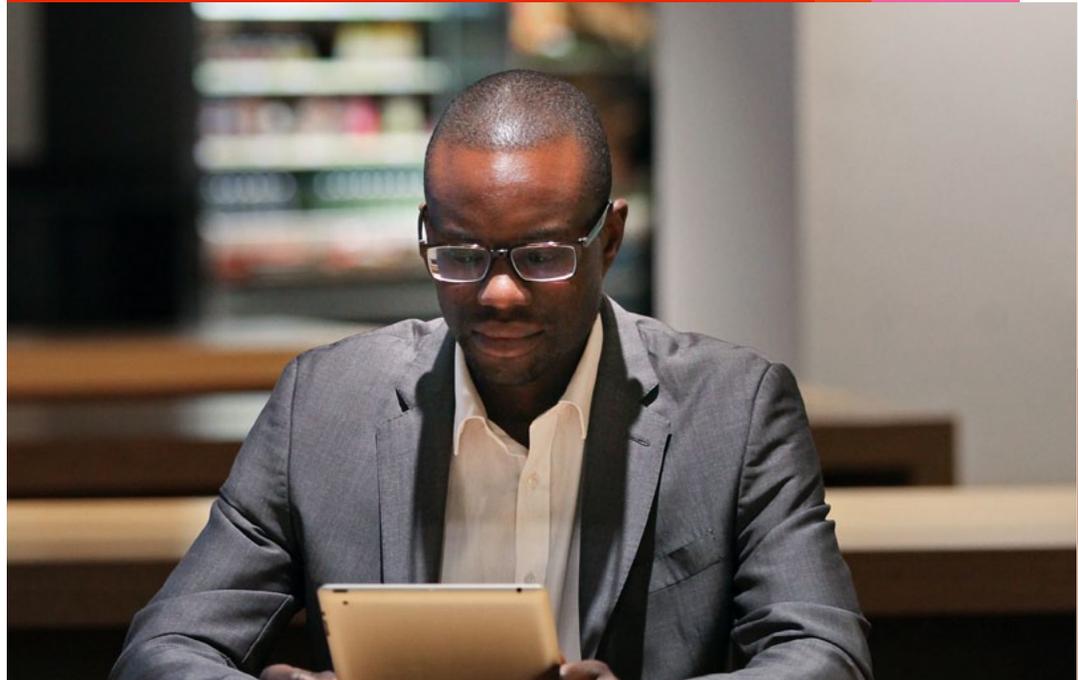


Business decision makers' survey on HIV and AIDS

The Boardroom speaks

2013



pwc

NABCOA
Namibia Business Coalition on AIDS

Foreword



To guard against the proliferation of HIV and AIDS cases working against good business practice, the need for adequate healthcare management in the business sector creates a burden for an informed response to the epidemic.

It is for this reason that the Business Decision Makers survey 2013 was conducted to provide first hand insights into the effects of the pandemic on business processes. The survey examines common workplace policies, linkages between workplace policies and occupational safety, and wellness programmes. Selected companies from various sectors of the economy, all based in Windhoek, were analysed using quantitative and qualitative data. The qualitative data particularly interprets the effectiveness of current HIV and AIDS evaluation and monitoring tools with regard to company operations and profitability.

A significant step in fighting the negativity and stigma that surrounds HIV and AIDS, the survey brings out issues surrounding confidentiality, discrimination, medical costs, poor performance at work, companies' internal code of conduct, and the non-availability of information and educational materials that highlight changes needed for the disease to be controlled by company welfare policy.

The speed with which companies respond to cases involving HIV and AIDS is also investigated in this survey; and suggestions are made to seek out appropriate methods for installing workplace programmes to cater for unique employee bases.

As the survey suggests, resource availability for workplace HIV and AIDS programme implementation may result in quality employee outputs as companies with resource rich programmes in place show accuracy in HIV and AIDS assessments; obviously with knowledge of the impacts leading to better risk assessment and management of such impact on the company.

Private sector engagements over the years have allowed public institutions to transform their operations in order to increase the level of effectiveness. This fact is once more vindicated in the survey with government responses indicating keenness by the public sector to help with the installation of up to date HIV and AIDS workplace programmes, enabling positive

contributions to the national output. The Ministry of Health and Social Services is expected to provide the necessary infrastructure and resources to facilitate the implementation of such programmes. The challenges faced by the Ministry in this regard include setting up effective systems that will organise companies to define organisational charts that include all stakeholders involved in monitoring and evaluation, cutting across multi-sectorial, national and service delivery levels with both in-country and foreign partners.

At PwC Namibia, people are central to our operations as a firm; and we therefore remain committed to working with various stakeholders in this specialised sector to ensure the promotion and maintenance of a healthy workforce for the development of our national economy.

Nangula Uaandja
Country Senior Partner
PwC Namibia
September 2013

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Preface



Never before has the continuous onslaught against the health of the Namibian workforce become as threatening as at the present.

Apart from HIV, TB and malaria there is now also increasing evidence of non-communicable diseases (cancer, high cholesterol, high-blood pressure; obesity, stress; alcohol and drug abuse; hypertension, etc.), also referred to as lifestyle diseases, that employers have to face and deal with at the place of work. The terrible twins, i.e., HIV and TB, are by far the most challenging still to be faced by the private sector, as complacency can occur and senior management and shareholders can be hoodwinked by successes being achieved, mostly as a result of the National Response (Ministry of Health and Social Services).

The 2013 “The Boardroom Speaks” has once again revealed the pro-active engagement of many Namibian companies who have mostly increased their commitment to the cause of fighting against HIV and AIDS and could demonstrate various levels of successes leading to improving the health of their

workers. Alas, many have also had challenges and indicated the assistance they would still need from independent service providers. The issue of Workplace Wellness Programming signals more inclusivity and a holistic approach to HIV and AIDS, as well as to the non-communicable diseases mentioned above.

As this Survey demonstrates, the leadership of companies is of vital importance in making the decisions to address HIV/AIDS at the workplace. The leadership supports implementation of the HIV/AIDS initiatives by mandating management to compile necessary budgets and they should be seen to lead by example. Future success will depend on how effectively the Namibian Workplace can develop their programs—holistically and in partnership/joint-ventures with employees, unions, medical services providers, government and community partners.

It is imperative that the private sector needs to be acknowledged as an equal partner in these national strategies and therefore be involved in developing interventions with government that can make meaningful contributions towards health sustainability. An urgent dialogue is required with all national partners, leading to the establishment of a recognised Public-Private Partnership (PPP) on Health.

Lastly, I acknowledge the contributions made by: private sector companies, the principle research team of PWC, Partners, e.g. GIZ and SHOPS, and Corporate Sponsors (NAMDEB, FNB, Standard Bank, Ohlthaver & List Group and NAMCOR) and NABCOA.

Peter J van Wyk
Chief Executive Officer
NABCOA

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Background



In 2007, PricewaterhouseCoopers conducted a survey with Namibian business leaders in both private and parastatal companies to assess perceptions around HIV in the workplace along with associated responses to the epidemic in their workforces.

During the initial survey, 43 companies were interviewed. This initial research allowed us to observe potential pitfalls as well as some best-practices present in company responses to HIV in the workplace.

Results from the 2007 survey indicated that many business leaders were able to observe negative impacts on their businesses as a result of HIV and AIDS. In cases where monitoring and evaluation of the impact of HIV on their businesses was in place, business leaders were able to cite reduced productivity, loss of man-days, higher benefit claims and funeral benefits, lost investment in terms of training and recruitment and lastly, higher treatment costs.

At that time, latest sentinel surveillance (2006) undertaken by the Namibian Ministry of Health and Social Services (MoHSS) had indicated that the national prevalence rate in pregnant women attending ante-natal clinics stood at 19.9%. To provide additional context to the perceptions observed during that survey, prevalence had increased by 0.2% in the above-mentioned report from 19.7% in 2004. This, coupled with the UNAIDS:

AIDS epidemic update report (2006), which reported that the Southern African region was one of the highest affected regions, comprising 32% of the world's disease burden, and still Namibia's prevalence rate registered considerably higher than the region's average of 5.9%. Such reports and statistics provided the platform for considerable discussion and engagement on the subject of HIV and AIDS and its impact on business in Namibia.

This 2013 research activity serves as a follow-up to the 2007 survey and hopes to re-assess the perceptions and undertakings of decision-makers in private and parastatal companies six years on. The latest sentinel surveillance (2011) undertaken by the Namibian Ministry of Health and Social Services (MoHSS) has indicated that the national prevalence rate in pregnant women attending ante-natal clinics stands at 18.2%.

Due to its status as an upper middle-income country, Namibia continues to be 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



Talita Horn - Workplace HIV/AIDS and wellness programmes are a realistic strategy for SMEs (Small and Medium Enterprises) and not just the large corporates. (Research Team Member)

– Namibia continues to have 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 continued to be 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 has, however, is a strong and viable business community with significant resources that can be leveraged in order to have an effective response to the disease.

The 2007 survey hoped to inspire the business community to intensify its responses to HIV/AIDS by providing a view into the then responses and models being employed. This survey hopes to discover improvements in the provision of workplace prevalence testing and programming. It hopes to document the varying responses of businesses to the disease, based on their individual circumstances. Seeing as the decisions related to the provision of effective programmes are directly related to the successful monitoring and associated adjustments made as a result, 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 and various company sizes and types.

The following findings are based on the responses from 50 companies that responded to a brief questionnaire. Collectively, however, there are a total of 99 companies covered by this survey when we take into consideration the individual subsidiary companies represented by the holding companies interviewed.

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 modest proportion of the entire economy.

It should further be noted that the results may to a certain extent be favourably biased since companies that participated are more likely to be the ones that have some form of responses in place. Similar to the 2007 survey, the 2013 questionnaire assessed how common prevalence testing is across the cohort as well as what levels of staff business leaders believed to be the most affected. We looked at different areas where HIV and AIDS may be seen to be impacting on profitability of companies and in addition to the 2007 survey, we enquired directly about perceived impact as well as reasons for implementing workplace programmes. As with 2007, we looked at common workplace policies-- what they entail and whether they have a focal human resource attached to them. In addition to this, we looked at the linkages between workplace policies and occupational safety and/or

wellness programmes. Instead of simply assessing the types of support and interventions being offered, we also looked at which of these interventions are being offered onsite and which are being offered through referral. In addition to the enquiries surrounding budgeting for HIV programming, we also investigated the frequency of medical aid as an offering, as well as the varying contributions to these. In addition to the 2007 questions regarding expectations of the various stakeholders, we also looked at what business leaders believed the Ministry of Health and Social Services might expect of the private sector in Namibia in terms of a sustainable HIV response. Lastly, we enquired as to what the interest of companies would be in various tools and instruments that have been proven useful across various contexts to strengthen workplace programmes as well, as their potential impact.

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



The Survey Profile

The total number of companies who participated in the survey was 50. This represents a 16% improvement on the 2007 survey sample of 43 companies.

Consistent with the 2007 survey, respondents to the questionnaire predominantly comprised Chief Executives, Managing Directors and Human Resource Managers, who in some instances were supported by their Wellness Coordinators.

A convenience sample was used for the study population. Companies were selected from various sectors of the economy, all of which were based in Windhoek. All companies from the 2007 sample were invited to participate and a total of 38% (n=17) of them participated in this follow-up survey.

Interview teams ranged between two and four people per company with each collecting pertinent data on the survey questionnaire. Interviews ranged from 40 minutes to 1.5 hours. Data was entered into an MS Excel database. Quantitative

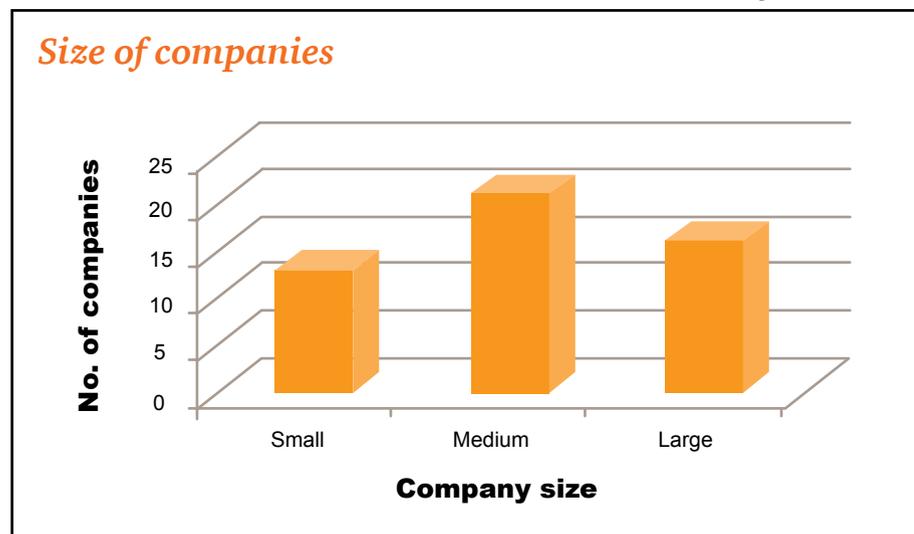
data were cleaned and analysed using STATA Statistical Software while qualitative data were analysed using interpretive methods.

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 annual turnover) because the results of the 2007 survey showed that workforce size and presence of workplace policies and associated interventions were positively correlated.

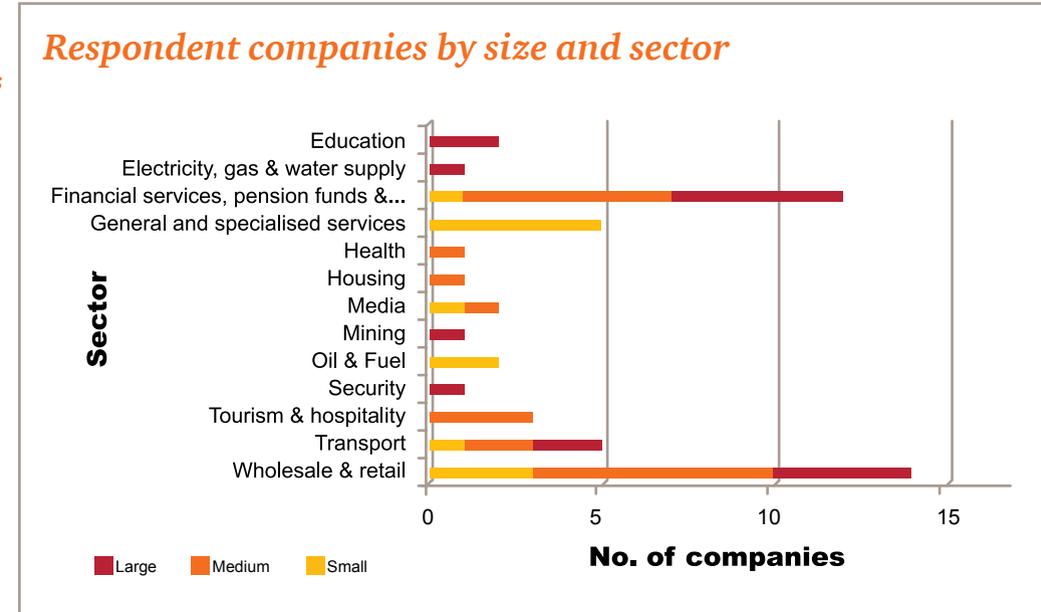
The following classification was applied:

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

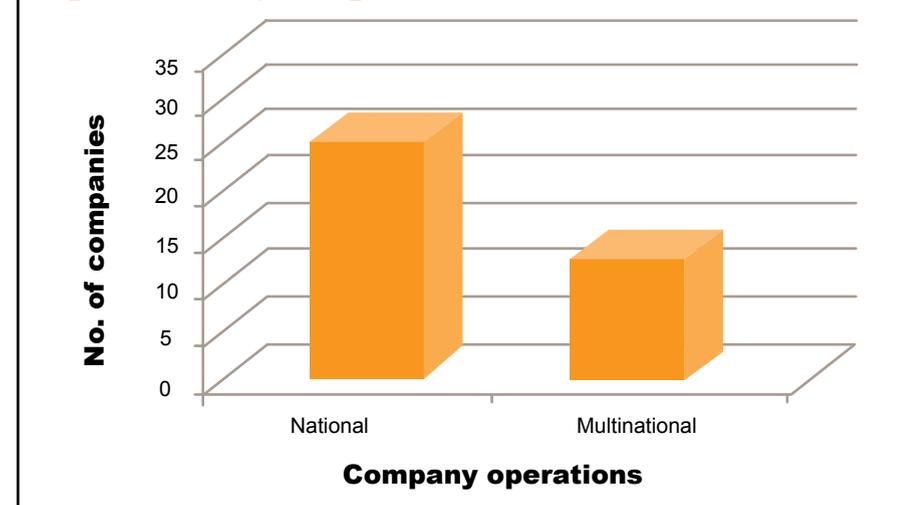
This graph shows the study sample by company size.



