# A CASE STUDY ON THE IMPLEMENTATION OF PREVALENCE TESTING FOR HIV IN A MANUFACTURING COMPANY IN KWAZULU-NATAL.

**ALAN GUY BALDING**


**ASSIGNMENT PRESENTED IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF PHILOSOPHY (HIV/AIDS MANAGEMENT) AT THE UNIVERSITY OF STELLENBOSCH**

**STUDY LEADER: PROF. JCD AUGUSTYN**

**APRIL 2005**

**Abstract**

This article describes the approach taken by a company to successfully implement prevalence testing for HIV at one of its manufacturing sites in KwaZulu-Natal. Ninety point four percent of the employees on site on the day of testing subjected themselves to voluntary anonymous testing. No rewards or incentives whatsoever were offered or given to the participants.

The problem faced by the company was that there was increasing mortality amongst its employees, particularly those in the lower job grades, mainly machine operators and other lesser skilled positions. The cost of insured benefits provided by the company's provident fund for death and disability were increasing and less money could be allocated to funding for retirement. In the absence of any empirical data the company had no idea how they would be affected by the HIV/AIDS pandemic, other than attempting to use provincial averages.

The level of knowledge of HIV and AIDS in the company was judged as relatively poor. Many of the staff, more so the senior staff, had little or no exposure to the disease and what effect it had on those suffering from it or those supporting sufferers.

Little had been achieved to manage HIV and AIDS until a workshop was organised by the company for representatives from all branches to attend. Various information topics about HIV were covered at the workshop, which concluded with the site representatives having to work out and table an action plan, and make a personal pledge of what they were going to do to help in the fight against HIV and AIDS. The workshop was attended by all board members, senior management, shop stewards and shop floor representatives. One of the key features of the presentations was by a senior official of the union, who then assisted throughout the rest of the workshop. Site plans were then later followed up when a central committee visited the sites and presentations on progress were made.

At the workshop mention was made of the need to conduct prevalence testing and also the establishment of a HIV/AIDS committee. The site committee made the decision that prevalence testing should take place and consulted the workforce themselves and also through shop stewards. Once it was felt that sufficient support would be forthcoming a date for testing was set.

The company had in the meantime contracted with a service provider to do testing where needed. A briefing session attended by the HIV/AIDS committee, shop stewards, the management team and two executive directors was arranged. A doctor employed by the service provider addressed the group and answered their concerns and demonstrated the saliva test on himself.

On the day of testing senior management and the senior shop steward walked the factory floor encouraging employees to participate. This intervention has laid the foundation for a successful management campaign against HIV and AIDS in the workplace.

**Opsomming**

In hierdie artikel word die benadering wat n maatskappy gebruik om die voorkomsyfer van MIV by een van sy vervaardigingsterreine in KwaZulu-Natal to toets, beskryf.

Op die dag waarop toetsing plaasgevind het, het 90,4% van die werknemers op die terrain hulleself vrywilliglik laat toets. Tydens hierdie anonieme toetsing is geen belonging of voordele van enige aard aan die deelnemers gebied nie.

Die problem wat die maatskappy gehad het, was dat daar n toenemde sterftesyfer onder werknemers in die laer posvlakte soos masjienoperateurs en werknemers in posiese wat minder vaardighede vereis. Daar was stygende koste (in terme van dood en ongeskiktheid) van versekerde voordele waarvoor die maatskappy se voorsieningsfonds voorsiening maak, wat tot gevolg gehad het dat daar minder geld beskikbaar was vir pensionfondse. Omdat daar n tekort van empiriese data was, het die maatskappy geen idée gehad van die effek wat die MIV/VIGS-pandemie op hom sou uitoefen nie, behalwe deur die gebruik van provinsiale gemiddeldes.

Die kennis van MIV/VIGS binne die maatskappy is as swak bestempel. ’n Groot hoeleevheid van die personeel, veral die in senior poste, het min of geen blootstelling gehad van die virus en die effek wat dit op VIGS-lyers en die ondersteuners van VIGS-lyers het nie.

Min is gedoen on MIV/VIGS te bestuur, totdat n werkswinlek deur die maatskappy georganiseer is vir verteenwoordiges van al, die takke. ’n Verskeidenheid onderwerpe in verband met MIV/VIGS is deur die werkswinkel gedek. Een daarvan was dat die terreinverteenwoordiges n aksieplan moes opstel en n persoonlike eed moes afle dat hulle sou help in die stryd teen MIV/VIGS. Die werkswinkel is deur al die raadslede, senior bestuurslede, werkswinkelassistente en –verteenwoordiges bygewoon.

Die hoofsaak van die voorleggings is deur n senior uniebeampte gelei, waarna hy vir die verloop van die program geassisteer het. Terreinplanne is opgestel en dit is later opgevolg deur n sentralle komitee wat die terreine besoek het en voorleggings gelewer het in verband met die vordering wat gemaak is.

Tydens die werkswinkel is melding gemaak van die noodsaaklikheid van die toetsing van die voorkomsyfers van MIV en die instelling van n MIV/VIGS komitee. Die terreinkomitee het besluit dat die voorkomstoetsing moes plaasvind nadat die werkersmag en werkswinkelsttistente gekonsulteer is. Nadat besluit is dat die nodige ondersteuning uit hierdie toetsing sou voortspruit, is ’n datum vir die toetsing voorgestel.

Vir die interementydperk het die maatskappy ’n diensverskaffer gekontrak om die toetsing, waar nodig, waar te neem. ’n Inligtingsessie is gereel wat deur die MIV/VIGS-komitee, werkswinkelassistente, die bestuurspan en twee uitvoerende direkteure bygewoon is. ’n Dokter, wat deur die diensverskaffer in diens geneem is, het die groep te word gestaan en antwoorde verskaf op hulle vraagstukke. Hy het ook die speekselftoets op himself gedemonstreer.

Op die dag wat die toetsing plaasgevind het, het die seniorbestuur en werkswinkel-assistant deur die fabriek geloop en werknemers anngemoedig on aan die toetsing deel te neem.

