
- Renal Pathology, etc.
- MRC- Medical Research Council

Pre-and post -test counselling

Pre-test counselling occurs before an individual has undergone the HIV test and post-test counselling when the individual gets the results of the test, irrespective of whether the HIV test results are negative or positive.

Intervention - therapeutic and professional guidance to any employee, in order to overcome his/her problem.

Role Players – employees, employers, employee representatives and unions

Therapy – assessment and treatment of a troubled employee.

Trauma – reaction of an employee to a very serious incident, causing psychological and often physical injury

Treatment – intervention with a troubled employee by exploring his/her feelings and guiding him/her through a process of recovery

Troubled employee – an employee suffering from any personal or work related problems, resulting in a lack of optimal economic and social functioning'

WAD – World AIDS Day

Well- being – a positive state of physical and emotional wellness

Wellness – an employee in good physical and psychological health, resulting in a high level of productivity

CHAPTER 1

INTRODUCTION

In the early 1990s several banks – Allied, Volkskas and parts of the Sage group – merged and this resulted in what is known today as Absa Bank.

The Absa Group Limited headquarters are situated in Johannesburg. This Stock Exchange listed company is one of the four major South African financial service groups, it has a permanent workforce of about 36 000 employees and a client base of more than 11.3 million customers.

The Group offers a wide range of services amongst which are retail and commercial banking, assurance, wealth management products and investment banking and other services. During Group's shareholding is estimated to be about 720 million and its market capitalisation is about R80 billion.

The bank is also a subsidiary of Barclays Bank and also has equity holdings in the SADAC Region. The bank is committed to the following values: to value its people and treat them with care, while demonstrating integrity in all its actions and taking responsibility for its entire works and displaying leadership in all it does. These values can find no better place to be tested, than in the Bank's response to the challenges posed by HIV/AIDS.

Absa's primary objective in regards to HIV/AIDS is to educate stakeholders (primarily its staff) and to minimise the potential impact of the pandemic and other life-threatening diseases.

The purpose of this assignment is to document the response of ABSA to the HIV/AIDS pandemic. In order to put the response in perspective, a brief introduction to the HIV/AIDS pandemic will first be given in Chapter 2.

The response of Absa to HIV/AIDS will be discussed in Chapter 3 and final conclusion will be drawn in Chapter 4.

CHAPTER 2.

A BRIEF INTRODUCTION TO HIV/AIDS

HIV is a lent virus (slow virus), which is part of a larger group of viruses known as retroviruses. It is a descendent of a Simian Immunodeficiency Virus (SIV) that affects monkeys. As a lent virus HIV attacks the immune system. There are two types of HIV's, namely HIV-1 and HIV-2.HIV-2 is a strain of the Simian Immunodeficiency Virus found in the sooty mangabeys monkeys on the western part of Africa.(Fourie, 2006)

2.1 HIV-1

In 1999 researchers from the University of Alabama announced their finding of SIVcpz that was identical to HIV-1. It was taken from a frozen sample of a captive member of the chimpanzee known as *Pan troglodytes* (P.t. troglodytes), of west-central Africa. They claimed that this sample proved that chimpanzees were the source of HIV-1, whose virus had at some point crossed species from chimps to humans. Their final conclusion was that wild chimps had been infected simultaneously with two different simian immunodeficiency viruses which had "viral sex" to form a third virus that could be passed on to other chimpanzees capable of infecting humans and causing AIDS.

The two different viruses were traced back to SIV that infected red-capped mangabeys and one found in greater spot-nosed monkeys. Apparently the hybridisation took place inside chimps that had become infected with both strains of SIV after they hunted and killed the two smaller species of monkey.

As for theories that explain on how HIV/AIDS came about, the *"hunter theory"* is the most plausible explanation of how SIVcpz was transferred to humans. This according to the theory is as a result of chimpanzees being killed and eaten or their blood getting into cuts or wounds of the hunter. (Du Toit, 2007)

2.2 AIDS around the World

The situation regarding HIV/AIDS around the world can be summarised as follows:

Asia: In 2007, there were 2.4 million people living with HIV in India. Other large epidemics are present in China (700,000), Thailand (610.000) and Myanmar (240,000). The total number of people living with AIDS in India is thought to be around 4.7 million.

The Caribbean: The Bahamas was the worst affected nation in the region during 2007, with a prevalence of 3%.In the most affected countries of the Caribbean, the spread of HIV infection is driven by unprotected sex between men and women, although infections associated with injecting drug use are common in some places, such as Puerto Rico.It is also attributed to a deadly combination of early sexual activity and frequent partner exchange by young people.

Latin America: around 2 million people were living with HIV in Latin America at the end of 2008.During that year, around 77.000 people died of AIDS and an estimated 170.000 were newly

infected. The HIV epidemics in this region are fuelled by varying combinations of unsafe sex and injecting drug use.

Eastern Europe and Central Asia : In 2008, some 1.5 million people were living with HIV/AIDS claimed an estimated 87.000 lives during 2008.The Russian Federation , Ukraine, and the Baltic States(Moldavia, Latvia, and Lithuania) are the worst affected , although HIV continues to spread in Belarus, Moldova and Kazakhstan. An estimated 940,000 HIV –infected people were living in the Russian Federation at the end of 2007.

HIV and AIDS in Africa: In Somalia and Senegal the HIV prevalence is under 1% of the adult population .West Africa has been less affected by HIV/AIDS but now some countries are experiencing rising HIV prevalence rates. In Cameroon HIV prevalence is now estimated at 5.1 % and in Gabon it stands at 5,9%.in Nigeria HIV prevalence is low(3,1%) compared to the rest of Africa .

Sub-Saharan Africa: is more heavily affected by HIV and AIDS than any region in the world. An estimated 22.4 million people are living with HIV in the region, which are about two thirds of the global total. In 2008 about 1, 4 million people died from AIDS in sub-Saharan Africa and 1, 9 million became infected with the virus. Since the beginning of the epidemic, more than 14 million children have lost one or both parents to AIDS. In three Southern African countries the national prevalence rate now exceed 20%.These countries are Botswana (23,9%), Lesotho(23.2%), and Swaziland(26,1%). In South Africa, 18.1 %(5, 7 million people) are infected with the virus making it the country with more people living with HIV than any other country. (Dorrington and Johnson, 2002)

2.3 The South African National HIV/AIDS Survey Statistics of 2002

The aim of this brief section is to introduce prevalence studies that estimated the number of people who were living with the HIV virus in South Africa and those who also died through its effects. This survey will help the reader to form an independent and unbiased opinion about the pandemic contrary to what Absa is offering under its risk assessment. The report provided by Absa is based on a credit risk perspective, whereas this report is purely statistical and independent from any economical interest, it is rather a mere stating of facts without an intention to influence anyone with an opinion or point of view. It was in the 2002 that the government faced increasing opposition to its stance on the provision of ARVs, with Mandela, Archbishop Desmond Tutu, the ANC Gauteng premier, COSATU, the SACP and the Anglican Church all calling for the speedy rollout of ARV programmes. By 2002 South Africa was already the nation hardest hit by the AIDS epidemic, with approximately 5.3 million of its 45 million people infected by the pandemic. Within the age group of 25-29 years, an estimated 34.5% of women were already HIV positive, while women between the ages of 20-24 and 30-34 had infection rates of just over 29%.An estimated 91,271 infants were born from an estimated 26.5% of HIV positive women. By 2002 approximately 600 South Africans were already dying each day of AIDS related complications.

The national mortality rates of South African men between the ages of 20 and 40 had increased by more than 150% since 1998, and the rates for women amongst 20-35 had risen even more. Approximately 25% of South Africa's economically – active individuals were already HIV positive.

Within the health infrastructure, access to health care had been significant. The percentage of hospital beds occupied due to AIDS ranged from 26% to 70% among adults and from 26% to 30% for children. Almost all of South African children under the age of 15 had lost at least one parent to AIDS. (Schoub, 1988)

2.3.1 Studies of AIDS deaths

In October 2008, Statistics South Africa published the report "Mortality and cause of death in South Africa, 2006". The report noted that the annual number of registered deaths rose by a massive 91% between 1997 and 2006. Within the people aged 25-49 years, the rise was 170% within the nine year period. Part of the overall increase was due to the growth of the population.