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



Operations of companies



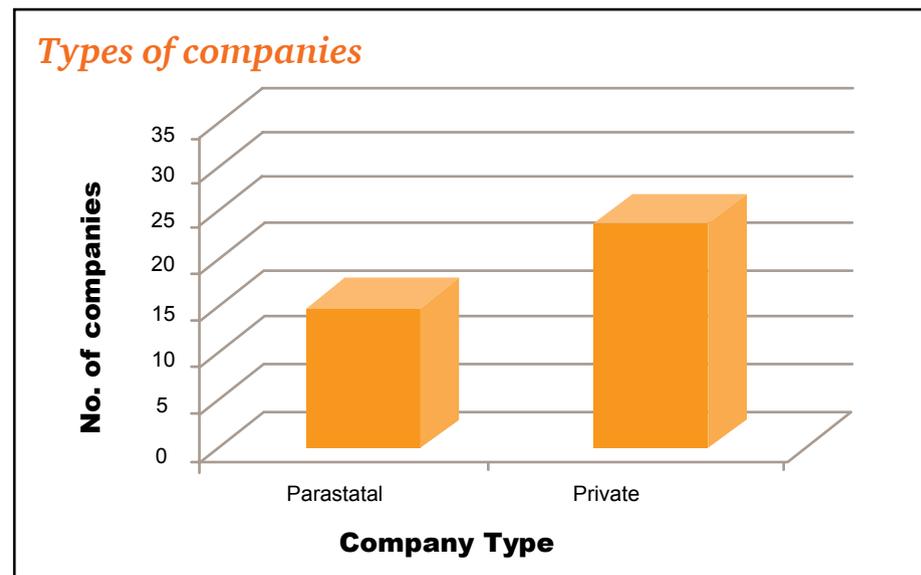
The survey population composition illustrating the number of participating private and parastatal companies as well as national and multinational companies are provided here.

In keeping with the 2007 methodology of sample selection, the targeted companies also comprised a mix of national and multinational companies, as well as private companies and parastatals, to ensure we continued to capture responses at a broad level.

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

majority of Government shareholding. National companies refers to organisations with headquarters only in Namibia, while multinationals refers to companies with operations in Namibia and other countries as well.

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



Patty Karuaihe-Martin - The 2007 study opened a lot of eyes. This follow-up reminds us not to be complacent. (Research Team Member)

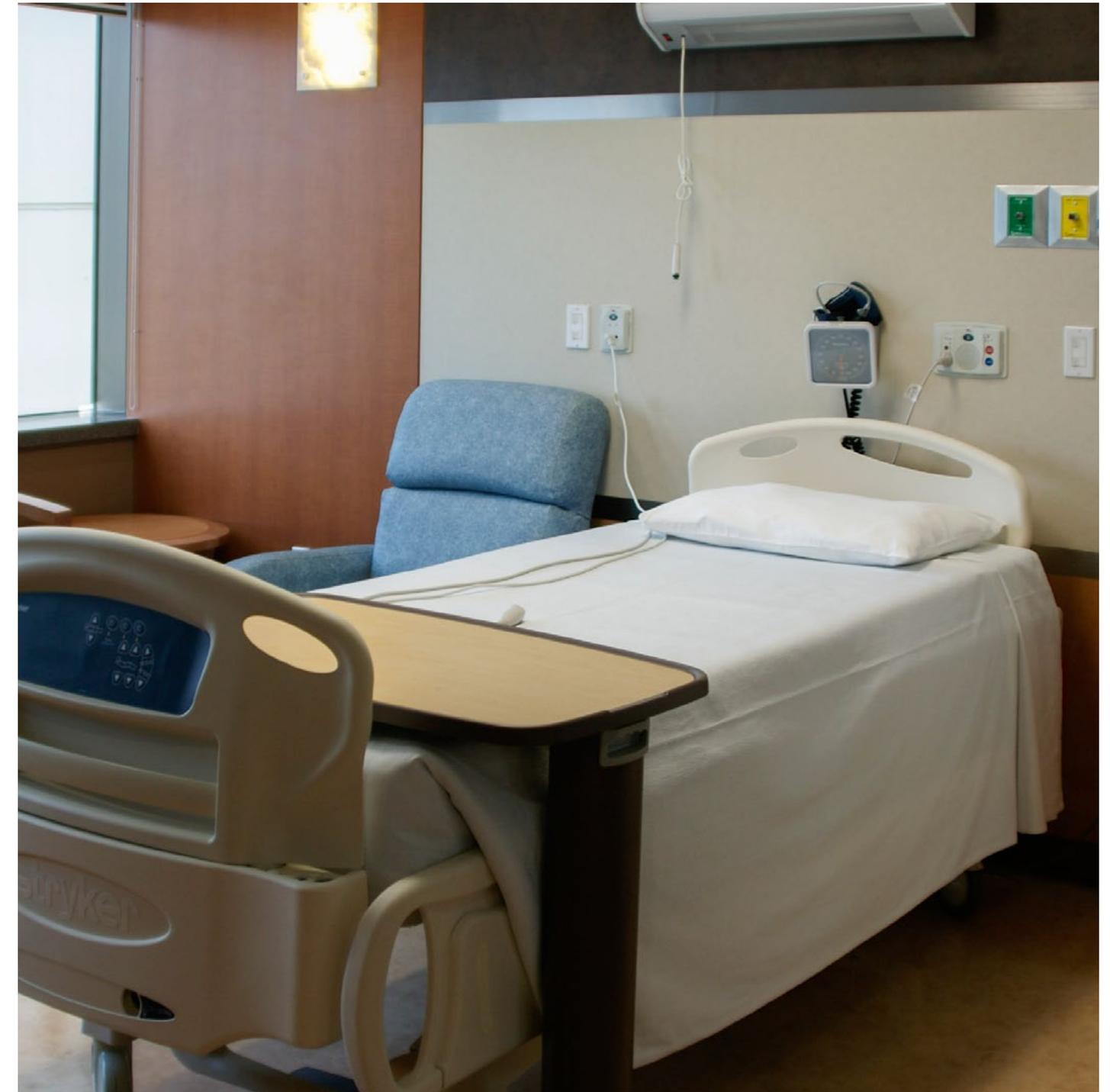


Study Focus

The survey aimed to establish what the perceptions of decision-makers are, what interventions they understand to be in place and to what extent they believe such interventions are successfully addressing HIV and AIDS in the workplace. In keeping with the 2007 survey, we therefore focussed on assessing organisational performance in specific key areas which are considered inherent success factors in a workplace programme, as explained below:

- Prevalence testing: this is the starting point for an organisation to establish the extent to which it is impacted by HIV and AIDS;
- Perceived impact: this is to gauge whether companies are 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
- Mainstreaming of HIV and AIDS into key business operations: the survey enquired after two key aspects of management--strategic planning and risk management--which can be used to establish the extent to which HIV and AIDS features on management's business agenda.

In addition to these key areas, we asked the business leaders to share their views on the responsibilities of Government and organisations as employers, and the responsibility of individual employees. It was highlighted in the 2007 study that a sustainable HIV response would require the engagement and coordination of these key stakeholders in order to synchronise activities effectively. Contributions are likely to be more effective if roles and responsibilities are clearly outlined and communicated.

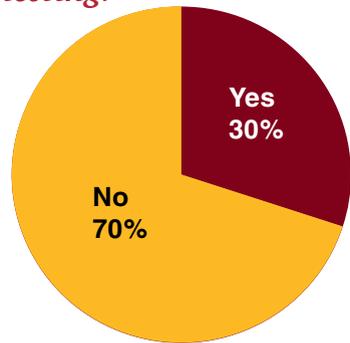


The Prevalance of HIV/AIDS

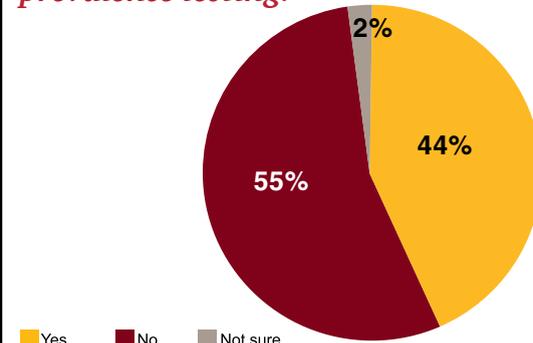
Knowing the company's status

Of the 50 companies interviewed, 44% had conducted HIV prevalence testing in their workforces. This represents a 14% improvement from the 2007 survey where only 30% of all companies surveyed had conducted prevalence testing.

2007 Has your company ever conducted HIV prevalence testing?



2013 Has your company ever conducted HIV prevalence testing?

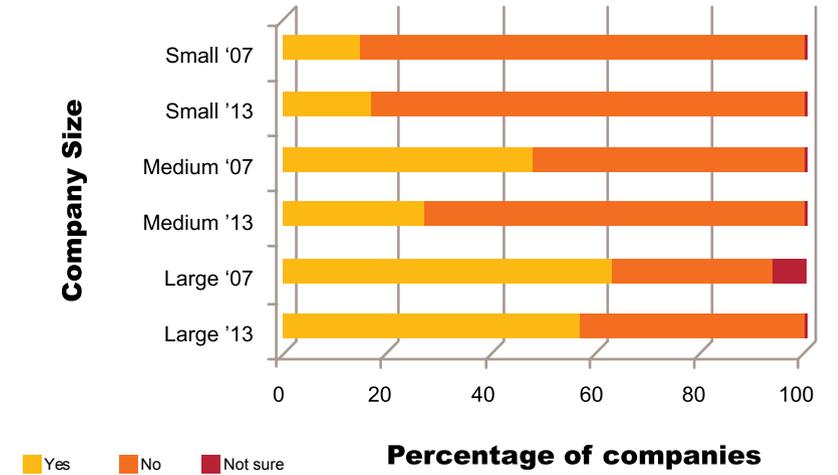


Prevalence testing was observed to have taken place within the past 2 years in order for it to count towards this result. This is the recommended period for surveillance testing which suggests a significant improvement in the timeliness of testing since 2007 when more than half of the 30% reported having conducted testing more than 3 years prior to that survey.

It should however be noted that more than half of this year's sample had not conducted prevalence testing either within the last 2 years. It was anecdotally observed that a greater proportion of companies that responded negatively to the question had never conducted testing in their workforces. A considerable number of these companies explained that they preferred to promote for individuals to take testing into their own hands and that they openly supported employees in knowing their status.

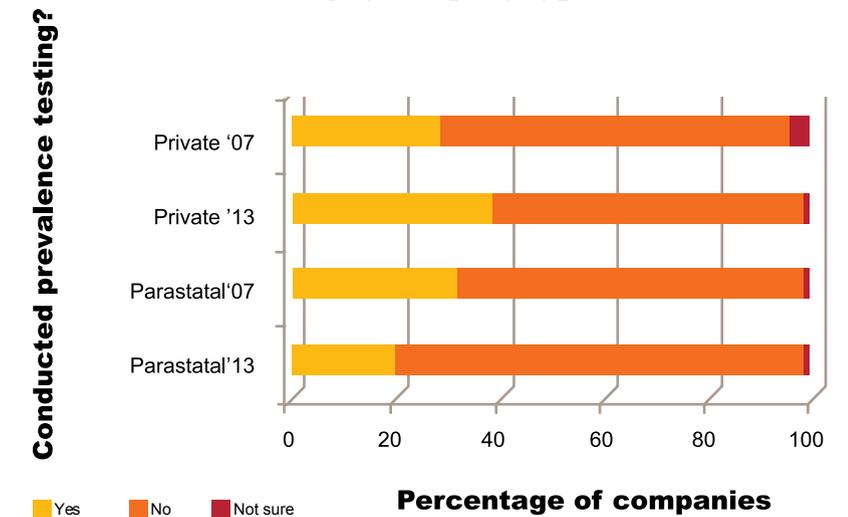
It was also observed that small companies were less inclined to have conducted testing whereas close to 50% of medium and large companies had done so.

Prevalence testing by company size

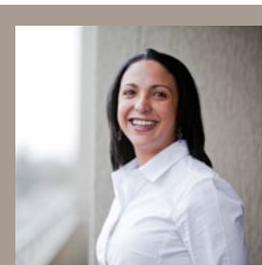
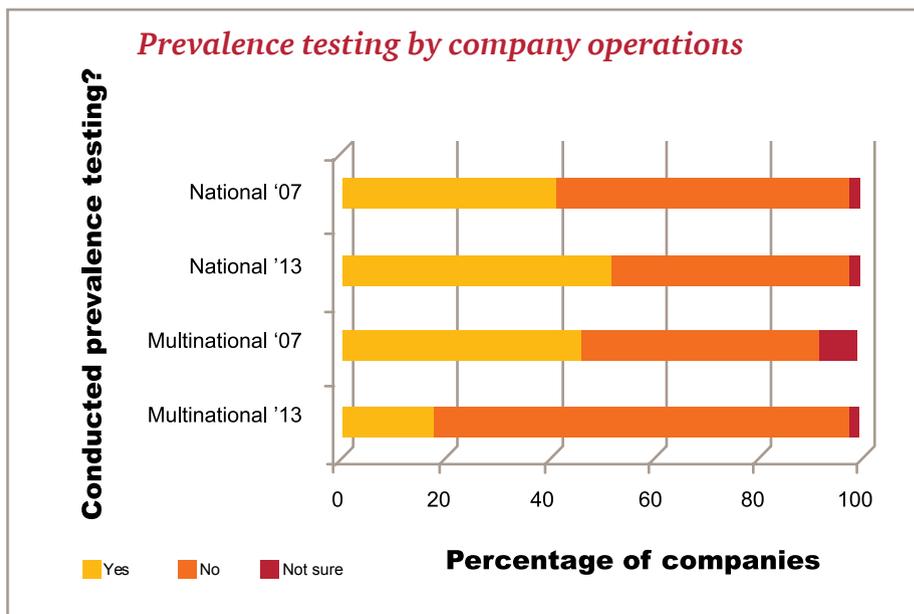


Similar testing trends for testing were observed across private companies and parastatals, where those that had conducted testing were around 30% in comparison to approximately 70% who had not. This indicates that trends in testing do not depend on the company type as much as company size does. By comparison, there is a 10% improvement in testing in parastatals since 2007, whereas a significant reduction by 10% was observed in private companies.

Prevalence testing by company type



As was observed in the 2007 survey, testing proved to be higher in multinationals; however, it is noted that by 2013 testing in national companies improved by approximately 20%. Multinationals that report having conducted testing were reduced by approximately 10%. All of the multinational companies which reported testing in the 2007 survey, and also responded to this survey, again reported that testing had been conducted.



Delia Maasdorp - A company would not ignore the health of their cars or computer network, so why ignore the health of employees? (Research Team Member)

The most-prominent concerns with prevalence testing were:

- Confidentiality**
 Confidentiality proved to be the most consistent theme raised by business leaders when discussing concerns around prevalence testing. In many cases, there were fears around how to successfully conduct testing in the workforce while ensuring that employees' personal information and results would be protected. Even in cases where very strict measures are in place to protect the confidentiality of employees, business leaders indicated that when reports were disaggregated by age or staff level, there were linkages they would be able to make to specific individuals. This, they felt, would breach the confidentiality claims of such a survey.

- Stigma and discrimination**
 In line with the above concern, business leaders indicated that in the event that confidentiality was breached, they would be concerned that individuals would be discriminated against in the workplace. The risk of putting employees in this position proved enough of a concern in some cases that this was the main reason cited for not having conducted testing to-date and not being interested in conducting prevalence testing in the future.

- Cost**
 In some cases, companies indicated that they had reduced the frequency of their prevalence testing due to the significant costs that the company incurs as a result of bi-annual testing. Other companies cited cost as the primary reason for not taking up the task of prevalence testing.

- Low participation of employees**
 Various companies which had conducted prevalence testing indicated that participation rates remained unchanged from year to year. This proved to be demotivating for some business leaders as they felt it was the same low-risk employees participating whereas they would have preferred to get the higher-risk employees involved. Many companies indicated that they had either formally or anecdotally confirmed that their employee base was not interested in participating in prevalence testing and thus the companies felt it a useless endeavour given that they were sure participation would be low.

- HIV testing as part of comprehensive wellness testing**
 Many companies indicated that even though they were interested in HIV prevalence testing, they were also highly concerned about non-communicable lifestyle diseases for which they would also like to conduct regular screenings. They indicated that their interest would be to conduct broader wellness screening in their employee base, under which HIV testing would fall.

Fact check #1

The UNAIDS World AIDS Day Report 2012 estimates that 29% of Namibian women and 18% of Namibian men aged 15-49 received an HIV test in the last 12 months and received their results.

- Endorsement by senior management**
 In some cases where HR managers were interviewed, we found that there was a consistent message about the challenges the HR department encountered in getting buy-in of their CEO, MD or Board of Directors. This often meant that in their roles as HR practitioners, they were unable to implement the kind of monitoring and evaluation of the impact of HIV in their companies that they would ideally do.

- Relevance**
 In many cases, business leaders admitted that they no longer thought HIV prevalence testing to be relevant. They referred to the time when testing and other HIV programming in the workplace was essential as "those years". When expounded-upon, we understood the expression to mean the time when individuals did not have access to treatment and other relevant tools to positively impact lifestyle. During "those years", they indicated, they could "see the

disease on the faces of their employees". Given that this is no longer the case, they seemed to be less concerned about conducting prevalence screening.