Hierdie intervensie het gelei tot die stigting van n suksesvolle bestuursveldtog teen MIV/VIGS in die werksplek.

**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……..

**Acknowledgements**

I started on this journey with great trepidation, I had last studied years ago, and I was not very computer literate. Many people have encouraged and supported me along the way, and more important have believed in me at all the times when felt I was not up to the challenges. My 'assignment proof readers' are fine examples of dedication and tenacity and they have added immensely to my success in completing this programme.

Special thanks to my wife, Sue, for nudging me to start the programme, for her support with yet another venture that excluded me from her life on so many evenings; my daughters, Tamara and Kate for their encouragement and their comments about how interesting the assignments were, and to AG who joined the family and the reading team along the way.

Professors Augustyn and du Toit have been great pillars of support. Without their dedication and total commitment to the programme and to the students we would not be where we are today, and the management of HIV/AIDS in the world of work would be the poorer.

## 1. Introduction

This article describes an approach adopted by a manufacturing company to implement HIV prevalence testing at one of its factories in KwaZulu-Natal. The company is a subsidiary of a large group of companies; it operates in the fast moving consumer goods sector. The company had lagged behind some of the other group subsidiaries in its management of HIV and AIDS, but has now overtaken them. This is in large part due to the commitment of its Board and a campaign to involve as many people as possible.

Initially the company was coerced into a plan of action by its parent company, but is now fully committed to the process. Some of the strategies, in particular those leading to the implementation of prevalence testing, and those that assisted to gain this commitment will be discussed in this paper.

Communication and the gaining of acceptance of the programme have been the cornerstone of the plans for the intervention to manage HIV and AIDS within the company.

When prevalence testing was conducted, some 90, 4% of the available staff participated. No incentive or reward was offered to take part and the process was voluntary.

In a short space of time (less than a year) the company has moved from having an outdated and irrelevant policy on HIV and AIDS to implementing a strategic approach to managing HIV and AIDS in the workplace. The approach of the company will be discussed and some guidelines will be given.

HIV/AIDS is a problem of considerable magnitude, which needs to be managed on several fronts if the campaigns to contain or control it are to be effective. Several organisations need to be not only involved, but also proactive in the fight against this pandemic.

HIV/AIDS has a devastating effect, acknowledged by the ILO as "… a major threat to the world of work: it is affecting the most productive segment of the labour force and reducing

earnings, and it is imposing huge costs on enterprises in all sectors through declining productivity, increasing labour costs on enterprises and loss of skills and experience. In addition HIV/AIDS is affecting fundamental rights at work, particularly with respect to discrimination and stigmatization aimed at workers and people living with and affected by HIV/AIDS" (International Labour Organisation,2001,piii).

The International Labour Organisation has acknowledged that the pandemic is so serious that it has developed a code of good practice on HIV/AIDS and the world of work. If business was aware and accepted this fact it would serve as an indication that they should be involved in the management of HIV and AIDS in the workplace. Unfortunately most employers appear ignorant of this recommendation, or do not heed this advice.

The effect of HIV and AIDS on the world of work is enormous, it is a problem that needs to be dealt with and acknowledged by business leaders as one of their strategic priorities. Senior Management must be committed to the process if any interventions are to succeed. In order to achieve this senior management needs to understand the problem and acknowledge that their involvement in its solution is a business imperative, just as important as any of the other strategic priorities. Unfortunately this is not always the case. This can be ascribed partly to ignorance or a lack of knowledge on the effects of the pandemic on the world of work and the particular enterprises they manage and also its effect on the economy.

There are several ways in which senior management can be brought into the process, but one thing is certain, no campaign at work will succeed unless it has the backing of senior management and especially that of the Chief Executive Officer. The first and greatest challenge is to convince management that there is a problem and the magnitude of the problem. Tom Peters, one of the popular management gurus of our time coined the phrase that "what cannot be measured cannot be managed". Objective and meaningful measures need to be introduced to understand the effects of the pandemic.

Obviously there can be several different starting points in a campaign. Circumstances will dictate what the optimum starting place is, but management support and commitment are vital. Bombarding management with statistics on prevalence rates that do not relate to the particular enterprise will have limited effect.

## 2. The Situation Before The Intervention

There had been an old policy in place, written in 1996 and not since updated, which covered the following aspects:

- employee education
- treatment of infected employees
- travelling in countries with high AIDS incidence
- protection against infection (accidental exposure)

The situation in 1996 was very different to what it is now, and far more is now known about the disease and how to manage it. What is significant is that this policy applied only to those whose employment conditions were not covered by a substantive agreement (i.e. those employees whose terms and conditions of employment were fixed by collective bargaining would not be covered by this policy; they form the majority of employees in the company). This policy would therefore not be applicable to the vast majority of the workforce; it is that segment of the workforce that was perceived to be the most affected and vulnerable to HIV and AIDS.

As far as intervention strategies go there was no plan regarding how to deal with the pandemic, how to measure it, and no idea of the impact of HIV and AIDS on the workforce or the marketplace in which the company operated.

Pressure came to bear once the group company had formed a high level HIV/AIDS working group chaired by the group chief executive officer. What was discussed and agreed there was very remote from the factory sites and feedback and communication were minimal, if they existed at all.

It had been noticed that there were deaths occurring amongst the workforce, more so than had been the experience in the past. The only statistics available were the number of deaths recorded by the provident fund, who were responsible for administration of the death and disability schemes. There was also a retirement fund in the company. To a large extent, though not exclusively, membership of the provident fund was from the ranks of factory workers. Management and the monthly paid staff and belonged to the retirement fund. This led to the belief of management that the disease was restricted to people in the lower positions in the company, these tended to be mainly African and Indian. Mortality (as measured by death claims lodged) amongst retirement fund members was very low, reinforcing the perception that management was not affected by HIV and AIDS.

An attempt had been made to draft a new policy on HIV and AIDS in response to a request by a newly appointed human resources executive. At the time it was felt that the policy should cover all serious and life threatening diseases and the focus of the policy was largely to regulate how to deal with individuals whose sick leave entitlement had been exhausted, by granting them extended sick leave benefits and to limit the company's liability to provide costly treatment such as antiretrovirals and chemotherapy. This was before the days that antiretrovirals were made available at government institutions and also before the cost of medication had reduced.