The Medical Research Council team analysed a 12% sample of death certificate data from the year 2000-2001 and compared it to all the data from 1996. When they looked at deaths for which HIV was a reported cause, they saw that rates had increased according to a specific pattern. The greatest increase was in the age groups 0 - 4 and 25 - 49 years, while death rates among teenagers remained unchanged.

The researchers observed that nine other causes of death had increased substantially according to the same distinct age pattern as HIV. They then estimated how much of the increase was as a result of HIV, and concluded that 61% of deaths related to HIV had been wrongly attributed to other causes in 2000-2001. In adults, tuberculosis accounted for 43% of misclassified deaths, and lower respiratory infections for another 32%. Among infants, most of the deaths had been misclassified as lower respiratory diseases or diarrhoeal diseases. According to the MRC results, HIV caused the deaths of 53 185 men aged 15-59 years, 59 445 women aged 15-59 years, and 40 727 children under 5 years old in the year 2000-2001.

The MRC estimates come very close to those made by a computer model of the Actuarial Society of South Africa, called ASSA2003. According to ASSA2003 calculations; HIV caused 108 170 deaths in 2000 and 147 525 deaths in 2001.

Statistics South Africa have analysed the MRC study and found that its methods and conclusions are generally sound.

2.3.2 Recent Estimates

The head of the MRC has stated that AIDS killed around 336 000 South Africans between 2005 and 2006[5].The ASSA 2003 provincial model calculated that 345 640 people died because of AIDS in 2006 – an estimated 47% of all deaths. Among adults aged 15-49 years, it is estimated that 71% of all deaths were due to AIDS . (Conway and White, 2004) UNAIDS/WHO estimates that AIDS claimed 350 000 lives in 2007- nearly 1 000 every day. Based on a wide range of data, including the household and antenatal studies, UNAIDS/WHO in July 2008 published an estimate of 18,1% prevalence among those aged 15-49 years old at the end of 2007. Their high and low estimates are 15.4% and 20.9% respectively. According to their own estimates of the total population, this implies that around 5.7 million South Africans were living with HIV at the end of 2007, including 280 000 children under 15 years old. The ASSA 2003 model produces a similar estimate of 5.4

million people living with HIV in 2006, or around 11% of the total population. It predicts that the number will exceed 6 million by 2015, by which time around 5.4 million South Africans will have died of AIDS.The estimated prevalence amongst South Africans (by age) is given in Table 2.2 and the estimated prevalence (by sex) is given in Table 2.2.

Table 2.1 Estimated HIV prevalence (%) among South Africans aged 2 years and older, by age, 2002-2008

Age	2002	2005	2008
Children (2-14 years)	5.6	3.3	2.5
Youth (15 - 24 years)	9.3	10.3	8.7
Adults (25 and older)	15.5	15.6	16.8
15 -49 year olds	15.6	16.92	16.9
Total (2 and older)	11.4	10.8	10.9

Source: South Africa HIV&AIDS Statistics

Table 2.2 Estimated HIV prevalence (%) among South Africans aged 2 years and older, by age and sex, 2008

Age	Male prevalence %	Female prevalence %
2-14	3.0	2.0
15-19	2.5	6.7
20-24	5.1	21.1
25-29	15.7	32.7
30-34	25.8	29.1
35-39	18.5	24.8
40-44	19.2	16.3
45-49	6.4	14.1
50-54	10.4	10.2
55-59	6.2	7.7
60+	3.5	1.8

Source: South Africa HIV&AIDS Statistics

2.3.3 HIV/AIDS and the White Collar Workers

Approximately 25% of South Africa's economically – active individuals were already HIV positive by 2002. ABSA is one of the institutions who stoically refuse to divulge the HIV prevalence of its workforce. This report is in helping to dispel the myth and false security of white collar workers, about their immunity to the infection of HIV/AIDS. This report is very important to readers who might wonder as to whether the efforts of institutions like ABSA are really worth it seeing that they employ some of the most intellectual people in the industry who seemingly should not have a problem about behaviour.

According to Dr Brad Beira of Aon South Africa, the prevalence of HIV-infected people in some companies ranges from 2% to 35% with a 50% to 90% annual participation in voluntary counselling and testing initiatives. Judith Bester, GM of Aganang, says that business regards HIV/AIDS as the responsibility of government, and as a result have been slow tackle the challenges of HIV in the workplace. Business failed to realise the long-term impact of the disease on not only the broader workforce but the country as a whole. People who were ill did not necessarily display signs of the virus and as a result employers thought this virus was a problem amongst the unemployed and not their employees.

She further says that ,"organisations are seeing the effect on their business operationally in terms of increased absenteeism, reductions in productivity and increases in ill health and death benefits that have to be paid out". As the pool of skilled people is very limited, it is in the very loss of these skills that is probably the biggest issue facing business in an HIV world. The Markinor Group released statistics in 2007 that highlights that the incidence of HIV in the workplace has increased from 11% to 19%, and the group with the highest increase in the incidence of HIV was amongst professional people.(Groenewald, 2005)

2.3.4 Demographics Impact on the South African Economy

Fertility: The number of fertile women may be reduced as: women die before reaching their child bearing years. AIDS awareness, use of condoms and increased empowerment of women will reduce fertility while urbanisation and rising affluence could also cause further declines in the rate of fertility

Orphans: South Africa's population is young; 54% are under 25 years and 12% are younger than 5 years. AIDS deaths will result in an increasing number of street children.

Nearly a million children under the age of 15 will have lost their mothers to AIDS by 2005. This is estimated to increase to 2 million by 2010.Loss of parents result in psychological effects such as slower maturity, stress, duress, needs which are not met, lack of education due to loss of financial support, children resorting to prostitution and crime as a means to support their respective families.

2.3.5 Impact of AIDS on economic development

2.3.5.1 National Economic Growth

Economic growth is expected to be less than 3% per annum in view of the significant slowdown in population and labour force growth. HIV/AIDS is expected to limit productivity improvements, with ill health of a significant proportion of labour force, impacting negatively on performance levels.

2.3.5.2 Impact on skills and experience

Loss of skills and experience impacting on the skills shortage already prevalent in South Africa could raise remuneration and replacement costs. With declining labour productivity due to absenteeism and illness; unit labour costs might increase as firms pay more for medical aid and group life/disability coverage Job losses affect dependency ratio i.e. ratio of non-working age population to working population;

More orphaned children may burden family support systems with implications for South Africa's social security systems; and simultaneously there might be an increased demands for health and welfare expenditure ; and decreased demand for durables and semi-durables by consumers;

A rise in the inflation rate together with a smaller saving pool could put further pressure on interest rates;

Domestic savings may be squeezed to a point where foreign investment is vital to plug the gap; however, AIDS and the perception it creates may deter any such investment.

Growth in fixed capital formation might largely be in the machinery and equipment component, with growth in building and construction remaining subdued. This capital formation might result in an increase in productivity levels for skilled and semi-skilled categories of employment, reducing the demand for unskilled labour, which already suffers high levels of unemployment.

2.3.5.3 Balance of Payments and the Exchange Rate

HIV/AIDS is expected to exert pressure on the balance of payments, especially in terms of capital flows. Negative investor sentiment may result from the potential costs of HIV/AIDS to companies and the economy as a whole, therefore affecting the inflow of capital. This may put downward pressure on the rand against the major international currencies and create further inflationary pressures,

2.3.5.4 Households

The worst impacts may be in the urban and peri-urban areas as there are no developed community support mechanisms. People are more impoverished and they do not have access to food crops.

Household expenditure might shift away from non-durables to services, especially health services. A decline in the population growth could have a negative effect on non-durables and to a lesser extent semi-durable consumption as these expenditure components are influenced by population size and household size.

2.3.5.5 Poverty

There is a link between poverty and health. The poor (40% of households) earn less than R355 pm per adult; and 50% of the population 921 million live in these poor households.

The ultra poor (20% of households) earn less than R194pm per adult; 27% of the population (11million) live in these ultra poor households. The cost of the disease will be shifted onto households by: ill workers being retrenched or medically boarded and losing most of their benefits and having to rely on their families for support. State hospitals by discharging AIDS patients to be cared for by their families at home, will place an additional financial burden on these households. Ill workers who return to rural areas, where they have no access to health services will place a further burden on already impoverished communities.

