Handling of HIV/AIDS in the workplace

HIV/AIDS is a serious problem for many people and companies. It is most pronounced in Africa, but the epidemic is also looming in Eastern Europe and Asia where an increasing number of Danish companies establish subsidiaries.

This guide offers specific advice as to how companies can work with HIV/AIDS risk assessment, policy identification, prevention and care.

The leaflet presents two specific examples of how Danish companies — Kjaer Group and Danfoss — have worked actively with HIV/AIDS in their subsidiaries in Uganda and South Africa, respectively.
Handling of HIV/AIDS in the workplace

February 2005
To date, the HIV/AIDS epidemic has affected some 38 million people globally. In certain countries and regions—particularly in Africa—the epidemic is so widespread among the working population that it has a direct impact on the labour market and individual companies. Other regions—particularly Eastern Europe and Asia—are facing serious HIV/AIDS epidemics, which may have an impact on companies and the labour market in the longer term.

At the international level, a number of companies have initiated HIV/AIDS programmes to help their employees and reduce their costs.

This booklet contains practical suggestions for a corporate strategy for HIV/AIDS. It maps the spread of HIV/AIDS in the year 2004 with special focus on the significance of the epidemic for companies, provides guidance for companies in formulating an HIV/AIDS policy and suggests how to implement a prevention and care programme in practice.

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Why is HIV/AIDS an issue for companies?

Spread of HIV/AIDS

The HIV/AIDS epidemic is one of the most challenging social problems of our time and the greatest health crisis in modern history. Since the first cases of HIV were diagnosed in the United States in the early 1980s, the infection has spread across the globe and cost the lives of 25 million people.

UNAIDS, the United Nations’ organisation for HIV/AIDS, estimates that about 7.1 million people in South & South East Asia have already died from AIDS.

Global estimate of HIV/AIDS

Like other major epidemics through history, HIV/AIDS spreads fast. But unlike other epidemics, it may take years before a person who is infected with HIV shows any symptoms. This makes it difficult to give a precise estimate of the scope of the problem. As many as 95 per cent of HIV positives are unaware that they have the infection, and this is a particular challenge for companies trying to implement effective HIV/AIDS prevention and care programmes.

UNAIDS, the United Nations’ organisation for HIV/AIDS, estimates that about 7.1 million people in South & South East Asia have already died from AIDS.
and East Asia are HIV positive. The infection is primarily widespread among homosexuals, drug addicts and prostitutes. Many people fear that the epidemics will spread from these groups to the general population. This happened for example in South Africa where, just ten years ago, the epidemic was confined to marginalised groups of the population. Some organisations fear that without appropriate intervention, India alone will have 20–25 million HIV infected people by 2010 and China 10–15 million.

**Southern Africa** is the most seriously affected region in the world with 25 million HIV positives and some 3 million newly infected in 2004 alone. In many countries in Southern Africa, the AIDS epidemic has pronounced and severe consequences for people, companies and society in general. South Africa has the largest factual number of HIV infected people in the world.

In **Eastern Europe and Central Asia**, the number of HIV positives has increased dramatically since 2001, particularly in the Baltic countries. The region currently has the world’s highest growth rate of new HIV infections. Some organisations fear that Russia will have 5–8 million HIV infected people by 2010 with serious consequences for the country’s economy and labour market.

In **Denmark and the Western world** in general, the infection generally affects well under 1 per cent of the adult population. But studies show that, in spite of health campaigns and information, prejudice and a lack of concrete knowledge about modes of transmission exist in these societies. According to UNAIDS, a declining focus on the disease in recent years has led to a small increase in the number of infected people.

**HIV/AIDS and companies**

HIV/AIDS primarily affects the sexually active and, accordingly, the working population. That is why the epidemic has a direct impact on companies since it affects their employees.

Companies have to live with HIV/AIDS as part of their everyday life. In addition, HIV/AIDS can have financial consequences in the form of increased labour costs because the employees are ill and stop working, or family members fall ill and need care. This leads to increased costs due to higher absenteeism, lower productivity, increased recruitment and the training of new employees.

The individual company can do a lot to reduce its costs in connection with HIV/AIDS. The company can also assume a special role in the prevention and, in some cases, in the care of HIV/AIDS afflicted because the company works as a good and efficient communication channel to the employees and their families.

Many companies grasp the challenge by adopting an HIV/AIDS policy. An HIV/AIDS policy will typically include guidelines for dealing with job applicants, employees and former employees with HIV/AIDS and their families.

In the event of many HIV infected employees or relatives, the HIV/AIDS policy can be supplemented with a regular programme for information, prevention and, in certain cases, care. The need of an effort on the part of the company is dependent on the offers provided by the health system of the country in question.

The activities enable the company to handle HIV/AIDS on a daily basis and minimise the costs incurred
through the epidemic. In most cases, it is a good investment for the company both to implement a preventive effort and to help the people who are already infected.

**Prevention of HIV/AIDS**

Knowledge is the best prevention in HIV/AIDS, and information about HIV/AIDS is a fundamental element in a preventive effort.

HIV can spread through sex with an HIV positive person, through blood and an HIV infected mother can infect her child during pregnancy, delivery and breastfeeding. The use of condoms during intercourse greatly minimizes the risk of transmission. Sterile syringes and blood transfusion with HIV-tested donor blood prevent infection through blood. Treatment of the mother for HIV during pregnancy, delivery by caesarian, breast milk substitutes and treatment of the child with AIDS medicine for a few weeks after birth significantly reduce the risk of transmission from mother to child.

In order to avoid unnecessary anxiety and misunderstandings it is also important to inform about how HIV does not spread.

HIV does not spread by drinking from the same cup, by using the same toilet, by touch, through saliva, tears or sweat. Normal contact between co-workers in the workplace is problem-free, and only in very rare cases is HIV a real obstacle in job performance.

