



S.A.H.A.R.A
Social Aspects of HIV/AIDS Research Alliance

SAHARA

Social Aspects of HIV/AIDS
Research Alliance

Effective Responses to HIV and AIDS at Work – Multi-Country Research Study on Africa

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Ground-breaking!!!

“Quantifiable documented evidence” – scientific evidence, sole criterion, novel approach

- Quantitative evidence (proof) used included written credible information: survey data, M&E records, citations in journal articles , monthly, quarterly, annual performance reports, evaluation reports, and annual reports
- Perceptions, self-reporting, testimonies, observations, size of programme, popularity, newspaper clips, management presentations, etc. were not viewed as credible evidence
- Some workplaces excluded: need for capacitation to document quantifiable evidence
- Real life concrete successful experiences of innovative and effective practices
- Comprehensive assessment of responses that worked well, how, where, when and why they did so in each workplace: W5H Theory for each good outcome, each component of each good outcome backed by quantifiable evidence :
 - **What activities were done? When were the activities done?**
 - **Where were the activities done? Who was involved?**
 - **Why did the activities work? How were the activities conducted?**

Extensive Investigative Study!!!

10 Stakeholder meetings, 1 per country

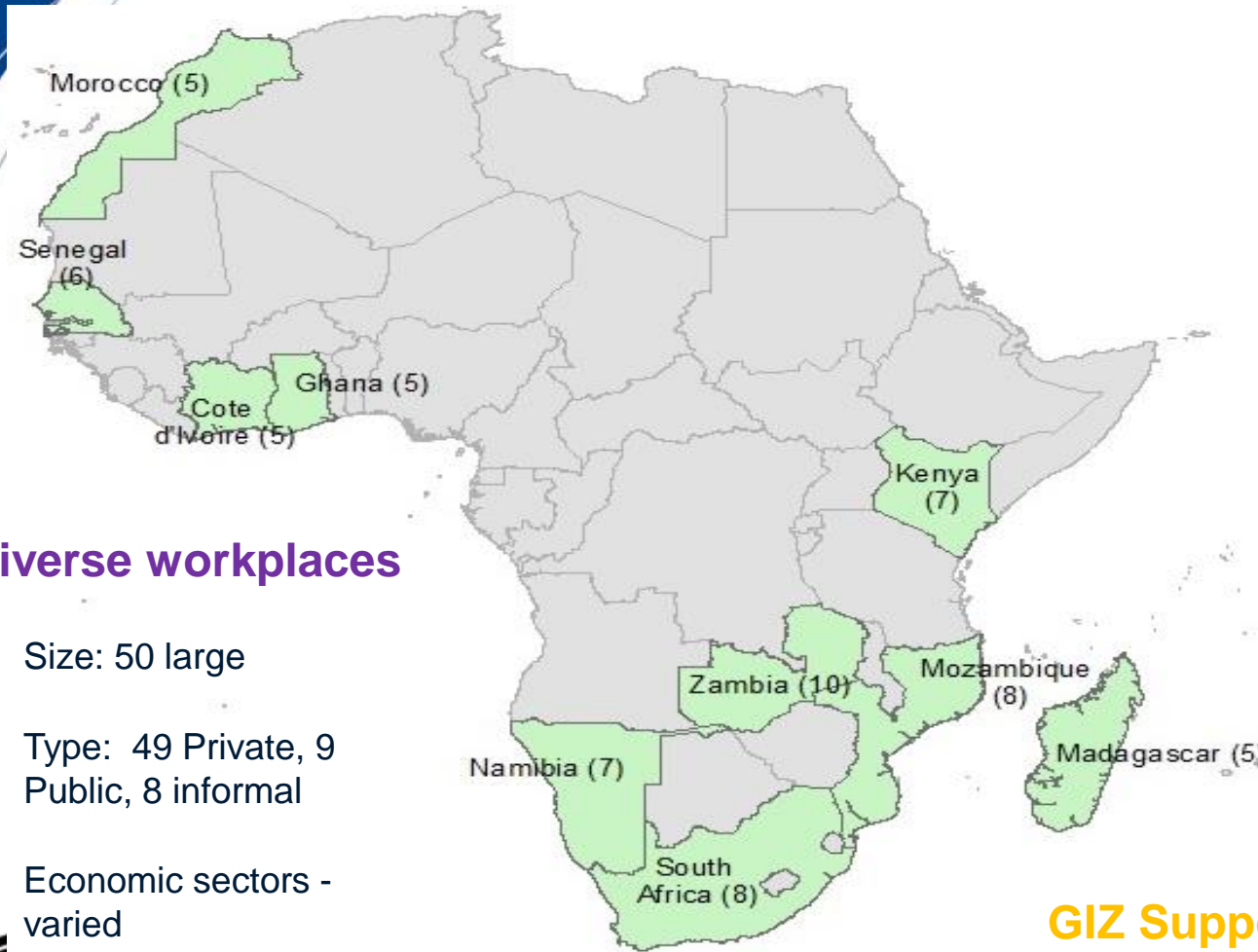
75 national stakeholders interviewed (41 men & 34 women): reps of govt ministries, employers' & workers' organizations, NAC, business coalitions, CSO incl. networks for PLHIV, networks of key pops and UN agencies.