2.3.5.6 Productive Labour

HIV/AIDS will lead to slower growth in the labour force. Lower labour productivity and higher absenteeism and often non-productive training costs will increase the cost of labour. These developments will encourage more capital intensive methods of production in the economy. Limited improvement in the level of savings and low capital inflows, exacerbated by HIV/AIDS, will hamper economic growth and thus employment.

2.3.5.7 Absenteeism and Deaths

South Africa has a more developed economy than the rest of Africa and this may magnify the impact, as there is a greater dependency on skilled labour than in other sub-Saharan countries and the skills base is small. Loss of skilled and professional staff could hamper business and government operations and possibly slow economic growth.

Absenteeism's may increase due to ill-health and time taken off by employees to nurse family members and to attend funerals. Absenteeism and deaths may also result in a lower morale of workforce and less productive workers. More frequent accidents might occur because of fatigue, and less skilled and inexperienced replacements. There may be a lower average of workers and a larger workforce due to more apprentices to cater for deaths of experienced workers. Shortage of skilled workers could result in increased wages to attract these skills, with increased costs of health care, insurance, medical aid and hospitalisation. Due to sicknesses and deaths, there might be a decline in sales volumes as the markets shrink.

South Africa is more modern, skill-dependent and technologically advanced than the rest of Africa. By killing the economically active age group, AIDS may provide employment opportunities for those presently unemployed. It might also reduce the ranks of the unemployed as the fall sick and die.

The impact on consumption, however, may be so severe that the economy declines and people put out of work as businesses downsize or close up. Diversion of resources from savings, cashing on insurance policies, selling capital items, cattle etc., to care for the ill and to cover funeral expenses, might also impact on consumption.

Household structures and behaviour will change as the size, composition and productivity of the labour force are affected. A major concern for the retail sector is the provision of credit. Retailers of household appliances and furniture could be affected. Strategic repositioning of the bank in the retail segment will be required before 2005 in that it needs to diversify geographically away from the HIV/AIDS epidemic. As the bank has a responsibility to its shareholders to safeguard its future income stream, future income sources might need to be diversified. If the fear does not materialise then no harm is done, but if it does materialise then the bank will survive. HIV/AIDS is a problem that needs to be taken seriously and the bank needs to plan for it.

2.3.5.8 Indirect Impacts on Business and the Community

The private sector may be able to adapt; however, government is less able to do so. The result may be delays in granting licences, approving applications, immigration formalities .Service providers e.g. Eskom, Telkom may operate less efficiently resulting in interruptions in power supply. Trade unions may mobilise and make demands around HIV/AIDS issues. The increase in orphans and street children may increase the rate of crime making it more difficult to retain skilled but internationally mobile staff.

Increased mortality rates in the police and defence force may be result in some form of instability. The state health system might l experience increased demands, which may result in a decrease in the level and quality of service provided. Pressure might be placed on the private sector to use private hospitals to care for employees.

Government resources may be diverted from infrastructural projects, crucial to the functioning of the private sector, into care and prevention programmes. A concern peculiar to South Africa is affirmative action, as the levels of infection are higher in the black population than the white. The national policy of affirmative action is likely to be hindered by the AIDS mortality. Government policies may not recognise the new realities.

2.3.5.9 Impact on the Public Sector

HIV/AIDS might result in higher expenditure on health and social services and this will contribute to increased growth in government consumption expenditure.

South Africans have a greater expectation from the government than the rest of Africa, for example pensions. The only other country that pays a pension is Botswana (P117.00). In South Africa pensioners currently collect R540.00 each month. All South Africans are entitled to health care and in the case of pregnant mothers and children under the age of six, this is free.

Provision of housing and basic utilities such as water and electricity is a national priority and delivery is being achieved, albeit slower than expected. Grants for foster children of R350 per month are paid after a successful application. (2 million orphans are anticipated by 2010) The expectation of assistance and health care as the epidemic develops might be greater. (Groenewald, 2005) AIDS may kill young adults in the economically active age group, placing greater reliance on the government to provide welfare and assistance to those that remain. Despite the AIDS deaths, all projections indicate that the enormous backlog in housing, health and education will continue to be a problem.

2.3.5.10 Impact on the Private Sector

The private sector is the largest source of employment, creates wealth and supplies the population with food, clothing, housing and most essential goods and services Less money may be around as a result of weakening profitability of various sectors and thus less will be available for conservation and anti-pollution programmes with further health consequences.

2.3.5.11 Quantifying the Impact

Business quantifiable measures to asses the impact of HIV/AIDS could include estimations of HIV prevalence rate and AIDS mortality rates. According to the Metropolitan AIDS Risk Consulting Service (AIDS@Work), the JSE is compiling a reporting around HIV/AIDS for all listed companies called the triple bottom line reporting. The triple bottom line reporting (sustainability reporting) is becoming the norm amongst larger companies. In order to be seen as sustainable by investors and other stakeholders, companies need to report annually on economic, social and environmental activities and impact. HIV/AIDS reporting is a vital component of sustainability reporting in the South African context. The article concludes by saying that introducing an HIV/AIDS workplace programme can reduce the impact of HIV/AIDS on a business. R du Bruyn of the Department of Auditing at the University of Pretoria claims that the term annual report besides its general usage for financial statements may also refer to non-financial information, statistics and future assessments. According to him the annual report of a company serves as a main communication medium between directors of a company and its stakeholders. He feels that information on the organisations HIV/AIDS risk response should form part of a company's annual report to its stakeholders, as this will make shareholders with insight into the risks posed by HIV/AIDS, and the organisations response to the disease, feel less threatened by the potential threat of the pandemic on their investments. Employees are also interested in information about the stability and profitability of their employer, including his ability to provide remuneration and retirement's benefits.

CHAPTER 3.

THE RESPONSE OF ABSA TO HIV/AIDS

The earliest corporate responses to HIV/AIDS in South Africa came from the mining industry. Outside the mining industry, the first major company to respond was Eskom, the state owned electricity corporation, which adopted an HIV/AIDS Policy in 1988.In the late 1990s and early 2000s, other large South African companies launched comprehensive HIV/AIDS policies; or consolidated their previous ad hoc responses. In 2002 Anglo American announced antiretroviral drug provision for all its HIV positive employees, on the grounds that such an initiative was cost-effective. Since then, a number of other large companies have made similar announcements. While the response of large companies to HIV/AIDS varies, a number of surveys have indicated that the response of smaller lags behind that of larger corporations.

According to the survey "Treatment of HIV/AIDS at SA's largest Employers : Myth or Reality" conducted in 2004 by the Centre for International Health and Development at Boston University , financial services and mining companies are leading in providing HIV/AIDS related benefits. Thirty – four of the (52) surveyed companies have made estimates of the prevalence of HIV among their employees. Twenty seven of the companies (52%) disclosed the estimates to the survey. The average prevalence rate at the 27 reporting companies was 15.7 and the weighted average was 16.1%.

Absa as a registered financial service provider falls under the category of the abovementioned financial institutions. A Summary of ABSA employee statistics is given in Table 3.1

Table 3.1 Summary of ABSA employee statistics and employment equity status as at 31 March 2003

Job Level	Year	Male					Female					Total
		African	Coloured	Indian	White	Total	African	Coloured	Indian	White	Total	
Group executive directors	2002	1	0	0	10	11	0	0	0	1	1	12
	2003	1	0	0	9	10	0	0	0	1	1	11
Divisional heads and managing directors	2002	2	0	1	17	20	0	1	1	1	3	23
	2003	2	0	1	16	19	0	1	2	1	4	23
Executive management	2002	7	6	1	180	194	0	1	1	15	17	211
	2003	13	5	3	178	199	0	2	2	18	22	221
Senior specialists	2002	7	4	5	101	117	0	1	0	23	24	141
Middle management	2002	20	26	29	1352	1427	3	22	22	465	512	1939
	2003	40	39	33	1134	1246	11	22	25	463	521	1767
Specialists	2002	125	52	89	2225	2491	69	41	70	982	1162	3653
	2003	152	64	146	2270	2632	76	56	114	1071	1317	3949
Supervisors and specialists	2002	60	88	49	713	910	58	183	114	2348	2703	3613
	2003	72	79	56	512	719	67	187	102	1747	2103	2822
Technical specialists	2002	366	282	163	1306	2117	257	348	262	3386	4253	6370
	2003	456	325	168	1167	2116	337	444	296	3459	4536	6652
Clerical	2002	1284	832	261	942	3319	2042	2499	882	7003	12426	15745
	2003	1185	787	276	726	2974	2052	2297	826	5621	10796	13770
Non – clerical	2002	175	48	2	1	226	313	75	2	0	390	616
	2003	94	15	3	0	112	191	39	2	0	232	344
Total	2002	2047	1338	600	6847	10832	2742	3171	1354	14224	21491	32323
	2003	2021	1317	691	6131	10160	2734	3048	1369	12403	19554	29714

Source:Absa.co.za/Placing Absa in perspective page: 184

3.1 How Absa Group Credit acknowledged HIV/AIDS as a workplace issue.

Credit risk is the risk of loss due to a debtor's non-payment of a loan or other line of credit. An operational risk is a risk arising from execution of a company's business function , it is also defined as the risk of loss resulting from inadequate or failed internal processes, peoples and systems .It can result from two main sources: from outside the company(external risk) and the inside of the company(internal risk).