Over the past two decades, available prevention strategies have been studied and evaluated intensively, and much knowledge exists on effective methods. But there is still a major need for a markedly greater effort in order to succeed. The cost of HIV prevention is relatively small compared with the cost of care and treatment of people infected with HIV.

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**Facts of HIV/AIDS:**

- HIV is only transmitted through blood, vaginal secretion, semen fluid, pre-sperm and breast milk.
- HIV is a virus that destroys the immune system
- To have AIDS means that a person has developed one or several serious infections or cancers due to severe weakening of the immune system
- When a person dies from AIDS, in reality he or she dies from a complication due to a weakened immune system

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**HIV/AIDS treatment has become less expensive**

Treatment of HIV/AIDS is more accessible than ever before. One of the reasons is that in recent years the price of AIDS medicine has dropped by 95 per cent in the developing countries. This means that more people are undergoing therapy.

However, of the six million people with a seriously progressed disease and an acute need, only 400,000 have access to AIDS medicine. Accordingly, nine out of ten people with a real need of the medicine do not get it.

The AIDS medicine, also called AntiRetroViral (ARV) therapy, is a lifelong treatment that helps to keep the HIV virus down and improve the immune system. Efficient treatment postpones the AIDS diagnosis. With AIDS medicine, the HIV-infected person can delay the time of actual disease by at least ten years.

The introduction of AIDS medicine has caused the mortality of HIV positives in the United States and Europe to decline by 90–95 per cent. In addition to a healthier and well-functioning labour force, treatment with AIDS medicine results in lower costs in connection with replacement of workers, loss of competences, absence in relation to illness, absence due to funerals etc.
Potential partners

Most companies with workplace policies for HIV/AIDS have used assistance and services from locally based health clinics or organisations. This helps to ensure that the corporate policies and programmes have satisfactory quality and meet the laws of the country. Furthermore, the local clinics and organisations can provide a service that matches the local situation with regard to culture and language.

Find information on local clinics and organisations at the National AIDS Councils or the UNAIDS Country Coordinators. Danish representations will also be able to provide information. Finally, information is available at www.unaids.org.

In countries receiving development aid from Denmark, the so-called programme co-operation countries, it is often possible to apply for financial support for an HIV/AIDS initiative from Danida, the Danish International Development Agency’s pool earmarked for Public Private Partnerships.

The Danish AIDS Foundation and the Confederation of Danish Industries can help with consultancy assistance at the implementation of HIV/AIDS policies and programmes.

Your company can also apply for support for HIV/AIDS workplace activities through Danida.

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Use partners

Find information at the National AIDS Councils

Danfoss Pty Ltd. and Reco’s HIV/AIDS initiative

In September 2003, Danfoss subsidiaries in South Africa, Reco and Danfoss Pty Ltd. with 170 and 80 employees respectively, initiated an HIV/AIDS information campaign, which is initially to run for two years. The campaign receives financial support from the Fabrikant Mads Clausen Foundation.

Information and education

The main purpose of the campaign is to inform and educate the employees in the following areas:

- What is HIV/AIDS?
- How does HIV/AIDS transmit?
- How to avoid being infected with HIV/AIDS?
- How to deal with HIV/AIDS?

Management took the initiative for the information campaign, and it was developed in co-operation with a reputed consultancy firm, which has prepared the information material.

Anonymous HIV/AIDS tests

Before the launch of the campaign, the employees were asked if they would voluntarily subject to a confidential and anonymous HIV test. More than 70 per cent agreed to be tested for HIV/AIDS. Neither Reco nor Danfoss Pty Ltd. have seen the results of employee HIV tests.

The tests were not carried out in order to inform the companies about the HIV status of the employees, but to give the employees a real chance to take the necessary precautions if they were infected.

Danfoss Pty Ltd. and Reco Pty Ltd. operate in local environments where more than 20 per cent of the adult population is infected with HIV/AIDS, and the companies estimate that the share of infected employees is at the same level. The high degree of infection means that the companies lose many employees due to HIV/AIDS, and the decision to initiate an HIV/AIDS information campaign was made because HIV/AIDS increasingly affects daily operations.

Anonymous HIV/AIDS tests

Before the launch of the campaign, the employees were asked if they would voluntarily subject to a confidential and anonymous HIV test. More than 70 per cent agreed to be tested for HIV/AIDS. Neither Reco nor Danfoss Pty Ltd. have seen the results of employee HIV tests.
The HIV/AIDS policy was distributed to the employees at the information meetings, and through open dialogue and continual communication, Danfoss Pty Ltd. and Reco try to make the employees adopt the policy.

Danfoss Pty Ltd. and Reco efforts do not cover actual care offers. This issue is covered by the company’s general Human Resource policy. The policy states that the companies will strive to help infected employees when problems arise, among other things in the form of subsidies for medicine.

The information campaign was directed at the company’s employees. But Danfoss Pty Ltd. and Reco hope that the employees will take the information material they received at their workplace, home to family and friends so that the information about HIV/AIDS is spread in the local community.

As part of the information campaign, Danfoss Pty Ltd. and Reco have placed condom dispensers and information brochures in all company lavatories. The condom dispensers are refilled regularly, and the information brochures are updated in step with the development in HIV/AIDS in order to keep the employees up to date with developments.

The HIV/AIDS initiatives at Danfoss Pty Ltd. and Reco have not resulted in particular reactions from the employees and the local community since they are standard practice in most companies in South Africa. The main barriers are internally in the company and consist of an occasional lack of openness regarding specific cases of HIV/AIDS.

The result of the campaign
Danfoss Pty Ltd. and Reco’s HIV/AIDS information campaign started in September 2003 and has not yet resulted in a decline in the number of HIV/AIDS cases in the company or the local community. Nevertheless, the campaign has led to more openness about HIV and AIDS. Being infected with HIV is much less of a taboo than previously. The campaign has also given employees knowledge about HIV/AIDS that enables them – infected as well as non-infected persons – to take the necessary precautions.