For companies that conducted prevalence testing on a regular basis, the positive aspects of this activity included:

- Knowing you company's status**
 It was observed that regular testing empowered business leaders and HR practitioners in the area of employee health. Many felt that they had a good handle on the disease because they could speak confidently about prevalence rates and more importantly, pitch HIV programming more appropriately for the segment of their employee-base where highest prevalence is observed.

- **Stabilisation of prevalence rates**

In some cases, business leaders indicated that in conjunction with other HIV workplace programme activities, they felt that regular prevalence testing could be linked to stabilising or reducing prevalence rates in their employee-bases. Even though quick to explain that staff turnover could impact these statistics, as well as varying participation from year to year, business leaders felt that creating an enabling environment (which includes regular testing) reduces prevalence in the workplace.

- **Monitor the dynamics of the epidemic in the workforce for improved planning**

Companies who conducted prevalence testing on a regular basis indicated that they were better able to link the epidemic to human resource issues and plan for potential absenteeism and employee losses

- **Creating open dialogue**

Companies that conducted regular prevalence testing also indicated that HIV was not a taboo topic in the workplace. They indicated that the discussion around the activity promoted openness around the topic of HIV and AIDS, which they believed had a knock-on effect of reducing stigma and discrimination.

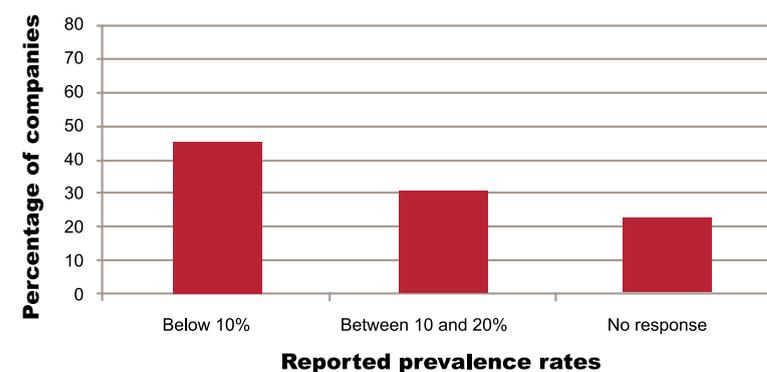


Gauging the impact:

Of the 22 companies that had conducted prevalence testing, 20 of them were able to report their prevalence rates.

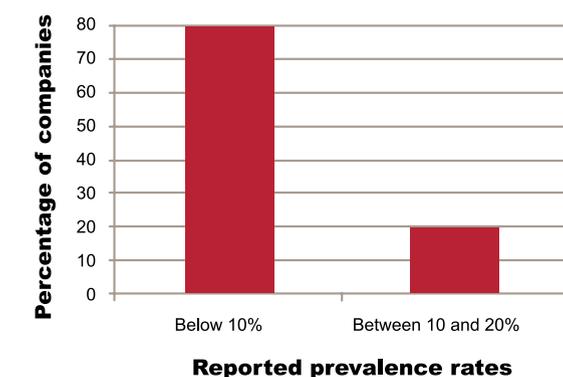
2007

What was the prevalence rate?



2013

What was the prevalence rate?



As one can see, 80% of those that had conducted testing reported a prevalence of below 10%, while 20% reported prevalence of between 10% and 20%. Prevalence rates across company size and type were comparable to the above results with no glaring differences observed in any particular group.

“We do not think it’s impacting our environment, as we only employ professionals”

anonymous

Fact check #2

The 2010 MoHSS Sentinel Survey showed that HIV prevalence among women tested in ante-natal clinics was highest amongst those age 35-39 (29.7%) against the national average of 18.8%.

The survey also showed that from 2004-10, HIV prevalence increased in over 30s while decreasing amongst youth.

“Blanket approaches don’t always work. We have a more educated workforce in terms of knowing what’s available. They know where to go if they want to get tested or access to treatment.”

anonymous

Fact check # 3

The lack of a relationship between HIV incidence and socio-demographic factors such as marital status, education level, employment, etc. confirmed once again that HIV risks concern all economic strata in African urban societies.

From ‘Incidence of HIV in Windhoek, Namibia: Demographic and Socio-Economic Associations’, 2011

Companies all reported that testing was conducted on a voluntary basis. For those that shared participation rates, participation ranged from 47% to 92%.

Unlike the 2007 survey, business leaders felt that participation rates were either stabilizing or decreasing over time. They attributed this to decreased interest of the employees who had been through testing numerous times before. In some cases, they indicated that they felt that individuals were less responsive to testing due to an overwhelming amount of information and activities related to HIV and AIDS. It was indicated that employees may be tired of the subject and that a new approach to broaching the topic would be required.

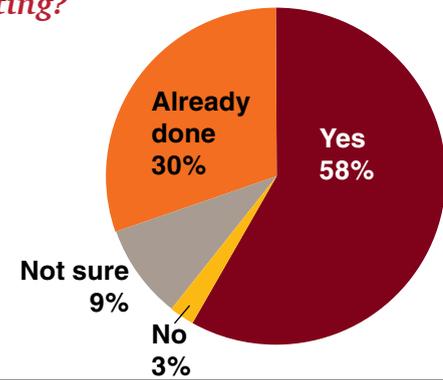
An interesting perception that was raised numerous times in highly skilled workforces, was that prevalence testing and certain other HIV programming would be inappropriate for their employees. They felt strongly that with a highly-educated employee-base, there were reduced risks of

HIV and, even more interestingly, that this was a segment of the population who simply could not be interested in accessing these types of interventions from the workplace. They indicated that these were individuals who would prefer to deal with such matters in a personal manner using personal time. They did, however, indicate that there would be space for HIV screening and messaging as part of a broader wellness programme.

Despite the many concerns raised around prevalence testing, a majority of companies that had not conducted testing were very interested in conducting this activity in their workforces. When compared to the 2007 results, we immediately see that there is a 16% increase in those that indicate interest in testing while there is a 19% increase in the number of companies that indicate that they would definitely not be interested in conducting testing.



2007
Are you interested in conducting prevalence testing?



It was interesting to note that of 8 companies from the 2007 cohort that indicated that they would be interested in conducting prevalence testing, 50% of them had conducted this activity by 2013.

Similar to the 2007 findings, it was observed in many cases that business leaders were not sure how to go about undertaking prevalence testing in their workforces, nor did they have an idea of the associated costs.

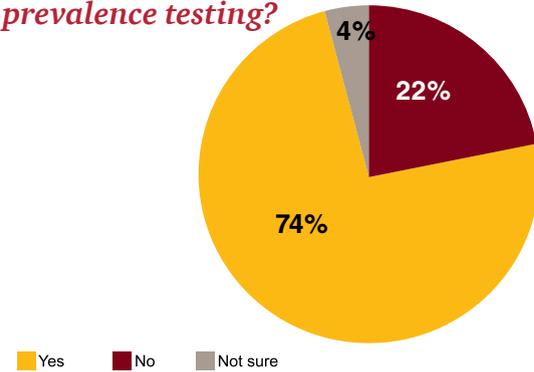
Good practice – Prevalence testing:

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



Dineo Dawn Pereko - We must look for better and more affordable ways to provide adequate care to all employed people and their dependents. (Research Team Member)

2013
Would you be interested in conducting prevalence testing?



• **Leading from the front**

The practice of “leading from the front” has shown to be an effective method of increasing participation of employees. Some business leaders shared that they felt it imperative to take the matter of HIV testing as seriously for themselves as they promote it for their employees.

• **Incorporation of HIV testing under broader wellness screenings**

It was noted in various cases that participation in HIV prevalence testing was considerably higher when it was conducted in tandem with other routine wellness screening.

• **Outsourcing prevalence testing and requesting reporting in an appropriate manner**

Numerous companies explained that their success with prevalence testing was due to their use of an external provider who could ensure the confidentiality that they required of the activity. In some cases, respondents indicated that they could

request very specific reporting of their company's data so as not to jeopardise the confidentiality of a select few who would easily be identified through age or job-level disaggregation. In addition to improved confidentiality, they explained that it also proved financially beneficial, as they often do not have the skills and capacity within their workforces to carry out such an in-depth exercise.

• **Voluntary participation**

Some companies explained that when conducting an awareness campaign about upcoming prevalence testing, thorough promotion of the event as a voluntary and confidential activity seemed to promote participation.

Bophelo! Wellness Screening Services

Offered by NABCOA

Services include:

- **Rapid on-site VCT for HIV**
- **Anonymous and confidential Knowledge, Attitude, Practice and Behaviour (KAPB) Surveys for HIV and AIDS**
- **HIV Prevalence Surveys**
- **Wellness Screening: Blood Pressure; Cholesterol; Glucose/Blood Sugar; Haemoglobin; Syphilis; Hepatitis B and BMI Tests)**
- **Anonymous and confidential Medical Surveys to determine company/organisation medical risk profiling**

Chronic conditions are an optional inclusion in wellness screening service so as to determine those prevalence statistics while simultaneously providing organisations with a more holistic service regarding wellness. The focus of wellness screening however remains on HIV.

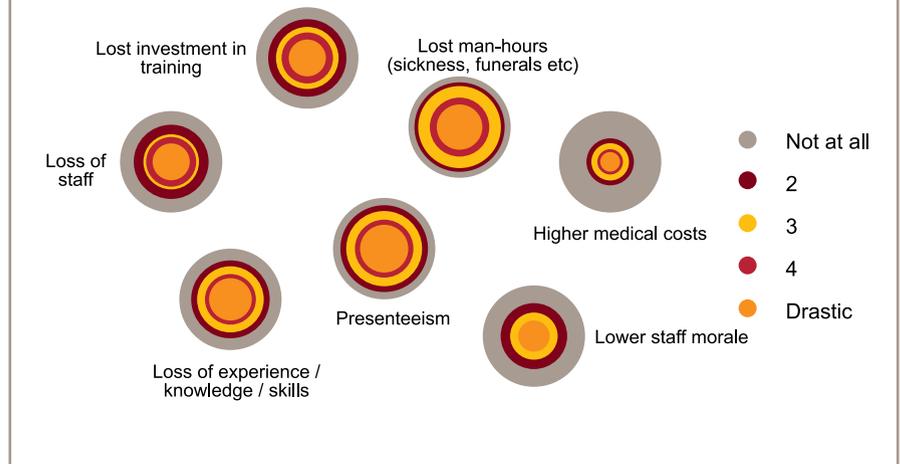
Perceived impact of HIV and AIDS



Perceived impact of HIV and AIDS on profitability

Since 2007, we observe a significant reduction in the perceived impact of HIV on profitability. We are able to see that where business leaders previously cited a reduction in productivity and lost man-hours as major concerns to profitability, we were able to see during this survey that a vast majority of individuals attached relatively low impact levels to the vast majority of the potential factors. The highest levels of impact reported were across the same areas (reduced productivity and lost man-hours) however at a significantly lower perceived level of impact.

Perceived Impact of HIV/AIDS on Different Areas of Operation



Presenteeism:

The measurable extent to which health symptoms, conditions and diseases adversely affect the work productivity of individuals who choose remain and work.

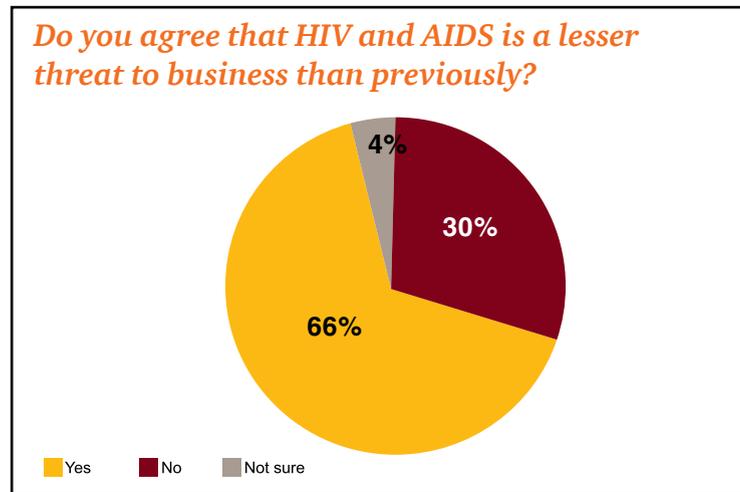
Chapman LS – Presenteeism and its role in worksite health promotion, American Journal of Health Promotion.

Given a scale of 1-5, respondents indicated that HIV and AIDS may drastically impact on the profitability of their businesses due to presenteeism, lost man-hours and loss of experience, knowledge or skills.

It was interesting to note that companies perceived higher medical costs, lower staff morale and loss of staff as being the areas least impacted by HIV and AIDS and thus not likely impacting on their bottom-lines. When compared to 2007 data, it was found that the perceived impact of HIV on profitability has decreased across all of these areas, with the greatest difference found for “higher medical costs”.

Interestingly, as was observed in 2007, the companies with the more established programmes that offer wider services generally noted a higher impact of HIV on their businesses, which they attributed to empirical evidence that they collect routinely. These are companies who considered themselves to have 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.

Responses to the following question show that business leaders consider HIV and AIDS to be a lesser threat to their businesses than previously.



The most prominent reason cited by business leaders for this perception was the advent of widely-accessible antiretroviral treatment. It appears that business leaders perceive treatment as having directly reduced the impact of HIV on their profits. Another commonly cited reason was the vast efforts made by government and donors alike to reach Namibians with timely, effective and impactful HIV and AIDS interventions. Repeatedly, business leaders shared that the reduction in national prevalence rates supported these perceptions.

Fact check # 4

70% - The amount of National HIV and AIDS spending that is domestic by 2015/16 - NSF Target

In 2008/09, the public sector financed 45.5 percent of the HIV/AIDS response. - NASA 2011

A particularly interesting statement was made by one business leader who disagreed that HIV and AIDS presents a lower threat to business when compared with previous times. This response aimed to explain this perception in many business leaders in Namibia. The business leader shared that at the time that the epidemic came to the fore, businesses were fearful that the impact of HIV and AIDS would be so great that their businesses would fall apart as a result. It was explained that at that time, many business leaders committed to investing considerable efforts into effective prevention, treatment and care interventions as a way of mitigating the potential impact. The respondent continued to explain that once business leaders were able to see that the



Namibian government had responded so effectively and prevalence was stabilizing and then reducing, the private sector began to see that the impact was less prominent inside their businesses and more so at either a personal or community-level. It was expressed that this led business leaders to consider it to be beyond the company's sphere of influence and possibly even interest, to become involved. In this particular case, the business leader shared that efforts need to continue at the company level if a sustainable improvement is to be seen and

it was viewed that care and support initiatives to support employees are extremely important, as most are affected at some level.

Other proponents of the above thinking mentioned that the threat of HIV has changed recently but that it is not gone. Some explained that more efforts have to be made to care for the survivors of the disease as their employees are often found in new care-giving situations which sometimes impact morale or productivity.

“We are being lulled into a sense of security around HIV, but it is still there and it still threatens our businesses everyday”.

Donovan Weimers – GM: NEOPLAN

“It’s a greater threat now, because people are too familiar with it now. They accept it as a norm.”

Victoria Konjore – HR Executive: G4 Security

It is important to note that of the 33 companies that agreed with this statement, 19 of them had not conducted prevalence testing in their workforces. In such cases, where individuals are unaware of the true prevalence of HIV in their workforce, they may not be able to accurately attribute possible threats to business profits appropriately.

“What you know, you manage better than what you don’t know.”

Inge Zamwaani-Kamwi – MD: NAMDEB

“Lack of data is a problem.”

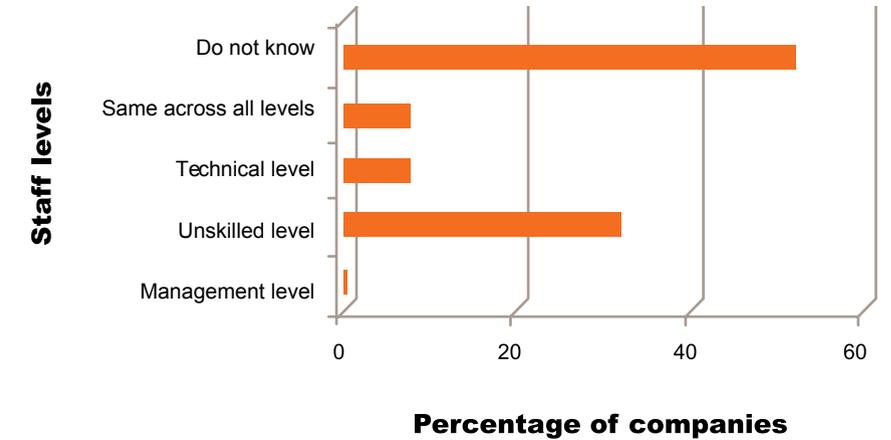
Obeth Kandjoze – MD: NAMCOR

As was raised in the 2007 survey report, more statistical data would go very far to inform business leaders about the true impact of HIV on their businesses. This can only come about as the result of well-established monitoring systems and processes.