External risks result from changes in the environment of the company for example, political, economic, technological and sociological .Internal risks can result either from processes, or from management information.

The acknowledgement of the seriousness of the HIV/AIDS as a risk issue was first made in 2002, by the Groups Credit Risk Management and Shared Services, which at the time fell under the general management of J Coetzee. The detailed acknowledgement was reported through an internal circular (circular 756/2002) to the management and staff, which stated the possibilities of the impact that HIV/AIDS might have on the South African economy. A given reason for the initiative was said to be prompted by the ultimate responsibility the bank has to its stakeholders, which is to manage the assets entrusted to them. Because of this responsibility, the bank would have to put some guidelines in place regarding the management of HIV/AIDS, thus ensuring that they dealt prudently and objectively with this matter. The secular mapped the beginning of the Bank's response in dealing with the threat of HIV/AIDS in its midst , and was supported by the Group's CEO, as shall be seen in the next chapter that introduces the ABSA HIV/AIDS and Life Threatening Disease Policy. The following information is contained in the circular, that:

During 2000, 24.5% of the women attending antenatal clinics were diagnosed as HIV positive. That the HIV prevalence rate was expected to reach 14.4:% for the total South African population during 2006/2007A higher average prevalence ratio is anticipated for the economically active population in 2001-2015: with 16.4% for highly skilled employees; and 25.5% for semi/unskilled employees. The highest level of AIDS deaths (80%) will occur in the economically active population in the 25-49 years age group.

3.2 The second King Report

The Second King Report on Corporate Governance (2002) proposed the introduction of HIV/AIDS related impacts into the balance sheet under the so-called triple bottom line. HIV/AIDS is a readily quantifiable risk and its negative impact on business can be significantly reduced through strategic planning. There are three major influences which will impact the degree in which business is affected, namely the employee demographics, geographic location and the nature of business or industry. Other elements that influence the impact of HIV/AIDS on a business include: age, educational level, gender, religion, ethnicity, migrant labour practises etc.The stage of progression of the disease is also important, as people are sicker in the later stages of HIV/AIDS.

The conclusion of this report by the Group Credit Risk was that the recommendation or the Bank's leadership to seriously consider the impact of HIV/AIDS in its future business strategies as well as its day to day business operations .Another recommendation was that because the bank's business and growth are dependent on and are a reflection of its client base; the bank would have to take account of the ravages of AIDS on its business and consumer clients.

The first King Report was first issued in November 1994, and was updated in March 2002 as "King II Report". The aim of the Kings Report is to formulate recommendations for maintenance and improvements of standards of corporate governance in South African companies in accordance with international best practises.

The King Report on the issue of HIV/AIDS in South Africa recommends that a company needs to introduce measures to mitigate the risk; to monitor the outcomes and to report on the above.

3.3 The ABSA Groups Executive responses to the Group Credit Report/Statement of intent.

The support of management and the organisations leadership is vital to the process of policy development. It will be up to the management to allocate resources necessary for the implementation of the policy, and the management's support will give credibility to the process.

As part of the organisational strategy, it is the responsibility of the executive management to ensure the highest level of leadership involvement in campaigning against the pandemic. The management must be educated and informed about the pandemic including developments in respect of prevention and they must also continually disseminate information about HIV/AIDS to its employees, and include HIV/AIDS issues to the organisations Strategic Plan.

In support of the initiatives by the Group Credit Risk, the Group's Chief Executive responded with these words: that Absa is committed to creating and maintaining a safe working environment for all employees. Therefore the Group also undertakes to deal with HIV infected employees with AIDS in the same manner as with employees suffering from any other Life Threatening Disease, with due consideration for all stakeholders. However, according to the document, it is recognised that the HIV/AIDS epidemic poses certain challenges and thus require a specific focus.

Managing the epidemic appropriately and effectively in the workplace is in itself a critical factor for the future viability of the Group and for the health and welfare of its employees. In this respect, the Group and all its employees need to understand the various complexity of the epidemic and find joint solutions for the challenges faced, through a participatory process. The group is therefore committed to:

- Creating and maintaining a safe working environment for all employees
- Providing EAP support to all employees who are diagnosed as being HIV or with any other Life Threatening Disease, so that they may be able to continue to offer productive work for as long as possible
- Implementing an overall HIV/AIDS management strategy
- Providing resources and support to the implementation of an appropriate response programme , within budgetary constraints
- Implementing initiatives to limit the spread of HIV/AIDS / STDs and other Life Threatening Diseases among employees

3.4 Responding to the Epidemic

According to Family Health International an HIV/AIDS Policy is a document defining an organisation's position and practises in terms of preventing HIV and handling HIV infection among employees. The Technical Assistance Guide states that a policy should set in place a framework for an organisations workplace response and must have clearly stated goals and

principles that define rights and responsibilities. It should include key principles such as confidentiality, no-discrimination and rights and responsibilities. An organisational HIVAIDS response should have two main focuses, one internal and the other external. The internal response refers to what an organisation can do in response to HIV/AIDS in the workplace; the external refers to recognising and exploiting the comparative advantages of an organisation to make a difference to the nature and course of the sector in which it operates.

In response to the Credit Risk formal advise and the CEO's blessings ,some members of The Group's Executive, Managers from Wellness Health & Safety and Absa Insurance divisions came together to deliberate on a strategy towards creating an HIV/AID policy as per government requirements. This meeting resulted in the formation of an HIV/AIDS Steering Committee consisting of the Human Resource director, Risk Leader, Retail and Customer Service Leader and the Chief Operating Officer. They together drafted the Organisations legally compliant HIV/AIDS Policy as per the requirements of the South African Labour Legislation. The policy became the ownership of the Group Employee Relations of ABSA South Africa. While the responsibility for the document management and change control resides with the Group Employee Relations. The policy was approved by the Human Resource Leadership Team, and future changes will be jointly approved by the same Human Resource Leadership Team

Introduction to the policy: The policy and procedure as set out in this document are legally complying with the requirements of South African Labour Legislation. The document includes measures that promote best practises, transparency and fairness and is in keeping with the Bank's aspiration to become the place where the best people want to work.

3.5 The Absa HIV/AIDS and Life Threatening Disease Policy

3.5.1 Aims and Scope.

The aim of the policy is to establish a clear framework within which the group will manage the HIV/AIDS threat in the interest of all stakeholders. The group undertakes to deal with an HIV infected employee with AIDS in the same manner as for employees suffering from any other form of Life Threatening Disease and with due consideration for all employees, addressing the issue in a positive, supportive and not unfair discriminatory manner. The Group seeks to minimise the social, economic and developmental consequences to the Group and its people as a result of the HIV/AIDS epidemic.

The scope of the policy is such that the Absa HIV/AIDS & Life Threatening Disease Policy covers the following conditions:

- HIV/AIDS,
- Cancer,
- Cardiac conditions,
- tuberculosis,
- chronic obstructive airways diseases;

- Hepatitis B, diabetes and renal pathology.

The following topics are also covered in the document:

- Recruitment/employment/termination/discrimination
- Conditions of services and employee benefits confidentiality
- Management of infected employees
- Occupational health and safety
- Health care and counselling to infected employees.