Reco’s HIV/AIDS policy is reproduced in its entirety in the enclosure on page 41.

Corporate strategy for HIV/AIDS
HIV/AIDS has the greatest impact on companies with infected employees. And it is the employees the companies have the best chance of influencing and helping. It is therefore natural that a company focuses on an HIV/AIDS policy for employees and possibly their families. Such a policy is aimed at preventing the further spread of HIV and helping employees who are already HIV infected to stay healthy so that they can continue working for the company for many years yet to come.

An HIV/AIDS workplace policy and programme must be tailored to the individual company and take its size, location and type into consideration.

In the following model, Step 0 covers a risk and situation analysis, Step 1 is an HIV/AIDS workplace policy, and Steps 2 and 3 are distinct action-oriented programmes defining which specific activities to initiate. The items and proposals for action on the step model should be seen as options, and it is up to the individual company to adapt them to the needs and resources of the company.

The policy must be tailored to the individual company

The step model of DI and the Danish AIDS Foundation

HIV/AIDS has an impact on the company’s employees

Step Zero
Risk and situation assessment

Step One
The company’s HIV/AIDS policy

Step Two
Information and prevention programme

Step Three
Test, counselling and care programme
**Step Zero**

**Risk and situation assessment**

It is important to determine the focus of the company’s HIV/AIDS initiative so that the content matches the needs of the company as accurately as possible. For this reason, it is a good idea to analyse HIV/AIDS at the worksite in relation to factors such as risks, attitudes, objectives, costs and needs. A risk and situation assessment can cover:

- **Risk assessment**
  - Estimate of spread of HIV/AIDS among employees
  - Identification of risk factors
- **Discussions with employees**
  - Committee meeting on attitudes and objectives
- **Situation assessment**
  - Cost estimate
  - Survey of attitudes and knowledge

**Step One**

- **Company HIV/AIDS policy**
  If the company deems it relevant, it can formulate an HIV/AIDS policy with guidelines on how to relate to employees with HIV in recruitment and work situations.

**Step Two**

- **Information and prevention programme**
  If the company deems it relevant, it can initiate an information and prevention programme that will typically involve information meetings, information materials, education and distribution of condoms.

**Step Three**

- **Test, counselling and care programme**
  If the social and health system of the country does not cover costs for care (and pension), or if treatment offers are inadequate, the company can implement a programme offering voluntary tests, counselling and care of employees and possibly their closest relatives, possibly with contributions from the employees’ salaries.

**Risk assessment**

An assessment of the risks of the company can include several elements:

**Evaluation of the spread of HIV/AIDS among employees**

A reasonable assumption is that HIV/AIDS incidence in the workforce is the same as in the adult population in general. Information about the spread of HIV/AIDS is available from national authorities or on www.unaids.org, which publishes a comprehensive an-
nual report of the spread of the epidemic. The evaluation should take into account that there may be major regional differences depending on infrastructure, demography and other factors. Companies can also estimate the spread of the epidemic by analysing their own statistics on sickness absence in order to form a more precise picture of the scope of the problem. In most cases an analysis based on absence profiles will provide an estimate since, in many places, employers are not allowed to ask for causes for absence from the job. These estimates are also useful as a basis of comparison if the company wants to assess the effect of the effort against HIV/AIDS at a later stage.

Identification of risk factors
In connection with the risk assessment the company should also evaluate which risk factors the employees are exposed to. The most important risk factors are distance/transport work and a tradition for visiting prostitutes. In industries where employees are separated from their families over longer periods, or where the work involves much transport, the transmission risk is greater than in other sectors.

There may also be local, culturally conditioned behavioural patterns that involve an increased risk of infection. Only very few sectors involve a direct risk of transmission at the workplace, and this is only in cases where prescribed safety precautions are not observed.

Discussions with employees
On the basis of the initial risk assessment, the company can discuss a number of issues in committees made up by employee representatives and management. In this way the company can assess the level of knowledge and the attitudes among employees before finally drawing up the HIV/AIDS policy.

• How do committee members perceive employee attitudes to HIV/AIDS in the workplace?
• How do committee members perceive the general level of knowledge of HIV/AIDS among the employees?
• What is the objective of the HIV/AIDS workplace policy?
• What is the HR attitude in connection with recruitment of new employees, and if an employee contracts HIV/AIDS?
• What is the company’s attitude to post-training, rehabilitation, voluntary redeployment or reduced working hours in cases where an employee is HIV infected?

Situation assessment
In order to assess the need and, later on, the effect of HIV/AIDS efforts, the company initially ought to analyse the company’s costs in connection with HIV/AIDS as well as the employees’ knowledge of and attitudes to HIV/AIDS.

Facts about how HIV virus transmits:

- By unprotected sex with an HIV infected partner
- Through blood, for instance by sharing syringes
- From infected mother to child during pregnancy, delivery or breastfeeding
- Oral sex
- All places where HIV infected blood, semen or vaginal secretion may come into contact with mucous membranes
- The risk of HIV transmission markedly increases in cases of untreated venereal diseases

Special risks of HIV infection

- Distance work
- Transport work
- Tradition for visiting prostitutes
- Separation from family over longer periods
- Culturally conditioned behavioural patterns
Cost estimate
The company should estimate the costs of HIV/AIDS in order to uncover the arguments and need for implementation of HIV/AIDS programmes. Such costs can be incurred as a result of HIV/AIDS-related sickness absence, loss of productivity due to illness/weakness, absence due to funerals or illness in the employee’s family, deaths, loss of knowledge and competence, loss of customers and suppliers, and costs relating to current care and hospital options.

