

# Business decision makers' survey on HIV and AIDS: The Boardroom speaks



# Foreword



PricewaterhouseCoopers is proud to be associated with this initiative that aims to raise the profile of HIV and AIDS in the workplace – particularly within the business sector. As an organisation, we are privileged to have an established network that cuts across the private sector, parastatals, Government, civil society and development partners operating in Namibia. This study was able to leverage on this network to enquire how organisations are responding to the epidemic, and how they believe their responses can be strengthened.

During this survey, we sought to establish how many organisations know the extent to which they are impacted by HIV and AIDS, whether they were aware of how the disease affects their operations, and whether they are actively monitoring its continued effect on their people. This is of interest to us given the implications for our clients' business sustainability. As companies aiming for profitability, we feel that it is important for us to invest in safeguards for our key assets – our people.

We further aimed to get the dialogue going around how our responses as organisations can be improved, and how our individual organisation efforts could support the wider initiatives that are currently undertaken by our Government. Our interest in promoting this approach stems from some of our previous work where we have worked with various partners in key sectors such as the health and transport sectors.

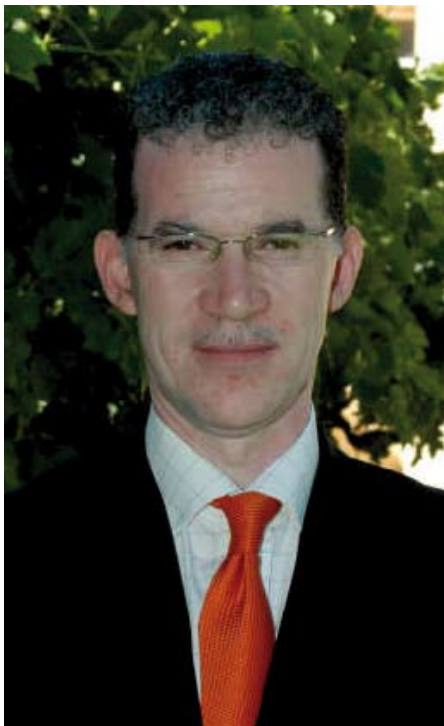
Our interactions with these partners indicated that more can be done by the business sector. We, the private sector, are a key contributor to our country's economy, however our productivity is hinged upon the general well-being of the citizens of Namibia. If their health and well-being is compromised, so is our overall performance.

The results of the Business Decision Makers' Survey, which targeted between 40 and 50 business leaders, indicates that there are some excellent response mechanisms in place which can be emulated. Some of the best practices are home-grown responses that appear to be successful for their holistic response to HIV and AIDS. We noted that these responses tended to be mainstreamed into all operational aspects of the business including risk management, strategic and business planning, and budgeting.

This study has been undertaken as part of PricewaterhouseCoopers' contribution towards this year's World AIDS day commemorative activities. It is an initiative that has been championed by our International Development Associations (IDA) department which over the last few years has become engaged in several key assignments in the field of HIV and AIDS through the provision of professional services to development-oriented assignments. We therefore would like to express our appreciation to all the business leaders who set aside the time to talk to us, and more importantly to share your experiences, expectations, and indeed, concerns. We trust that the findings in this document provide some form of direction and we look forward towards a more concerted and mainstreamed response on all your parts.

**Albe Botha**  
Managing Director,  
PricewaterhouseCoopers  
December 2007

# Preface



Nationally, as is globally, business has an obvious role to play in the ongoing fight against HIV and AIDS. Companies which understand the threats and play an active role in combating the disease will economically benefit in the long run. There is a need for collective involvement by the private sector in terms of action and genuine interventions. By assessing the risk internally, businesses can cope with the magnitude of the HIV and AIDS problem far better and more effectively.

Companies have an increasing difficulty in recruiting sufficient and suitably qualified, skilled and experienced technical, professional and managerial staff. Even without being plagued by deaths as a result of AIDS, companies face increases in unwanted and costly dependence on expatriates, particularly for senior positions. Needless to say, as the levels of skills and experience declines, there obviously comes into being a domino effect on efficiency and

productivity. Service delivery required to keep all areas of business going, will also deteriorate.

Fortunately, businesses in Namibia have taken note of the need to turn the tide of the spread of HIV and AIDS. When the leadership of Business Namibia frankly, honestly and without reserve express their views and opinions, in this CEO Survey, about the challenges they face at the place of work – then we can truly say that progress is being made.

Now, we can look forward to a groundswell of pro-active implementation of HIV and AIDS Workplace Programmes by all businesses – big and small. A phenomena that is achievable.

**Peter van Wyk**  
Programme Manager,  
Namibia Business Coalition  
on HIV and AIDS



# Contents

Background	3
The Survey Profile	6
The Prevalence of HIV and AIDS	10
Perceived impact of HIV and AIDS	17
Workplace policies and interventions	21
Streamlining HIV and AIDS into business operations	29
Business' expectations	35
Conclusion	40
List of respondents	42
The Survey team	44
About NABCOA	47



# Background

In October 2007, PricewaterhouseCoopers embarked on a survey targeting business leaders of between 40 and 50 private sector and parastatal companies operating in Namibia, regarding their response to HIV and AIDS. Our basic objective was to determine what activities the business community is undertaking, to enable companies that are registering successes in this regard to share these with other members of the business community.

HIV and AIDS is of interest to us since its impact cuts across all aspects of life, ultimately impacting on the economic security of our country. HIV and AIDS is no longer only a long-term threat – several businesses we spoke to indicated that there are already immediate effects of the disease on the market and available resources. Companies that have more experience in responding to and tracking the disease, see the effect of HIV and AIDS quite clearly for instance through reduced productivity, loss of man-days, higher benefit claims and funeral benefits, lost investments in terms of training and recruitment, and of course, higher treatment costs.

The latest 2006 sentinel surveillance undertaken by the Namibian Ministry of Health and Social Services (MoHSS) indicated that the national prevalence ratios in pregnant women attending ante-natal clinics stood at 19.9%, which was slightly above the 19.7% registered in 2004. According to the UNAIDS: AIDS epidemic update report (2006), the Southern African region is one of the highest affected regions, comprising 32% of the world's disease burden, yet Namibia's prevalence rate is higher than the region's average of 5.9%.

Due to its status as a middle-income country, Namibia is limited in terms of the resources it receives from the international development community. This is despite the fact that the

country also has large economic disparities – Namibia has one of the highest gini co-efficient rates in the world, whereby a significant proportion of our people are classified as poor but this is distorted by a small percentage of wealthy individuals. This case has been made by our Government to international partners, and significant allocations of funding for HIV and AIDS have gradually been made available under various programmes such as the Global Fund against HIV/AIDS, TB and Malaria, as well as the PEPFAR Fund. The one advantage that the country however has is a strong and viable business community with significant resources that can be leveraged upon in order to have an effective response to the disease.

The issue of HIV and AIDS is however yet to be given the prominence it needs by the business community in Namibia. A recent study conducted by our Private Companies Group indicated that 61% of the 200 private companies that participated considered the lack of a skilled workforce as the biggest threat to their growth and expansion – limited mention was made of HIV and AIDS despite the fact that 5% of the same companies mentioned HIV and AIDS as a challenge over the preceding 12 months. On the other hand, in a similar survey conducted amongst South African companies, 13% indicated HIV and AIDS as a threat to their growth and expansion.

It is clear that we, the business community, need to intensify our responses to HIV and AIDS, the question however is which responses and which models should we adopt? This survey indicates that different companies have adopted varying responses to the disease, based on their individual circumstances. The decisions however need to be constantly monitored for effectiveness and adjusted accordingly in a manner that benefits the company at an operational level, which is why we sought to discuss the various aspects pertaining to the disease with Chief Executive Officers, Managing Directors and Board members of companies from various sectors.

The following findings are based on the responses from 43 companies that responded to a brief questionnaire. Collectively, however, there are more than 43 companies that are covered since two of the responses were from holding companies, that is, Pupkewitz Holdings and the Ohlthaver & List Group of Companies, which comprise several subsidiary companies.

### Caveat

It may be noted that the results of this study cannot be considered to be fully representative of the entire business sector response, as the respondents comprise only a proportion of the entire economy.

It should further be noted that the results may to a certain extent be favourably biased since companies that responded are more likely to be the ones that have some form of responses in place.

In order to guarantee confidentiality with regards to sensitive information such as prevalence rates in companies, names of companies have not been mentioned when presenting results.



# The Survey Profile

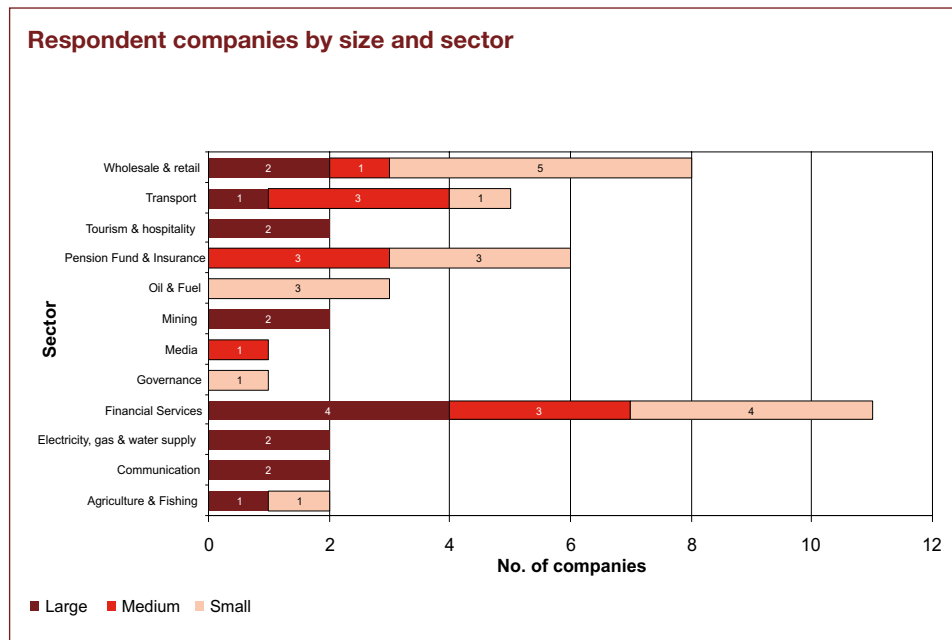
The total number of participants in the survey was 43. Respondents to the questionnaire predominantly comprised of Chief Executives, Managing Directors and Human Resource Directors, who in some instances were supported by their HIV/AIDS or Wellness Coordinators.

In determining the study population, companies were randomly selected from various sectors of the economy, predominantly based in Windhoek, and a deliberate effort was made to include small, medium and large size companies. For purposes of company-size classification, workforce / employee sizes were used (as opposed to turnover) since we were interested in establishing whether there were differences in responses based on the number of people employed in a company.