3.6 Policy governance

To ensure compliance with the requirements of this policy, Group Employee Relations will systematically and periodically review the integrated Health and Wellness Policy.

3.6.1 Implementations and Role Players

3.6.1.1 The Employee:

The employee is responsible for his own personal well-being and is encouraged to seek assistance for any health related problems through Absa Employee Well –Being Programme. In addition, employees are required to act in accordance with this policy and refrain from any form of discrimination against people living with HIV/AIDS or any other Life Threatening Illness.

3.6.1.2 The Wellness Department:

The Absa Employee Wellness Department is responsible for designing and implementing the HIV/AIDS and Life Threatening Diseases strategy throughout the organisation. In doing so the department is required to coordinate all efforts relating to HIV/AIDS and Life Threatening Diseases. More specifically the department's responsibilities include communicating policy to all employees and supporting and facilitating the Corporate HIV/AIDS Response Programme; with reporting of progress and programme implementation .It also provides facilities for the creation of a supportive and non-discriminatory working environment; and it also ensures adequate professional registration of all persons involved in the counselling and medical aspects of the programme

3.6.1.3 Wellness Practitioners and Wellness Champions

Wellness Practitioners are responsible for managing the provision of primary health cares through the wellness clinics throughout Absa, while the Wellness Champions are required to educate their colleagues and communities about HIV/AIDS and Life Threatening Diseases

3.6.1.4 The Line Manager:

The line Manager is required to support the implementation of the HIV/AIDS and Life Threatening Diseases Policy. Furthermore, each manager is required to adhere to the provisions of this policy and ensure that confidentiality and ethical workplace behaviours are maintained at all times.

The employee Relations / Human Resource Business Partner:

The Employee Relations and Human Resource Business Partners are required to support the implementation of the high level corporate HIV/AIDS and Life Threatening Diseases strategy.

3.6.1.4 Policy Review

The policy is to be reviewed at an annual basis, and monthly reports are to be received from Employee Wellness department which shows statistics on all services offered and utilisation

3.7 Provisions of the Policy

3.7.1 Ongoing research:

Ongoing research at corporate level will be considered, with a view to implementing further preventative strategies and accommodating and meeting future needs. This may include implementation of anonymous unlinked surveillance studies to accurately identify the extent of the impact and the appropriateness of the response strategies, as provided for in the Employment Equity Act or the Labour Court.

3.7.2 Information, Education and communication

The three points deal with the impact that the HIV/AIDS epidemic can pose to the business now and in the future, and how the epidemic has the potential to affect every employee, whether directly or indirectly; including on how each person can take personal responsibility to minimise this risk. Lastly they on how infected employees can keep themselves healthy for longer periods, thus increasing their productive lives

3.7.3 Condoms

The provision and distribution of condoms at appropriate and convenient life

3.7.4 Access to health care

Access to health care for the management of STDs and HIV/AIDS will be provided at the existing Wellness centres and information will be available with respect to other available support structures

3.7.5 Counselling

How counselling support for affected staff in an anonymous and non-discriminatory fashion is provided

3.7.6 Protective equipment and training

Personnel protective equipment and training of all staff that may be potentially exposed to blood or blood products is taken into consideration**.**

3.7.7 Programme Structure

The programme structure is about the tasking of one or more senior employees with the responsibility of initiating and implementing a comprehensive HIV/AIDS Programme aimed at minimising the impact of AIDS in the workplace. This include a programme manager, labour representatives and members of the Business Unit HIV/AIDS response teams

3.7.8 Recruitment/Employment /Termination /Discrimination

No pre-employment medical examination or testing for HIV status:

Applicant for employment do not need to pass a pre-employment medical examination and do not need to undergo testing for the HIV status, of any candidate will be required as part of the evaluation for the job.

3.7.9 HIV status no reason to preclude any person from employment

This means that HIV shall not constitute a reason to preclude any person from employment, so long as the employee's HIV status does not prove to place the individual themselves or their fellow employees at risk, and HIV negative status is not required as part of the job specifications as provided for in the Employment Equity Act, Labour Court and Labour Appeal Court.

3.7.10 Contracting HIV/AIDS or any other Life Threatening Disease

Employees who contract HIV/AIDS or any Life Threatening Diseases will continue to be employed until such time as their conditions begins to severely impact on their work output as define by their job description or until they are certified by the appropriate medical review board ass being medically unfit to work.

3.7.11 Developing, Disclosing or being diagnosed with HIV/AIDS

Employees, who develop, disclose or are diagnosed with HIV or AIDS will be evaluated against their duties and their continued ability to perform these duties as well as the Group's statutory duty to provide, maintain and ensure s safe working environment and the safe execution of the process.

3.7.12 Non Discrimination

By non discrimination it means that HIV status will not be used in any way to discriminate against an employee with regards to continued employment, training and promotion.

3.8 Conditions of Service and Employee benefits

3.8.1 Medical Assistance

This means that Medical assistance is provided for employee with HIV/AIDS or any other Life Threatening Disease, in accordance with the rules of the medical aid schemes to which the employee is contracted.

3.8.2 Limitation by Bankmed and Retirement Scheme/ Fund

The group will advise all employees and prospective employees of any limitations on benefits imposed by the Medical and Retirement Scheme Funds. Where HIV testing is required for the allocation of insured benefits, this will be clearly communicated to the employee.

3.8.3 Periodical Assessment of the medical aid /retirement scheme funds

The employee retirement scheme and medical aid scheme, via their consultants, trustees and managements boards will be advised to periodically assess the current and future impact of HIV/AIDS on the fund and make appropriate adjustments to ensure the long-term viability of these funds. Any changes and adjustments that are required will be negotiated between the parties.

3.8.4 Review of all other benefits

All other benefits will be reviewed, and strategies implemented so as to protect the long -term rights and interests of all stakeholders, in a fair and equitable manner. All benefits will be applied equally to all employees, and employees with HIV/AIDS will be handled as appropriate for a person with any other Life Threatening or medical condition, as outlined in the Group policy and rules.

3.8.5 Handling of incapacity

When an employee is no longer able to continue employment as a result of the impact of HIV/AIDS or any other Life Threatening Disease on their health, the group will apply its rules governing retirement due to ill health, failing which incapacity or resignation will apply.

3.8.6 Confidentiality and Employee's right

As every employee has a right to privacy, any employee who contracts HIV/AIDS shall not be obliged to inform management of his/her condition, and HIV negative status is not required as part of job specifications so long as the employees HIV status does not prove to place the individual or their fellow employees at risk, as provided for in the employment equity act or Labour Court or Labour Appeal Court. Prospective employees will be informed of these requirements and will be compelled to, undergo HIV testing before appointment and undertake annual routine HIV testing with signing of an undertaking to disclose their HIV positive status-should they be infected.

Due to the sensitivity of the HIV/AIDS issue confidentiality regarding the HIV status or health status of any member of staff will be maintained at all times, and will not be divulged to any other person without the prior written consent of the employee with the disease

3.8.6 Management of Infected Employees

The policy acknowledges that while AIDS is a Life Threatening Disease, yet on the basis of current and scientific evidence , it is commonly accepted that: the HI virus which causes AIDS, is not transmitted through casual personal contact under normal working conditions, nor is a risk to the health of co-workers or customers present under normal working conditions. Living with HIV/AIDS or other Life Threatening Disease does not automatically qualify an employee as being incapacitated or unable to work. Therefore co-workers or persons living with the HIV/AIDS virus are expected to continue normal working relationships with such persons. Employees with the HI virus have the same rights and obligations as all other staff members, and they will be protected against unfair discrimination, like all other employees.

An employee with the HI virus is expected to meet the same performance requirements that apply to other employees, with reasonable accommodation where necessary. The term reasonable accommodation is inclusive of but not limited to retraining, adjusting of work schedules and the transfer to a different position. Managers are required to make reasonable accommodations, as with any other employee with a disability, in enabling the employee to meet established performance criteria. Any employer or employees who have become aware of or who suspect a co-worker's HIV status, and thus refusing to work with that colleague; will be provided with appropriate counselling and education so as to remove any fear . If however, they continue with their actions after these measures have been implemented, then the Groups normal disciplinary procedures will apply.

3.8.7 Health Care and Counselling for infected employees

a. Health Care

The existing Health Care Centres will provide primary health care services to employees, within the parameters of practical financial constraints.