The board did not consider that a policy on HIV and AIDS was a strategic priority and the matter remained dormant for some time until the appointment of a new Human Resources Executive, who then championed the process. By this time the group had issued a strategic document for its subsidiary companies. This covered the areas of:

- HIV/AIDS risk assessment.
- Creating a climate of acceptance and non-discrimination
- HIV/AIDS workplace programmes
- Employee assistance programmes and health services
- Social responsibility and community investment.

The absence of a champion at board level was probably a stumbling block to gaining commitment. "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" (UNAIDS, 2003a,p 3). This helps put the situation into perspective from a business point of view as the real concern is, of course, the effect on productivity and sustainability of the business. Of particular concern to business should be that those most affected by HIV and AIDS are in their prime productive years. The importance to business cannot be denied as UNAIDS (2003a, p 3) continues, "…with the progressive changes in the ways companies are valued, strength of intellectual capital is becoming increasingly important relative to financial capital…". Productivity and sustainability are not the only concerns though, the Thailand Business Coalition on AIDS (TBCA), Employers Confederation of Thailand (ECOT), and International Labour Office (ILO). (2003, p5) remind us that "…a company's reputation for socially responsible practices is an important factor in the current business environment". The board level champion needs to believe in and remind his peers of these sentiments.

It was felt then that the management programme should be kick-started and that there needed to be consultation about a policy and the strategies that had to be put into place. The quickest and most effective means of doing this was to arrange a two day workshop to deal with these issues. The workshop will be discussed later in this paper.

## 3. What Was The Problem?

Other group companies had started to implement their own strategies and the company was somewhat left behind. Aside from peer pressure there was definite influence from the group chief executive. The holding company is listed on the Johannesburg Securities Exchange and was mindful of the future requirements that they would be required to report on HIV/AIDS in their annual report, in line with the recommendations of the King Report on Corporate Governance.

Especially at the factory site there was awareness that mortality and morbidity was increasing although it was not fully understood why or the extent of the problem. Death and disability cover was becoming more expensive and although the company had capped its contributions and given the responsibility to trustees of the provident fund to apportion contributions to insured benefits, such as life and disability cover, there was increasing dissatisfaction amongst employees that less and less was being made available for retirement funding. One problem was that although there was awareness that HIV and AIDS were likely causes of mortality, there was no concrete evidence to substantiate this.

Absenteeism appeared to be increasing, this related both to sick leave and family responsibility leave. In addition a further symptom of the pandemic was the more frequent requests for company loans for funerals and other related expenses. Once again there were no accurate measurements in place and comparisons with the past were not possible, so it was not feasible to look at trends or make predictions on the future based on that past knowledge.

In reality the problem related to HIV and AIDS was not understood by the company. There were no meaningful statistics available, record keeping had not taken account of the needs caused by the pandemic, and it was not seen as a priority to collate and record statistics that would be helpful in analysing the company exposure to HIV and AIDS. The effect of HIV and AIDS on productivity, the workforce and the market was not appreciated. The World Economic Forum (2003-2004, p2) in addressing HIV management states, "...HIV/AIDS should be a core business issue for every company particularly those with interests in heavily affected areas…". This in essence was actually part of the problem, management did not see HIV and AIDS as core business issues.

## 4. The Level Of Knowledge Of HIV/AIDS

Probably the greatest obstacle was not the lack of knowledge about HIV and AIDS, but the know-how relating to treatment and what was required to be done. In short the whole aspect of effective management was lacking.

In general it was felt that the disease affected mainly people of colour, who were largely represented in the lower level jobs. Most of management had no personal experience of sufferers of AIDS, nor did they know of anyone in their social circles that had contracted HIV. There were, however, a handful of employees who had some knowledge of the disease.

HIV/AIDS was not seen as a business issue, and there was a lack of understanding of how the business was affected or what other businesses were doing, as well as the guidelines that had been laid down by various institutions, such as the International Labour Organisation. HIV was not seen as a workplace issue, but as something that affected people outside the work situation. The World Economic Forum (2003-2004, p2) says that "...many businesses expect to face increased costs, but only in the future, or that they are drawing on insufficiently sophisticated information to disaggregate the impact of AIDS from other factors affecting business performance".

In general most of the staff were ignorant about HIV and AIDS. Some of the more junior staff had some personal experience of the disease that they had acquired or experienced from friends and family. Senior staff from more privileged backgrounds had little knowledge and previous exposure to the disease and few, if any, had come across anyone suffering from the effects of HIV.

## 5. The Current Body Of Knowledge

One of the key principles recognised by the ILO is that "…HIV/AIDS is a workplace issue, and should be treated like any other serious illness/condition in the workplace….the

workplace has a role to play in the wider struggle to limit the spread of the epidemic" (International Labour Organisation, 2001, p3).

There is a recommendation by the ILO that the workplace should be healthy and safe in accordance with the provisions of the Occupational Safety and Health Convention, 1981. In South Africa similar provisions have been included in the Occupational Health and Safety Act of 1993.

In the ILO Code, (International Labour Organisation, 2001,p 6 ,section 5.2) employers are advised to consult workers and their representatives to develop and implement an appropriate HIV/AIDS policy in their workplace. The code in Section 5.2(d) encourages "…employers, workers and their organizations, should work together to develop appropriate strategies to assess and appropriately respond to the economic impact of HIV/AIDS…" (emphasis added) (International Labour Organisation, 2001, p6). The ILO checklist for planning and implementing a workplace policy on HIV/AIDS encourages committees to "…assess the impact of the HIV epidemic on the workplace and the needs of workers infected and affected by HIV/AIDS by carrying out a baseline study" (emphasis added) (International Labour Organisation, 2001, p24).

The role of Trade Unions is set out in section 5.3 (c) of the ILO Code "…workers and their organizations should use existing union structures and other structures and facilities to provide information on HIV/AIDS in the workplace, and develop educational materials and activities appropriate for workers and their families, including regularly updated information on worker's rights and benefits (International Labour Organisation, 2001, p8).