Where is the impact?

When asked at what level they believed the greatest impact of HIV and AIDS to be in their employee-base, business leaders responded:

Which levels of staff are most affected?



“Know your status”

Ian Leyenaar – CEO: FNB

Similar to 2007 findings, we found that a majority of companies did not know what levels of their staff are most greatly impacted by the epidemic. This lack of awareness impedes significantly on a company’s ability to respond effectively.

We see that higher perceived levels of impact were noted at the unskilled level, while business leaders reported that it did not impact at the management level. It should be noted that these results represent mostly anecdotal responses as a significant proportion (54%) came from companies who have not conducted prevalence testing. That said, it does provide an interesting view into where the greatest impact is perceived to be across staff levels and, more importantly, highlights the need for more in-depth studies to be conducted.



Peter Van Wyk - NABCOA understands that the HIV/AIDS paradigm has shifted. We must invest more wisely and more effectively to sustain previous gains in this harsh economic climate. (Research Team Member)

Workplace policies and interventions

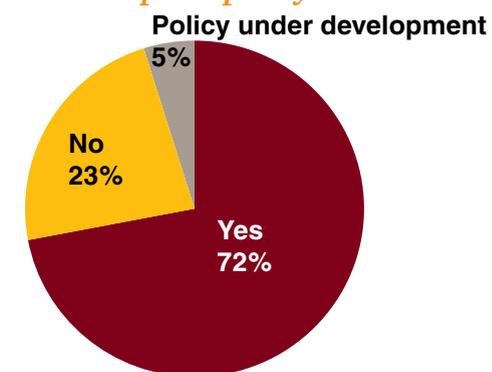


The adoption of workplace policies:

An HIV and AIDS workplace policy (WPP) is a company's guiding document with regard to its response to the disease. We asked business leaders whether they had a WPP in place:

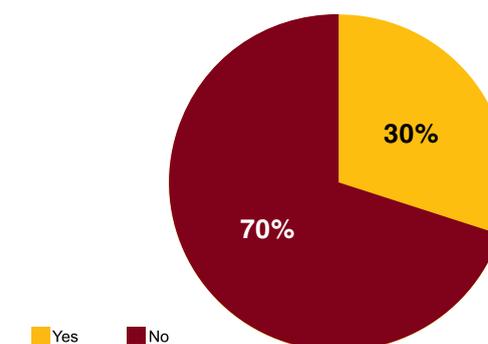
2007

Do you have a workplace policy?



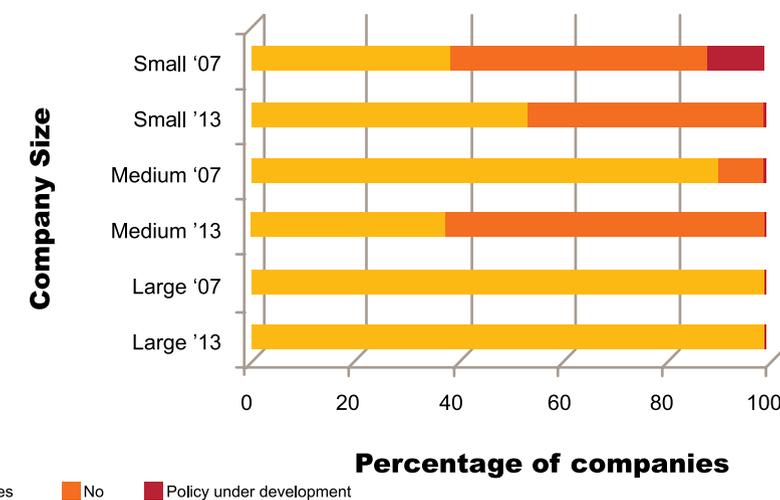
2013

Do you have a workplace policy for HIV and AIDS?



The majority of companies interviewed indicated that they had an HIV and AIDS workplace policy in place. This is a 2% reduction from the 2007 findings for the same question. 30% of companies indicated that they did not have WPPs in place. Further investigation revealed that all large companies had WPPs in place whereas almost 38% of medium companies and 54% of small companies did not have them in place.

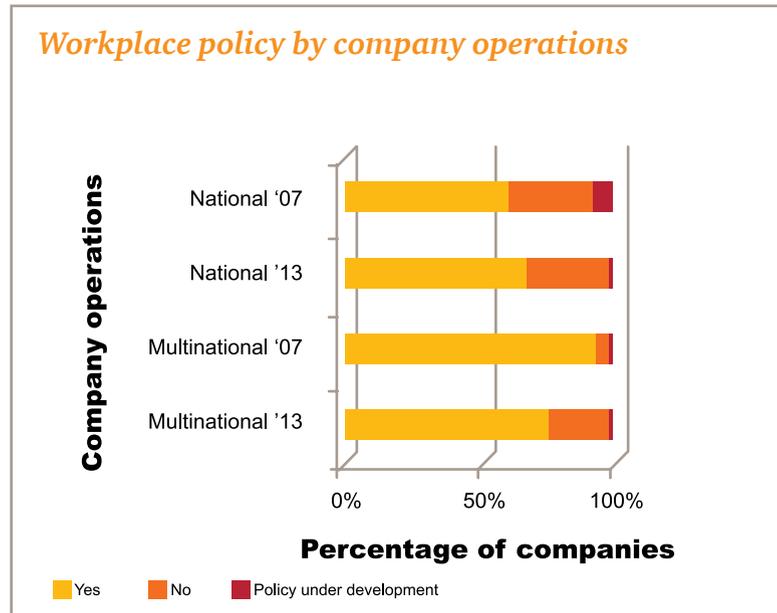
Workplace policy by company



In addition to the above, it was also found that multinational companies tended to have WPPs in place more so than local companies. Local companies did however report a 10% increase in WPPs since the 2007 survey.

Interestingly, many companies openly admitted to the implementation of the WPPs being inactive. They explained that in many cases, HIV and AIDS activities are centred around World Aids Day but continuous programming does not take place. This was mostly attributed to budgetary constraints as well as lack of HR capacity. This will be discussed in more detail under “Coordination”.

When asked to describe key components of their WPPs, in most cases respondents were able to mention specific aspects of the policy which spoke to prevention, care and treatment support for employees.



Recurring themes in WPPs included:

What are the key components of your workplace policy?

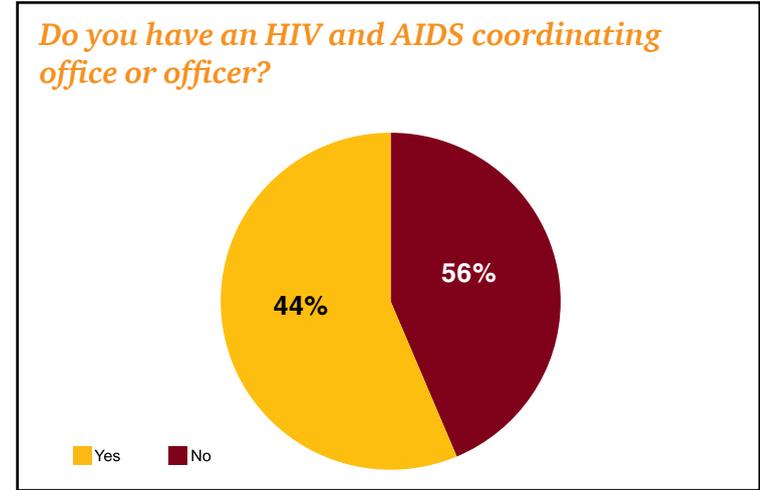
Prominent themes:

Prevention through information and awareness-raising
Encouragement of testing and counselling
Provision of a non-discriminatory working environment and reduction of stigma
Provision of medical aid and other relevant support
Protection of HIV-positive employee rights
Confidentiality

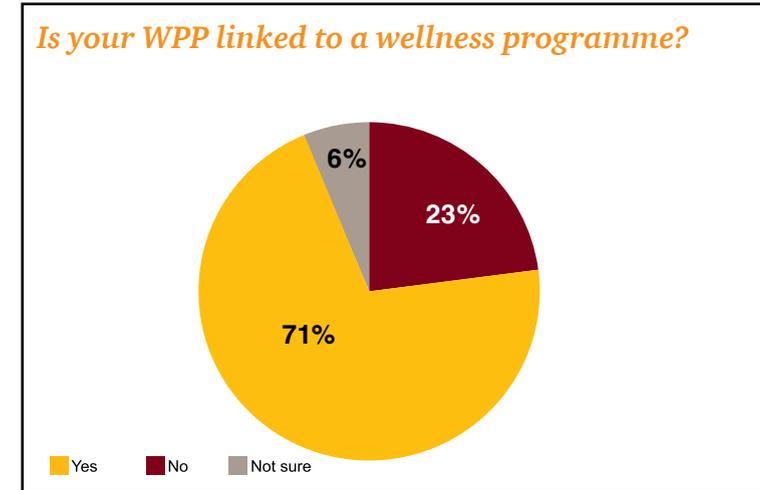
Some companies described a revision of their HIV WPPs to be included under a broader wellness policy. This is directly related to a persistent perception that having a stand-alone policy further stigmatises HIV-positive individuals in the workplace. Some business leaders explained that inclusion of HIV under a broader health and wellness policy demonstrated the company’s commitment to reducing stigma and discrimination in the workforce.

Coordination

When asked about having an HIV and AIDS focal person or unit to coordinate all HIV interventions, interestingly, 56% of companies reported to having either one or the other. This represents 74% of the companies which reported to having a WPP in place. This is despite the frequent reporting that policies were not being implemented on a continuous basis.



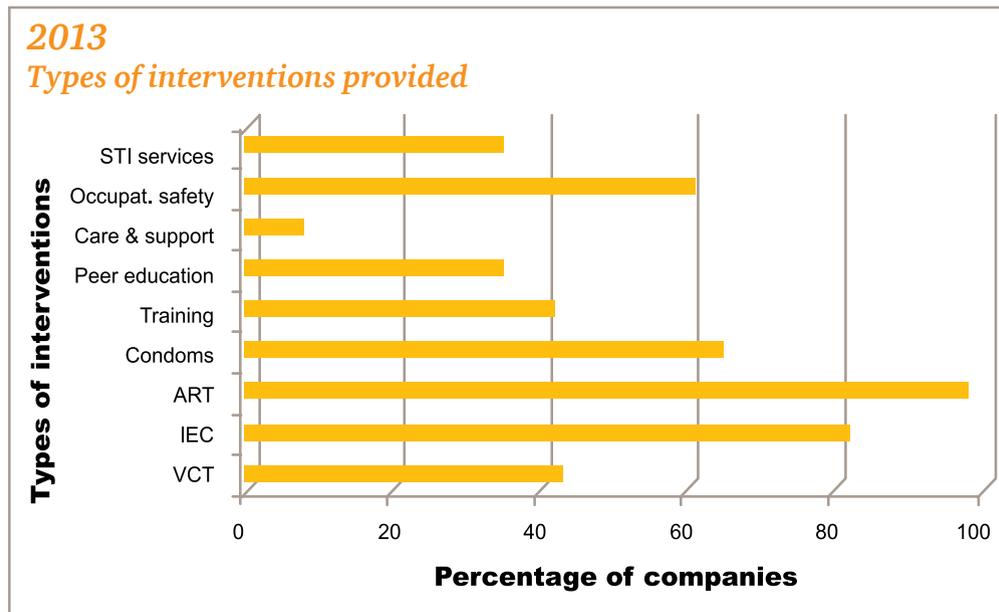
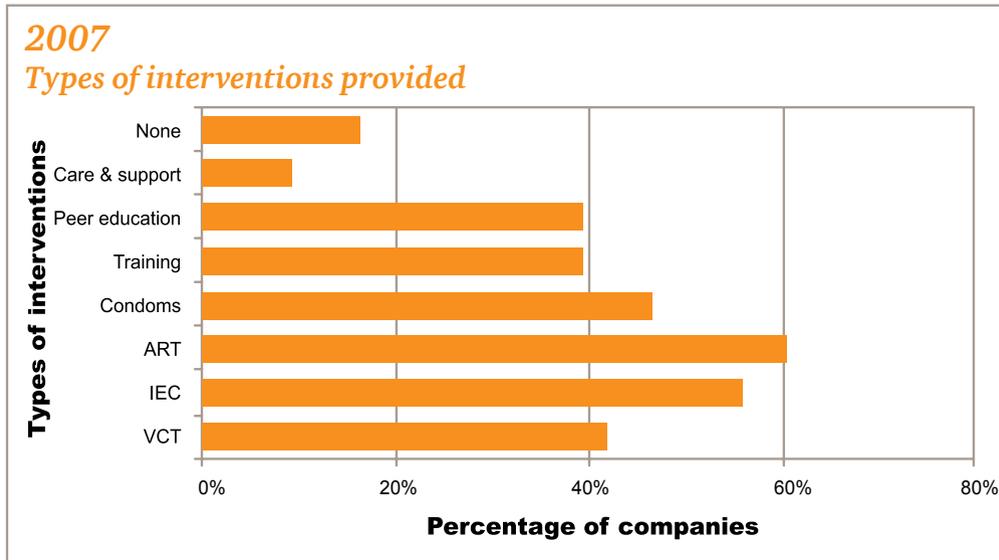
It should be noted that no company reported having a full-time HIV coordinator position. In most cases, the focal person falls under wellness, safety and occupational health departments. That said, there is a limited proportion of time that the HIV focal person’s terms of reference (ToR) is dedicated specifically to HIV and AIDS matters. When evaluating the components of the ToR that deal directly with HIV and AIDS-related matters, it becomes evident that the bulk of the focal persons’ ToR encompasses broader wellness and occupational safety activities. In many cases it was explained that the focal person only deals with HIV and AIDS-related matters when the need arises. This suggests that even though companies have identified focal people, WPPs can become futile in such cases because there is not sufficient HR capacity to operationalize most aspects of the policy along with the other responsibilities of the role. The graph to the left demonstrates the degree to which WPP’s are integrated into wellness programming across the companies surveyed.



It was further noted that small and medium-sized companies had an HIV focal person 38% and 47% of the time respectively, whereas large companies reported having an HIV focal person 81% of the time. The cost of maintaining such a position was the main reason cited for its absence in most companies who reported not having such a coordinating role. In numerous cases, companies had outsourced this role to outside organisations who are able to assist them in implementing their WPP and associated interventions. This has proven to be an effective model for small and medium companies who are not using the model of employing a full-time wellness or HIV and AIDS coordinator.

Interventions

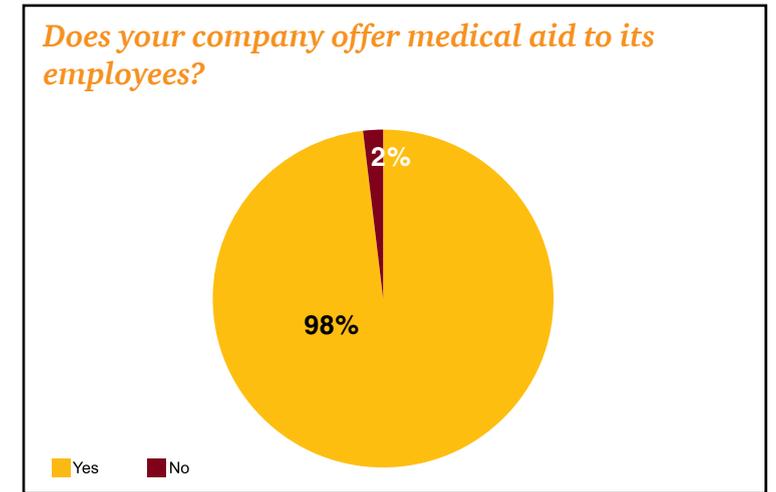
We asked companies about what HIV and AIDS-related interventions they were offering their employees. Responses are indicated in the graph to the right:



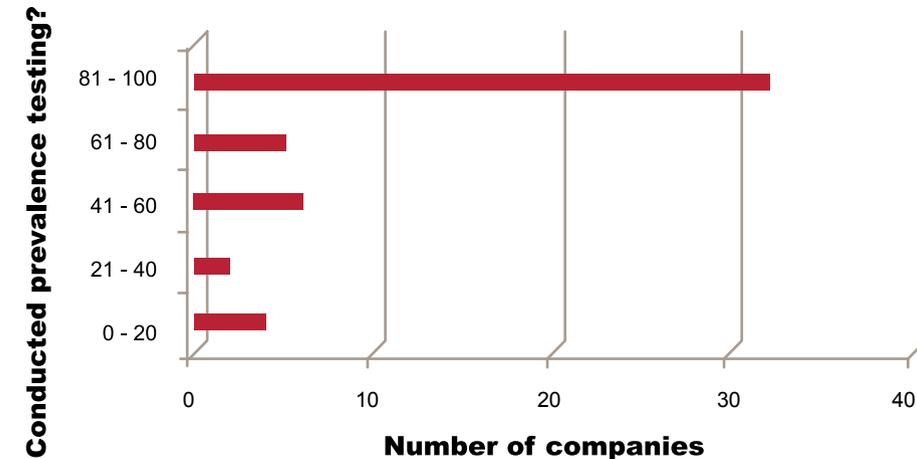
Treatment

Please note that of all the companies interviewed only 2 of them offer antiretroviral treatment directly to their employees onsite. Consistent with the 2007 results, ART is the most common intervention being offered by companies. For the most part, it was indicated that this is as an offering through employee medical aids.