Health care personnel will be trained to provide primary care services and counselling for employees who have HIV/AIDS or any other Life Threatening Disease.

Cost effective treatment protocols and guidelines will be established to ensure that employees with HIV/AIDS or any other Life Threatening Disease, receive the appropriate care.

b. Counselling Services

In an endeavour to support and assist employees who have HIV/AIDS and other Life Threatening Diseases, and in an attempt to prolong their productive lives, the Group is committed to providing counselling services to employees who are directly or indirectly affected by the disease.

All of these services are provided for by the Group's Employee Well-being Programme.

c. The Integrated Health & Wellness Programme (IHWP)

Item 15.2 of the Labour Law recommends that every workplace should develop a workplace programme aimed at preventing new infections, providing care and support for employees who are affected, and managing the impact in the organisation.

The code also outlines recommended minimum components of a prevention programme , whilst recognising however that the nature and extent of a workplace programme will be guided by the needs and capacity of each individual workplace. Some of the recommended minimum components are: to hold regular HIV/AIDS awareness programmes; and encouraging voluntary testing; conducting education and training and encouraging health-seeking behaviour for STDs; and enforcing the use of universal infection control measures.

One of the issues to be considered in the development of a prevention/wellness programme is that it should, as far as is practically possible be integrated into other workplace programmes, such as safety and health promotion programmes. Some employers include their HIV/AIDS policies within general policies on life-threatening illnesses or disabilities; while others choose to have a specific HIV/AIDS workplace policy. Organisations that have chosen to integrate HIV/AIDS policies into existing policies argue that there is no reason to treat HIV/AIDS differently from other major illnesses, therefore a policy covering all life-threatening illnesses is preferable. Organisations that have chosen to develop an HIV/AIDS – specific policy argue that a separate policy acknowledges that HIV/AIDS is a major health issue and highlights the employers commitments to addressing it in an appropriate way. A separate HIV/AIDS policy acknowledges the potential impact of HIV/AIDS in the workplace. It also addresses the employee's concerns that are specific to this disease by stating clearly that HIV is not casually transmitted and that employees with HIV/AIDS are not a health risk to their co-workers. As with more general life-threatening diseases, HIV/AIDS specific policies protect the rights of employees who may be infected, provide guidelines for management, and encourages sensitivity and understanding among co-workers. Yet by addressing the issues that are specific to HIV/AIDS, the policies can help to alleviate employee fears and misconceptions that may be specific to this disease.

Absa fully recognises the importance of its people in achieving its organisational goals. The Absa Integrated Health and Wellness Programme (IHWP) was implemented to allow for optimal health and well-being promotion and the management of any risks arising from employee difficulty. The provision of this integrated Health and Wellness Programme plays an integral part in meeting Absa's objective and providing employees with a satisfying, safe and healthy working environment. It assists employees and their dependents with personal, health and work challenges.

The IHWP is also dedicated to supporting and strengthening the workplace environment by providing professional help for employees whenever they need it, this includes a variety of interventions geared both at prevention of and assistance with personal, health and work related difficulties, amongst them HIV/AIDS. The IHWP policy aims to achieve the following: outlining of a comprehensive health and well-being programme and Integration of all the IHWP components with ensured continued employee productivity and business continuity

The Programme was implemented in December 2007. It consists of a number of essential components that provide the workers with a comprehensive wellness offering. The first component consists of internal wellness centres that are based on strategic venues throughout the country and have a wellness practitioner that operates from each venue. Confidentiality is the cornerstone of these programmes. Primary health care as a health service for the employees focuses on disease management, such as blood pressure problems, diabetes; HIV etc. It also offers blood test facility and is the entry point for Bankmed Medical Aid which is the Group's sole

medical aid service provider. Two last editions are the International Counselling and Advisory Services (ICAS) and Absa Health Care Consultants (AHCC). These services also emphasise confidentiality, self-initiative and prevention.

3.9 Communicating and implementing the policy

Now that the Absa policy has been introduced, what follows is the way it has been implemented .After the drafting of the HIV/AIDS policy it should be explained to management, supervisors, shop stewards and employees including all employers and employee organisations such as trade unions. This is a necessary step in popularising the policy. There are various ways of popularising the policy which includes:

- developing accessible media such as pamphlets, posters and fact sheets on the HIV/AIDS policy
- displaying the policy in public places
- providing copies of the policy to all managers and employees
- Holding awareness and education sessions on the HIV/AIDS policy.

3.9.1 The Absa "I Know Project

The 'I know the way to live' was a special project by Absa Health and Wellness to promote Voluntary Counselling and Treatment within its ranks , by encouraging its rank and file staff members to get tested for HIV. The official launch of this project was in March 2008 .The purpose, principles and processes of Absa's *'I know the way to live'* programme was first communicated to all Exco members, senior managers and line managers ,who as a principle must always be seen to be committed to this programme, and to contribute to its success.

3.9.2 Principles

The Absa Employee Wellness Programme embarked on the *'I know the way to live'* programme in order to offer onsite health screening by way of Voluntary Counselling and Testing (VCT) and Health Risk Assessments (HRA). All employees were encouraged to take this opportunity and to opt for healthy living.

Employees were encouraged to know their health status and where necessary make the relevant changes to their lifestyle. They could then adopt healthier lifestyles, and also obtain earlier diagnosis of any other chronic illnesses (HRA). All employees were encouraged to take this opportunity and to opt for healthy living. Knowing their health status enables employees to optimise their overall health.

Employees were referred to Bank med's (and other medical aids) chronic illness and HIV/AIDS programmes for early and optimal treatment, as well as to health cells for care and support, thus maintaining their health and extending their productive lives.

Absa's leaders, managers and wellness champions received onsite training to enable and empower them to help the 'I Know' project achieve its objectives by leading and motivating all employees to participate in the health assessments. Wellness Champions would in future also sustain the programme by way of the ongoing promotion of Bankmed Health Cells and other wellness initiatives.

3.9.3 Project partners/ Clients/Stakeholders/Service Providers

The service providers that helped Absa People Management implement the strategy were:

First on the list was Re-Action (Pty) Ltd who communicated the health programme and training of managers, supervisors and wellness champions, who were followed by. Careways Group who provided onsite voluntary counselling and testing (VCT), and then referred HIV positive employees to register in HIV/AIDS programmes. Bionetic Network was responsible for onsite health risk assessments (HRA) and for the referral of people with chronic illnesses to health management programmes and health cells. And finally Bankmed (the official Medical Aid of ABSA) was responsible for payment of its member's 'VCT and HRAs costs; and it also provided health management and chronic illness programmes for HIV positive members and for other illnesses.

The projected benefits of Health Risk Assessments (HRAs) were meant to help employees find ways to change their lifestyles and improve general health and wellbeing, whilst HRA would in picking up signs and symptoms of chronic illnesses, help individuals to be proactive and receive treatment and care early on.

3.10 The VCT Process

An HIV test is a test that reveals whether HIV is present in a persons body, this is called knowing your status. Knowing ones status has benefits such as: taking necessary steps before symptoms access treatment, care and support services. Knowing your status can also help you to take all the necessary precautions to prevent the spread of the disease to others. People fail to be tested for HIV for reasons like :lack of testing services, fear of stigma and discrimination, out of fear that the tests will be positive and lack of access to treatment.(UNAIDS).All testing whether client or provider initiated should be conducted under the conditions of the three Cs: consent , confidentiality and counselling. The 2004 UNAIDS/WHO Policy Statement on HIV testing recommends that traditional voluntary testing and counselling be supplemented by provider-initiated testing in health settings

Pre- Test Counselling: All wellness Practitioners in Absa offer Voluntary Counselling and Testing on a continuous basis. According to the ABSA leaflet on VCT the Wellness Practitioner counsellor gives pre and post counselling to prepare them for their results. If the results come out as negative the counselling emphasis will be on staying negative. And if the results are positive then counselling will be on a life style management and support on staying healthy.