Paragraph 4.6 of the ILO Code advises that screening should not be required of job applicants or persons in employment. (International Labour Organisation, 2001, p4). Section 7 of the South African Employment Equity Act prohibits screening except after a successful application to the Labour Court. However, in the Labour Court case of Irvin and Johnson Limited and Trawler Line & Fishing Union and others, it was ruled that

anonymous voluntary testing did not fall within the ambit of this prohibition, and permission for such testing was therefore not required.

With regard to testing the ILO Code (in section 8) is somewhat cautious, "…testing for HIV should not be carried out at the workplace except as specified in this code. It is unnecessary and imperils the human rights and dignity of workers: test results may be revealed and misused, and the informed consent of workers may not always be fully free or based on an appreciation of the facts and implications of testing" (International Labour Organisation,2001,p14). They, however acknowledge that the position regarding surveillance testing is different, "…anonymous, unlinked surveillance or epidemiological HIV testing in the workplace may occur provided it is undertaken in accordance with the ethical principles of scientific research, professional ethics and the protection of individual rights and confidentiality. Where such research is done, workers should be consulted and informed it is occurring. The information obtained may not be used to discriminate against individuals or groups of persons. Testing will not be considered anonymous if there is a reasonable possibility that a person's HIV status can be deduced from the results." (International Labour Organisation, 2001, p15).

The company did not know or realise the business imperatives. As Peter Piot, Executive Director, UNAIDS puts it, " Businesses in countries which are already hard-hit by AIDS should protect their investments in human capital by providing employees with access to testing, care, support and treatment for HIV/AIDS as a necessary counterpart to HIV prevention programmes" (World Economic Forum, 2003-2004, p11).

Mervyn Davies, Group Chief Executive of Standard Chartered Bank warns, "There is a significant economic impact on businesses and economies that business ignores at its own peril" (World Economic Forum, 2003-2004, p111).

Laura Tyson, Dean of the London Business School says that "...we still know surprisingly little about the impact of HIV/AIDS on individual companies, about how they assess the risks…" (World Economic Forum, 2003-2004, pIV).

## 6. The First Intervention

### 6.1. Background

Several attempts had been made in the past to introduce a policy on HIV/AIDS and to get the Board committed and involved in the management of HIV/AIDS. This was despite the pressure and interest from the holding company. The approach thus far had been to get one of the senior managers to address the board when time could be found to place the item on their agenda. As HIV and AIDS were then seen to be of a low priority this took some time to make it onto the agenda, and then only for brief discussion.

The appointment of a new Human Resources Director who was prepared to throw his weight behind the proposed campaign and who reported directly to the Chief Executive was a great help and eliminated many of the obstacles previously encountered.

### 6.2. The Approach

Other companies in the group had assigned their programme to individuals who were based at their corporate offices and who visited the various branches to educate and elicit commitment. These had proven to be time consuming and a drain on resources and not entirely effective either.

The best approach was thought to be to kick-start the programme with a two day workshop which would be informative and create the opportunity to gain commitment from executives, managers and the workforce all at the same time, and to show that each interest group had a role to play. The problem and its solutions were seen to affect everyone and a common understanding was considered to be essential.

### 6.3. First Steps

The company has manufacturing sites in Gauteng and KwaZulu-Natal and six sales offices in the major centres, as well as its head office in Gauteng.

Organising a workshop was seen as a big exercise and a working committee was formed consisting of the Human Resources Director and one senior human resources manager from the coastal and one from the inland regions. The purpose of this working committee was to share the workload as no-one could be allocated full time to the project.
The committee decided the theme of the workshop should be "Working together to manage HIV/AIDS in Company N". The Human Resources Director gained support from the Chief Executive and set the date of the workshop with the Chief Executive, inviting him to open the proceedings. This support was critical, as UNAIDS, (2003b, p10) puts it " …establishing an effective long-term workplace programme is contingent upon genuine support from senior management." The Chief Executive instructed his direct reports (all the executive directors) to attend the workshop and ensure the attendance of their managers and the staff required.

### 6.4. The Workshop

Choosing the theme was easy enough, although the actual objective of the workshop had yet to be honed and finalised. After some debate it was agreed that there was a need to provide some detail and facts on HIV/AIDS, the effect on the Company, and legal aspects. Even though the delegates would be armed with the requisite knowledge, no action would ensue without their commitment. Furthermore, policy could not be enforced or dictated to them. Stakeholders need to work through the issues and decide for themselves how to handle any problems that might arise. True commitment is not gained by imposing guidelines. Each site is unique and possesses different talents and skills.

### 6.5. The Delegates

Attendance was made compulsory for all executive Board members. The senior manager at each manufacturing and sales site together with their human resources manager/ officer, occupational health nurse, two shop stewards and two other nominated representatives (preferably from the Equity Committee established in terms of the Employment Equity Act) were invited. The involvement of shop floor employees was seen as particularly important. This was a unique gathering as it was the first time ever that all the executive directors, shop floor workers and shop stewards had sat in the same forum, let alone working together at planning a strategy.

### 6.6. The Programme Content

It was felt important for the Chief Executive to open the workshop and say why he thought there should be a programme on HIV/AIDS. This would also be a sure way to get his buy in and personal commitment as well as send a message to the rest of the company that he supported the programme. Juan Somavia, Director-General of the ILO has written "…the best practices have included committed leadership…" (International Labour Organisation, 2001, piii). The Chief Executive's address was followed by the Human Resources Executive who outlined the Group policy and strategy. The balance of the programme was handled by various speakers (all of whom were experts in their field) on the following topics:

- demographic, labour and socio-economic impact of HIV/AIDS,
- the legal aspects,
- a synopsis of the approach to managing HIV/AIDS at Debswana,
- prevention, treatment and management strategies
- the effect of HIV/AIDS on the workforce and company benefit schemes.
- one of the most important addresses was by a senior official of the Trade Union who covered the Union philosophy on HIV/AIDS.
- The Hecate Industrial Theatre Group presented their play, "Live Long, Live On" and answered questions from the audience.