The data showed that 98% of companies offered medical aid to their employees; however, the percentage of the employee-base covered by medical aid ranged from 10% to 100%. The bulk of companies did report over 50% of their employee-base being covered. This is evidenced by the graph below:



% of employee base covered by medical aid



Under all the medical aids being used, HIV and AIDS-related illnesses and treatment were both universally covered. The above result signifies a considerable improvement on the results reported in the 2007 report where it was indicated that a significant proportion of employees rejected medical aid in cases where it was optional. This year's findings indicate that a significant proportion of employees are taking up medical aid despite it being optional almost half of the time. We must, however, not forget to mention that the employees who are less inclined to take up medical aid are more likely to be marginalised individuals to begin with.



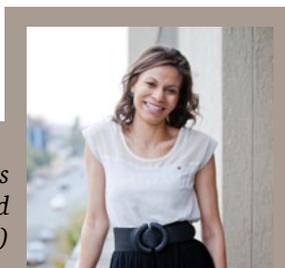
Fact check # 5

As of Dec 2010 – total lives covered = 335,388

% of population covered = 16%

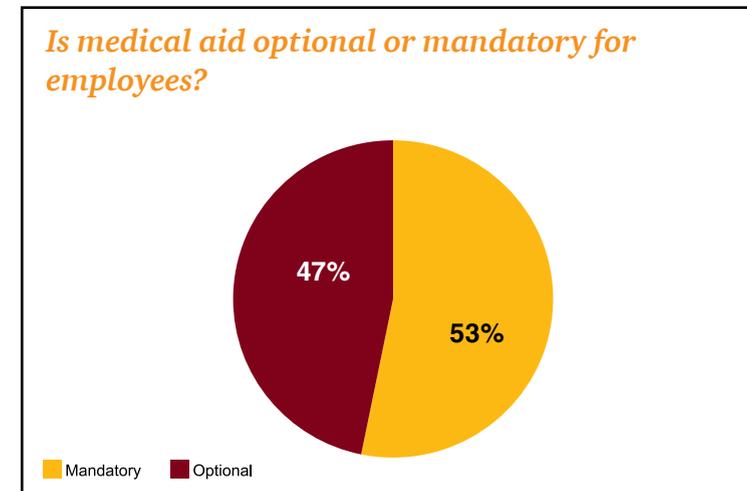
% of employed covered = 49% (NAMAF data 2010) Therefore 51% of the employed remain uncovered.

SHOPS



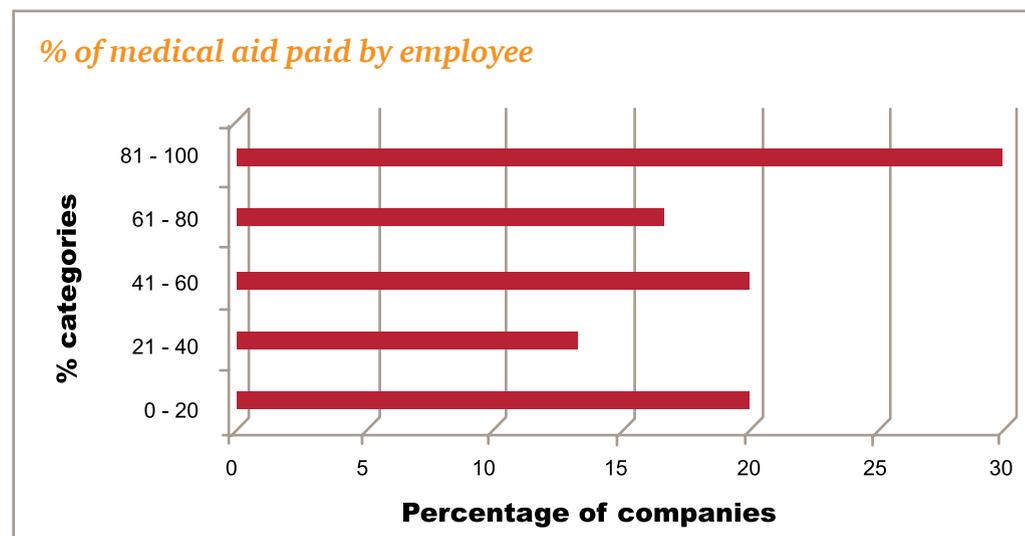
Nangado Kauluma – I believe Health and Wellness spending should be seen as a business investment and not just a moral or social obligation. This will give us the strongest, most efficient and impact orientated programmes. (Research Team Member)

It was found that across the 50 companies assessed, medical aid is mandatory 55% of the time. Companies who made medical aid mandatory often either had considerable occupational risk for employees or had highly technical environments. In companies where medical aid was optional, we found that the vast majority reported that more than half of their employee-base had taken it up. It should be noted that the staff levels at which medical aid was mostly taken-up in such companies was not assessed; however it was anecdotally ascertained that it was less commonly taken up by the so-called “unskilled” workforce.



The graph below shows that a greater proportion of companies contribute very little or do not contribute to their employee medical aids. As a matter of fact, almost a third of them do not contribute at all. This seems counterintuitive when seeing what

proportion of employees take up medical aid; however, further investigation shows that the majority of companies that only contribute up to 19% of the medical aid premium are companies who have indicated that their medical aid is mandatory.



Information, Education and Communication (IEC):

This was the second most popular intervention behind ART provision/referral with 82% of companies providing HIV and AIDS related IEC to employees. This is a 26% improvement from the 2007 findings. It was noted, however, that in many cases, IEC was distributed on an ad-hoc basis and was not available in all companies at all times. Many companies explained that IEC was part and parcel of their prevention strategy. Companies sourced their IEC in a multitude of ways, with some being produced in-house, some sourced from the Ministry of Health and Social Services and other companies received IEC on a regular basis through their outside wellness providers. Some concerns aired around IEC included how well they were being utilised when picked up by employees and the relevance of materials to their employee-base. As mentioned previously in this report, it appeared that for some professional companies who employ highly-skilled individuals, this type of intervention was considered to be inappropriate for their context as it was felt that their people are well-informed and would likely not take materials of this nature from the workplace.

Condom distribution:

Condom distribution is reported to be happening in 65% of the companies interviewed. This represents an 18%

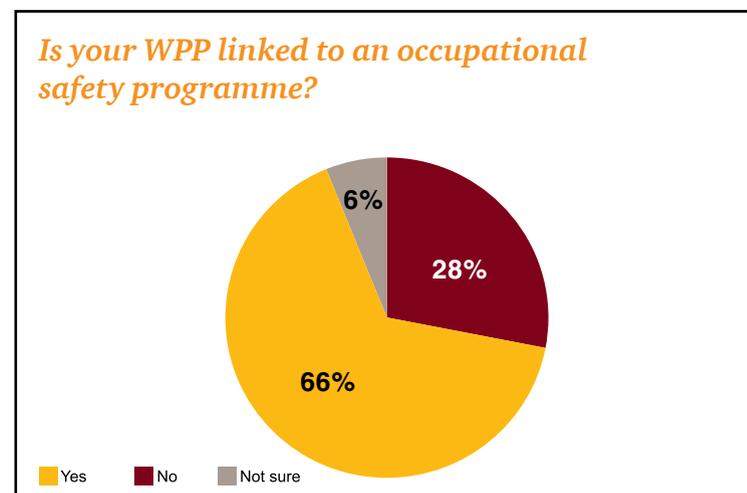
“HIV treatment and education can only have a positive impact.”

Berthold Mukuahima - HR Manager: Ohlthaver and List

increase in this intervention since 2007. Responses show that condom distribution is taken more seriously in sectors where the bulk of the employee base is unskilled and/or is mobile. For the majority of companies, condoms are available in both male and female bathrooms, and condoms are mainly sourced through the Ministry of Health and Social Services, while some companies received them on a regular basis through their outside wellness providers.

Occupational Safety measures and information:

In 61% of companies who have WPPs in place, occupational safety measures and information as they relate to HIV and AIDS were available to employees. This is further evidenced by the graph below which demonstrates the level of integration of WPP into occupational health and safety programmes:



Voluntary counselling and testing (VCT):

VCT was found to be offered in 43% of companies. This is a 1% increase since 2007. For clarification purposes, this result differs from the prevalence testing result because prevalence testing does not require that results are shared with employees whereas VCT does. For the sake of this survey, VCT was considered to be testing which was conducted at the workplace as well as any system that the company has in place to refer employees to testing services. Of the 21 companies that offer VCT, 62% offered it onsite while the remaining 38% had a system in place to refer employees to VCT services.

Concerns raised around conducting VCT onsite included confidentiality, stigma and discrimination and cost. In some cases, companies indicated that they felt that their employees would prefer for testing to take place in their own private time. Proponents of onsite testing indicated that it positively impacted on productivity as employees did not need to leave the workplace for testing; but more importantly, that they could simultaneously gain valuable information about HIV in their workforces while providing an important service to their employees.

Training and peer education:

According to respondents, training is being offered in 42% of the companies assessed.

This is a marginal improvement on the 2007 result of 40%. Peer education has, however, decreased to 35% from the 2007 result of 40%. Companies indicate that even though they consider it important to train and mobilise peer educators in their workforces, they had concerns around the management of peer educators, monitoring of activities and evaluation of outcomes and lastly, providing sufficient support, mentoring and recognition to individuals who take up these roles. In cases where training and peer education is well-run, companies cited highly-committed individuals in the roles of peer educators and high quality training through outside HIV and AIDS WPP support providers.

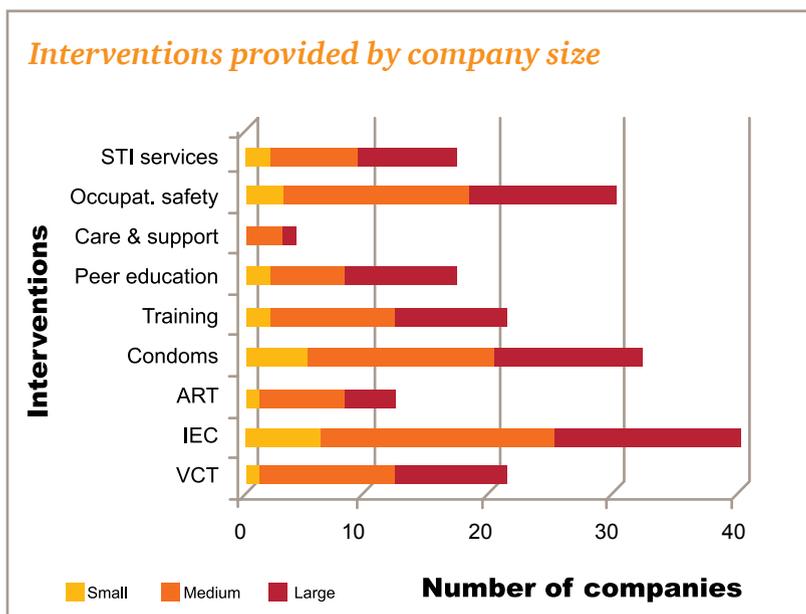
Sexually Transmitted Infection (STI) services and referral:

STI services and referrals are offered through 35% of companies. It should be noted that the vast majority of these companies offer referrals to outside STI services and do not provide the services directly in-house. In many cases, business leaders indicated that they felt this to be a personal matter that should be addressed by the individual during their personal time.

Care and Support:

Similar to the 2007 finding of 9%, companies only offered care and support to HIV-infected or affected employees 8% of the time. It should be noted that in many

cases, companies indicated that this was an intervention they would provide on a case-by-case basis but in their view, few had experienced such a need yet. In many cases, and similar to the 2007 findings, business leaders indicated that this would be beyond their scope of support to individual employees but that they felt this was addressed through their corporate social responsibility (CSR) initiatives. Despite the considerable improvements in scale and number of interventions since 2007, we found a distinct difference in the number of interventions provided across small, medium and large companies. Interestingly, medium-sized companies outperformed large companies in the provision of some important interventions such as VCT, IEC and occupational safety measures and information.



When looking at comprehensiveness of workplace interventions, we found that companies varied significantly in the number of interventions that they provided. For companies offering different combinations of interventions, the most common combinations were found to be:

1. intervention: IEC
2. interventions: IEC and condom distribution
3. interventions: IEC, condom distribution and occupational health and safety measures
4. interventions: IEC, condom distribution, occupational health and safety measures and training
5. interventions: IEC, condom distribution, occupational health and safety measures, training and VCT
6. interventions: IEC, condom distribution, occupational health and safety measures, training, VCT and ART
7. interventions: IEC, condom distribution, occupational health and safety measures, training, VCT, ART and peer education
8. interventions: IEC, condom distribution, occupational health and safety measures, training, VCT, ART, peer education and STI services and referral
9. interventions: IEC, condom distribution, occupational health and safety measures, training, VCT, ART, peer education, STI services and referral and care and support.

It is interesting to note that even though training for peer educators is being conducted in many companies, it is often found that peer education is not well-coordinated and therefore does not form an integral part of the comprehensive package of interventions offered by many companies.

Best practices – Interventions:

Low-cost medical aid options

Given the importance of adherence to treatment for HIV-positive individuals, it was highlighted that low-cost medical aid options provided a financially feasible solution to ensuring all employees have access to ART. In some cases, the inclusion of additional family members on the medical aid proved to act as an additional form of care and support for families.

Inclusion of HIV programming under a broader wellness programme

In numerous cases where workplace programming was shown to be operating effectively, it was found that companies had successfully integrated it into their broader wellness programmes. In such companies, it was observed that HIV and AIDS was of prime importance and that more interventions and messages were taken up by employees when it went under the guise of general wellness programming. This has been attributed to the reduced stigma attached to an individual accessing wellness information

and support compared with accessing HIV-specific information and support. It has however been highlighted that without careful consideration, the importance of HIV and AIDS can become distorted using this model if not appropriately designed. It is therefore recommended that companies not use this method simply as a way of reducing their commitment to HIV and AIDS-related programming, but rather as a means to extend its reach.

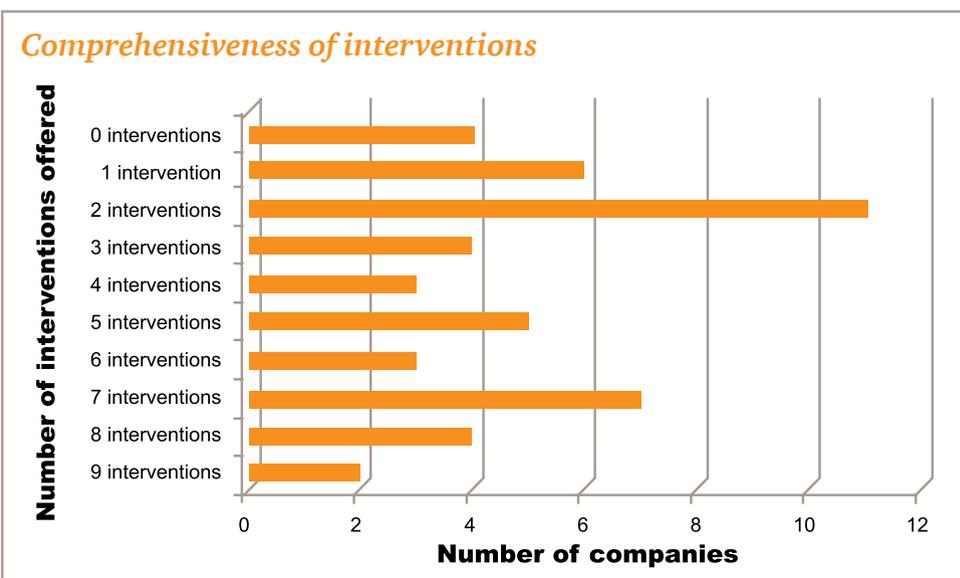
Using existing resources and expertise

It has been noted that some companies that implement highly effective workplace policies have found that partnerships with entities that have already-existing expertise have proven to support their own efforts significantly. In some cases, for instance, IEC and condoms were being sourced through the Ministry of Health and Social Services or other external providers of HIV workplace programme services. Numerous companies indicated that without these partnerships, they would not be able to implement their programmes as effectively or efficiently.

Fact check # 6

There are a few low cost products on the market though uptake to these options remains a challenge. While these are much cheaper than standard products, they are still expensive for the low income earners and they compete with other essentials like transport, food and accommodation.