Informed consent: HIV testing should be voluntary, meaning that no patient should be tested unless he or she has provided informed consent. The informed consent process ensures that the provider and the patient have communicated about information the patient needs to make an

informed decision to undergo or to decline HIV testing. (http://edhivtest.org guide/EDHIST estObta.html)

Blood-drop testing and second confirmatory test: The most common HIV tests uses blood to detect HIV infection .Tests using saliva or urine is also available. Some tests take a few days for results, but rapid HIV tests can give results in about 20 minutes. In most cases the EIA(enzyme immunoassay), used on blood drawn from a vein , is the most common screening test used to look for antibodies to HIV.A positive (reactive) EIA must be used with a follow – up (confirmatory) test such as the Western blot to make a positive diagnosis. [15]

The benefits of the Absa Voluntary Counselling and Testing (VCT) are the provision of counsel and advice about ways to reduce spreading HIV and on how to optimise health to those who are HIV-infected. Through it people are encouraged to live positively with HIV and to adopt healthy behaviours; whilst also counselling them to take control of their lives and plan for the future. The "VCT" was reinforced by supporting employees who are HIV-positive to stay healthy and productive by taking health precautions, accessing treatment and living positively; and enabling personal involvement and commitment that could be extended beyond the workplace into employees' homes and communities

3.11 Implementation and Timefra me

The health action programme was conducted in all Absa business units in South Africa, with the Johannesburg Kruis Street Branch (life and insurance) as the initial launching site of the programme.

The rest of Gauteng followed soon after to obtain maximum exposure to the project to as many Absa employees as possible .The project was then rolled out to the remaining Provinces. The planning was to have more than 60% of all Absa employees choosing health and knowing their health status and taking responsibility for their own health improvement

3.12 Communicating the Absa 'I Know My Health Programme

The following were actions put in place to ensure the successful implementation of the programme:

3.12.1 Channel TV

Absa Exco agreed to take part in the Group's television programme that demonstrated the HRA and VCT processes. Different Exco members were filmed following different steps of these processes, to show employees that the leaders of Absa are not only supporting the project but are also actively participating in it.

A panel discussion on Channel TV showed Exco members in joint discussion with health service providers about the merits and advantages of knowing one's health status in order to act on this information positively.

A monthly ongoing channel exposure programme to follow the 'I Know! TM Health Action project would ensure that choosing health remains uppermost in employees' minds.

3.12.2 Abacus Articles

This is the Group monthly publication magazine, which was to have an article each month stating from May 2005 and lasting for the duration of the project. These articles were to inform people about the individual health benefits of knowing ones' health status, motivating them to want to know and create awareness of the onsite health assessment.

3.12.3 Absa Portal

This is the Group's online communication network, which Absa used to communicate articles on different aspects of health, linked to the Health Action project. Content for these articles were sourced from the Absa Health Care Centres and from the needs that aroused as a result of the project.

3.12.4 Poster Project

A series of posters went up at each Absa site before the actual assessment days. The first poster was a teaser with the words "Do you know?" The second in the series was the *'I know'* poster, which contained photographs of senior managers who had done the health assessment. The third poster showed groups of people who had their assessments done with the words, *"We live positively"*, to encourage others to choose health.

3.12.4 "I Know the way to live" Book

This book conveying a message about life and wellbeing was co-written by Dr Shaun Conway and Sharon White. It was endorsed by Dr Steve Booysen, the then Group's Chief Executive Officer. He encouraged everyone to use the positive message in it, to know their status and to encourage others to know their status too.

3.12.5 Training

Prior to the onsite assessment days, "Re-Action", one of the services providing companies; encouraged the employees who wanted to help others, to be trained as Absa Wellness Champions. The potential wellness Champions were interviewed and the role of a champion explained. The experiential learning or training of the champions took a day. These wellness champions returned to their workplace and motivated their colleagues to take responsibility for their own health by participating on the onsite assessment centres.

Managers and supervisors received training on the legal implications of the programme, as well as on many other aspects. These include HIV and other chronic illnesses in the workplace, how to manage workplace health, etc. The trainings took place onsite in the workplace.

3.12.6 Measurement of the Success of the Absa "I Know!" ™ Project

Measures have been put in place to evaluate the success of the programme. Initially 29,772 employees were targeted, and 15,777 of them participated. The overall uptake of VCT was 46 %(51.8%, including contractors). In total, 1,696 wellness champions participated and 1,971 managers attended managerial training and informational sessions

The success of the onsite health project depended on innovative communication. These included Absa leadership showing their commitment to and support of the programme, and motivating their employees to choose health. The success also depended on the number of employees who were not only exposed to the health project through the communication methods described above, but also through the wellness champions being able to convince their colleagues of the importance of knowing one's health status, taking responsibility for improving one's health through better lifestyle habits and of the early referral to treatment and care programmes of those who suffer from any chronic illness.

The numbers of people who had their assessment done and who registered on the chronic illness management programmes were the most important measurements of the success of the programme. Its success was also measured in terms of a reduction in absenteeism. All 36000 Absa employees are covered by the non- discriminatory HIV/AIDS policy. The employee's dependents include spouses, children and relatives. The Absa "I Know" my health status campaign 2005 Campaign took 18 months to complete , and has now become an annual event.

3.13 ABSA Bank and the World Aids day activities

In 1988 a world summit of ministers was held in London to discuss a common AIDS strategy. The summit focused on programmes for AIDS prevention, and there were delegates from 148 countries. One outcome of the meeting was the London Declaration on AIDS Prevention, which emphasized education, the free exchange of information and experience, and the need to protect human rights and dignity. The Director General of the World Health Organisation chose this occasion to announce that the WHO intended to promote an annual World AIDS Day, and that such a day would be on the 1st of December 1988. [16]

The 1st of December therefore marks World Aids Day, which presents an opportunity to really make a difference by highlighting HIV/AIDS as a social issue, and to generate awareness of HIV/AIDS and the ongoing efforts in prevention, treatment and care. In 2001 Absa Group Corporate and Public Affairs released circular about the group's concern of the statistics about the HIV/AIDS pandemic in the country. The circular noted the South Africa had the fastest growing Aids infection rate in the world. Facing these facts the organisation felt strongly motivated in helping to mitigate the spread of the pandemic by doing something concrete. As a truly South African Corporate Citizen, Absa decided to join the fight against by embarking on both an internal and external campaign to address the Aids challenge, hence forming a partnership with the Nelson Mandela Children's Fund(NMCF) in addressing the Aids challenge by raising R1 million. The funds were used by NMCF to support projects that work with Ads orphans. The campaign was as a build up to World Aids Day (WAD) on 1st December 2001.Besides the fundraising project for the NMFC , Absa had other purposes for the WAD namely to: make employees aware that ABSA is a caring organisation by and has taken a firm stand in looking

after its employees as far as HIV/AIDS is concerned. The objective of the campaign to empower employees with information about HIV/AIDS for preventative purposes, maintenance of a healthy lifestyle and support for those who are infected and affected by the disease. Also to increase the number of wellness Champions and make Absa employees aware of such a network. Lastly to make Absa employees aware of Exco's commitment to their health through the declaration/pledge to caring as well as confidentiality of all information and diagnosis available in departments like Wellness Centres and Employee Assistance Programmes.

The expected outcome of the campaigns is in an increase in voluntary counselling and testing, and an increase in the number of employees disclosing their status to access all programmes offered.

Absa utilised its branch network to sell specially designed Aids badges to the public. 3million badges were to be sold between 15 November and 15 December.

3.13.1 The World Aids Day (WAD) promotional material

The promotional material consists of A2 posters and B2 posters-printed back to back In English. AIDS Badges and counter stands.

The external publicity campaign consisted of materials that were supported by a television commercial asking the public to buy AIDS badges. This was flighted by the SABC during the campaign. Billboards were erected at strategic point, whilst radio advertisements were played on key radio stations and a print advertisement placed in various newspapers. Finally a donation of R1million was given to the NMCF thus making Absa a lifetime founder of NMCF.

3.13.2 Absa Aids Campaign, World Aids Day 2002

It has been previously mentioned in the preceding notes that on August 2002, Absa Group Credit released a 'G*uidelines for Managing the risk of Aids to the Bank'*. The background of that circular was the Bank's ultimate responsibility to its shareholders; and stakeholders in managing the assets under their control in a prudent manner. Also that the circular emphasized the need to have some guidelines in place regarding Aids that would ensure that the Organisation deals as prudently and objectively with this matter as possible. This was followed by Absa using the December 2002 World Aids Day as a fundraising campaign, in collaboration with the SABC as media partner under the banner "*We all want change" campaign*. The campaign highlighted the plight of South African children who are either infected or affected by the pandemic with additional focus on the role caregivers' play.