The following classification was applied:

Small – less than 100 employees;  
Medium – between 100 and 500 employees; and  
Large – more than 500 employees.

The following graph indicates the sectors represented in this survey and the component company sizes as defined above:



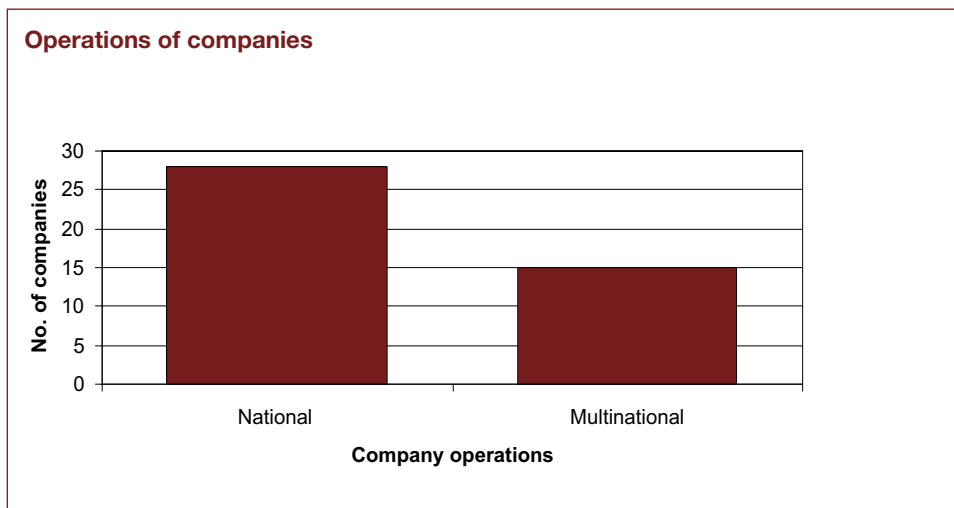
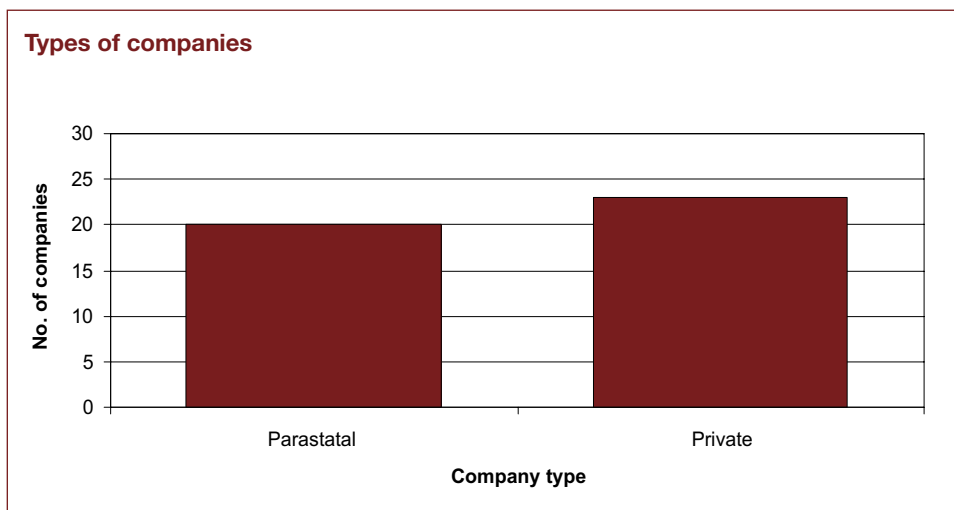
*Note: some participating companies were captured under more than one sector, for instance the Group holding companies.*

The survey population composition illustrating the number of participating private and parastatal companies, as well as national and multinational companies are provided below:

The targeted companies also comprised a mix of national and multi-national companies, as well as private companies and parastatals, to ensure we captured responses at a broad level.

Private companies were defined as those companies with a majority of private-sector share-holding (these include (Pty) Ltd and limited companies), while parastatals are those companies with a majority of Government shareholding.

National companies refer to organisations with operations only in Namibia, while multi-nationals refer to companies with operations in Namibia and other countries.



## Study focus

As indicated above, the survey aimed to establish the extent to which businesses are successfully addressing HIV and AIDS. We therefore focussed on assessing organisational performance in specific key areas which are considered inherent success factors in a workplace programme, as is explained below:

- Prevalence testing: this is the logical starting point for an organisation to establish the extent to which it is impacted by HIV and AIDS;
- Perceived impact: this was to gauge whether companies were aware of the key variables they should be tracking, systematically and continuously, in order to effectively monitor the effect of the disease on company operations and profitability;
- Workplace policies and interventions: in order to establish the current response, the survey sought to determine the presence of workplace policies, coordinating officers and types of interventions the organisations offered. An effort was also made to ask about levels of implementation; and
- Incorporation of HIV and AIDS into key business operations: the survey enquired after two key aspects of management, strategic planning and risk management, which factors can be used to establish the extent to which HIV and AIDS features on management's business agenda.

Finally, we asked the business leaders to share their views on the responsibilities of Government, organisations as employers, and the individual (employees). This was in acknowledgement of the fact that the key stakeholders need to synchronise activities if we are to step up our response to the disease. Contributions are likely to be more effective if roles and responsibilities are clearly outlined and communicated.



# The Prevalence of HIV/AIDS

## Why test?

The information that is generated from prevalence testing is important for establishing the extent of the impact of the disease on the company, which information can then be used to develop appropriate responses. It is possible to collect various detailed levels of information, for instance, results may be stratified or categorised by job-grade or sex, etc which information can be used for various purposes such as succession planning, treatment costs, financial apportionment towards HIV and AIDS programmes, and calculation of risk exposure for instance increased insurance premiums, amongst others.

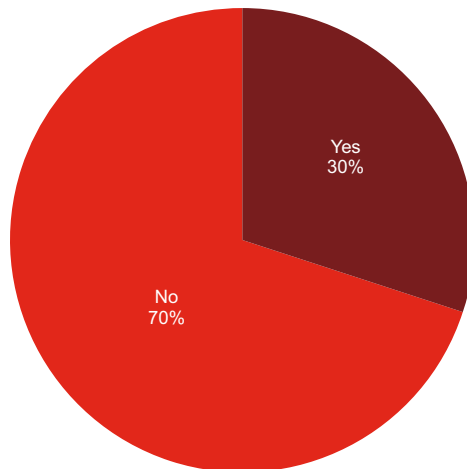
Once prevalence of the disease has been established, it then becomes possible to measure the benefits of investments towards the interventions, which would inform the programme planning process. This implies that there should be systems in place that facilitate the continuous monitoring and evaluation of the effect of the company interventions as well as the trend of prevalence rates overtime.

One of the key study areas related to establishing whether companies knew the extent to which they are affected by HIV and AIDS. To assess this, we asked respondents whether their companies had conducted any prevalence testing / surveillance for HIV.

## Knowing the company's status

According to the Survey, only 30% of the respondents were found to have conducted an HIV prevalence test within their respective workplaces.

Has your company ever conducted HIV prevalence testing?



The results show a lower performance when the time frame within which the testing was conducted are taken into consideration. We noted that of the companies that responded affirmatively to whether they conduct testing, it was noted that only half of them had done so within the last two years, which is the recommended period for surveillance testing. The other half had undertaken the surveillance testing 3 years ago, raising concerns about the relevance and validity of the results.

Other companies indicated that they do not conduct prevalence testing in the traditional sense; that is, scheduling a specific time period during which the entire office is encouraged to voluntarily participate. Instead these companies offered a facility for Voluntary Counselling and Testing (VCT) that is available to staff at all times and may be accessed as many times as they wish during the course of the year.

The fact that less than 50% of the companies undertake prevalence testing shows that there is still a lot of room for improvement. However it is acknowledged that some progress is being made. The main reasons that were cited for increased interest and implementation of prevalence testing were as follows:

- Increased awareness of the benefits of prevalence testing following sensitisation and training sessions that targeted management;
- Improved guarantees of confidentiality of results and anonymity, and effective communication of this message to staff;
- The increased availability of affordable medical care options that exist for all levels of staff, in instances where employees are found to be positive; and
- Evidence of the value of “knowing your company’s status” based on information provided by companies that have undertaken prevalence testing. Some companies that were pioneers in prevalence surveillance have actively promoted it, encouraging other companies to do the same.

Most of the respondents indicated that the companies financed their own prevalence testing. Several companies however admitted that it is an expensive exercise, which could explain the lack of consistency in undertaking the exercise on a bi-annual basis.

It was further noted that most companies tended to undertake prevalence testing after experiencing several deaths amongst staff members.

#### **HIV prevalence surveillance can be used by management to:**

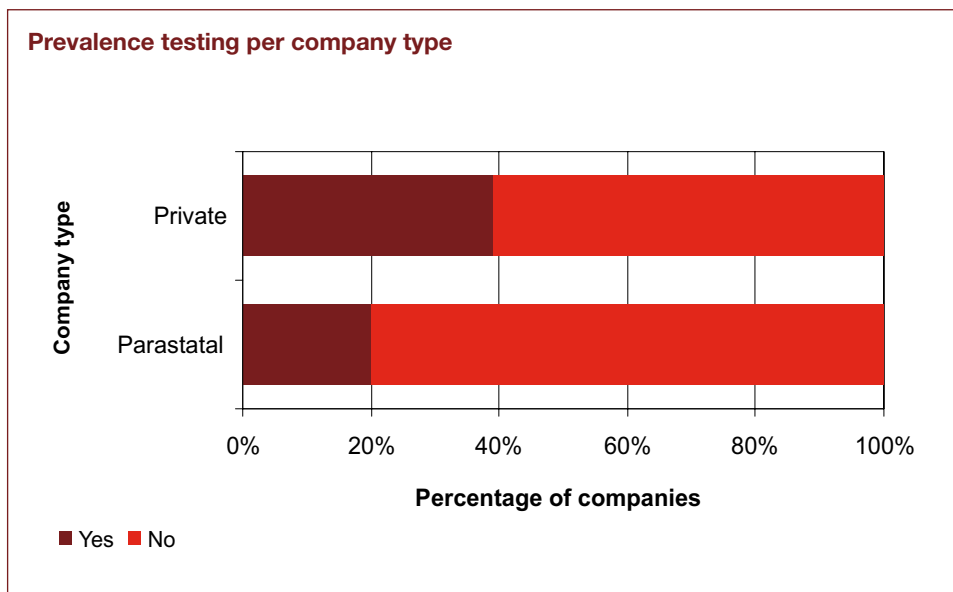
- Assess potential impact on human resource capacity and production;
- Plan for possible absenteeism and employee losses;
- Manage pension and provident funds proactively to ensure they can withstand the impact of the epidemic;
- Provide benchmarks against which the workplace is able to assess the effectiveness of treatment and support programmes;
- Monitor the dynamics of the epidemic in the workforce over time;
- Assess the efficacy of HIV prevention strategies;
- Prepare for HIV related health care needs and costs.