After the addresses, teams from each worksite worked together on devising plans of how they were going to manage the epidemic. They were also required to assess what additional resources were needed to manage the epidemic on their sites. Each team then presented their plan to the audience. This gave the opportunity for teams to note their shortcomings to add these to their programmes when they returned to their workplaces. The workshop concluded with each delegate signing a pledge of what they would be doing towards the company programme on HIV/AIDS. The pledge was countersigned by one of the executive directors.

## 7. What Drove The Programme On Site

### 7.1. The Driving Forces

Fortunately, and what made it easier, was that the senior manager on site was committed to the process from the beginning and it did not take much convincing that a committee should be formed to drive the process. There was also a strong feeling that the site should be at the forefront of the campaign and set an example to the rest of the business.

After the workshop the site team was on its own, or almost. They were required to hone their programmes and submit these to Head Office within a few weeks for scrutiny, comment and advice. After a six month interval the steering committee visited each region when each site had to report on their progress to the group in an open forum. All those who had attended the launch workshop from the region were present. This also had the added effect of a peer review session, with useful comments and suggestions being elicited in a constructive and non-threatening manner.

It had been suggested at the workshop to form HIV/AIDS committees on each of the sites as a way to gain commitment, credibility and also to share responsibilities and as a useful means to consult stakeholders.

### 7.2. Establishment Of The HIV/AIDS Committee

A site committee was formed to guide the programme, it was chaired by the senior manager on site, and comprised two shop stewards, the occupational health nurse, a member of the Equity Committee and the human resources manager. Subsequently an additional human resources official and a person living with AIDS were co-opted to the committee.

Their first task was to finalise their action plan and agree on the first steps and how to go about communicating what needed to be done.

It was acknowledged that for the programme to be effective an assessment of the prevalence of HIV in the workforce was essential and therefore the steps were designed with this in mind.

### 7.3. Creating Initial Awareness

To increase awareness the first intervention was a presentation to the whole workforce by Hecate Industrial Theatre, "Live On-Live Long", a play about knowing and revealing ones HIV status to loved ones. This was held on the last work day before a large number of staff went on their annual leave. The workforce was provided with a braai and each employee was encouraged to take a free copy or copies for family and friends of the Soul City publication "Living positively with HIV and AIDS". Shortly before this event two of the coloured pages from this booklet on "How do I know if I am HIV positive" were copied and laminated and placed on all notice boards. This covered many of the questions frequently asked about testing and the consequences of finding one is HIV positive or negative.

The AIDS committee and shop stewards had informed the workforce before the event that there would be a show and that the committee was working on a programme. At the conclusion of the session several insightful questions were asked, which were answered skilfully by the performers.

The World Economic Forum (2003-2004, p3) reinforces that, "...accurate, objective and unbiased information on HIV/AIDS must be generated and disseminated, covering such areas as workforce prevalence".

### 7.4. The Role Of Peer Educators

It had been agreed to educate and inform staff by using peer educators. The Lions programme was selected and two groups of peer educators were trained. Before peer education started the concept was discussed with shop stewards, they and the AIDS committee consulted the workforce about this.

### 7.5. Prevalence Testing

The company had in the meantime contracted with a specialist company to conduct anonymous, unlinked prevalence testing and the HIV/AIDS committee set a target date. They consulted with the shop stewards and explained what they were hoping to achieve and also the benefits that testing had to the management programme.

Peer educators were then asked during their training sessions to discuss the Company's wishes to conduct prevalence testing. Shop stewards were asked to speak to all their constituents and report back whether they felt a sufficient number would subject themselves to testing. Shop stewards reported back that a significant number would be willing to be tested. A notice was also posted on the notice board telling employees about the proposed testing and inviting them to approach the AIDS committee or shop stewards if they were unwilling to go for testing, or if they required further information, or had any concerns. No concerns of note were forthcoming.

### 7.6. Launch Of Prevalence Testing

A date for testing was tentatively set with the provider. All peer educators, shop stewards, the management team, occupational health nurse, the Human Resources Executive and Supply Chain Executive were invited to a briefing by the service provider. The service provider was represented by a medical doctor and nursing sister. The doctor explained in simple terms some of the facts about HIV, how the development of AIDS lagged infection with HIV, the need and advantages of prevalence testing. He then demonstrated a test on himself and explained how testing would take place. Anonymity and confidentiality were stressed.

The proposed date was discussed and agreed. Delegates were asked whether they had any concerns and for their views on what else needed to be done. Finally all committed their support to the project.

### 7.7. Events Leading To Testing

Bi-monthly the senior manager on site holds a feedback meeting for all staff where he discuses company performance and any related or new matters. This was used as an opportunity to explain prevalence testing and reassure employees that it was anonymous and unlinked.

Shop stewards and the AIDS committee were also asked to speak to all their constituents and reassure them that it was a painless exercise and once again the anonymity was stressed. The need and reasons for testing were explained and questions and concerns answered.

Two weeks before the proposed date of testing a special brief was issued answering many of the questions that had been raised. Topics included:

- why the Company wanted to conduct prevalence testing,
- how the test would be conducted,
- who was doing the testing,

- that individual results would not be available, and why this was so,
- how individuals could know their status,
- the next steps in the management of HIV/AIDS.

This was read and explained by all supervisors to their staff and copies were posted on the notice boards. Throughout the brief the theme of anonymity and confidentiality was stressed. The brief was given to all the peer educators to discuss with their groups and to answer any questions or concerns they had and to explain where further information could be obtained. Communication via shop stewards and the AIDS committee continued, especially during peer education sessions.

### 7.8. Mustering Support On The Day

A private room had been set up away from the factory in the human resources block and just next to the factory clinic. No one could see into the room and it was manned by a nursing sister who was not known to any of the staff. It was decided to stop one plant at a time and for employees who were willing to be sent for testing. Not long after the testing started it was found necessary to station a person at the door to stop others entering the room whilst a test was in progress. There was an objection to supervisors monitoring the door and workers took turns whilst waiting in the queue to ensure only one person entered at a time. This arrangement worked well.