Survey of attitudes and knowledge
In addition to the initial discussions, many companies, particularly larger ones, have implemented in-depth surveys of employee attitudes and knowledge in relation to HIV/AIDS and HIV positives in order to get an idea of the need for information and education. Such a KAP (Knowledge, Attitude and Practice) analysis is particularly useful to evaluate the efficiency of corporate information and education programmes. But it is important to realise that it takes considerable investment to develop the questionnaire/interview questions, protect sensitive information about individuals, implement the survey and carry out the statistical analysis. Most companies implementing such surveys use local NGOs or consultants with experience in sociological studies. The Danish AIDS Foundation can help with a general format for a questionnaire and advise about its use.

Step One
The company’s HIV/AIDS policy

The cornerstone of an effective HIV/AIDS effort is an attitude policy. An attitude policy for HIV/AIDS is a condition for addressing prejudice and for offering tests, counselling and care. We recommend that the company clearly states to its employees that HIV infection is perceived in the workplace as any other disease, and that employees with HIV will be treated in exactly the same way as other employees. It is also important to stress that any management knowledge about the HIV status of an employee is treated confidentially.

Some countries have adopted national legislation to regulate corporate policies on HIV/AIDS in the workplace, for instance the AIDS Codex of South Africa. In such cases, companies should take legislation into consideration when they define an HIV/AIDS workplace policy. In their policy, companies often include provisions that determine which concrete programmes the company wants to initiate. The HIV/AIDS policy can cover the following areas:

1 In Denmark, surveys containing sensitive information about individuals (gender, age, religious affiliation, health etc.) must be submitted for approval to the Danish Data Protection Agency. Many other countries, including all EU countries, have similar rules.
**Equal treatment of job applicants**

We recommend that job applicants are not asked to subject to HIV antibody tests or inform about their HIV status during the job interview, and that knowledge of HIV status does not affect the employment situation.

Company demands for an HIV test before employment with a view to elimination of HIV positive applicants are illegal according to Danish legislation and often have major negative consequences. The signal value of such test practices can result in HIV infected people being stigmatised and regarded as inferior in the workplace, and lead to increased hesitation from employees to subject to optional tests with a view to treatment. Furthermore, testing as a condition for employment is usually irrelevant as it has turned out that the practice does not reduce the overall number of infected employees.

**Equal treatment of employees**

Employees are not obliged to subject to an HIV test or inform about their HIV status.

Refusal to work by employees who know about HIV/AIDS in a co-worker is regarded as non-compliance with employment agreements. Illness can only lead to dismissal if it reduces the working ability of the employee permanently, and if redeployment is impossible.

One of the most important obstacles to fighting HIV/AIDS is the risk that HIV infected people are regarded as being inferior. It is vital that the company signals that discrimination of HIV infected persons and others who are affected by the disease is not tolerated. Employees must openly and without negative consequences be able to contact management about the disease. We recommend the following elements to ensure equal treatment of employees:

**Confidentiality is a must**

We recommend that the employer introduces professional secrecy about the HIV status of employees.

**Considerations and recommendations regarding Step One**

An HIV/AIDS policy should be announced and backed by top management in order that employees and stakeholders can have confidence in its signals. We recommend that the policy is adopted in dialogue with employee representatives so as to avoid misunderstandings and to increase knowledge and ownership of the policy. Certain countries may have rules about varying degrees of employee participation. In Denmark, the employees must be involved in the preparation of principles for an HR policy, according to the Co-operation Agreement between The Danish Employers Federation and the Danish Confederation of Trade Unions.

By discussing HIV/AIDS in a committee with representatives of management and employees and by informing broadly about the subject, the attitudes of the company reach all corners of the company. The following issues can be discussed at the first meeting of the committee:
• Which areas should be covered by the HIV/AIDS policy?
• How should the company inform the employees about the HIV/AIDS policy?
• What can the company do to make the employees adopt the policy?
• Who can work as a confidential contact person if acute problems arise in connection with HIV/AIDS in the workplace?
• Who is responsible for spreading and maintaining the HIV/AIDS policy?
• Who is responsible for developing the HIV/AIDS policy in future?

Why this special attention to HIV/AIDS?
In connection with the introduction of specific HIV/AIDS workplace policies and programmes, a question that often turns up is whether the policy is, in fact, an expression of preferential treatment of HIV infected people at the expense of employees with other life-threatening diseases. The argument is that if the company invests specifically in preventing and treating HIV/AIDS, employees with diseases such as sclerosis or cancer should demand the same care. It is important to maintain that, on the basis of the analyses and considerations outlined in Step Zero, the company evaluates that it is necessary to make a special effort in the HIV/AIDS arena. Furthermore, it is an infectious disease that can be prevented and treated through sensible access to information and education and through a reasonable investment in test and care.

How to avoid HIV infected people being considered abnormal?
When a company adopts policies specially aimed at HIV/AIDS, it may have the unintended side effect that HIV infected people are “set apart” in their own minds and in the minds of others. Focus on a single disease can lead to stigmatisation. We recommend that your company makes sure that the attitudes of the messengers are in agreement with the general attitude policy. This means that the people responsible for communicating and implementing the policy are well-informed and capable of addressing prejudice about the disease and its modes of transmission.
Step Two

Information and prevention programme

One of the most important and most efficient areas of responsibility for companies addressing the problem of HIV/AIDS is prevention. In many countries, companies are the only competent source of information about the prevention of HIV for their employees and their families. We recommend that the information and prevention activities clarify how employees can contract the infection as well as how they can avoid catching it. Such effort will enable infected employees to protect others, non-infected employees to protect themselves and to be better at interacting with HIV-infected co-workers in the workplace. The information and prevention activities can include the following:

Step 2:
Information and prevention programme

- Information meetings
  The company organises information meetings as needed for all employees informing them about the disease, modes of transmission, rights, safety precautions and availability of prevention, tests and care.

- Information materials
  The company makes information material available for the employees. The materials include information on the availability of tests, counselling and care of HIV/AIDS. Articles describing how to live with HIV/AIDS can be published regularly in an employee newsletter if such exists.

- Handeling out of free condoms
  The company makes free condoms available for employees, for instance by placing a condom machine at the staff toilets or in another room with similar possibility for discretion.