#### **HIV prevalence surveillance helps the employees to:**

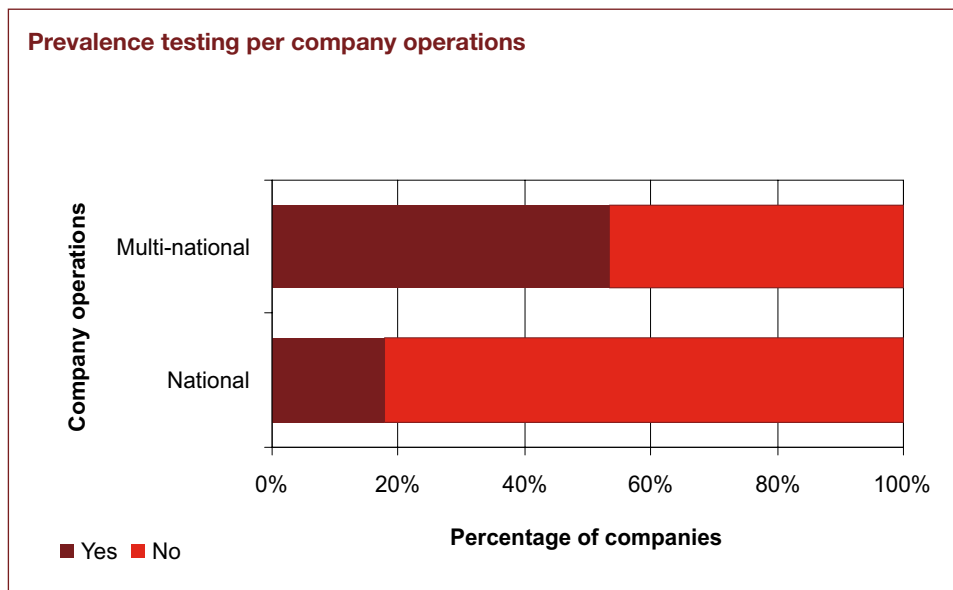
- Appreciate the reality of HIV and respond to the threat of HIV;
- Realise that more people are still HIV negative and therefore should have an incentive to “protect” their status;
- Actively undertake VCT on a consistent basis; and
- Increase in uptake of all other HIV programme components such as condom use, attendance at peer education, VCT etc. Experience indicates that this usually occurs in association with or soon after the prevalence studies.

## Performance by company type

Upon further analysis of the results regarding the prevalence testing, it was noted that the private sector appeared to perform better than the parastatal companies. This is illustrated in the graph to the right:



A more distinct performance was noted when analysis was done by type of company operations:

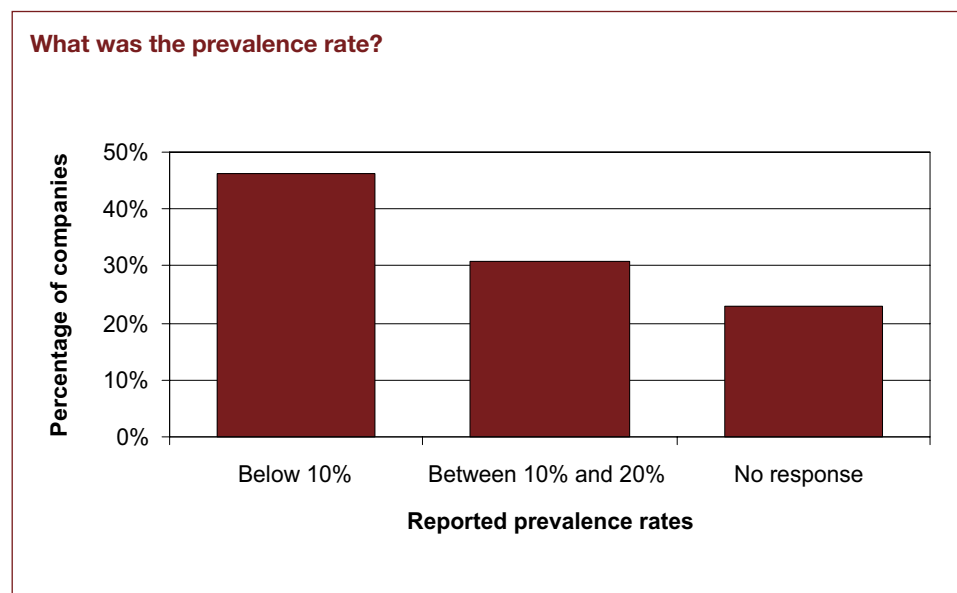


The results indicated that 50% of the multi-national companies that were part of the survey had undertaken prevalence testing. In most instances, it was clearly stated that the Namibian-based companies had drawn on the experience and resources from their headquarters (outside of Namibia) for their prevalence testing activities.

The overall results of the respondent companies showed that national companies that fell within the small and medium size classification displayed the poorest performance with regards to conducting prevalence testing.

### Gauging the impact:

Only ten of the thirteen companies that were reported to have conducted HIV prevalence tests were willing to discuss their prevalence rate ranges. Below we present the prevalence rates that were registered:



An interesting observation that was made related to the range of the reported prevalence rates, whereby actual reported prevalence rates were quite diverse ranging anywhere between 0% to 17%.

It should be noted that all the reported prevalence testing was conducted on a voluntary basis and that none of the companies reported 100% participation. For the companies that could indicate, participation rates ranged between to 63% to 90%.

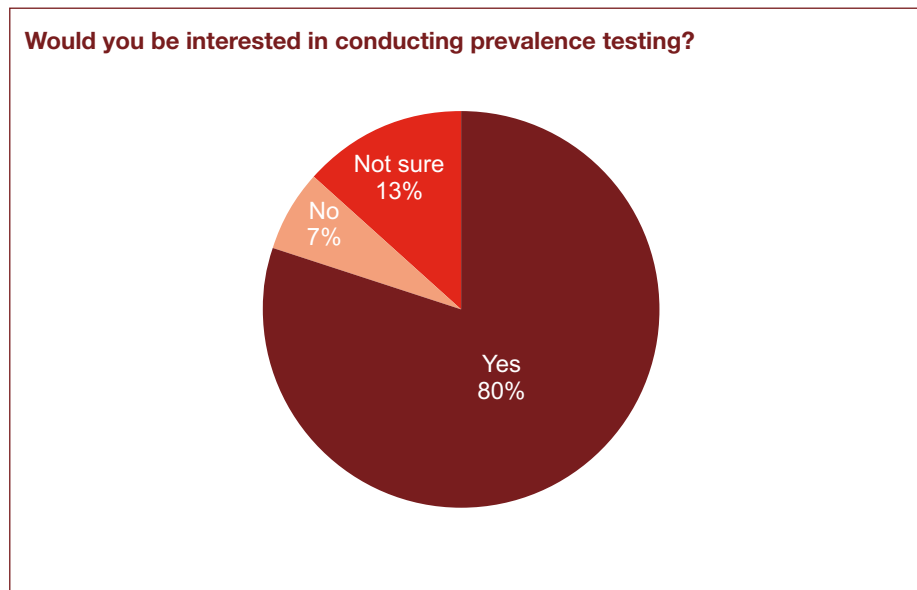
There was a clear correlation between the higher participation rates and the companies that had conducted prevalence testing more than once – in other words, there appeared to be higher levels of buy-in into the process over time.

It was further noted that the size of the workforce did not appear to limit the participation rates in the prevalence testing.

Interesting comments were obtained from companies that predominantly comprised employees with higher levels of education. During the survey, a commonly held perception that was noted is that HIV and AIDS was thought to be less prevalent amongst such types of workforces. This survey was not conducted in sufficient depth to prove or dispute this theory, however studies conducted in various parts of the world have indicated that education levels are not necessarily a factor that reduces the risk of HIV and AIDS.

### Improving performance in prevalence surveillance

80% of the companies that have not yet conducted prevalence tests indicated strong interest in undertaking the exercise, as is indicated in the graph below.:



## The jury is still out ...

An HIV/AIDS Impact assessment study conducted in 2007 by PricewaterhouseCoopers for the Ministry of Works, Transport and Communications and GTZ refers to studies that have looked into the correlation of HIV prevalence levels with the more educated / higher income groups.

One of the studies that was cited is a World Bank study conducted in Uganda (Education and HIV/AIDS – A window of hope, 2002), which indicated that at the start of the epidemic, the disease appears to affect the more educated given the high levels of risky sexual behaviour and limited availability of information on the disease. However once information begins to become more available, the more educated individuals tend to be faster in responding and adjusting their behaviour reversing the initial scenario.

On the other hand, a second study that was quoted was an ABT study conducted in South Africa which showed that there is an inverse relationship between the HIV prevalence rate and personal income groups. The prevalence distribution was further compared to the existing unequal income distribution in South Africa and it was argued that high HIV risk tends to accrue to those income groups that have been marginalised and dislocated during apartheid, a background that is similar to Namibia's.

One of the more commonly cited reasons for not yet having undertaken prevalence testing was the lack of information regarding how to undertake the exercise and the associated costs, which is a gap that needs to be addressed as soon as possible.

13% of the respondents that had never undertaken prevalence testing within their companies indicated that they were unsure as to whether they would want to do so. The biggest concern lay with the issue of confidentiality, while in other instances the cost of undertaking the testing and being able to offer appropriate treatment for those found to be positive, was also a factor.

### Best practice – Prevalence testing:

The following were the success factors cited by companies that have successfully undertaken prevalence surveillance at their workplaces:

- To increase participation levels, combine prevalence testing with general health testing, for instance, tests for cholesterol, diabetes, blood pressure, etc. These diseases are just as threatening to the workforce.
- To guarantee confidentiality, results need only be known by a small select group of people at senior management level. Even then, results are purely numbers based with individual-specific information only residing with the testing and/or medical aid companies.
- An instance of absolute confidentiality was noted in one instance, whereby even management did not have access to HIV related information including status and medication records. The prevalence testing and response services (claims on medical aid) are outsourced and all related information resides outside the company structures.
- Prevalence testing tends to be more successful when presented to the employee as being in his or her interest. That should be the premise – the importance of knowing one's own status.
- Visible participation of management in the prevalence testing activities is normally considered a clear illustration of management acknowledging HIV and AIDS is also a personal concern at that level.
- Companies with high participation rates were normally kicked off by the CEO or Managing Director being the first in line.
- Collaborative efforts with other organisations within the sector have cost-reducing benefits, for instance for prevalence testing and joint subscription to counselling call centres.
- Conducting Knowledge, Attitude, Practice and Behavioural (KAPB) studies prior to, or while undertaking prevalence testing was considered to be a more effective method for informing future interventions within the company.
- Monitor absenteeism and death rates – one company reported being able to correlate the two, and uses it as a gauge to determine the scale of the impact of HIV and AIDS on the company. Even companies that have conducted several prevalence tests indicated that they were normally convinced to undertake the HIV testing activities following the growing incidence of these two factors.