SHOPS



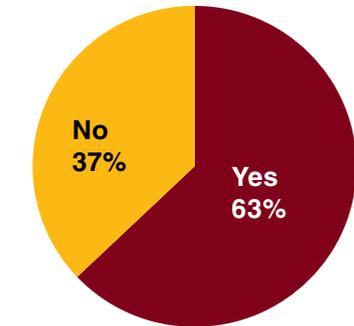


Streamlining HIV/AIDS into business operations

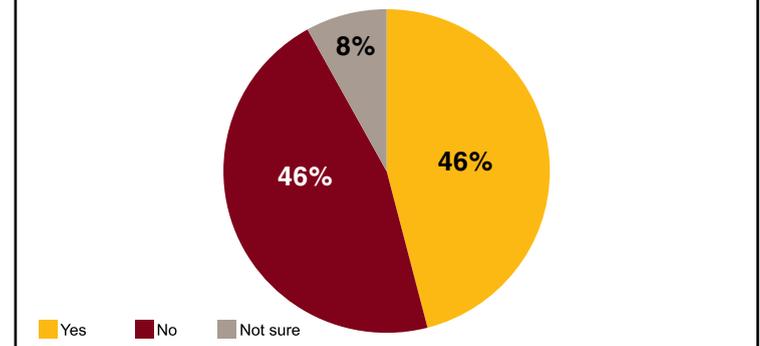
In keeping with one of the 2007 objectives of seeing how prominently HIV and AIDS features in the business processes, we asked business leaders to indicate whether it featured within the key strategic and risk management processes.

The response to this question was an important indicator as to whether HIV/AIDS is indeed treated as a business concern, since a company's strategic plan reflects its main goals and objectives, as well as its long-term strategic intentions.

2007
Is HIV/AIDS addressed in your strategic and business plans?



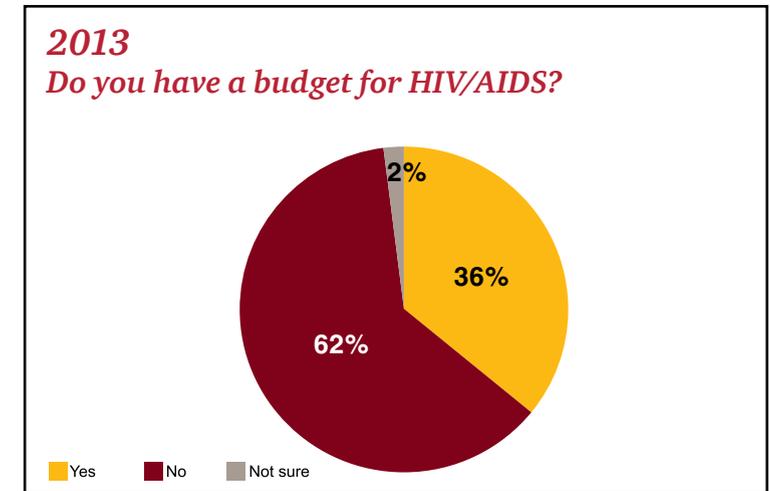
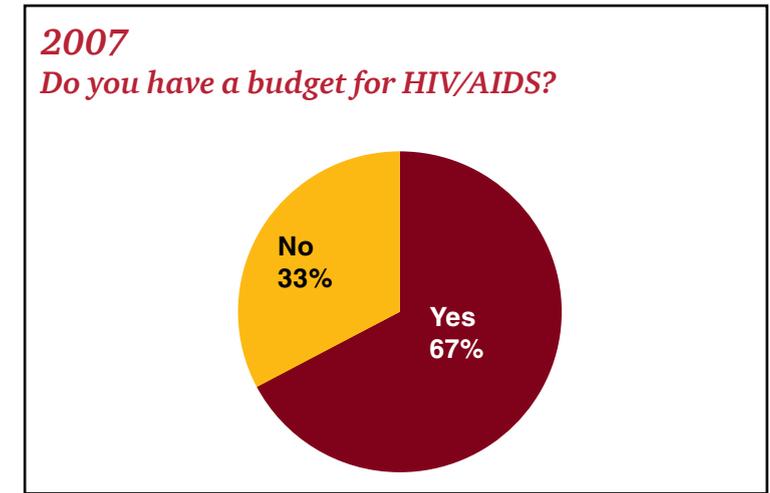
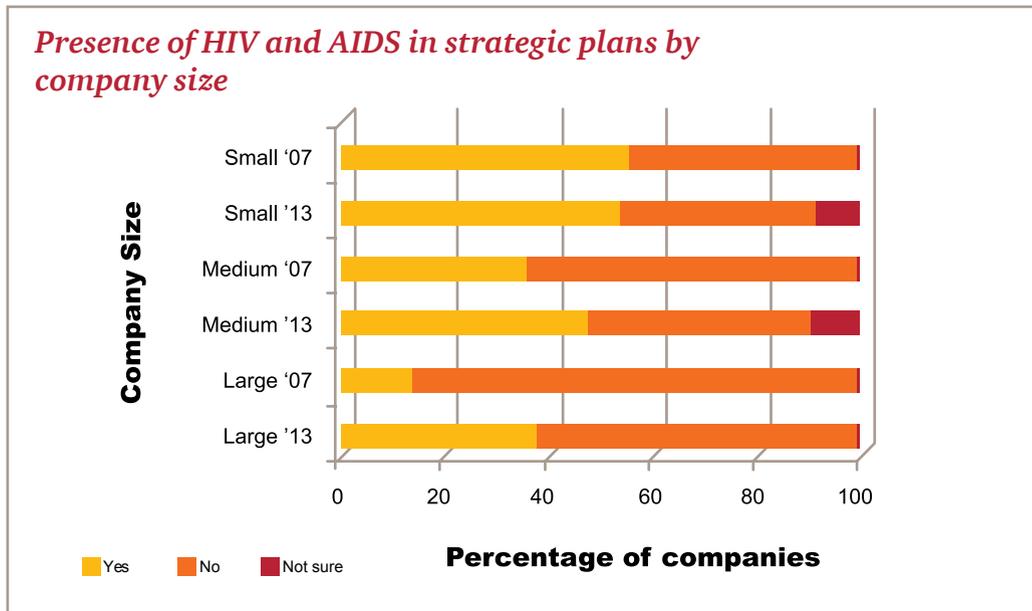
2013
Is HIV and AIDS addressed in your company's strategic and business plans?



When asked whether HIV and AIDS is addressed in strategic and business plans, an equal number of companies indicated that HIV/AIDS does feature in their strategic and business plans, as the number of companies that say it does not feature. This represents a 17% reduction in the presence of HIV and AIDS on the strategic agenda for businesses since the 2007 result of 63%. Business leaders explained that in most cases, HIV/AIDS was not a stand-alone issue but was

addressed through other human resource aspects. Business leaders in certain sectors felt strongly that HIV/AIDS should not be given preferential treatment on their business agenda over any other chronic diseases. This goes a long way to explain why we no longer see HIV and AIDS featuring as prominently as a stand-alone issue in strategic and business plans as compared to 2007.

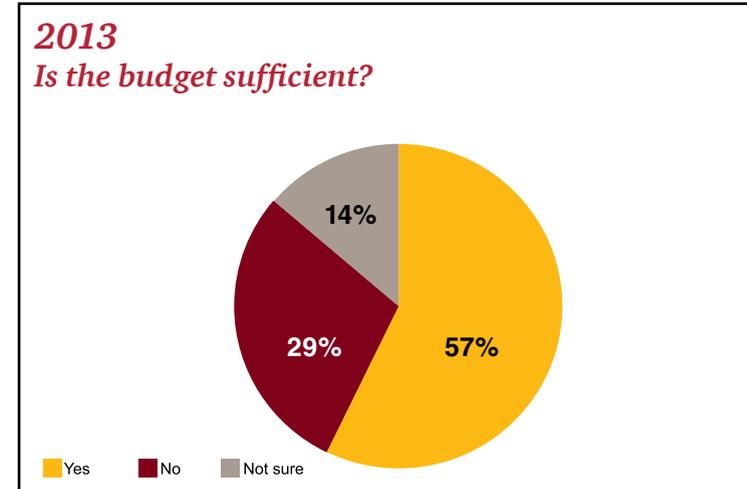
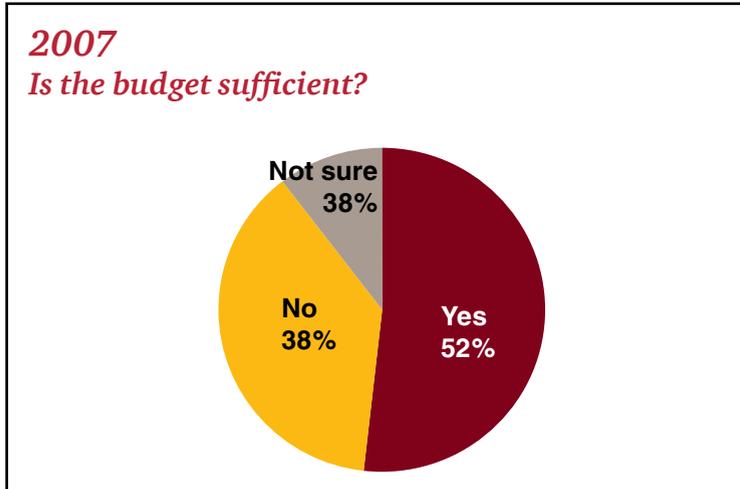
Results indicate that large companies were more likely to have integrated HIV and AIDS into their strategic and business plans when compared with medium- and small-sized companies. This is in keeping with the trend observed throughout this report, that larger companies tend to be addressing the issue of HIV and AIDS more consistently than smaller companies. This trend across company size also reflects the general trend of the 2007 findings; however, across all company sizes there is a significant decline in HIV and AIDS featuring in strategic and business plans. There is a reduction of over 20% for large and medium-sized companies and over a 10% reduction for small companies since 2007.



To further assess whether HIV and AIDS was clearly part of the planning process, we enquired whether there was a budget for HIV and AIDS, as strategic actions around HIV and AIDS would then have been costed for. We found that a majority of companies (62%) indicated that they do not have a specific budget for HIV and AIDS, as compared with the reported result of 33% in 2007. It should be noted that a majority of companies that reported having an HIV budget explained that this budget mostly falls under the wellness budget. In many cases it was also indicated that the specific budget allocated to HIV and AIDS interventions could not be recalled at the time of interview.

As was found in the 2007 survey, it continues to be challenging to specify the exact financial allocations for HIV and AIDS, since in most cases no separate budgets existed for HIV and AIDS. As mentioned above, most initiatives and interventions are

implemented under the overall company wellness programmes, of which HIV and AIDS is a part. It was found that budget allocations for HIV and AIDS interventions ranges from N\$5 000 to N\$2 500 000.



Of the 18 companies that indicated they have a budget for HIV and AIDS, 57% indicated that they considered the budget to be sufficient for what they wanted to implement. In such cases, respondents indicated that they felt that the medical aids sufficiently covered the majority of HIV and AIDS-related costs. These findings are consistent with the 2007 results, where 52% of companies that had a budget for HIV and AIDS indicated that the budget was sufficient.

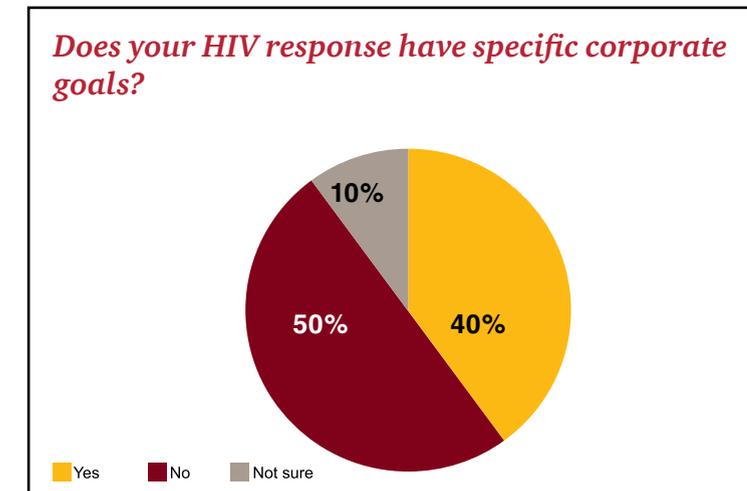
Fact check # 7

In 2008/09 The Government spent almost N\$2.7 billion on health financing - 54% of Total Health Expenditure (THE). Private company investment was estimated at N\$605M (12% of THE).

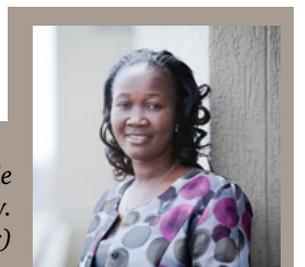
Namibia Health and HIV/AIDS Resource Tracking: 2007/08 & 2008/09

For companies who indicated that their budgets were not sufficient for their desired programming, it was often expressed that there was no limit or ceiling to how much more they thought they could do. In some cases where HR executives were interviewed, they indicated that there were often challenges in securing a greater budget amount for HIV and AIDS initiatives because there were competing issues in the workplace that also required additional budget. An example of this is the advent of certain conditions such as non-communicable diseases which prove to be having a considerable impact on some businesses and

therefore require timely responses in the form of other disease-specific interventions. The view of “we can do more” has not altogether changed since 2007 as 29% of business leaders indicated that they felt there was still more they could do, however, it is a marked reduction from the 2007 result of 38% and the number of individuals who are unsure whether there is more they could do has increased by 4%. Overall, we can see that the business community has not lost all interest in bolstering HIV and AIDS activities, but there is more reluctance in this regard now.



Nambata Shipanga – Like any organisation, companies need leadership commitment to provide the space to allow the body of the organisation (workers) to use that space effectively. (Research Team Member)



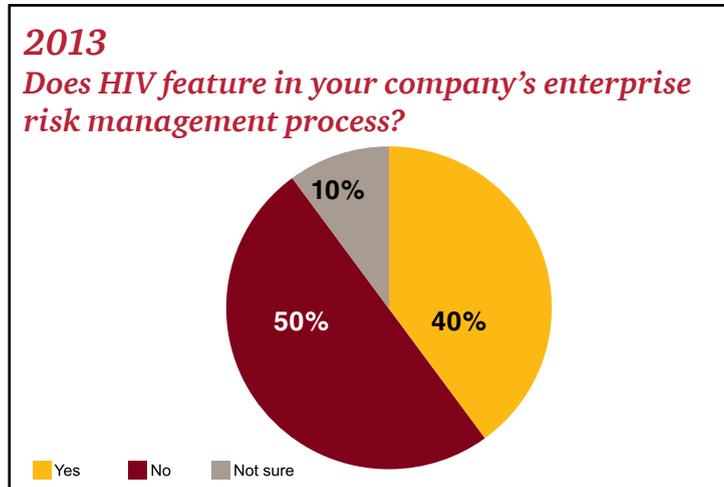
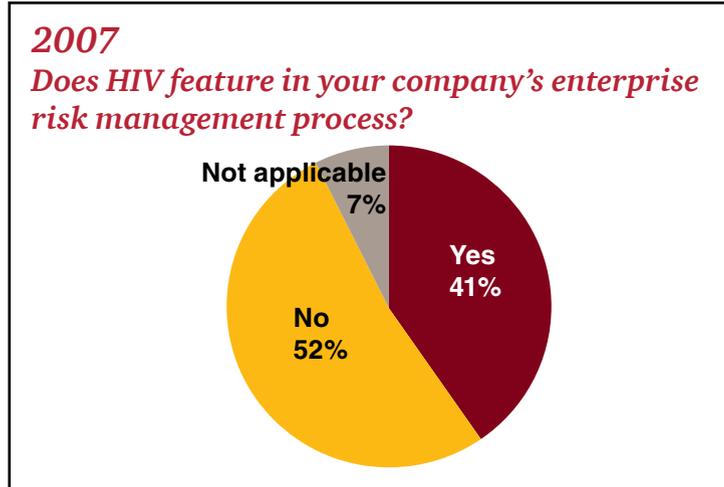
Fact check # 8

Some non-communicable diseases are related to HIV infection itself and to the side effects of some of the medicines used to treat HIV infection. Several of the opportunistic illnesses associated with HIV infection are non-communicable diseases in their own right, such as HIV-associated lymphoma, cervical cancer and others. One study in Kenya demonstrated that, when people were screened for both HIV infection and non-communicable diseases, HIV positive people had significantly higher rates of hypertension than those who were HIV negative.

UNAIDS report | 2011
Chronic care of HIV and non-communicable diseases 2007/08 & 2008/09



Matthew Black - *If we want to know if our efforts are effective, we must measure the right HR data in the right way and at the right time. (Research Team Member)*



The results from this question reflect a similar picture to what is painted in the results for whether HIV and AIDS features in the strategic and business plans. The majority of respondents who indicated that HIV and AIDS does not feature as one of their corporate goals also indicated that they do not have specific corporate objectives that relate specifically to HIV and AIDS.

Consistent with 2007 results, most companies indicated that they do not have HIV and AIDS featuring as a key risk in their enterprise risk management process. Interestingly, we found that 67% of companies who have incorporated HIV and AIDS into their business and strategic plans also report it featuring in their enterprise risk management process.