Information meetings

The company organises information meetings as needed for all employees informing them about the disease, modes of transmission, rights, safety precautions and availability of prevention, tests and care.

The company can also require middle-managers responsible for other employees to regularly bring up the issue at employee meetings. If special employee seminars are held about HIV/AIDS, they could be prepared so as to be adapted to the specific needs of female and male employees. Experience shows that information and prevention courses adapted to men and women separately have a greater effect in societies where the subject is taboo, and where there are major differences in the social and educational background of men and women.

Information material

The company makes information material available to employees. The material includes information on the availability of tests, counselling and care of HIV/AIDS. Articles describing how to live with HIV/AIDS can be published regularly in an employee newsletter if one exists.

Often, local NGOs, companies and health authorities have already produced suitable materials that the company can use.

Companies can be sources of information

Peer educators

Managers and middle-managers responsible for several employees are trained to handle difficulties in relation to the disease. Peer education is used to inform and create dialogue about the disease at the employee level and at various levels in the company.

Information and prevention in the local community

The company initiates or supports information and prevention activities in the local community, for example in co-operation with schools, churches, hospitals or NGOs.
**Handing out of free condoms**

The company makes free condoms available to employees, for instance by placing a condom machine in staff lavatories or in another similarly discrete room.

So far, the use of condoms is the most effective protection against HIV. In many countries, however, myths still exist about the inefficiency and uselessness of condoms, and they are still not universally available. On average, African men have access to three condoms annually. That is why many companies in Africa choose to make condoms freely available for their employees in containers placed in staff lavatories and combine this effort with regular information campaigns about their use. Such practice naturally involves costs for the company in connection with purchase, installation and refilling.

**Peer educators**

Larger companies can benefit from peer education. Employees at various levels can be used to communicate knowledge and counselling to their co-workers. Particularly in areas where different languages are spoken and where the language of the workplace is not necessarily the mother tongue of all employees, this method can play an important role for the acceptance of the company’s message regarding prevention etc. In this situation, it is vital that the company selects employees who enjoy respect among their peers and, to the greatest extent possible, personally live up to the message he or she is to convey. It is also important that the company continually evaluates performance and keeps employee knowledge up to date. In many cases, the selection and education of employees can take place in co-operation with local NGOs that are familiar with local practice and language.

Managers and middle-managers are trained to address myths and discrimination. They are asked to speak openly about the disease and instructed in handling and advising HIV infected employees. They should also be trained to correctly refer to any professional counselling and treatment facilities.

**Information and prevention in the local community**

The company initiates or supports information and prevention activities in the local community, for example in co-operation with schools, churches, hospitals or NGOs.

Local information activities on HIV/AIDS can turn out to be sound investment if accessibility to this information in the surrounding community is limited. By contributing to education of the surrounding community, the company may ensure a higher degree of penetration than if it only informs and educates its own employees. It is a good idea to implement such local information activities in co-operation with local institutions, NGOs, churches and schools. Particularly in areas with much illiteracy and a major tendency to myth-making and superstition, local collaboration may be necessary to reach the local population. With this type of pioneering work, a company may create a good reputation for itself in the local area that may help secure future recruitment and earnings.

**Considerations and recommendations regarding Step Two**

Some pioneers within HIV/AIDS workplace programmes have experienced that an ill-considered approach to information activities is counter-productive. Drawing a very dark picture of HIV/AIDS in an attempt to make the employees take the disease seriously – for example with posters showing unpleasant pictures of venereal diseases or weak or dead people – may increase fear and discrimination in the workplace and end up by countering efficient prevention and care. It is vital that the company closely considers its communi-
To live with HIV
– not to die from AIDS

Specially trained information officers

Culturally and religiously balanced effort

cation and chooses trained educators capable of communicating knowledge about HIV/AIDS in an open, neutral and competent manner.

We also recommend that, to the extent possible, the company tries to talk about the disease and HIV infected people in a positive way. The company should emphasise the message that it is about living with HIV – not dying from it. The company should also avoid negative words such as “victims” and “AIDS-marked”. Furthermore, the company should avoid juggling with concepts such as fault and sin in connection with information about transmission modes.

It is a tricky balancing act to communicate knowledge of an area such as HIV/AIDS. It should be carefully considered who is to be in charge of the day-to-day provision of knowledge, care and counselling. If the company charges someone, who is not properly equipped for the job, with the responsibility, it can have negative consequences for the effect of the HIV/AIDS workplace programme and for the work environment in general. The company can seek assistance from local NGOs, health authorities and often also other companies that have already developed appropriate information materials.

HIV/AIDS is a highly sensitive issue due to its close association with sexual behaviour. It is vital that the company’s effort is balanced with religious and cultural conventions.

Step Three
Test, counselling and care programme

Optional tests and counselling are among the most important components in prevention, and the precondition for medical care. Testing, counselling and care are often the most difficult and expensive areas to implement. The need for initiating test, counselling and care programmes must naturally be evaluated on the basis of the risk and situation assessment in Step Zero and in relation to any relevant experiences from Step One and Step Two. A test, counselling and care programme can involve the following:

Step 3:
Test, counselling and care programme

- Optional counselling and testing
  The company provides free access for the employees to confidential and professional test and counselling facilities in the local area.

- Medical care
  The company offers (through employee health insurance)
  – medical treatment to pregnant employees to prevent mother-to-child transmission
  – preventive medical treatment of employees who have been exposed to HIV infection (PEP)
  – medical treatment of HIV complications
  – treatment with AIDS medicine (ARV)
  – continuous adjustment of medical programme to ensure optimal care

- Compensation of HIV-related costs
  The company compensates employees for any costs from visits to a doctor or hospitals in connection with HIV-related diseases within established rules.