The key to successful HIV prevalence surveillance is to ensure maximum participation of all employees within a company or all members of a specific target population. Since the surveys are conducted on a voluntary basis, and in order to achieve maximum uptake, effective education and sensitization becomes instrumental towards the success of such a survey.

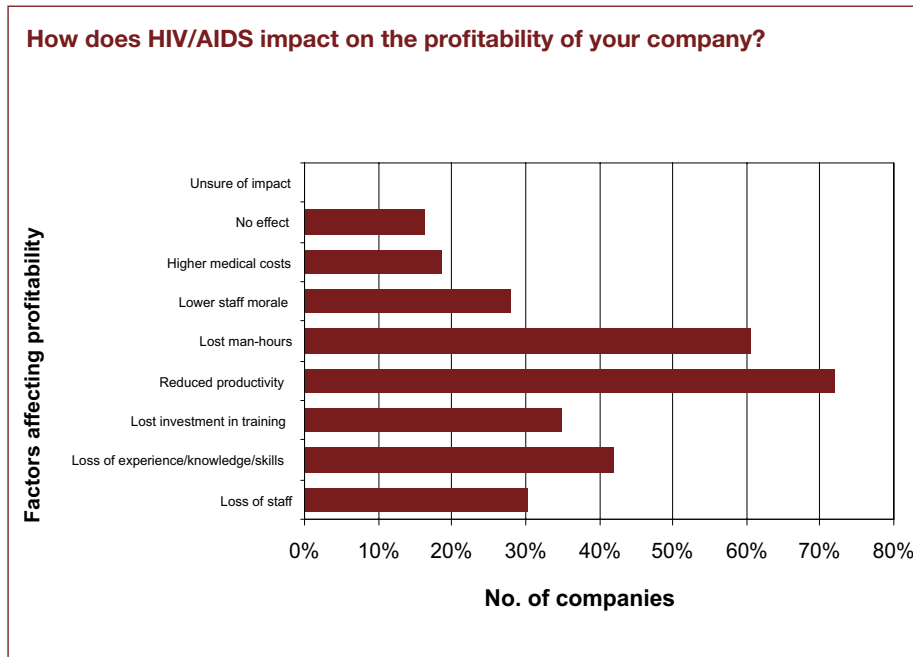
Participants must be convinced that the process is indeed confidential and that all information will remain anonymous. The un-invasive method of swabbing gums of the mouth, to collect oral fluid, is a very successful HIV surveillance method in Namibia.



# Perceived impact of HIV and AIDS

## Perceived impact of HIV and AIDS on profitability

In general, respondents agreed that HIV and AIDS can have an impact on a company's bottom-line profitability. The graph below illustrates the responses to how the business leaders believe HIV and AIDS can affect their companies:



The most commonly referred to factor that reportedly affected profitability was the effect on productivity since HIV and AIDS affects an individual physically and psychologically, ultimately affecting performance in the workplace.

Lost man-hours was the next most commonly cited factor specifically arising from time taken off for sick leave.

Certain responses were more commonly cited depending on the nature of the companies. For instance, loss of experience, knowledge and skills, and lost investment in recruitment and training were mentioned more often by companies that require specific skills and expertise, for instance aviation, dairy production, mining, etc., while higher treatment costs were predominantly mentioned by respondents that managed larger groups of employees.

A few respondents indicated that HIV and AIDS has “no effect on profitability”. This response was provided by companies that reported minimal or no occurrences of AIDS-related deaths. It was further noted that all the companies that provided this response had not conducted prevalence testing and were under the impression that their employees were of a lower risk group, which in most instances referred to higher educated groups and less mobile groups.

It was observed that the companies with the more established programmes mentioned most of the factors. Similarly, the companies with more years of experience indicated that they have the necessary systems in place that enable them to actively monitor the financial and human resource information so as to keep track of the effect of the disease on company performance. Note that the above factors were not provided as options to the respondents since we wanted to gauge their level of awareness regarding the variables with which they monitor the effects of HIV and AIDS in their respective workplaces.

Overall it was clear that the respondents have to a greater extent thought about HIV and AIDS in the context of their organisations. It however was also clear that there were some possible misperceptions that could be dispelled if more statistical related data was made available – for instance the presumption that the incidence of HIV and AIDS is lower amongst more educated or higher income groups. Depending on the other risk factors that the employees are faced with, these factors can in some instances raise the individual’s personal risk profile. A clear example was provided by an

organisation that has technical employees located in rural areas. These employees registered a relatively higher level of incidence in comparison to technical employees of other companies.

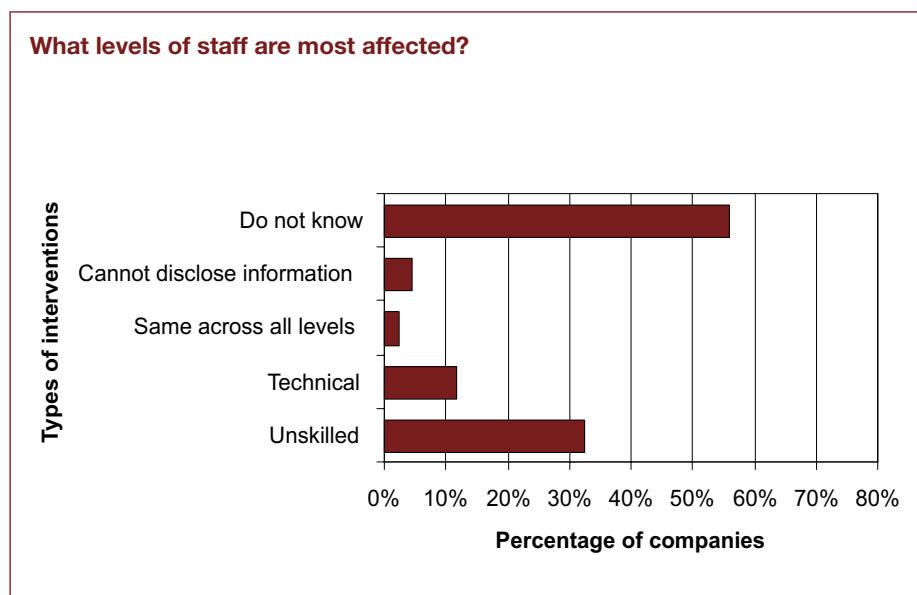
It was further observed that more attention or investments need to be made towards establishing systems and processes that would enable companies to effectively monitor the above factors in a consistent manner.

“We are placed in a position where we do not have much of a choice – we need to monitor the disease’s impact”

*T. Aupindi, MD,  
Namibia Wildlife Resorts*

## Where is the impact?

We asked respondents, who agreed that HIV and AIDS has impacted on their organisation, to indicate the staff levels that the disease tended to impact. The responses presented below included anecdotal data from companies that had not undertaken prevalence testing but had experienced deaths directly associated with AIDS. The response was as follows:



**“We need to fight stigma at an individual level.”**

*Phumzi Pupuma, MD,  
Standard Bank Namibia*

The main observation relates to the fact that most companies do not know which staff levels are most affected by HIV and AIDS, which limits their effective response.

Higher levels of impact were noted at unskilled and technical levels however there are several limitations that need to be observed.

First, there are inconsistencies in the participation levels in the testing process (as described above), and secondly, it is not clear which levels of staff participated in the surveys. Therefore, the above results cannot be relied upon as being fully representative of the impact of HIV and AIDS amongst different staff levels until more in-depth studies are conducted.



# Workplace policies and interventions

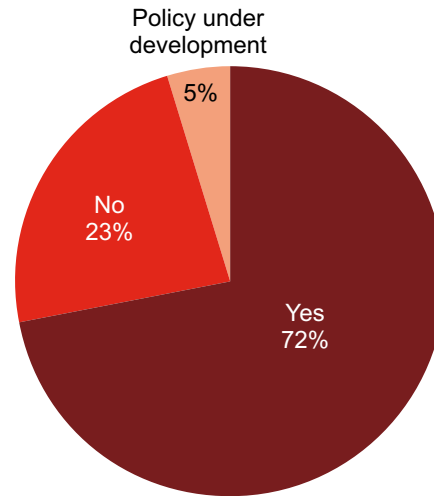
## The adoption of workplace policies

An HIV and AIDS workplace policy is a company's guiding document with regards to its response to the disease. Responses to the survey indicated that the majority of the companies that participated in the survey do indeed have HIV workplace or Wellness policies, as is illustrated in the graph to the right:

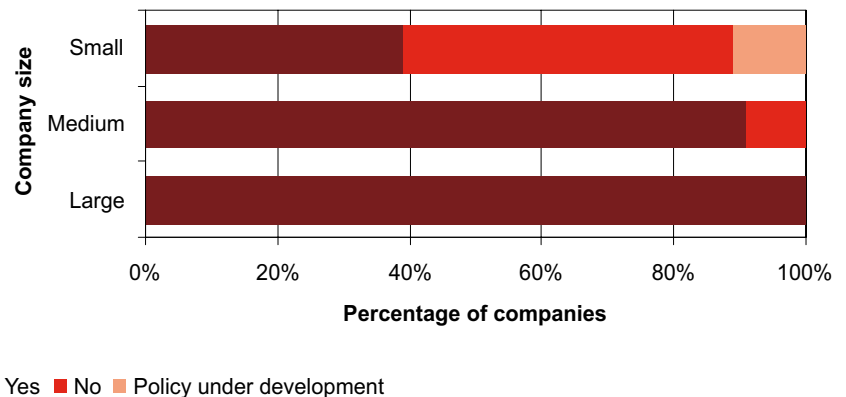
Overall, performance was impressive with 72% respondents confirming they had workplace policies. Of the companies that indicated a negative response, 2 are in the process of developing or at least are discussing how to go about adopting a workplace policy on HIV/AIDS.

The results clearly showed that it is the larger companies and the multi-nationals that registered a higher presence of HIV policies.

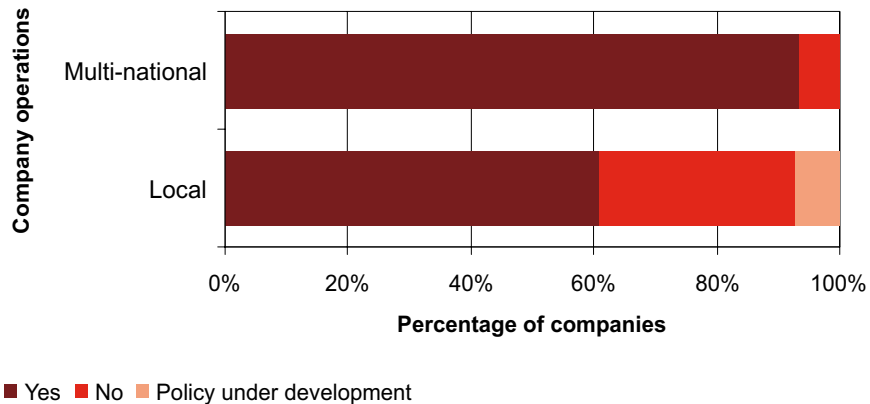
Do you have a workplace policy?