Production managers (who work closely with the people) were very involved in getting employees to go for testing. The senior manager and human resources manager walked the factory floor on the day speaking to people and answering questions and allaying fears.

## 8. The Decision To Undertake Prevalence Testing

### 8.1. The Reasons Behind Testing

There was such a degree of ignorance about the disease and also denial that any of the workers could be affected. Some of the other group companies had undertaken prevalence testing and it was felt desirable that the company take similar steps. There was also curiosity and speculation among some employees regarding the number of HIV positive employees.

### 8.2. What The Company Hoped To Achieve

The people involved in running the programme wanted to bring about a greater awareness of the disease. Others were curious to know how many of the staff were infected.

The real reason behind testing was to be able to plan for the future and ensure survival of the company by being able to plan its labour requirements.

### 8.3. Next Steps

Having established the number of HIV positive people on site the intention was not for the company to sit back and relax, as the goal had been achieved. The first steps would be to use this information to plan the future manning strategies and to prioritise the implementation of prevention measures, or supportive strategies for HIV positive employees. The company was also working towards every individual knowing their HIV status and then to promote appropriate lifestyle strategies for individuals to follow. Communicating these intentions was underway by then as it had been acknowledged that the communication process is a lengthy one.

## 9. Preparations For Testing

A service provider to conduct prevalence testing had been negotiated and decided on by the company's head office. As the provider had other commitments, and travel outside Gauteng would be necessary, a tentative date was set that would coincide with other engagements of the service provider so that travelling costs could be shared.

It was decided to hold a briefing session to communicate the company's intention to do prevalence testing and to consult influential stakeholders in the organisation. Once again economies of scale were employed and two other local branches of the company were assembled at a central venue for the briefing.

The HIV/AIDS committee, the entire shop stewards committee, occupational health nurse, human resources officer as well as the whole management team were invited. As this was to be the first such intervention the executive director in charge of factories and the group human resources executive were invited and also attended the session.

After introductions, the proceedings were run by a doctor from the service provider, who would be overseeing the process on the day. He started by outlining the background to the pandemic and why it was necessary to conduct prevalence testing. The presentation was kept simple using a flipchart to explain some of the more difficult aspects. No use was made of overhead slides of projected images. Once these aspects had been dealt with the doctor explained what would happen on the day.

He reassured the audience that the testing would be anonymous and explained how he would ensure it was unlinked to any person. It was also stressed that no biographical data would be collected. This decision was made because the company has some small worksites where, if even minimal biographical data was recorded, it might be possible to link this with individuals or that some uninformed persons could draw their own suppositions from the data. He also explained that the station would be manned by a qualified nursing sister who was a member of his staff, and would most likely be unknown

to all the staff members. Despite there being nearly 400 members of staff at the site who were tested, only one of them knew the sister who had been delegated, and this was as a result of a casual contact through an unrelated service organisation that both were associated with.

The doctor then demonstrated the testing procedure and placed the swab in his mouth. After the time had passed that it could be read he passed the device around the room for all to inspect. Any questions and concerns were addressed and finally he suggested the date that had been proposed asking if everyone present gave their commitment to prevalence testing.

The service provider had previously indicated that they conducted their affairs in line with all accepted ethical standards. Their integrity was not in question as the service provider had previously worked together with the company on other health and medical aid matters, and a long standing professional relationship had already developed.

At the following meeting of the HIV/AIDS committee the strategy to implement testing was discussed and agreed on. Members of the committee would address as many of the staff as they were able to in both formal and informal ways. Shop stewards undertook to address workers during their regular meetings with their members to emphasise they supported the company's approach.

During the bi-monthly feedback meeting the senior manager announced that prevalence testing had been agreed after consultation with the HIV/AIDS committee and shop stewards. He explained the process, once again emphasising that it was unlinked and anonymous. He asked anyone who had any concerns to address these with himself, a member of the HIV/AIDS committee, or with shop stewards.

A notice was also posted on all noticeboards informing staff of the proposed prevalence testing and the agreed date. Once again persons with questions or concerns were directed to the HIV/AIDS committee. Two weeks before the testing a special brief was issued which was read by supervisors to all their staff. The contents of this brief included:

- Why the company wished to conduct prevalence testing
- How the test would be conducted
- Who was doing the testing
- Whether employees would get the outcome of their test
- Where additional information could be obtained
- How individuals could ascertain their status
- The next steps in the management campaign
- How results would be made available

When the brief was read supervisors checked for understanding and asked whether there were any questions.

## 10. What Happened On Testing Day

A conference room in the human resources block which is out of view of most people was used. Once the sister doing the testing had set up her equipment one plant at a time was stopped and the employees on that plant were invited to attend. Other staff who were not working in the factory were asked to join the short queue whenever they were available.

Only one person at a time was admitted to the testing room so that there was no chance of seeing whenever results became readable. By the time a result was readable that employee would have returned to work. It was soon found that a measure to control the flow of employees was needed in order to stop people entering the room while testing was in process. At first a supervisor was delegated to this task, but there was opposition to this. One of the workers from the queue was then delegated to watch that only one person entered the room at the same time. This arrangement worked well and was acceptable to all.

The process was repeated for the night shift. Throughout the day and while testing was in process on night shift the operations manager and human resources manager and the senior

shop steward walked the factory floor encouraging employees to go for testing. Shift managers and department heads also encouraged their staff to attend.

## 11. The Outcome

Ninety point four percent of the employees who were on site on the day volunteered and underwent testing. No rewards or incentives were offered.

The service provider commented how smoothly the operation had run. Staff showed enthusiasm and support for the process.

## 12. Communicating The Outcome

What was interesting was the reaction of the Head Office to the communication of results. They had been less involved on a day to day basis with HIV and the consequences, whereas site staff had for some time seen employees become ill and die. HIV/AIDS was more of a reality at a factory level than at a corporate head office.