Tests, counselling and care can be expensive
Tests must be voluntary and anonymous

Employees have an opportunity to be tested for HIV and get counselling in connection with the test result at his or her own doctor or at the local health clinics. An HIV test is a blood test that shows whether the organism has anti-bodies against HIV. It is extremely important that tests and counselling are optional and confidential since many people will otherwise refrain from accepting offers for a test. The anonymity of employees in relation to the company is guaranteed by using external clinics.

Subsequent counselling is relevant both in the case of positive and negative test results. It is important to be aware that an employee who takes a test and gets a negative result presumably took the test because he or she felt at risk of having contracted HIV.

The company can implement regular campaigns encouraging employees to take voluntary tests.

Counselling is important

Medical care

The company offers (through employee health insurance)
- medical treatment to pregnant employees to prevent mother-to-child transmission
- preventive medical treatment of employees who have been exposed to HIV infection (PEP)
- medical treatment of HIV complications
- treatment with AIDS medicine (ARV)
- continuous adjustment of medical programme to ensure optimal care

If HIV positive employees are offered treatment with AIDS medicine, it is important to be aware that the employees start a lifelong treatment. If the company introduces a care programme, it is essential to determine who will be covered by the programme, what the conditions are for participation/exclusion, and what happens if their employment contract ceases. This question is discussed on the following pages.

Care through health insurance

Compensation of costs

For many employees, compensation for doctor and hospital costs will be a precondition for seeking the relevant and necessary help and service.

Considerations and recommendations regarding Step Three

A Step Three programme can involve the following people:
- Employees
- Posted Danish employees
- Families

The company can decide that Step Three will only be available to persons who cannot claim compensation or similar services under a national or private health insurance. The company can also decide that family members with higher salary than the one the company pays are not covered.

What happens on termination of employment?

The company should determine whether it wants to continue paying for care after an employee has ceased working for the company. The company could, for example, choose to continue to cover the costs for up to five years after termination or indefinitely. Such a rule could possibly not apply in cases where the employee does not follow the rules of the treatment, has resigned or has been fired due to impermissible conduct.

What are the conditions for participation/exclusion in the programme?
The HIV/AIDS programme can be financed through user payment.

How to ensure confidentiality?
In Step Three, it is extremely important to ensure confidentiality. In many countries it is illegal to require employees to inform about their diseases and, for this reason as well, it is important to stress that the offer for a test is optional. It can be difficult to be sure about the anonymity of the health status of individuals if the activities in connection with testing and counselling are carried out by internal health personnel. It is general practice that companies with such internal facilities choose to outsource these functions, and it is also advisable and most efficient for companies that do not have internal health functions.

How to finance the HIV/AIDS workplace policy?
If the company adopts a test, counselling and care programme, it must consider various financing models. It is common practice that companies oblige the employees who are comprised by health programmes to contribute with a monthly percentage of their salary for financing. In many cases such contributions will be an introduction of an additional provision for coverage of HIV/AIDS care in the company’s existing employee health insurance. In some cases, the financing will require an additional employee contribution, in other cases an extraordinary investment on the part of the company.

Who can provide the service?
Medicine distribution and counselling activities demand specialisation, and in some countries the necessary medicine is difficult to get hold of. Furthermore, regular control and monitoring of medical care is necessary to achieve the desired effect and avoid further transmission. It is a good idea to contact the relevant national health authorities, National AIDS Councils or Danish embassies to obtain information about suppliers of these services.

How to measure the effect of the programme?
Evaluation and follow-up are vital to assess the effect of the HIV/AIDS initiatives taken by the company. Companies have a tendency not to pay the necessary attention to this documentation process because they concentrate on the more acute problems of implementation. It is important to establish the regularity of these evaluation efforts right from the beginning. The company can use the indicators from Step Zero – the situation and risk assessment – as points of evaluation and comparison. By using the same measuring points it is possible to assess the real effect of the initiatives.

How far does the company’s responsibility go?
It is not realistic to demand that the efforts against HIV/AIDS go any further than to the company’s direct sphere of influence. This will typically be the company’s own employees and possibly their families. There are, however, examples that the company and the supplier have had a very close relationship and the company has been associated closely with the supplier in the eyes of the public.
Kjaer Group A/S  
– from local need to general policy

Kjaer Group A/S is a Svendborg-based holding company offering transport solutions in several developing countries through a network of subsidiaries, agents and partners, primarily on the African continent. During the past decade, Kjaer Group has expanded its business and has an increasing number of employees and partners in Africa.

Uganda Motorcare
In the early 1990s, Uganda had one of the continent’s highest incidences of HIV within the adult population. Since then, the government has been able to reduce infection numbers considerably through intensive campaigns. The UNAIDS estimate for 2003 is that the HIV incidence in the adult population is down to 4.1 per cent.

Since 1995, Kjaer Group has had a distribution company in Uganda named Uganda Motorcare (MTC Uganda). The company with 54 employees is based in Kampala.

HIV/AIDS Committee
In 2000, the then General Manager of MTC Uganda arranged for the appointment of an HIV/AIDS Committee with representatives of all departments and managerial levels. The Committee was to convene at least once every two months and, on its own initiative, decide which HIV/AIDS-related issues to discuss and possibly communicate to the other employees. The result was that the Committee initiated an HIV/AIDS information and prevention campaign for company employees. The campaign involved seminars at which employees received information on the disease and its modes of transmission, and on how to treat and care for HIV positives. At the seminars, external educators stressed efforts to address prejudice in order to reduce the stigmatism that HIV positives often encounter.

Openness
One of the results of the campaign was that, after an HIV test, an employee openly announced that he was HIV positive. This has contributed to reducing the stigma and has increased the awareness of the employees of the need for prevention. He now acts as the pioneer of MTC Uganda and is the best example of the result of the HIV/AIDS information and prevention campaign because he is an inspiration for other employees who need testing and counselling. After the test, he has started ARV therapy, and his sickness absenteeism has been considerably reduced. The support and sympathy he has received from the other employees has further motivated him to work harder than before, and he has been elected the Employee of the Month three times in a year.