Workplace policy per company size



### Workplace policy per company operations



Most respondents were able to describe the key components of their policies pointing out the balance between preventative, care and support and treatment interventions. The respondents were also aware of the importance of the policies' role in guiding the implementation of interventions.

However, a number of respondents also indicated that their policies are not actively implemented. In most instances, the lack of a champion to spearhead its implementation and the lack of allocated resources were the main causes cited for limited or non-implementation.

The following key principles should be covered in an HIV and AIDS policy:

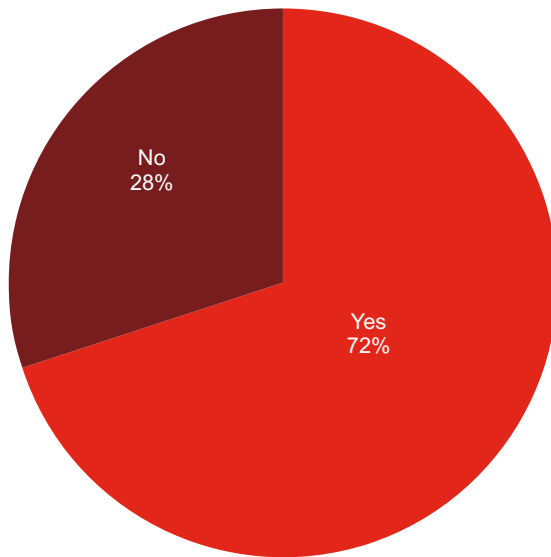
- Recognition of HIV and AIDS as a Business Concern
- Discrimination and stigmatisation
- Pre-employment HIV Screening or other non-voluntary employment-related HIV testing
- Safe & Healthy Work Environment (including Post-exposure Prophylaxis)
- Continuation of Employment (in the event of testing positive for HIV)
- Confidentiality
- Prevention of HIV infection
- Care & Support (employees & families)
- Gender Equality
- Social Dialogue (internally & externally)
- Communication and Leadership

*Namibia Business Coalition on HIV and AIDS (NABCOA)*

## Coordination

Ironically, despite the comments related to limited implementation, most of the companies reported having responsible officers or departments that were responsible for coordinating HIV and AIDS interventions, as is indicated below:

### Do you have coordinating office and officer?



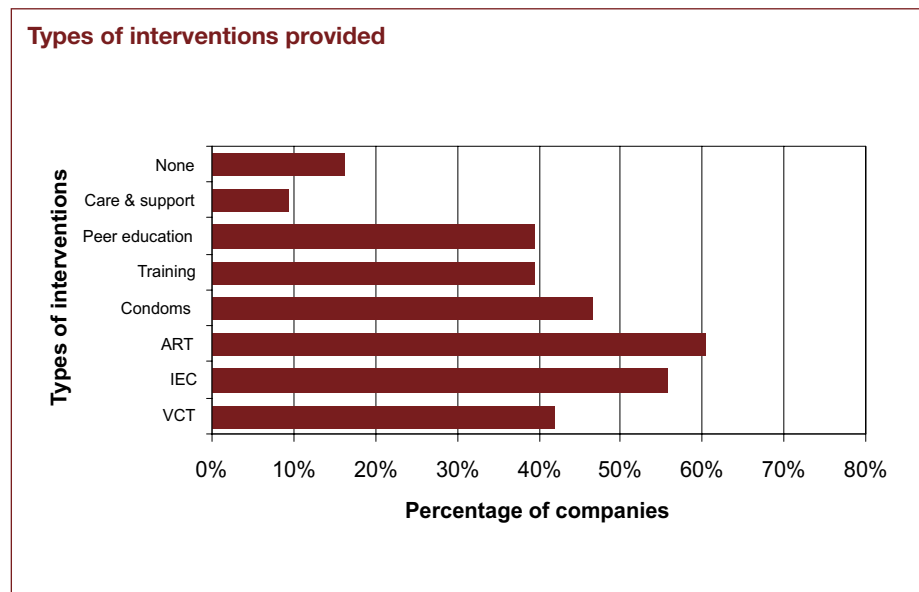
It remains to be clarified as to why implementation is limited in some instances despite the presence of responsible officers. Anecdotal information from some of the HIV and AIDS or Wellness coordinators we spoke to indicated that HIV and AIDS issues in some instances are delegated to individuals with minimal training and experience, which affects their ability to effectively implement the scheduled interventions.

The presence of a qualified and experienced HIV and AIDS coordinator or Wellness officer and a coordinating unit has financial implications. Even the bigger companies indicated a preference for adopting a “shared services” approach in order to maximise the returns from this function. Companies that registered a strong track record of performance have adopted such a model, with one of the organisations clearly stating that without the pooling of resources they would not be able to afford the high quality of personnel they currently have within their Wellness department.

On the other hand, the ability to have HIV and AIDS coordinating services in-house proved to be a challenge for the small and medium sized companies. Some suggestions were made regarding the outsourcing of this function in such instances, in order not to create a financial burden for the small and medium sized companies. It was confirmed that there are a few companies in Namibia that offer various “Wellness services” that are affordable. One company admitted to having opted away from the internal Wellness coordinator system to the outsourced model due to the significant financial savings it shall make by adjusting its service model.

### Interventions

Companies in the business sectors provide various interventions, as is indicated in the graph below:



“Our success is based on our value-driven approach – Mwenyopaleka (a new beginning)”

*S. Thieme, CEO,  
Ohlthaver & List Group  
of Companies*

**Treatment:**

The treatment intervention performed significantly well due to the fact that most companies that participated in the Survey contribute towards medical aid for their employees.

Only 6 companies were reported to provide Anti Retrovirals and/or treatment directly to the affected employees, outside of the medical aid cover option. The rest of the respondents indicated that coverage is offered under medical aid packages such as Health-is-vital, NHP's Blue Diamond, NMC's Disease management programme and Bankmed.

It was however noted that not all employees are covered by medical aid as it was understood that, in some companies, employees have a choice to opt not to take out medical aid coverage. The medical aid contribution ratios by companies reportedly varied from 25%, 50% and 75%. In a few instances was medical aid coverage said to be provided 100% by the company.

Even with all the limitations that were cited, performance in respect of treatment was deemed to be encouraging.

**Voluntary Counselling and Testing (VCT):**

VCT was found to be offered in 42% of the companies – this result differs to some extent from the prevalence testing results due to the fact that not all companies that conducted prevalence tests provided results to the employees.

As indicated above, there is a growing interest in testing in the workplace. Some concerns were however noted about the abilities of companies to offer proper treatment options to employees that were found to be HIV+, particularly the small and medium-sized companies.

**Information, Education and Communication (IEC):**

This proved to be one of the more popular interventions, offered at 56% of the responding companies. This was mainly in acknowledgement of the fact that prevention is a critical strategy, since there are many more people that are not HIV+. It was also generally agreed as being critical for all other interventions to succeed – for instance, respondents with experience noted that treatment success is highly dependent on disciplined behaviour which in turn is provided by way of information dissemination.

**Training and peer education:**

Related to this intervention was the provision of training and peer education. Again companies with strong responses underscored the importance of providing training for all staff levels. Some concerns were however expressed regarding the provision of training with no follow-up systems in place to enable effective follow-up on ideas obtained from the training.

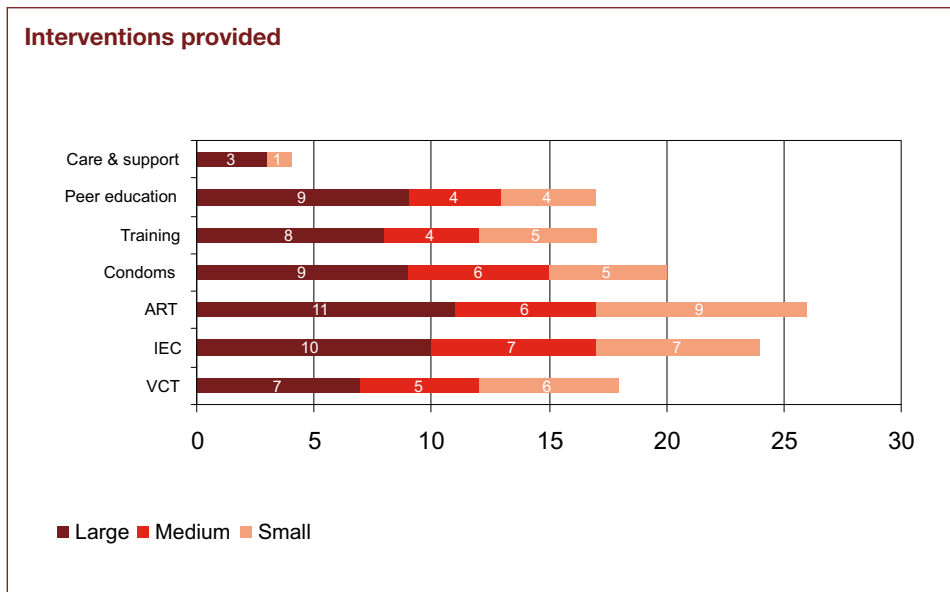
**Condom distribution:**

Condom distribution was mentioned by 47% of the respondents and was normally found to be provided in addition to other interventions. Condom distribution was found to be more important to the companies that employed significant proportions of unskilled staff and those that have mobile staff, or employees that live away from their homes for extended periods of time.

**Care and Support:**

This was another area several respondents indicated they could do more about. On several occasions it was noted that it was not enough to provide treatment assistance to the employee alone. It was acknowledged that support could be provided to sick family members, although the issue of orphan support was deemed to be more of the Government's responsibility. Some respondents however noted that support to affected community members could be provided through corporate social responsibility programmes, for instance direct support to orphanages.