The senior manager on site took the opportunity at the start of a union feedback meeting to communicate the outcome. This was the first occasion after the results became available that a large group of staff were available. It was also highly unusual for a member of management to address what was in effect a union meeting, such was the commitment of the shop stewards to the programme. The percentage, as well as the actual number of infected people on the site, was given. Instead of focussing attention on the number who tested positive the message was put across that there was good news that a high percentage of the workforce was HIV negative. It was emphasised that the company approach was to encourage those who are HIV negative to stay so and to encourage those who are positive to take appropriate measures to ensure they stay healthy and live and work as long as possible, moreover that being positive is a manageable situation.

Soon after the result was announced a number of employees came forward and enquired about where they could go for voluntary counselling and testing. One employee even returned and proudly showed off his written confirmation that he was HIV negative!

## 13. Lessons Learnt And Recommendations

There is no quick fix approach to implementing prevalence testing. One needs to be patient. Fears and concerns of the workforce need to be allayed. There needs to be plenty of reassurance that results are confidential and unlinked.

There is no right or wrong place to start, indeed the most important step is to start somewhere, even if this is not the most logical place. It is surely better to have tried and failed rather than not started at all.

Obtaining commitment and support from the board is one of the essential steps. How this is achieved depends on the organisation. A champion at board level certainly helps. Real commitment in this organisation was gained by the board and others attending a workshop and then working together on ideas and strategies to take the programme further.

As many people from all levels in the organisation should be involved. It is quite surprising the knowledge and understanding that comes from some of the lower levels of the organisation. Many of the people in the lower ranks in the organisation are, to the surprise of a lot of the other staff, involved in community matters and are leaders in their own communities. These individuals are often influential in their own right and have a wealth of expertise and some surprising skills.

Whilst some individuals might have greater knowledge than others it is important that tasks get shared among as many people as practicable. Shared workloads contribute greatly to the success of any project and a diversity of talent and knowledge helps greatly.

Getting the Chief Executive Officer to instruct his direct reports to attend the workshop was a contributing factor to its success. Their presence helped show the rest of the company the level of commitment of the board.

A site HIV/AIDS committee was also a useful aid in the consultation process. Messages and feedback from the committee proved to be accurate and acceptance was gained quite easily using the committee members to perform these tasks.

A further level of commitment was gained by delegates to the workshop having to make and sign a pledge in front of one of the executives. At the time it was not realised how great the effect of this commitment would be. Peer pressure is also a useful tool in the armoury of those trying to implement a programme. Sometimes more subtle approaches can be employed, such as getting a team to present their recommendations at a joint meeting and then inviting comments from their peers. Often things forgotten by one group are raised for the benefit of all.

The great need for confidentiality was demonstrated when workers felt uncomfortable that a supervisor should monitor and control access to the testing room. There was ready acceptance that this task should be performed by one of the other people standing in the line, but not someone who could be described as having any authority over others.

In this instance the communication of results was somewhat delayed whilst the directors debated how the results should be communicated (or even communicated at all). The directors, having had very limited exposure to the pandemic were quite shocked that there were HIV positive people working in the company! Communication turned out to be a relatively easy matter. Employees had been informed at the time that prevalence testing was first discussed that the results would be made known to the workforce. At site level there was a realisation that results would have to be communicated and the decision was made to focus on how many of the staff were HIV negative rather than how many were positive. In fact, when the result was communicated there was a sigh of relief and encouragement that only a small percentage of the workforce was HIV positive.

Using a well versed service provider did much to allay any fears. They were professional in their approach. They ensured all aspects ran smoothly and handled the whole exercise with confidence and professionalism.

An opportunity must be given to those who underwent the test to describe their experiences. When employees asked their results the sister in charge assured them they were not available. Workers reported back to their peers that the exercise was painless and reassured them that results could not be leaked and that individual details were not recorded. These helped enormously to encourage others to go for testing.

Prevalence testing sounds like the first step in the process of managing HIV in the workplace. It is certainly an essential step, but by no means the first one. It is only one of many stages of a long journey to manage HIV and AIDS in the workplace and to fight the epidemic.

A large amount of planning and communication needs to take place. Consultation with organised labour is essential and it is helpful to be able to demonstrate that there is also commitment from trade union leadership.

## 14. What Happened After Prevalence Testing

### 14.1. Were There Any Changes After Testing?

After the initial reaction at the corporate head office regarding how the result of prevalence testing should be communicated there were very few changes evident. There had been some speculation about how many people would test positive and some individuals made it known that they felt their predictions had been accurate.

The actual result was less than the provincial average and this led to a feeling of relief. There was a realisation that there were a number of HIV positive individuals, but this knowledge did not change the perception that there was a need for any special intervention.

### 14.2. What Was Put In Place After Testing

As mentioned previously, one individual came forward and announced his negative status. Voluntary testing and counselling was not offered at this stage and anyone wishing to be tested was referred to one of the local clinics that provided this service.

Peer educators were supplied with a list of clinics in the area, with the times that they operated, and with the request that they encourage employees to be tested. This had a limited effect, and it is recommended that a separate campaign should be mounted if this is to be successful.

A further workshop (about six months after the prevalence testing) is being planned at which the campaign to introduce voluntary testing and counselling will be addressed. This will once again feature speakers and delegates workshopping their plans to roll out the campaign at their sites.

### 14.3. The Company's Stance On Antiretrovirals

For some time there had been debate on whether the company should get involved in the provision of antiretrovirals. Some of the arguments were claimed to be objective, based on medical considerations (e.g. side effects, unproven long term effects of the drugs, etc.), industrial relations consequences ( e.g. what happens when an employee leaves the company, should the family also be treated, how to deal with seasonal workers). Some arguments were based on emotional, humanitarian grounds (e.g. how can we sit back and see our employees suffer). By the time antiretrovirals were made available at government institutions (in theory at least), the company debate had not been concluded, and accordingly no action was taken.

The company has supported St. Mary's hospital as part of their corporate social investment policy and over time good working relationships have been established. Currently all employees in need of antiretrovirals are referred to them for treatment and follow up. One employee whose treatment was already being paid for by his family could not be accommodated at St Mary's as he was on a treatment regime that they were unable to supply at that stage. His treatment had to continue at the McCord Hospital, and it is now being provided free of charge.