The next steps
While the campaign at MTC Uganda led to greater openness and reduced stigma in connection with HIV/AIDS in the workplace, MTC Uganda still felt that it lacked a very important element: a model for financial support for HIV tests, counselling on diet and lifestyle, and support for medical care. The information and prevention campaign was based on pro-active self-help, but in principle did not include financial support, although in most cases, Kjaer Group did provide individual financial support to employees with need of medical treatment of HIV/AIDS. Furthermore, in many cases, the HIV positive’s partner is also infected, and thus it can be very difficult for the family to afford the vital treatment.

In response to these problems, Kjaer Group is now designing a model of how to finance and implement test, counselling and care programmes for all employees in the company’s branches and subsidiaries. At each branch, an employee body named LifeClub will be formed to undertake education, training and coverage of medical expenses. Each employee will contribute with a small monthly fee which Kjaer Group in turn triples. Furthermore, Kjaer Group has decided to raise the salaries considerably among the staff belonging to low income groups, in order to enable them to provide for their families. This is a deliberate act in order to empower the employees and provide them with a sense of dignity.

General HIV/AIDS policy
The success of the local campaign in Uganda has been a source of inspiration for Kjaer Group. The company has become partner in a Public-Private Partnership project on HIV/AIDS in the workplace together with Humor Against AIDS (a coalition formed by DanChurchAid, Ibis, and the Danish AIDS Foundation), The Confederation of Danish Industries, and Danida in 2004. Until forming this partnership, the HIV/AIDS initiatives of Kjaer Group and its subsidiaries were the result of the company’s basic values and their social commitment rather than of a specific policy regarding HIV/AIDS. However, in January 2005 Kjaer Group launched a general HIV/AIDS workplace policy which states its attitudes and principles regarding HIV/AIDS at the workplace. The policy is also to work as a basis for local HIV/AIDS workplace programme development through the LifeClubs during 2005.

Through assistance from the partners of the Public-Private Partnership, Kjaer Group has conducted preliminary Knowledge, Attitudes and Behaviour surveys at its Motorcare Ltd. subsidiary in Mozambique as well as in MTC Uganda. In February 2005, training of all staff on HIV/AIDS is conducted at both MTC Uganda and Motorcare Ltd. based on these surveys and workshops will be held with management in order to ensure efficient local procedures and implementation. In 2005, Kjaer Group also expects to use its organisation and branching in many African countries to enter into collaboration with other interested parties in the local environment in order to disseminate the company’s HIV/AIDS initiative.
Glossary

**HIV** – Human Immunodeficiency Virus: HIV is the virus that leads to AIDS. HIV attacks the immune system and slowly breaks it down by attacking and destroying the cells of the immune system.

**AIDS** – Acquired Immune Deficiency Syndrome: The condition that follows from the HIV virus. Its characteristic is that the immune system does not function optimally. As a result, the body is unable to defend itself against infections and various forms of cancer.

**ARV** – AntiRetroViral: A medical treatment with the effect that the HIV virus does not damage the immune system.

**PEP** – Post-exposure Prophylaxis: A preventive medical treatment of people who have been exposed to HIV infection.

**Stigma** – Branding of people if they belong to a certain group. In this case people infected with HIV/AIDS.

**KAP analysis** – An analysis of the Knowledge, Attitude and Practice of the employees. In this case in relation to HIV/AIDS.

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**The Danish AIDS Foundation offers**

**Consultancy services from the Danish AIDS Foundation:**
- Professional knowledge and contacts to foreign partners.
- Format for questionnaire regarding attitudes and knowledge about HIV/AIDS (KAP analysis), and consultancy assistance in the use of the format and for quality assurance.
- Assistance in developing information material
- Implementation of workshops in companies, nationally and internationally, in connection with the identification of HIV/AIDS workplace policy and implementation of HIV/AIDS workplace programmes
- Implementation of HIV/AIDS information meetings for the company’s employees, nationally and internationally
- Education of peer educators, middle-managers etc., nationally and internationally
- Counselling regarding models for cost assessment and financing as well as information on medicine and health service providers

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**Various useful links:**

**www.aidsfondet.dk**
Link to the Danish AIDS Foundation

**www.unaids.org**
Link to the United Nations HIV/AIDS initiative. UN-AIDS is an important player in the global initiatives against HIV/AIDS

**www.ilo.org**
Link to the International Labour Organization. The organisation’s initiatives against HIV/AIDS appear from the site
HIV/AIDS Policy

Reco recognises the extreme seriousness of AIDS and AIDS-related diseases and in view of the implications of the disease both in the workplace and in the wider society, it is committed to protecting and promoting the health of its employees as well as the prosperity of the business.

It is intended that this policy will be reviewed in the light of epidemiological information and monitored for its successful implementation by the Human Resources Manager.

Reco understands that the HIV virus is only spread by:
- Unprotected sexual intercourse with an infected person;
- Exposure to infected blood, where blood has direct access to the receiver’s own blood stream;
- An infected pregnant woman to her unborn child.

There is no risk to fellow employees of contracting the virus from normal casual, social or work contact with an HIV infected person, e.g. sharing toilets, cups, shaking hands etc.

1. HIV and Employment

1.1 No applicant for employment or employee will be required to take an HIV anti-body test.

1.2 No pre-employment interview will ask questions that are intended to substitute for testing.

1.3 There will be no discrimination in recruitment against applicants, internally or externally, on the grounds that the applicant is seropositive.