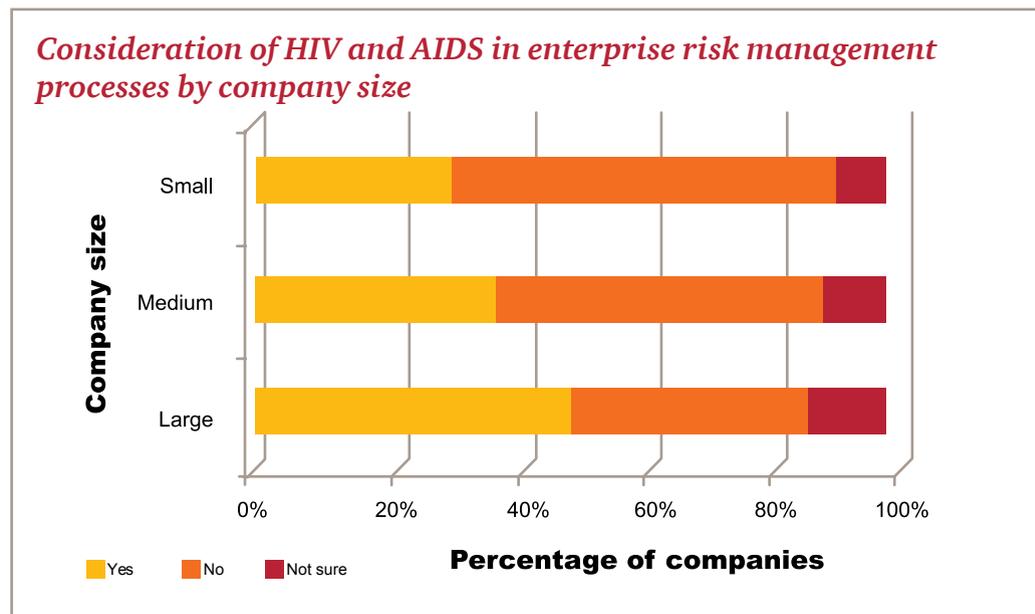
NAMCOR

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“HIV/AIDS risk management must be seen within the general scope of the risk management process.”

“HIV risk management includes the identification (understanding the risk exists), evaluation (investigating what this risk entails for the company), control (finding ways to prevent the risk materialising) and finally, if the risk materialises, ways of financing the risk.”

Peter Smanjak, Business Development Executive at Nova Group
Source: Foundation for the Development of Africa



Similarly to the 2007 findings, we can see that large companies are more likely to have considered HIV and AIDS in their enterprise risk management process when compared to medium-size and smaller companies.

Best practices:

- As mentioned earlier, some business leaders considered the greatest impact of HIV and AIDS to be found at the community level and no longer in the workplace. When taking into account the high unemployment rate in the country, some business leaders were of the opinion that unskilled labour is readily available and therefore the private sector's HIV and AIDS response should consider extending care and support beyond their employee-base and into the surrounding community from which their employees live in. Companies who had extended their HIV response to the community level indicated that they felt their response to be a meaningful contribution to the national HIV and AIDS

response and they considered that their response offered considerable relief to the burden on the public health system.

- In some companies that showed considerable commitment to their HIV and AIDS monitoring and programming, it was indicated that HIV and AIDS is captured in their Exco scorecard. In one such business the respondent described prevalence as having decreased significantly since the 2007 survey despite their increasing participation rates in prevalence testing. This business leader also explained that despite the observed reduction in prevalence, HIV and AIDS continues to be monitored at the EXCO level very closely as they consider the epidemic to be a threat to their business for as long as it is present in their workforce.
- In keeping with the 2007 survey findings, involvement of senior executives has proven to be a key success factor in the implementation of HIV and AIDS interventions.

“We need to move the conversation beyond the workplace and integrate a response with private sector.”

Inge Zamwaani-Kamwi - MD NAMDEB



Business' expectations



In an effort to determine whether perceptions around the synchronising of HIV and AIDS-related activities across all relevant stakeholders has changed since 2007, we asked business leaders about what responsibilities they and other stakeholders should consider theirs.

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

Business' expectations regarding Government responsibilities:

Expectations of Government	Percentage of respondents	
	2013	Since 2007
Coordination and leadership		
Overall coordination of the HIV response (including private sector response)	30%	↓
Provide the necessary policies and guidelines for implementation		
Continuously gauge the effect of policies and interventions and advise on modifications		
Develop a more effective "marketing plan"		
Strengthen partnerships for synergy		
It should be a complete partnership – government cannot be expected to do it on their own	32%	↑
Government should implement with the support of other sectors –civil society, private sector		
Make ART and VCT affordable and accessible, especially for the unemployed		
Continue to actively implement interventions, especially treatment programmes		
Provide the support infrastructure and environment		
Focus on awareness and education initiatives	38%	↑
Overall well-being of society rests with government		
Facilitate and enable the people that are unemployed to respond to HIV and AIDS		
Provide the necessary infrastructure and resources to facilitate implementation		

It is interesting to note that during this survey, business leaders have begun to place more emphasis on government's role in strengthening partnerships for synergy than they did in 2007. It is also noted, however, that business leaders, across the board, felt that government was primarily responsible for providing the infrastructure and environment in which information and services are the main components.

Business' expectations regarding private sector responsibilities:

<i>Expectations of businesses</i>	<i>Percentage of respondents</i>	
	2013	Since 2007
Provide awareness and education	26%	
Companies should foster awareness amongst the individuals they are responsible for; should educate our people		
Educate employees on living with HIV and treatment options		
Consistently provide employees with details and relevant information on how to prevent HIV and AIDS		
Take responsibility for HIV and AIDS in the workplace	39%	
Protect human capital		
Implement appropriate policies and systems to support implementation		
Provide the necessary funds and resources to address HIV and AIDS in the workplace		
Adopt comprehensive wellness programmes		
Strengthen company-level responses	23%	
Provide basic cover for HIV through medical aid and quality healthcare programmes		
Provide comprehensive sets of interventions – prevention, treatment and care and support		
Provide more VCT services		
Broaden intervention support	4%	
Provide treatment and care and support to families		
Participate in more community-oriented programmes, widen our corporate social responsibility		
Create an enabling environment	8%	
Establish policies that protect the employee with regard to HIV and AIDS		
Leadership should set an example		
Know to what extent the company is affected		
Create an enabling environment to address HIV and AIDS in the workplace; remove stigma		

It is interesting to note that respondents highlighted that their role as employers required them to take on more responsibility for HIV and AIDS in the workplace. This is a significant improvement in this area since the 2007 result of 20%. Once again, it also appears that business leaders are less likely to consider it their responsibility to broaden intervention support to those beyond their employee-base. It was also interesting to note that notably fewer companies indicated that creating an enabling environment is part of their responsibility.

Business' expectations regarding individual employee responsibilities:

<i>Expectations of individuals</i>	<i>Percentage of responses</i>	
	2013	Since 2007
Behavioural change	65%	
Biggest responsibility lies with the individual and his/her behaviour		
Take more responsibility for own health and adjust personal behaviours and practices		
Adopt a proactive approach	35%	
Seek assistance at an early stage when assistance can be maximised		
Take a more active interest in receiving the information that is provided		
Use the tools provided by the company and government		
Understand how HIV and AIDS can affect you personally, your family and community		

Interestingly, we can see that an increase in the number of responses since 2007 indicating that business leaders believe the major responsibility of the individual is to manage their own personal behaviours and practices in such a way that promotes employee health and wellness.

When asked what they believed the Ministry of Health and Social Services may expect of them as private sector in terms of a sustainable Namibian HIV response, the following was observed:

<i>What expectations do you think the Ministry of Health and Social Services may have of private sector?</i>
Prominent themes:
Funding and other resources
Medical aid for employees
Establishment and provision of workplace policies and programmes which include awareness and education campaigns, relevant training, IEC, condom distribution and referrals to relevant health services
Policies in place to protect rights of HIV-positive employees
Public-private partnerships
Private sector to participate in national HIV initiatives (e.g. National Testing Day)

When asked what they thought would be the most effective manner for the Ministry of Health and Social Services to communicating such expectations, the following was found:

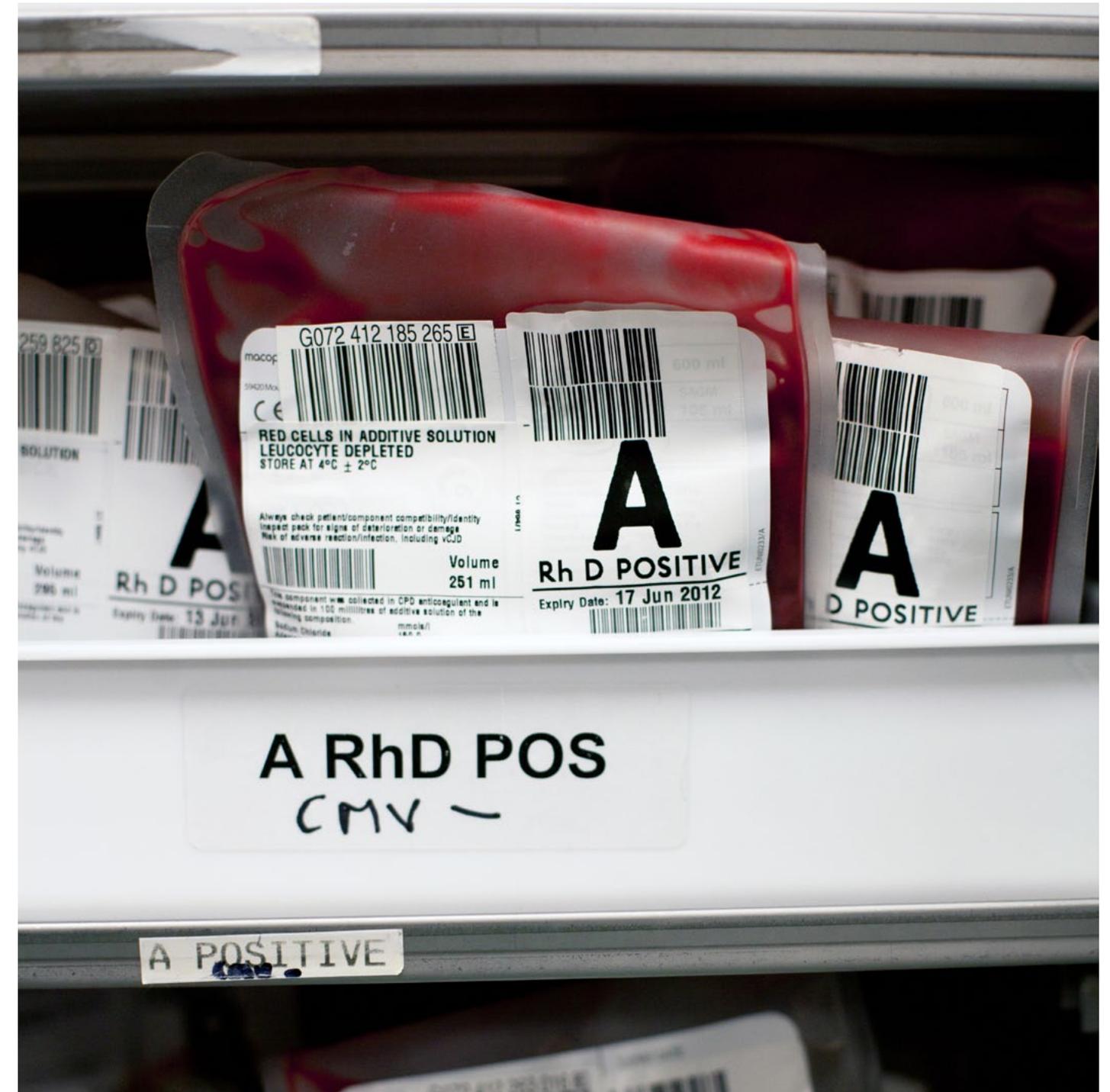
How do you think the Ministry of Health and Social Services can most effectively communicate these expectations to the private sector?
Prominent themes:
Workshops, seminars and training events
Introduction of a levy or policy to make workplace policies and programmes mandatory
Regular public-private dialogue
Media (newspaper, TV, social media)
HIV officers from MoHSS to maintain direct communication with private sector

It came out very strongly that it would be preferred that any Government decision taken should be arrived at through close engagement with the private sector. Legislation through a levy was considered to be the most effective of the options but was also the least favoured.

We asked respondents to rank their interest in various instruments to bolster their overall HIV response. The scale was defined from: 1= “not at all” to 5= “definitely”:



It was observed that the most-favoured instruments were the information/guide book, national standards for workplace interventions and public-private dialogue.



Conclusion

The results of this survey show that since 2007 more private and parastatal companies are taking up the task of assessing the extent to which their workforces are affected by HIV and AIDS. However, the extent to which this is happening is still insufficient to accurately state that businesses are unaffected. It was found that HIV and AIDS continues to compete against other business concerns and therefore still does not, for the most part, feature in business and strategic planning. This suggests that similar to 2007 findings, appropriate responses to HIV and AIDS are yet to be mainstreamed into company operations in a manner that proves that it is treated seriously and as a business concern.

This survey was also able to confirm that here is a perception amongst business leaders that the risk of HIV on profitability has reduced since the 2007 survey and that HIV is not as relevant an issue as it was in previous times.

As in 2007, large companies performed better in the provision of effective workplace programmes when compared to medium-size and small companies. Large companies proved to be monitoring the disease more effectively and adapting their programmes accordingly.

The main challenges identified were as follows:

Appropriate understanding of the scale of the impact of HIV and AIDS

Companies where systems were in place for rigorous assessment of the presence of HIV and AIDS and the monitoring and evaluation of the impact of HIV and AIDS on their businesses were better equipped to discuss the negative impacts of the epidemic on their businesses. Such companies were able to explain in detail how complex it is to assess the effects of the disease, and they were further able to

identify their challenges in providing the level of support for employees that they believe to be essential in order to necessarily reduce current impacts and mitigate potential future impacts on their businesses. In comparison, companies where anecdotal evidence was used to inform perceptions around impact were found to share the impression that there was little or no impact on their businesses and this in turn was reflected in the reduction of resources allocated to their HIV programming.



Victoria Gillam - *There is an urgent need for the public and private sectors to work together for the most efficient way of financing these efforts in light of decreasing donor inputs. (Research Team Member)*

A move to wellness

It was found that since the 2007 survey, there has been a move to incorporate HIV into broader wellness workplace programmes. This is demonstrated through interventions such as broad wellness screening, workplace policies and interventions which incorporate HIV/AIDS into Wellness and/or Occupational Health and Safety, incorporation of HIV and AIDS focal persons or units into HR departments and budgeting of HIV and AIDS into business operations.

For companies that cited successful inclusion of their HIV and AIDS programming as a part of their broader wellness programmes, it was believed that there was increased participation in prevalence testing as well as higher uptake of HIV-related referral services. Many companies indicated that the inclusion of HIV programming underneath wellness means for reduced stigma and discrimination of individuals who may otherwise have been exposed when attempting to reach HIV-specific support in the company.

Appropriate pitching of HIV and AIDS programming

As was noted in the 2007 report, denial continues to be a challenge in the provision of appropriate workplace programming. In many cases, a lack of sufficient information about the true extent to which HIV and AIDS is present and impacting on businesses has led to many businesses considering their employee-base as being uniquely unaffected. In numerous cases, it was indicated that HIV interventions would be misplaced in certain settings. That said, it is recommended that

businesses seek out appropriate methods for pitching their workplace programme to their unique employee-bases. It is advised, however, that no-one be lulled into a false sense of security that their business is safe from the risks and impacts the epidemic brings with it.

Strong reliance/dependence on government and donors

During discussions with respondents about their expectations of the various stakeholders, it became evident that there continues to be a heavy-reliance of workplaces on government and donor-funded HIV and AIDS programmes and interventions. Though there is a perception that the private sector is responsible for ensuring that all employed Namibians are covered in terms of HIV and AIDS prevention and treatment through their employers, it is evident that this is rarely the case and a significant proportion of employed Namibians are not cared for through the private sector but rather fall into the care of the public health system. As we now know, this additional burden on the public health system provides a long-term challenge for the government to address, given the reduction in donor funding that has in part, supported the national HIV and AIDS response.

In various cases, respondents indicated that they were prepared to contribute financially to a sustainable HIV and AIDS response, but further indicated that this would require engagement of the Ministry of Health and Social Services for them to understand where best their efforts would have potential impact as well as to ensure that the efforts were well-monitored as well as performance-based.

Availability of resources for workplace programme implementation

Companies who had accurately assessed the scale of the presence and impact of HIV and AIDS in their businesses were also companies who had allocated significantly more resources for their workplace programmes. These companies indicated that they were able to provide sufficient evidence to support their investment of additional budget items and human resource capacity for their programming. In contrast, companies who did not understand the full extent to which HIV and AIDS could impact on their businesses were less inclined to have allocated resources for their programming. In such cases it was found that there were concerns around making a case for additional budget amounts and human resource capacity for their programming and this in turn was reflected in the limited number and extent of offerings within their workplace programmes.