Once again, it was observed that overall the larger companies provided more interventions than the small and medium size companies. This is illustrated in the graph below:



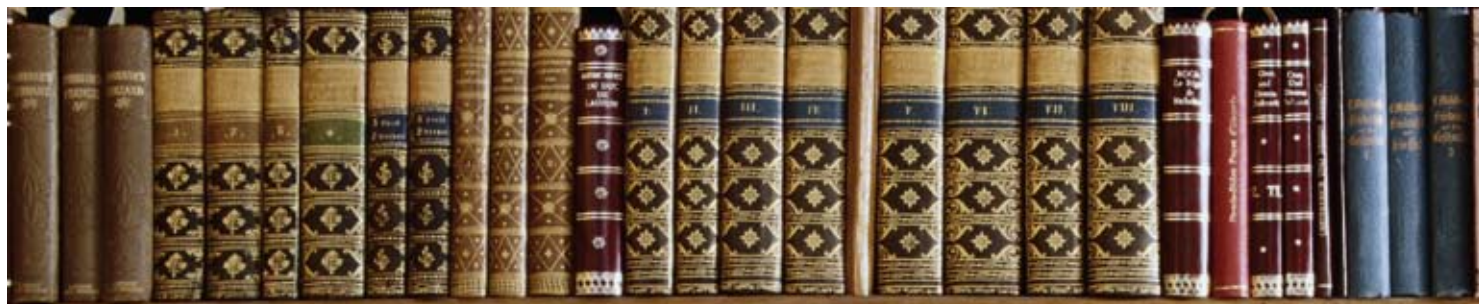
“What value do you put on your people?  
If it is zero-value it is likely you have zero  
commitment to HIV/AIDS”

*Twapewa Kadhikwa, MD, Pewa Investments*

## Best practice – Interventions:

The following are the examples of intervention strategies that were highlighted by respondents as having been of benefit to their respective programmes:

- Where financially feasible, treatment should be offered to spouses and infected children. One of the respondent company's programme for instance offers full treatment to the spouse and two children.
- Some companies have facilities in place that offer Post Exposure Prophylaxis (PEP) treatment to employees that are exposed to HIV, for instance, through accidents on the job or even through rape.
- Prevention of Mother to Child Transmission (PMTCT) is gradually gaining attention, particularly amongst the larger companies as a way to contain the effect of HIV and AIDS on their employees' families. For companies that support infected spouses and children, the argument is that ensuring that a child is born HIV-free eases the burden on the family as a whole.
- Conducting Knowledge, Attitude, Practice and Behavioural (KAPB) studies within the workforce to assess the levels of awareness and knowledge, was found to be a very useful practice by the few companies that did it. The results should then be used to develop the company Workplace policy and interventions.
- Several of the multi-national companies mentioned that they identify "Health weeks" at least once a year during which employees and their family members undertake health tests, including HIV tests. Health weeks also include information dissemination sessions on specific topics.
- Provision of ART at all times to the individual wherever employees are in Namibia was found to be critical for ensuring infected individuals do not falter with their medication routines. Companies were encouraged to use their competitive advantage to negotiate with other stakeholders for the coverage of their staff countrywide. One company has successfully negotiated with Government to share resources, supporting Government clinics in their key areas of operation, so that their employees are provided the same treatment when they travel to other parts of the country.
- Supporting surrounding communities has been cited as being important since employees do not live in isolation. The more sensitised the community members are, it is anticipated the exposure to risk is reduced. Some of the larger companies indicated that they have identified specific communities that they support.
- Management participation and open commitment to HIV and AIDS interventions and initiatives was considered to be a key success factor for the better performing programmes. This was noted by all the key companies that have noted success with their HIV and AIDS programmes.
- Adopting an integrated and value-driven approach was considered another key success factor for one of the better performing companies. One company illustrated such an approach, by explaining that part of this process includes weekly informal open meetings that aim to empower employees on various subjects ranging from personal financial management to company performance. HIV and AIDS is regularly scheduled as part of these discussions.
- HIV and AIDS is better addressed under a comprehensive Wellness programme since there are other diseases that can aggravate its presence such as TB, or other social challenges such as alcoholism. This was normally mentioned by companies with large workforces.
- Talking about HIV and AIDS and keeping it on the discussion agenda is considered to be important for "de-stigmatising" HIV and AIDS in the workplace. Similarly, encouraging group activities for HIV and AIDS was thought to be a good way to facilitate discussions on the disease in an open and healthy manner.
- Use local languages to communicate the information on HIV and AIDS.
- Information should aim to empower people - not to scare them.
- HIV+ individuals who are willing to champion initiatives have proven to be effective disseminators of information on HIV and AIDS through the sharing of personal stories.

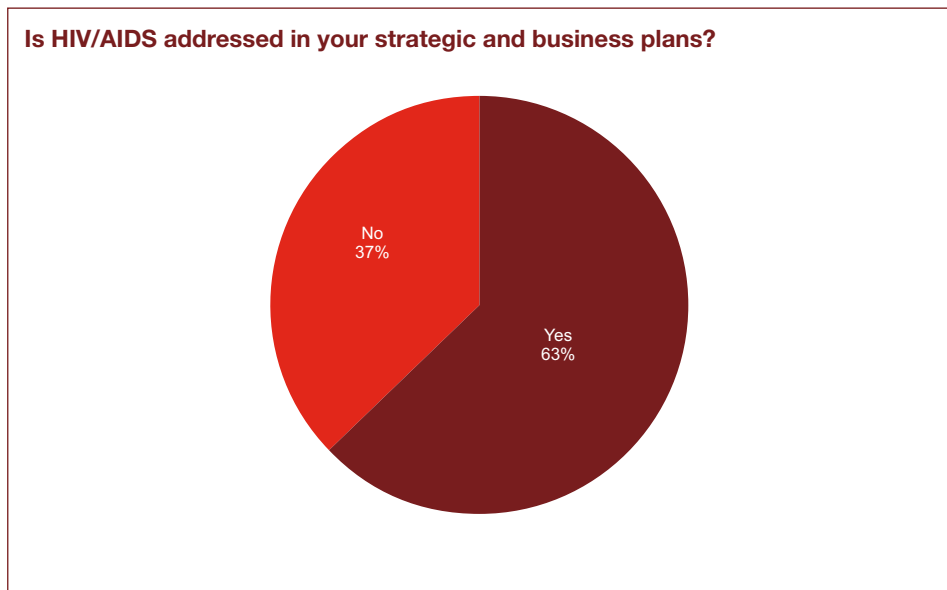


# Streamlining HIV/AIDS into business operations

In an effort to see how prominently HIV and AIDS features in the business processes, we asked the respondents to indicate whether it featured within the key strategic and risk management processes.

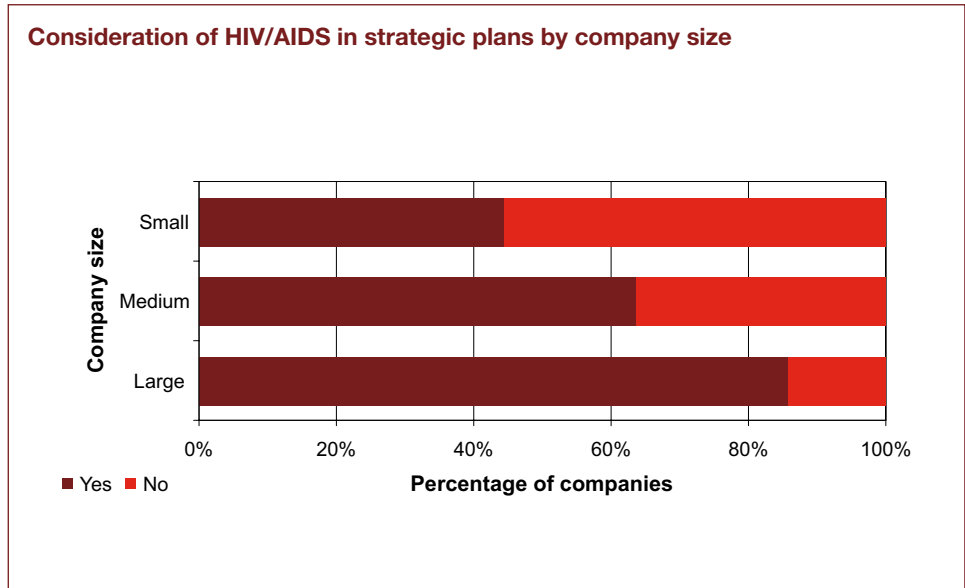
## Is HIV/AIDS addressed in your company's strategic and business plans?

The response to the above question was an important indicator as to whether HIV and AIDS is indeed treated as a business concern, since a company's strategic plan reflects its main goals and objectives, and strategic intentions. The response to this question is indicated below:

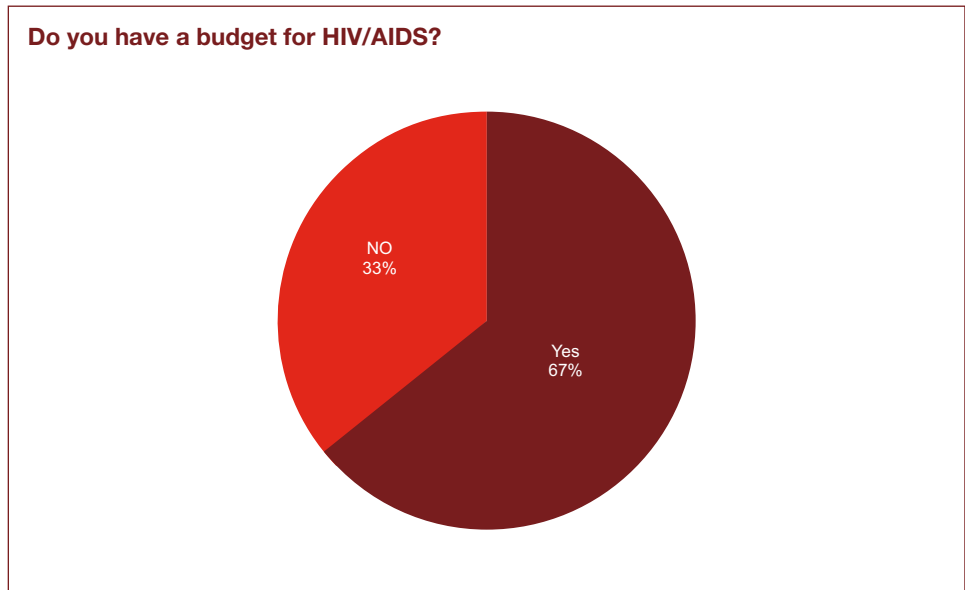


63% of the respondents acknowledged that HIV and AIDS is covered under their company strategies. Note that in several instances where the "yes" response was provided, HIV/AIDS was not a stand alone issue but rather one that was captured under the human resources / people aspects.