3.13.3 Absa Aids Campaign, World Aids Day 2003 - 2007

On 21 August 2003, the first and official handover of the "*We all want change"* Campaign 2002 took place in the informal area of Freedom Square in Mangaung, Bloemfontein. A cumulative amount of R180000.00 was handed over to various HIV/AIDS projects of the SA National Council for Child Welfare and the Salvation Army. The 2003 Absa Aids Campaign, World Aids Day was a joint effort between various Absa divisions and departments, which included Group Communication and Public Affairs (Corporate Social Investment, Public Relations and Media, Internal Communications, Regional Offices), Group Marketing and People Management. The partnership aim was to communicate the HIV/AIDS message to all stakeholders: employees, the

community, investors, consumer publics, government and media. The theme was *"Children infected with and affected by HIV/AIDS"*.

The business objective was to link the internalisation of the brand concept *"I am Absa and Proud of it"* into positioning Absa as a caring, approachable and progressive brand to the fund raising efforts and active participation of the Absa employees, and to project Absa Group as the leader and champion in the fight against all aspects of the pandemic; thus creating awareness amongst all stakeholders and educating employees.

The communication objective was to use WAD as an opportunity to create awareness of children infected and affected by HIV/AIDS, and to better the funds raised in 2002 through the utilisation of branch networks; as well as to provide the Absa employees with another channel contributing towards a cause and being socially responsible

The challenge was to raise at least R1million for Child Welfare and the Salvation Army with all Absa employees as the target audience. The funds raised were handed over to Child Welfare and the Salvation Army. The campaign ended in August 2004.The recent documented WAD Campaign was in 2007 and sums up the main activities of the event as follows: The duration of the campaign was from 22.102007 to 1.12.2007, and the Absa staff members were the target audience. Different modes of communication were used to address the issue, the prominent being "News Flash" which is the organisation's internal mass communication medium to the staff of the bank. The message was from the Wellness department on the 29th of October 2007.This was followed by the CEO's message on behalf of the organisation on the 3rd of October 2007. Articles on living positively with HIV/AIDS were posted to Absa Intranet which is the company's internal internet system. On the 25th of November Wezi who is the Group's specialist on Health and Wellness and Paul fro CSI were interviewed on Absa TV, and on the very same day articles on behaviour change were posted on the company's website. On the same days posters and ribbons were distributed to all Absa small business units and branches Articles on Employee benefits for HIV/AIDS and pictures of activities and the declaration were posted on the Abacus on the 1st of December. Another Interview on Wezi Khoza the Group's Wellness specialist was conducted on Absa TV. Flyers were finally distributed to all Absa branches by Wellness Health and Practitioners on the 3rd of December.

CHAPTER 4.

Comments and Conclusion.

4.1 A call to Absa to reconsider new aspects on good corporate citizenship

The Absa programme on HIV/AIDS from its day of inception till today is highly recommendable and flawless when judged by the standards laid down on the "HIV/AIDS Technical Assistance Guidelines". As for the claimed success of the In order to get a better picture of the success of Absa's VCT s campaign a research thesis on the subject by Pontsho Elizabeth More called "The importance of Voluntary Counselling and Confidential Testing for HIV in the workplace" can be googled on the internet. There is a silent call going on out there to Absa and other corporations to follow the examples of benchmarking organisations like DEBSWANA , who came clean about the true nature of the impact of the pandemic within its ranks, thus setting a precedent that is still being emulated across the globe. R.A du Bruyn's paper on "A proposed reporting framework for HIV/AIDS disclosure by listed South African Companies "is a valuable masterpiece when one is seriously considering such options.

4.2 Drafting of the HIV/AIDS Policy

The HIV/AIDS policy when compared with the HIV/AIDS Technical Assistance Guidelines handbook is seemingly flawless. Its shortfall however is the lack of inclusion, or the absence of ordinary stakeholders like PLWHA, which in itself is a matter of great concern. The stakeholders who were tasked with drafting the policy were high powered, and experienced individuals, yet the question remains as to whether that did not deny the policy from having some common touch element. Something which the ordinary office worker could identify with? It is true that the HIV/AIDS policy and programme is legally compliant as per the requirement of South African Labor Legislation, yet of equal truth it is that for its success it needs to be co-owned by the people. By ownership of the people, it means that it should have an across the board approval and grassroots representation. This is even more critical when it comes to employees who are living with HIV/AIDS as they can inform the HIV/AIDS Task Team of the capacities and concerns of employees living with HIV/AIDS. Should it ever happen that Absa decides to give the employees who fall among the ranks of PLHWA a chance within to surface, and then it will be important that such individuals be integrally involved in the policy development process. This initiative is in line with the GIPA Principle which gives guidelines on how PHLWAs can be successfully recruited, trained and employed especially in the implementation of HIV/AIDS programmes. People will take more notice of Absa's efforts in the fight against the pandemic and its VCT campaigns when HIV positive employees are seen to be are given a chance to help in the breakdown of stigma and stigma through assisting staff to internalize the issue at hand. Moreover senior managers who are key players in this struggle of mitigation and prevention needs more info and insight about the true experiences of people who have been diagnosed with the virus; and no other people could offer such information other than their staff members who are infected with the virus and are willing to come to the front to confront stereotypes about the disease. Therefore knowing my status might not be enough until I see real people who have the same kind of experience and are able to face the world and fellow sufferers about the positive side of the disease.

4.3 An opportunity for Absa Bank to extend its Community Social Responsibility to its staff members

Representative HIV/AIDS task team should include key people from all sectors within the organization, such as management, staff associations and trade unions. This should include lower levels staff members such as cleaners, guards and gardeners, who are often excluded in serious decisions, made about them, and are extremely vulnerable to HIV/AIDS. It is a matter of fact that these three mentioned groups within Absa are outsourced to private companies. And can therefore not be declared as Absa's responsibility. This outsourcing exercise was adopted by Absa and other companies as a cost cutting measures. Yet it is a known fact that people who were connected to these departments were either retrenched or transferred to the new owners whose employee's fringe benefits a pittance to say the least. They are often not medically insured. In order to make sure that companies that receive tenders to render services to the bank ; a commitment from institutions like Absa about the health welfare of their employees should be demanded as pre-condition in order to receive get any kind of contract with the bank. This could be a giant step and gesture of goodwill to affected ex staff members of the bank. Anglo American Corporation has a programme whereby staff members who are declared medically unfit because of their HIV/AIDS status are given a medical package that sees them throughout their retirement life times. As the saying goes "charity begins at home"

4.4 Conclusion

Anglo American has a workforce of more than 100 000 employees and an HIV prevalence rate of 30%.The average HIV prevalence at Daimler Chrysler South Africa (DCSA) was estimated at 9% in 2001.Gold Fields , the country's second biggest gold producer , has begun rolling out an ARV programme. Of its 50 000 employees, 16000 (25%) are HIV –positive.

The University of Kwazulu–Natal has become the first tertiary institution in South Africa to provide ARVs to HIV positive students. A study in 1999 estimated a 16% prevalence rate among its 40 617 staff and students.

These are real corporations with real people and have come out to the open about challenges facing them .They have not been always successful in their endeavors to fight the pandemic, as newspapers have always shown, but they have done enough so far to demystify the strange about prevalence within their members .And now we know that HIV/AIDS is no respecter of big industrial and financial corporations. Absa employees need to acknowledge the good efforts their organization is doing for their well being in regard to the pandemic. Indeed, Absa should be highly recommended for rolling out its ARV programme , and all its philanthropic efforts including its humanitarian efforts for places like Haiti to name but a few. Not forgetting its support for numerous local Welfare Organizations. But until we really know the magnitude of this pandemic in our midst, I'm afraid that Absa's noble efforts might be seriously hampered in the future .The question that still begs an answer is whether " Absa is winning the war against HIV/AIDS within its ranks or not? Many public relations exercises about its efforts and care seem to support a positive response, but measurably there are o statistics to support the claim. Not that they don't exist but rather Absa for its ethical reasons and responsibility to a code of secrecy about the whole issue holds the correct answer to the question, and until they decide to unveil the secret , it will always be a speculative issue to its stakeholders .

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