### 14.4. Dealing With HIV Positive Individuals

The factory clinic monitors the progress of known and suspected HIV positive individuals. When the factory doctor has deemed it necessary CD4 counts have been conducted and paid for by the company. Employees who are covered by the group's medical aid scheme are encouraged to register on this programme. As confidentiality is maintained, none of the participants are known to the company. In a scheme of about 12 000 members there have been less than 90 registrations on the programme. Claim records indicate that there are about 250 members who, based on treatment prescribed, are indeed HIV positive.

Acting on the advice of the factory doctor, and taking the relevant CD4 counts into account, application has been made for some employees to be considered for permanent disability grants from the provident fund insurance scheme. Once approved there is a six month waiting period before the benefit of 75% of earnings is paid. The company has paid employees 30% of their wages during this waiting period and facilitated sick benefit payments from the unemployment insurance fund.

No provision has been made for food supplements or immune boosters; these topics have also been debated at length, and a decision was made not to provide these.

## 15. Guidelines For A Successful Programme To Implement Prevalence Testing In A Manufacturing Environment

The following guidelines could serve as a checklist when a decision has been taken to implement prevalence testing in a manufacturing concern. Although they are not exhaustive and circumstances will differ from one concern to another the same basic principles will most likely apply in most instances. The order in which steps are taken might also need to vary depending on a number of factors such as perceived commitment, knowledge base, etc.

### 15.1. Commitment

Have the following demonstrated their commitment:

- The holding/parent company
- The Chief Executive Officer
- The Board
- Manufacturing site senior management
- Shop Stewards
- Trade Union official(s)

### 15.2. Champion

Has a champion been identified at senior level, preferably one who reports direct to the Chief Executive Officer?
Is there a champion at site level?
Decide who is driving the intervention – is it driven at site level or through a head office champion/expert.

### 15.3. Communication

Communicate your intentions to:

- Board
- Management

- Shop stewards
- Shop floor
- Peer educators, who in turn should relay messages to their groups

Create climate to receive feedback and address issues/questions/concerns.

Utilise all mediums of communication:

- Oral
- Noticeboards
- Briefing sessions
- Report back meetings
- Union structures
- Ensure senior management understand the strategic priority of HIV on the business, both on employees and the marketplace.
- Ascertain whether senior management understand what the problem is and how it can be solved.
- Do not bombard senior management with statistics and scare tactics.
- Communicate the outcome of prevalence testing in a positive manner, e.g. there are so many HIV negative people as opposed to the number who are positive. Give details of the programme and what people who are negative must do to remain so. Encourage those who are positive to live healthy lives and reassure them they can live long and continue to be productive if they follow certain simple guidelines and explain where to find these guidelines.

### 15.4. Level Of Knowledge Of HIV And AIDS

Establish the level of knowledge of HIV and AIDS by:

- Informal survey
- KAP (knowledge, attitudes and practices) study

### 15.5. Gaining Commitment

- Get people to work together, try to get groups from different levels working together on a common goal.
- Encourage others to listen to as many viewpoints as possible.

### 15.6. Establish HIV/AIDS Committee

- Establish a HIV/AIDS committee. Utilise influential individuals from all levels of the organisation, preferably include some people living with HIV/AIDS.
- Empower the committee to take action.
- Utilise the committee to consult all stakeholders.

### 15.7. Choose Service Provider

- Choose a service provider who has past experience, who follows all the ethical rules and considerations.
- Get the service provider to brief an influential group of employees and management well before the expected date of testing.
- Ensure the person conducting the test is not known to the staff.

### 15.8. Peer Reviews

- Where possible use peer review sessions to plan strategies. Groups take tips and criticism more readily from their peers than a so-called expert.

- Peer reviews also assist in benchmarking progress in a non-threatening manner.

### 15.9. Pledges

- Obtaining a personal pledge form HIV/AIDS committees and management can be a motivator.

## 16. Conclusion

A successful intervention to implement prevalence testing is more of a process than an event. The correct climate has to be created. This can only be achieved through adequate preparation and communication. It is vital that all stakeholders are fully informed of the reasons for testing, the benefits to the individual and to the company and what the company intends doing with the outcome.

To be successful there needs to be involvement from the trade union, in this case they showed their support early in the process and also demonstrated this by sending one of their senior officials to address the workshop.

## 17. References

Employment Equity Act, 55 of 1998. Juta Law, Lansdowne, 2002

International Labour Organisation (ILO), (2001). An ILO Code of Practice on HIV/AIDS and the World of Work. World Wide Web (http://www.ilo.org/public/english/protection/trav/aids/code/codemain.htm): International Labour Organisation.

Irvin & Johnson Ltd and Trawler & Line Fishing Union and Others (Case no. C1126/2002 - Labour Court, Cape Town).

Thailand Business Coalition on AIDS (TBCA), Employers Confederation of Thailand (ECOT), International Labour Office (ILO). (2003). Preparing your Business for the Challenges of HIV/AIDS. Employers Handbook on Managing HIV/AIDS in the Workplace. Book 1. World Wide Web: (http://www.unaids.org/EN/other/functionalities/search.asp): UNAIDS.

UNAIDS. (2003). Business taking action to manage HIV/AIDS: a selection of business practices responding to HIV/AIDS in-and outside the Asian workplace. Book 2. Workplace Programmes. World Wide Web. (http://www.unaids.org/EN/other/functionalities/search.asp): UNAIDS.

UNAIDS. (2003). Business taking action to manage HIV/AIDS: a selection of business practices responding to HIV/AIDS in-and outside the Asian workplace. Book 3. Sustainability of HIV/AIDS workplace programmes. World Wide Web. (http://www.unaids.org/EN/other/functionalities/search.asp): UNAIDS.

World Economic Forum. (2003-2004). Business and HIV/AIDS: Who Me? A global review of the business response to HIV/AIDS. World Wide Web. (www.weforum.org/globalhealth): World Economic Forum.