Additional analysis regarding the company size and the incorporation of HIV and AIDS into their strategic and business planning processes indicated once again that it was predominantly the larger companies that addressed HIV and AIDS. This is illustrated in the following graph:



To further assess whether HIV and AIDS was clearly part of the planning process, we enquired whether there was a budget for HIV/AIDS, since logically, the intended strategic actions would be costed for. The responses are provided to the right:

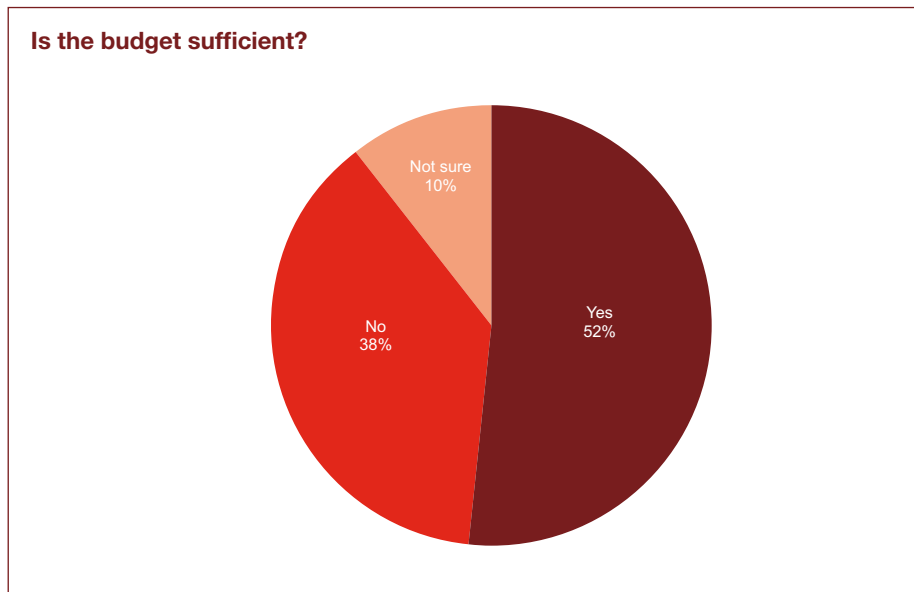


It was however difficult to specify financial allocations for HIV and AIDS since certain allocations, for instance, medical aid contributions towards treatment were not readily available. In addition, several companies implement Wellness programmes of which HIV and AIDS are a part of. Respondents were however able to indicate the minimum contributions which ranged between N\$20,000 and N\$3,000,000.

Various forms of budgetary allocation methods were mentioned including activity based budgeting and financing a revolving fund for treatment purposes. One company reported a simple and effective budgetary allocation model, which was simply: the allocation of 1% of net profit from the previous year.

### Are we doing enough?

We further probed the respondents to comment on their satisfaction with the amounts that are currently allocated. Only 52% indicated their satisfaction with the amounts that were allocated towards HIV and AIDS initiatives, as is illustrated:



The results show that several respondents believe they can do more to address HIV and AIDS in the workplace. In fact several respondents categorically made statements to this effect.

## HIV and AIDS as a risk management issue:

Addressing HIV and AIDS in the workplace should be logical if it is viewed as a threat to the company operations. Without this realisation it is unlikely that HIV and AIDS will be given the necessary attention and resources.

The survey respondents to some extent indicated that HIV and AIDS is indeed recognised and features within the respective companies' risk factors, although the majority do not see HIV and AIDS featuring in their enterprise risk management processes:



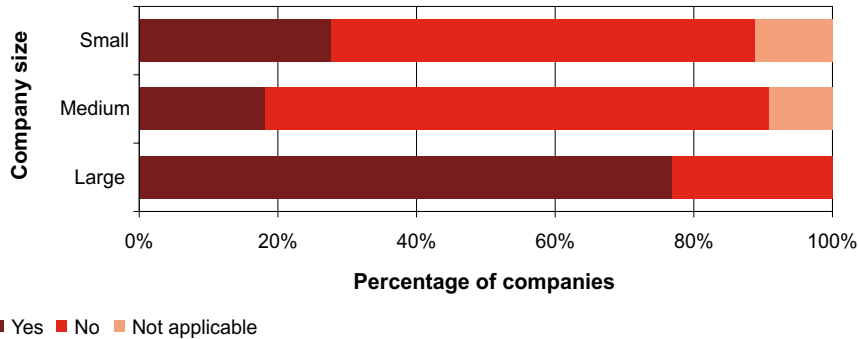
When the “not applicable” responses are removed from the population group, the number of companies that do not have HIV and AIDS featuring in their enterprise risk management process would climb higher.

Another observation that was made was the fact that the “yes” response was lower than the response to the incorporation of HIV and AIDS in the strategic and business plans. This is probably explained by the fact that the identification and recognition of HIV and AIDS as a risk factor has greater

significance since management’s performance (and rewards) are normally rated against how well the identified risks were mitigated and addressed.

Given the trend of responses that had been noted with regards to company size, an analysis was once again conducted in relation to the company size and the featuring of HIV and AIDS within the enterprise risk management process. The results are illustrated on the following page.

### Consideration of HIV/AIDS in enterprise risk management processes by company size



“HIV and AIDS features amongst one of my top 10 risks that are monitored on a monthly basis.”

*I. Zamwaani-Kamwi,  
MD, Namdeb*

Although it was not surprising that the large size companies registered greater incorporation of HIV and AIDS into their risk management processes, it was interesting to note that the small sized companies performed better in this regard to the medium sized companies.

In some of the companies that had a notable performance, HIV and AIDS was clearly captured in the Exco scorecard. In fact HIV and AIDS was reported to be a standing discussion point on management’s agenda. It therefore followed that such companies had the necessary systems in place that facilitated the accountability process.

### Best practice – Mainstreaming HIV and AIDS in the business operations:

- The following factors are considered necessary by business leaders for the integration of HIV and AIDS into the management process:

- Reduce the reporting chain between HIV / Wellness coordinators and the Executive office. Some of the coordinators we spoke to confirmed that they report directly to the Board of Directors on a regular basis.
- Implement effective reporting systems, not just at corporate level but at intervention level as well. For instance, in order to ensure the investment in peer educators is realised, one company requires peer educators to provide monthly reports of their activities and intended plans for the next month.
- Involve the Unions – it was noted that the unions are trusted by their membership base and are capable of mobilising employees to participate in interventions such as signing up for medical aid or even prevalence testing. All operations must however be managed in an open and transparent manner.



# Business' expectations

In an effort to determine how the business sector response can become better synchronised with the Government's and other stakeholders' activities, the business leaders were asked about the responsibilities they and other stakeholders should be responsible for.

The following were the responses that were provided in respect of Government's responsibilities, organisation responsibilities and the individual's responsibilities.

## Business' expectations regarding Government responsibilities

Expectation	Percentage of respondents
Coordination and leadership:	
Focus on coordinating the response	43%
Provide the necessary policies and guidelines for implementation	
Develop guidelines that would facilitate private sector responses, eg. provision of mobile HIV and AIDS services	
Continuously gauge the effect of policies and interventions and advise on modifications	
Provide overall leadership – clarify on roles and responsibilities of different stakeholders	
Develop a more effective “marketing” plan – need to improve communication methods and tools in order to reach people	
Reduce bureaucracy and establish more partnerships with the private sector	
Clarify on key strategy – which should be prevention first	
Strengthen partnerships for synergy:	
Government should implement with the support of other sectors – civil society, private sector	20%
It should be a complete partnership	
Continue to actively implement interventions, especially treatment programmes	
Make ART and VCT affordable and accessible, especially for the unemployed	
Establish specific support fora for small and medium size companies	

Provide the support infrastructure and environment:	
Provide the necessary infrastructure and resources to facilitate implementation eg. health, information systems	11%
Overall wellbeing of society rests with Government	
Provide incentives to companies that establish credible and exemplary programmes eg. through reduced taxes	6%
Focus on awareness	6%
Government should help source more cost-effective drugs for business treatment programmes	4%
Facilitate and enable the people that are unemployed to respond to HIV and AIDS	4%
Provide reliable information and statistics Increase research initiatives	4%
Ensure public sector is effectively covered, since Government is the largest employer	2%

### The Organisation's responsibilities – business' perspective

The following were the responsibilities the respondents believed companies should be in a position to undertake:

Expectation	Percentage of respondents
Provide awareness and education:	
Companies should foster awareness amongst the individuals they are responsible for, educate our people	22%
Consistently provide employees with detailed and relevant information on how to prevent HIV and AIDS	
Provide information in a manner and language that is familiar and suited to the target groups	
Educate employees on living with HIV and treatment options	
Provide messages that are culturally sensitive – in some cultures sex is considered a private issue	
Take responsibility for HIV and AIDS in the workplace:	
Protect human capital	20%
Adopt comprehensive Wellness programmes	
Provide the necessary funds and resources to address HIV and AIDS in the workplace	
Implement appropriate policies and systems to support implementation	
Recruit / utilise human resources with the appropriate capacities	
Need to aggressively track the impact of the disease	
Assess the validity of interventions to employees, seek consensus as to whether services are what is required	

Strengthen company-level responses:	
Improve coordination of interventions	17%
Provide comprehensive sets of interventions – prevention, treatment and care and support	
Provide basic cover for HIV, especially amongst the larger companies, employees should have access to quality health care programmes	
Provide more VCT services	
More prevention: IEC	
Broaden intervention support:	
Participate in more community-oriented interventions, widen our corporate social responsibility programmes	13%
Sensitise and involve families in interventions eg. Wellness days for all family members	
Provide treatment and care and support to families	
Partner with Government to support facilities and infrastructure that provide HIV and AIDS services	
Align interventions to support Government programmes	
Create an enabling environment:	
Improve behaviour and attitude towards HIV and AIDS which values should be mainstreamed into company decisions and operations.	7%
Create an enabling and conducive environment to address HIV and AIDS in the workplace – remove stigma	
Establish policies that protect the employee with regards to HIV and AIDS	
Undertake more KAPB studies and develop appropriate responses	7%
Know to what extent the company is affected – undertake prevalence surveillance tests	6%
Take a deeper, more introspective look at how HIV and AIDS really affects the organisation, as opposed to 3rd person approach	
Leadership should set the example	5%
Show responsibility other than simply paying a salary	
Companies should share knowledge and success stories with each other	2%
Create partnerships with similar companies	
Take responsibility for assessing and monitoring customer / market risk	1%

## Business' expectations of the individual

The following were the expectations the business leaders said they have of their employees:

Expectation	Percentage of respondents
<b>Behavioural change:</b>	
Biggest responsibility lies with the individual and his / her behaviour	47%
Understand it is about personal responsibility	
Take more responsibility for own health and adjust personal behaviours and practices	
<b>Adopt a proactive response:</b>	
Take a more active interest in receiving the information that is provided	4%
Increase participation in company-wide initiatives such as prevalence testing	
Use the tools provided by the companies and Government	
Have a positive approach and an open-mind	4%
Be free and open about one's status at the workplace	
Have the courage to "open up" about individual HIV status	
Share personal stories	4%
Seek assistance at an early stage when assistance can be maximised	
Adopt an advisory role towards others in the workplace and community	4%
Business leaders should behave in an exemplary manner	
Understand how HIV and AIDS can affect you personally, your family and community	4%
Not to behave in a vengeful manner, spreading the disease	4%
Use exemplary leaders to communicate HIV and AIDS messages	2%



# Conclusion

The results of the survey show that private sector and parastatal organisations are to a certain extent beginning to respond to the challenge of HIV and AIDS in the workplace. It however was also obvious that the response is still yet to be mainstreamed into company operations in a manner that proves that HIV and AIDS is treated seriously, and as a business concern.