1.4 Applicants who, are deemed to be fit at the time of the interview will not be refused an offer of work because they are seropositive.

www.businessfightsaids.org
Link to The Global Business Coalition on HIV/AIDS – about corporate efforts against HIV/AIDS

http://www.businessfightsaids.org/resources_useful.asp
Link to list of AIDS-related links for companies

http://www.msf.org
Link to Médecins Sans Frontières. The organisation has various HIV/AIDS care programmes. The website describes these initiatives

http://www.pharmaccess.org/main.html?folder=17
Link to health service provider that offers HIV/AIDS test, counselling and care programmes to companies, particularly on the African continent

http://www.ifc.org/ifcext/aids.nsf/Content/Tools
Link to site with links to country specific information and various addresses and email addresses to national NGOs and health authorities
1.5 If it becomes known that an employee has AIDS, or is HIV positive, Reco will ensure that resources are available to provide adequate social and medical support, as per paragraph 4 of this policy.

1.6 If it becomes known that an employee has AIDS, or is HIV positive, Reco will also make any reasonable arrangements to enable work to be continued, to foster social contact and help the employee maintain his/her confidence. Re-deployment may take place if the seropositive employee is exposed to any workplace risks. Refer to the procedural guidelines.

1.7 By itself, HIV is not associated with any limitation in fitness to work. If fitness to work is impaired by HIV related illnesses, reasonable alternative working arrangements may be made wherever feasible, in consultation with the infected employee, if required.

1.8 Employees will not be dismissed because they have AIDS or have become seropositive or de-deployed to alternative employment unless they request it or medical advice states that this would be in their best interests.

1.9 Victimisation of discrimination of an employee who has AIDS, or is seropositive by others will not be tolerated by the Company. Should any victimisation, discrimination or refusal to work with such colleagues occur, the medical facts about the disease would be made available to the offending employee within a counselling interview. If problems continue, disciplinary action will be taken against the employee in accordance with the disciplinary procedure. The Company will also endeavour to assist all seropositive employees, where problems occur with benefits such as Medical Aid etc.

1.10 Work performance evaluation will remain the same for all employees regardless of their HIV status.

2. Ill Health
The Company’s code for medical incapacity will be applied once an employee becomes unable to reasonably perform his/her duties.

3. Confidentiality
Reco acknowledges that people at work have a right to privacy concerning their own affairs and therefore:

3.1 Seropositive employees are under no obligation to inform Management or colleagues of their HIV status;

3.2 if it becomes known that an employee is seropositive, confidentiality will be maintained by those who have access to this information;

3.3 deliberate breaches of confidentiality will constitute a disciplinary offence;

3.4 no information regarding an employee’s HIV status may be released without the written consent of the infected employee;

3.5 employees wishing to be tested voluntarily, or to discuss problems associated with AIDS can do so confidentially with the Human Resources Manager.

4. Services Offered
All employees will be given access to information regarding basic counselling on HIV/AIDS care in the workplace, as well as opportunities for referral to appropriate community resources.

4.1 Education
Workplace education on HIV/AIDS will be at the Company’s expense, on company time and will be conducted in the workplace.
Objectives of the education programme include:
- providing accurate up-to-date information on all aspects of the disease;
- encouraging employees to honestly and realistically assess their personal risk;
- creating a supportive social climate;
- responding to fears and anxieties of people in the workplace;
- informing employees about their responsibilities and rights;
- preventing prejudice and stigmatisation about the disease.

4.2 Counselling
4.2.1 Basic counselling will be through referral to an appropriate community resource.
4.2.2 Pre- and post-test counselling will be mandatory in the event of an employee requesting an HIV anti-body test.
4.2.3 Counselling will be available to all employees and their immediate families.
4.2.4 Counselling will be voluntary.

5. Medical Personnel, First Aiders and Personnel Assisting with Accidents
In the event of a workplace accident where an employee is bleeding or requires mouth-to-mouth resuscitation, there is a risk of being infected by the HIV virus. For this reason, Reco will provide protective equipment including
- Rubber gloves
- Resuscitation mouth pieces
- Disinfectant

The equipment will be housed at every first aid station.

In the event of an accident, first aiders and other personnel will observe the following steps:

5.1 cover any cuts, sores or abrasions with a waterproof plaster at all times and especially before assisting an injured employee;
5.2 observe all necessary hygiene and sterilisation procedures such as washing hands before and after assisting an injured person and sterilising all equipment used. Ensure that disposable materials and equipment are incinerated;
5.3 wear a protective overall and rubber or disposable gloves. Use disposable plastic gloves and paper towels for dealing with any body fluids. Should there be accidental contact with body fluids, wash hands and body with cold water and a disinfectant.

6. Safety
Reco will continue to uphold a safe working environment to minimise any health hazards that may negatively affect the well being of seropositive and all other employees.

7. Seropositive Employee Responsibilities
Reco also acknowledges that seropositive employees also have certain responsibilities to themselves, management and fellow workers in maintaining good health. These responsibilities include:

7.1 To Themselves
7.1.1 Seeking medical, education and counselling assistance through referral to an appropriate community resource.
7.1.2 Obtaining stress management information and skills to manage their own stress.
7.1.3 To protect themselves and colleagues in the workplace according to information they have about the disease.
7.1.4 Seropositive employees working in hazardous areas should be aware of how to protect themselves from injury.

7.2 To Management
The Human Resources Manager, with the written consent of the infected employee, will inform the appropriate Manager of the individual’s HIV status when the individual’s fitness to work is impaired.

7.3 To Colleagues
Seropositive employees must use their discretion according to the information they have about the disease when engaging in activities that pose a risk of infection to colleagues, i.e. first aid training, donating blood.

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**FORM HIV1**

**HIV Anti-Body Testing Consent Form**

I, ____________________________________________

have discussed the HIV anti-body test with

________________________________________________

I understand the benefits and limitations to the test.

I understand that my confidentiality will be respected and that my test result will not be disclosed to anyone apart from the Human Resources Manager without my written permission.

My signature confirms my informed consent for the HIV anti-body test.

Signature: ______________________________________

Date: ______________________________________
FORM HIV2

Disclosure Of HIV Status Consent Form

I, __________________________________________

agree to disclose my HIV status to

__________________________________________

I understand that this information will only be used in my best interests.

Signature: ________________________________

Date: ________________________________