Need for medical aid/insurance

It is evident that medical aid/insurance is playing an increasing role in employee wellness and expanding into more service delivery (e.g. preventative programmes). It is clear that increased uptake of medical insurance in the workplace would have a positive effect in reducing the burden of care on the public sector and could also produce a more preventative approach to health which would result in large savings in health spending overall. However, it is also clear that current packages are beyond the reach of many workers and that if universal coverage is to be realised, then affordable medical insurance must be considered seriously by all stakeholders.

Business Partners in HIV and AIDS



Strengthening Health Outcomes
through the Private Sector



The Abt Associates-led Strengthening Health Outcomes through the Private Sector (SHOPS) project is the United States Agency for International Development (USAID) flagship initiative in private health sector. The project focuses on increasing availability, improving quality, and expanding coverage of essential health products and services through both for-profit and nonprofit private sector entities.

In Namibia, the SHOPS team focuses on HIV and AIDS. Project implementation began in 2010 with an assessment of the private health sector to determine the role that this sector plays and its potential to partner with the Government of the Republic of Namibia to address priority health needs. The results of this assessment form the foundation of SHOPS implementation in Namibia. Its activities

are aimed at strengthening Namibia's health system through the private sector working in six health systems areas – governance, information, financing, service delivery, human resources, and medicine and technologies.

Why engage the private sector? At the 2002 World Summit held in Johannesburg to address global challenges as presented in the Millennium Development Goals, it was concluded that governments alone cannot achieve sustainability and that both businesses and other nongovernmental organisations form part of the solution. SHOPS believes that the private sector of Namibia plays a vital role in the health and development of the country. Its goal is to make sure that private sector contributions are recognised, sustained, leveraged, and used collaboratively to improve health for all Namibians.



The Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH is a German federal enterprise in the field of international cooperation for sustainable development, which supports objectives commonly agreed upon between Partnering Countries and the German Government. Since 2005, GIZ, on behalf of the German Federal Ministry for Economic Cooperation and Development (BMZ), has supported the Namibian HIV and AIDS programme with substantial technical assistance through approaches aligned with the National AIDS Strategy. Namibia not only has one of the highest HIV rates in the world, but with 30% being affected in the group of 30 to 39-year-olds, also the economically most productive section of the population is the worst affected group. Consequently, the GIZ Multi-Sectoral HIV and AIDS Response Programme works with a landscape of private sector stakeholders to promote and strengthen the contribution of the private health sector and the private business sector in the Namibian response. This includes a longstanding relationship with NABCOA that seeks to ensure quality workplace HIV and Wellness Programmes being accessed by employees across Namibia.

The support of GIZ for this latest edition of 'The Boardroom Speaks' survey is in line with an on-going project engaging several partners to provide a stronger business rationale for introducing Workplace HIV and Wellness Programmes. This survey will be an extremely useful leveraging tool to advocate for conduction of Return on Investment (RoI) and Cost-Benefit Projection (CBP) exercises in the workplace. GIZ is equipping local service providers with the knowledge, tools and skills to enable them to support companies in these exercises and to assess health priorities for tailored intervention solutions.

We are proud of this work and pleased to be associated with an excellent product like The Boardroom Speaks which will not only be of value for CEOs and business leaders, but will also provide an invaluable resource for service providers like NABCOA, seeking to design and implement the most relevant programmes which will address real corporate and employee needs.

Technical Partners in HIV and AIDS



About Namibia Business Coalition on AIDS (NABCOA)

NABCOA was established on 9 June 2003 to engage the private sector in the national response to HIV and AIDS. NABCOA was mandated by MTP III as the lead agency with the responsibility of “mobilising the private sector community and coordinating the private sector efforts in the national response to HIV/AIDS and impacts in Namibia”. Under the National Strategic Framework for HIV and AIDS Response in Namibia 2010/11 – 2015/16, NABCOA continues its role as the umbrella organisation of the private sector institutions and Trade Unions involved in the HIV and AIDS response.

NABCOA has grown since its inception and the majority of NABCOA's services focus on workplace support programmes. These programmes include policy development and implementation, training and informational seminars that teach companies about affordable health care, peer education, antiretroviral treatments and support mechanisms. NABCOA particularly prioritises HIV advocacy work to high-risk industries such as the mining, construction, fishing and transport sectors.

When founded, NABCOA promoted mainly HIV and AIDS programmes rather than addressing general wellness. However, NABCOA recently changed the focus of its programmes from targeting only HIV and AIDS to the general health and wellness of employees which encompasses HIV and AIDS, STIs, Malaria, TB as well as non-communicable or lifestyle related health issues such as cancer, high blood pressure, cholesterol, diabetes, and anaemia that affect the Namibian workplace. One example of such a programme is the Bophelo! Wellness Screening Services offered by NABCOA since 2009. NABCOA in collaboration with the Ministry of Health and Social Services is also rolling out a TB/HIV prevention programme within the private sector.

For further information contact:

Peter J. van Wyk
Chief Executive Officer
Tel: +264+61+378 750
Fax: + 264+61+378 777
Email: peterj@nabcoa.org

Angela von Wietersheim
Sustainability Manager
Tel: +264+61+378 750
Fax: +264+61+378 777
Email: angela@nabcoa.org



Namdeb has a holistic wellness programme that focuses on the prevention and care of diseases, providing a variety of services and a specific focus on HIV and Aids. The HIV/AIDS management strategy covers a range of key areas, including care and support to employees, life partners and community members, as well as awareness and education programmes to support the efforts of government and other stakeholders.

Namdeb's policy on HIV/AIDS management was first developed in 1993. The policy is developed as such so as to ensure that the health and rights of employees are protected. It also ensures that all employees are treated with respect, dignity, fairness and equity.

Namdeb strives to ensure a safe and healthy workplace for its employees through continually health monitoring and minimising exposures that could lead to ill health. It is in this spirit that at the very onset, Namdeb proactively took a stand to respond to the HIV/AIDS pandemic through the establishment of an HIV/AIDS Workplace Programme. In order to reduce and eliminate the stigma attached to the HIV pandemic and

infection, the HIV/AIDS response programme is integrated within the Company Occupational Health and Wellness Section.

In 2002, Namdeb proudly became the first organisation in Namibia to offer anti-retroviral therapy to employees, their spouses and their life partners at no charge.

All employees visiting the Namdeb health care system are exposed to HCT (HIV Counseling Testing) through Providers Initiated Voluntary Counselling and Testing (PICT). Namdeb treats employees infected with HIV/AIDS in the same manner as employees suffering from any other life threatening disease, with due consideration for all stakeholders. It is however recognised that the HIV/AIDS epidemic poses certain unique challenges and thus requires a specific focus.

Managing the epidemic appropriately and effectively in the workplace is in itself a critical factor for the future viability of the company and for the health and welfare of its employees. It is in this regard that Namdeb ensures that all employees understand the various complexities of the epidemic.





THE OHLTHAVER AND LIST GROUP OF COMPANIES

HIV/AIDS IN THE WORKPLACE

The Ohlthaver and List Group of Companies prides itself with an unparalleled wellness programme which was established more than 10 years ago. The wellness programme is guided by the HIV/AIDS policy which is in line with the National HIV and AIDS Policy and the National Strategic Plan on HIV and AIDS, as embodied in the Third Medium-term Plan. Not only does the O&L Group look after its employees – they are also committed to involve the community at large in order to create a future and enhance the lives of fellow Namibians.

One of the initiatives implemented under the HIV and AIDS Programme since its inception is the Vitality Scheme Benefit. This benefit provides free anti-retroviral (ARV) treatment to all employees who live with HIV and AIDS. The Group covers the premiums for all employees regardless of their HIV status. Regular health education sessions are conducted and in-depth talks

cover not only the subject of HIV/AIDS but also other interrelated illnesses such as Tuberculosis (TB); living positively with HIV/AIDS; issues of stigma and discrimination; healthy relationships; and community resources available for assistance, amongst others. Health information corners are placed in most business units and information and education materials such as pamphlets and posters are made available for employees to read and share with family and friends.

The Vitality programme ensures that all permanent employees are medically insured if living with HIV/AIDS and offers free and confidential, voluntary counseling and testing for HIV at various intervals. The screening includes, but is not limited to HIV/AIDS as it covers glucose, cholesterol, Body Mass Index and blood pressure as well. This provides employees with the opportunity to know their HIV-health status and to motivate them to make healthier lifestyle choices. Through this benefit - which is separate from the medical aid benefit - the Group covers the total premium contribution towards the programme and employees who are living

with HIV can access treatment services. Employees volunteer themselves to be part of the Peer Education programme in order to conduct regular information talks with their colleagues on HIV/AIDS while keeping the conversation on HIV/AIDS alive in each business unit. Each year, the wellness programme commemorates World AIDS Day on 1 December with the rest of the national and international community.

The O&L Group of Companies has further introduced numerous external projects and initiatives that not only relieve the burden within the Group but also assist outside of the Group's parameters. One of the most well-known initiatives is the annual Orphan and Vulnerable Children's (OVC) Christmas party – in its 10th consecutive year in 2013 - which puts a smile on the face of more than 200 children. Other external support programmes of the O&L Group include support to various homes for orphans and vulnerable children such as Oonte in Ondangwa, and Maria's Home in Windhoek.

The O&L Employee Wellness department also offers counseling services to employees who seek assistance. Where required, this includes hospital and home visits by Wellness staff to employees, as well as referrals to external community resources for further assistance.

As a caring corporate citizen, O&L - through its purpose "Creating a future, enhancing life", and one of its seven values, "Naturally Today for Tomorrow" - is committed to preserve Namibia's natural and human resources that ultimately contribute to her growth and development.

List of respondents

Institution	Respondent	Title
AGRA	Mr. Griffort Beukes	HR Executive
AGRIBANK	Mrs Beata Kapolo	HR Executive
Air Namibia	Mrs M Heita	HR Executive
Air Namibia	Mrs M Desmarine	Other
Bank of Namibia	Lea Namoloh	HR Executive
Bank of Namibia	Hennie Van Rensburg	HR Executive
Bank of Namibia	Leena Elago	HR Executive
Bank Windhoek	Mrs Elize Fahl	HR Executive
Bank Windhoek	Mrs Scholtz	Other
Barloworld Equipment	Mrs Aletha Haufiku	HR Executive
Cashbuild Namibia	Mr. Derick Klugkist	CEO/MD
Cecil Nurse Business Furniture	Mr. Bertie Kotze	CEO/MD
CIC Holdings	Ms Sabrina Jacobs	HR Executive
CIC Holdings	Ms. Trudy Snyman	Other
Coca Cola	Mr Frik Oosthuizen	CEO/MD
Distell Namibia	Mr Leon Fouché	CEO/MD
Distell Namibia	Ms Ramona Witsak	HR Executive
Distell Namibia	Mr Conrad	HR Executive
DMH	Mr. Albe Botha	CEO/MD
DMH	Mrs Rosa	HR Executive
Engen Namibia	Mr. David Nuuyoma	HR Executive
Etsosha Transport	Mrs Amanda Kotze	HR Executive
FNB	Mr Ian Leyenaar	CEO/MD
G4S	Mrs Victoria Konjore	HR Executive
GIPF	Mr Ernest Liswaniso	HR Executive
GIPF	Mrs Melody Magane	Other
Gregs Motor Spares	Mrs. Francis Van Rooi	HR Executive
H & H Furniture Removers	Mr. Trust Mutuzu	CEO/MD
Hilton Hotel	Mrs Natasha Januarie	HR Executive
Kalahari Sands	Mr Ruddie Putter	CEO/MD
Kalahari Sands	Mr Andre Pienaar	HR Executive
MEATCO	Mrs Rochelle Freyer	HR Executive
MEATCO	Ms Meryl	Other
Medi-Clinic	Ms Elmarie Vink	CEO/MD
Medi-Clinic	Ms Quinta Du Plessis	HR Executive
Metropolitan	Mr Jason Nandago	CEO/MD

<i>Institution</i>	<i>Respondent</i>	<i>Title</i>
Multichoice Namibia	Ms Hilma Negongo	HR Executive
MVA Fund	Mr Fanuel Uugwanga	HR Executive
NACC	Mr Gideon Garoeb	HR Executive
NACC	Ms Ashley Tjipitua	Other
NAMCOR	Mr Obeth Kondjoze	CEO/MD
NAMCOR	Mr M Kavendjii	HR Executive
NAMDEB	Ms Inge Zaamwani-Kamwi	CEO/MD
Namibian Agronomic Board	Mrs Shana Louw	HR Executive
Namibian Agronomic Board	Ms Charmaine	Other
NAMWATER	Mr. Welbert Ockhuizen	CEO/MD
NAMWATER	Mr. HP Goraseb	HR Executive
NCCI	Mr. Tarah Shaanika	CEO/MD
NCCI	S. Mulama	HR Executive
Nedbank	Ms Rachell Masuku	HR Executive
NEOPLAN	Mr Donovan Weimers	CEO/MD
NEOPLAN	Ms Charlotte Groenewaldt	HR Executive
NHE	Mr Uazuva Kaumbi	CEO/MD
NHE	Mr Francis Mukumba	HR Executive
Nictus Group	Mr Phillip Tromp	CEO/MD
Ohlthaver & List Group	Mr. Berthold Mukuahima	HR Executive
Old Mutual	Ms Patricia Olivier	HR Executive
One Africa Television	Mr Holger Sircoulomb	CEO/MD
Plastic Packaging	Mr. Jaco Venter	CEO/MD
Plastic Packaging	Mrs Elize Heuer	HR Executive
Polytechnic of Namibia	Mrs Cecilie Karokohe	Other
Polytechnic of Namibia	Mrs Aletta	Other
Prosperity Group	Mr Callie Schafer	CEO/MD
Ray-Mal Engineering	Mr Raymond O'Malley	CEO/MD
RCC	Mr Gebhard Timotheus	Other
Scania Truck Namibia	Mr Clifford Marchbank	CEO/MD
Scania Truck Namibia	Mr Johan Van Schalkwyk	HR Executive
Standard Bank	Mr Mpumzi Pupuma	CEO/MD
Standard Bank	Mr Issdor	HR Executive
Transworld Cargo	Mrs Ronel Odendaal	HR Executive
University of Namibia	Mr Reginald Izaks	HR Executive
University of Namibia	Mr V Ndapapiwa	Other
Wilderness Safaris	Ms Ivondia Uazengisa	HR Executive
WISPECO	Mr. Louis van den Berg	CEO/MD

The Survey team



Talita Horn
PwC Project Leader



Patty Karuaihe-Martin
Contracted Project
Leader



Nambata Shipanga
PwC - Marketing Senior
Manager



Ludmilla Klazen
PwC - Consultant



Nangado Kauluma
Contracted Subject
Matter Expert

The Survey partners



Peter Van Wyk
NABCOA - CEO



Victoria Gillam
GIZ - Component
Coordinator
Multisectoral HIV &
AIDS Reponse
Programme



Matthew Black
GIZ - Development
Advisor
Multisectoral HIV &
AIDS Reponse
Programme



Dineo Dawn Pereko
SHOPS - Namibia
Country Director



Delia Maasdorp
SHOPS - Private Sector
Specialist

Contact Details

Nangula Uaandja

Country Senior Partner, Advisory Leader
Tel: +264 61 284 1065
E-mail: nangula.uaandja@na.pwc.com

Ansie Rossouw

Partner in Charge, Walvis Bay
Tel: +264 64 217 720
E-mail: ansie.rossouw@na.pwc.com

Carl van der Merwe

Assurance Partner
Tel: +264 61 284 1030
E-mail: carl.p.van.der.merwe@na.pwc.com

Louis van der Riet

Assurance Partner
Tel: +264 61 284 1018
E-mail: louis.van.der.riet@na.pwc.com

Seretta Lombaard

Assurance Partner
Tel: +264 61 284 1067
E-mail: seretta.lombaard@na.pwc.com

Stéfan Hugo

Tax Leader
Tel: +264 61 284 1102
E-mail: stefan.hugo@na.pwc.com

Christina Swart-Opperman

Advisory Director
Tel: +264 61 284 1063
E-mail: christina.swart-opperman@na.pwc.com

Gerrit Esterhuyse

Assurance Partner, Walvis Bay
Tel: +264 64 217 735
E-mail: gerrit.esterhuyse@na.pwc.com

Talita Horn

Advisory Partner
Tel: +264 61 284 1172
E-mail: talita.horn@na.pwc.com

Frans Murray

Advisory Director
Tel: +264 61 284 1246
E-mail: frans.murray@na.pwc.com

Gerrit Jordaan

Advisory Associate Director
Tel: +264 61 284 1302
E-mail: gerrit.jordaan@na.pwc.com

Stephan van Rooyen

Assurance Associate Director
Tel: +264 61 284 1058
E-mail: stephan.van-rooyen@na.pwc.com

Nelson Lucas

Tax Associate Director
Tel: +264 61 284 1203
E-mail: nelson.lucas@na.pwc.com

Samuel Ndahangwapo

Assurance Associate Director
Tel: +264 61 284 1112
E-mail: samuel.ndahangwapo@na.pwc.com

Johan Nel

Tax Associate Director
Tel: +264 61 284 1122
E-mail: johan.nel@na.pwc.com