Differences were noted in terms of the responses and success rates of companies when company size was taken into consideration. Overall, the larger companies performed better than the small and medium companies.

It was further noted that the few high-performing companies that were part of the small and medium sized groups tended to be multi-nationals whose responses were implemented as part of the headquarter programmes.

The main challenges that were noted are as follows:

## Establishing the scale of the impact of HIV and AIDS

On the face of it, the responses to the prevalence surveillance appeared positive. However, these exercises need to be conducted on a more regular basis so that information is valid and current. Participation rates also need to be improved to give greater credibility to the “company results”.

The results from the prevalence surveillance should be used by management to develop appropriate responses and should also be used in the strategic planning and risk management processes.

## Implementation of Workplace programmes

The results of the workplace programme performance also initially appeared impressive until discussions focussed on implementation. The goodwill and intention appears to be present, the challenge is however in implementation. Sporadic responses that are poorly planned and budgeted for typically affect policy implementation. It therefore is important that the policies that are developed take into consideration the necessary resources and systems that need to be implemented, and these should be financed accordingly.

Support from the Executive office was cited as a key success factor and business decision makers are strongly encouraged to start providing the necessary support and leadership to expedite implementation.

## Monitoring and Accountability

Poor performance was noted with regards to monitoring the implementation and effect of the HIV and AIDS interventions. Respondents were able to identify variables that should be monitored but in most instances, they too admitted that few systematically tracked their performance with regards to HIV and AIDS in terms of impact of interventions and mitigation of the disease amongst the workforce.

## Denial

Denial was still found to be evident amongst a few companies. Misperceptions still exist about the disease not being a threat to the companies, for various reasons. In several instances, this was coupled with perceptions that it is therefore the Government's responsibility to address HIV and AIDS. These misperceptions need to be dispelled through improved information dissemination techniques that lay out the threat of the disease in a manner that the business would appreciate. Once again, conducting prevalence tests could yield surprising results.

Despite the above, we believe that the business community in Namibia has begun to respond to HIV and AIDS in the workplace. Further, the willingness of senior business executives to participate in this survey, and the level of interest that was displayed during the interviews, proved that there is a sense of growing commitment to wanting to improve the response.

Our intention was to facilitate the dialogue on HIV and AIDS at decision making level, and the business sector proved that they were willing to engage in it. We trust that the success stories and anecdotal information this report provides can be put to good use, so that our respective responses shall cumulatively enhance our country's overall response to the disease.

# List of respondents

Institution	Respondent	Title
AgriBank	Mr L. lipumbu	Chief Executive Officer
Air Namibia	Mr K. Egumbo	Managing Director
Alexander Forbes	Mr H. Krause	Managing Director
Alexander Forbes Financial Services	Mr Zamuaee	Managing Director
Anti-Corruption Commission	Mr. P. Noa	Director
Bank of Namibia	Mr P. Hartmann	Deputy Governor
Barloworld - Logistic & Equipment	Mr B. Schickeling	Human Resources Manager
BP	Mr S. Zulu	Managing Director
Cupboard Concepts	Ms S. Kruger	Co-owner
De Beers Marine Namibia	Ms E. Grötzingler	Wellness Co-ordinator
Development Bank of Namibia	Mr D. Nuyoma	Chief Executive Officer
Eduloan	Mr F. Bergh	Managing Director
First National Bank	Adv. V. Rukoro	Chief Executive Officer
Metropolitan	Mr J. Nandago	Managing Director
NAMCOR	Mr S. Beukes	Managing Director
Namdeb	Ms I. Zaamwani-Kamwi	Managing Director
NAMFISA	Ms B. Sam	Manager: Human Resources
NAMFISA	Mr. R. Ritter	Chief Executive Officer
Namibia Airports Company	Mr. V. Kavari	Chief Executive Officer
Namibia Broadcasting Corporation	Mr B. Kandetu	Director General
Namibia Dairies	Mr D. van Jaarsveld	Managing Director
Namibia Wildlife Resorts	Mr T. Aupindi	Managing Director
Namibian Agronomic Board	Mr C. Brock	Chief Executive Officer
Nampharm	Mr F. van der Walt	Financial Director
Nampost	Mr S. Nghikembua	Chief Executive Officer
Nampower	Mr P. Shilamba	Chief Executive Officer
Nampower	Ms E. Leonard	HIV Coordinator

Institution	Respondent	Title
Namwater	Dr V. Shivute	Chief Executive Officer
NHE	Mr Hailulu	Managing Director
Old Mutual	Ms L. Basson	Public Relations
Olthaver & List	Mr S. Thieme	Executive Chairperson
Olthaver & List	Ms C. Reid	Group Manager: Employee Wellness
Olthaver & List	Mr A. Roberts	Chief Operations Officer
Olthaver & List	Mr T. Hjarunguru	Director: Strategic Business Development
Pedaco Engineering	Mr P. Dahl	Managing Director
Pewa Investments	Ms T. Kadhikwa	Sole Owner
Prosperity	Mr K. Struwig	Managing Director
Pupkewitz Holdings	Mr M. Hill	Group HR Director
Roads Authority	Mr E. Ikela	Chief Executive Officer
Roads Authority	Mr I. Angula	HR Manager
Roads Contractor Company	Mr N. Katiungua	Acting Chief Executive Officer
Santam	Mr R. Louw	Chief Executive Officer
Social Security Commission	Mr F. Hangula	Chief Executive Officer
Spes Bona	Mr P. Senekel	Director
Standard Bank	Mr M. Pupuma	Managing Director
Standard Bank	Mr T. Mberirua	Managing Director
Telecom	Mr F. Ndoroma	Managing Director
Telecom	Mr A. Kanime	General Manager HR & Strategic Training
Total	Mr M. Nduvane	Managing Director
TransNamib	Mr Mbetjiha	Chief Executive Officer
Trustco	Mr Q. van Rooyen	Managing Director
Trustco	Dr C. Powell	Company Medical Doctor
Westair	Mr. W. Grellmann	Managing Director
Windhoek Schlachtereij	Mr A. Westraadt	Managing Director

# The Survey team



**Patty Karuaihe-Martin**  
Director – Tax

Patty is the Tax Partner of PricewaterhouseCoopers Namibia responsible for the Indirect Taxes Department. She heads the Transaction Taxes Division, which includes VAT, Custom & Excise and Transfer Pricing.

Patty has a Bachelors of Commerce degree with Honours in Accounting, CTA and a H. Dip (Tax).



**Rita Motlana**  
Senior Manager – Advisory

Rita is a Senior Manager within the Strategic Advisory Services / Performance Improvement Department of the Advisory Service line of PricewaterhouseCoopers Namibia. She is responsible for the International Development Associations (IDA) department, which undertakes consulting assignments for various development partners in the areas of strategy development, monitoring and evaluation, and programmatic oversight. Rita has a Bachelor of Laws degree (LLB) and a Masters in Business Administration (MBA).



**Claire Clough-Wilson:**  
Consultant – Advisory

Claire is a consultant within the Strategic Advisory Services / Performance Improvement Department of the Advisory Service Line of PricewaterhouseCoopers Namibia. She assists on advisory assignments in various areas including development, strategy, internal audit and transaction services.

Claire obtained her Bachelor of Business Science degree with honours in Finance.



**Tangeni Erkana**  
Manager – Advisory

Tangeni is a manager within the Forensic Services Department of PricewaterhouseCoopers Namibia. She has conducted various forensic investigations assisting with fraud and theft investigations to be used in disciplinary, criminal and/or civil proceedings.

Tangeni has a Bachelors degree in Commerce and has completed Auditing and Management Accounting Modules.



**The IDA Advisory team**  
International Development Associations ( IDA )

PricewaterhouseCoopers (PwC) Namibia is a professional services firm offering assurance, tax and advisory services. Through our International Development Associations (IDA) department, a service line that is totally dedicated to development oriented initiatives, we offer consulting services that are designed to meet the needs and requirements of institutions and projects engaged in development work. Our past clients include donors operating in Namibia, key Government counter-part agencies through whom foreign assistance is channelled, as well as non-resident financiers of development initiatives.

# About Namibia Business Coalition on AIDS (NABCOA)



The National Strategic Plan on HIV/AIDS [MTP3] provides the framework for all stakeholders in the country to collaborate, participate and implement processes required for an effective multi-sectoral HIV/AIDS response. Within that framework, NABCOA is entrenched as the Private Sector Lead Agency, having identified specific objectives and hence undertaking very specific sector commitments, spanning most of the five key components.

At the governance level, NABCOA reflects a very powerful structure, by means of a Board of Directors representing seven private sector CEO's/MD's. In addition, other Board Members include the Under-Secretary of the Ministry of Health and Social Services as well as the Executive Directors of two umbrella organizations - Lironga Eparu (PLWHA) and NANASO. Two UN representatives, that is, UNAIDS and the chairperson of the UN Theme Group (UNFPA:current) have observer status.

At the forefront of our interventions are a number of Advocacy activities which include:

- Holding breakfast/other meetings with business leaders/ policy makers/other stakeholders to present new and innovative approaches in dealing with HIV/AIDS at the place of work and in country.
- NABCOA also participates at various fora (especially Government) to exchange views and ideas on best practices and approaches e.g. TB/HIV programmes.
- NABCOA also participated in the establishment of the Leadership Forum to address the issues of medical aids for the uninsured population.
- The NABCOA Exchange Forum for HIV/AIDS Wellness Managers/Coordinators reaches out to companies to share ideas, present case studies and identify relevant topics.

Specialized service delivery includes the development of Workplace Programmes [WPP] which primarily translates into the building of capacities of identified personnel to effectively implement HIV/AIDS interventions within specific companies. NABCOA more often than not, identify specific service providers to cover topics like Policy Development; Peer Education; IEC/BCC and Importance of VCT. The NABCOA guide Meeting the Challenge, forms the basis of a comprehensive Approach to Addressing HIV/AIDS in the Workplace.

One of the specific tools utilized by NABCOA to convince companies to scale up their HIV/AIDS interventions is to offer a Cost-Benefit-Analysis (CBA) to provide them with real cost-benefit comparisons against actual financial investment (or lack of it) in workplace programmes. The CBA estimates the short and long-term impact of various separate courses of company action. The tool forms part of the GTZ-ACCA Toolbox.

For further information contact:

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PharmAccess  
FOUNDATION

PRICEWATERHOUSECOOPERS 