- **Desktop review** – global literature review by Dr Muriel Visser, 2011
- **66 workplace assessment forms** reflecting evidence of good outcomes (inter-linked)
- **158 key informants** – (92 men; 66 women): HIV coordinators, peers, union reps, PLHIV, HR managers, management & HIV committee members

- **44 FGDs** with **378** employees (237 men; 141 women): junior & senior employees, PLHIV, facilitators, etc.
- Trained and experienced country researchers from reputable organizations
- Built a critical mass of sustainable local research capacity at individual, organizational & national levels
- Triangulation of data, methods and sources
- In-depth narrative and cross-analysis of each good outcome and each component done by size, type, sector, at country and multi-country levels.



Continent-wide: Anglo, Franco & Lusophone countries



Workplaces

- n= 66 scientific rigour
- Anonymized
- ILO & non-ILO supported

Diverse workplaces

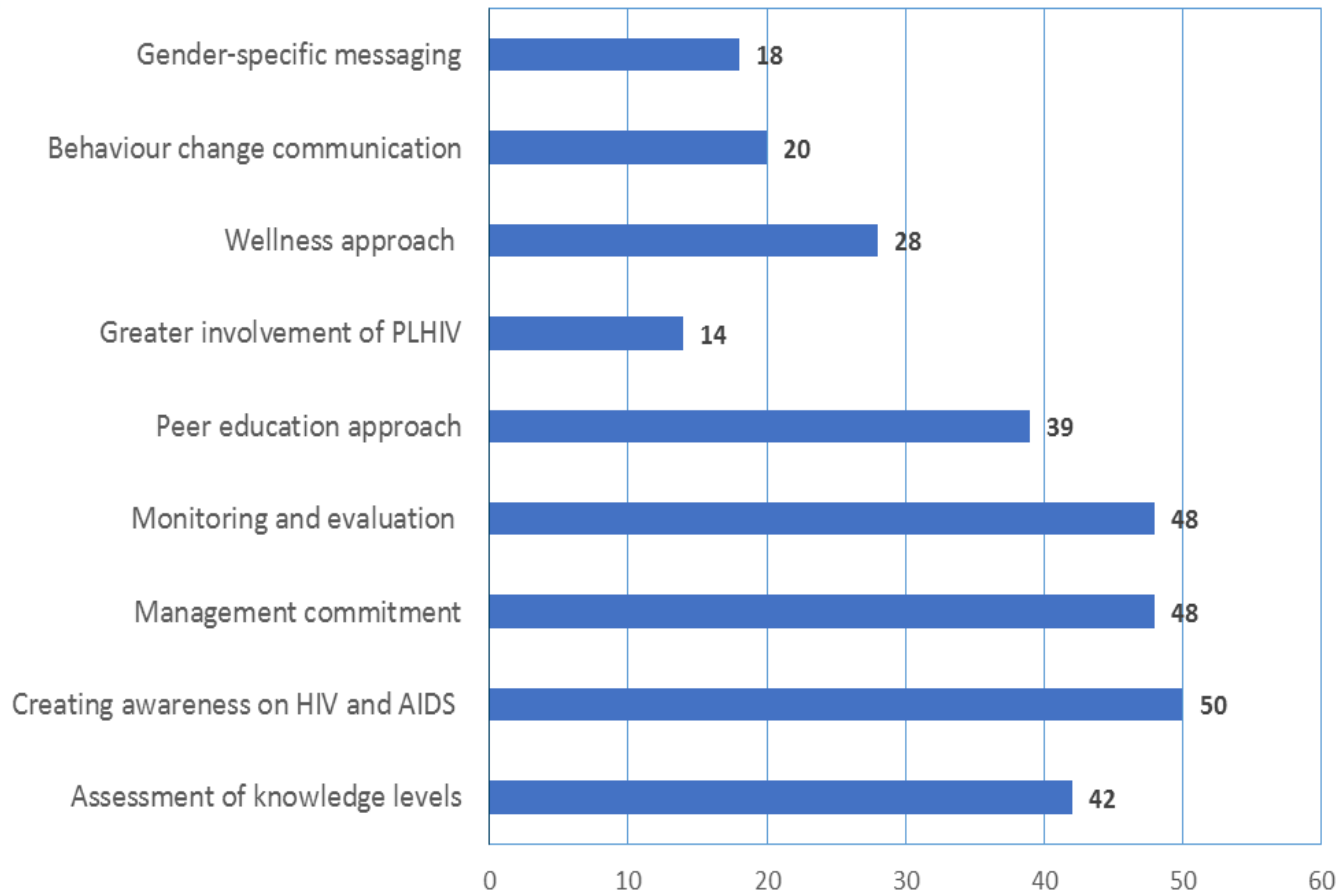
- Size: 50 large
- Type: 49 Private, 9 Public, 8 informal
- Economic sectors - varied

Epidemic type

- 3 Concentrated
- 7 Generalized

GIZ Support: 50 more workplaces in RSA across 9 provinces

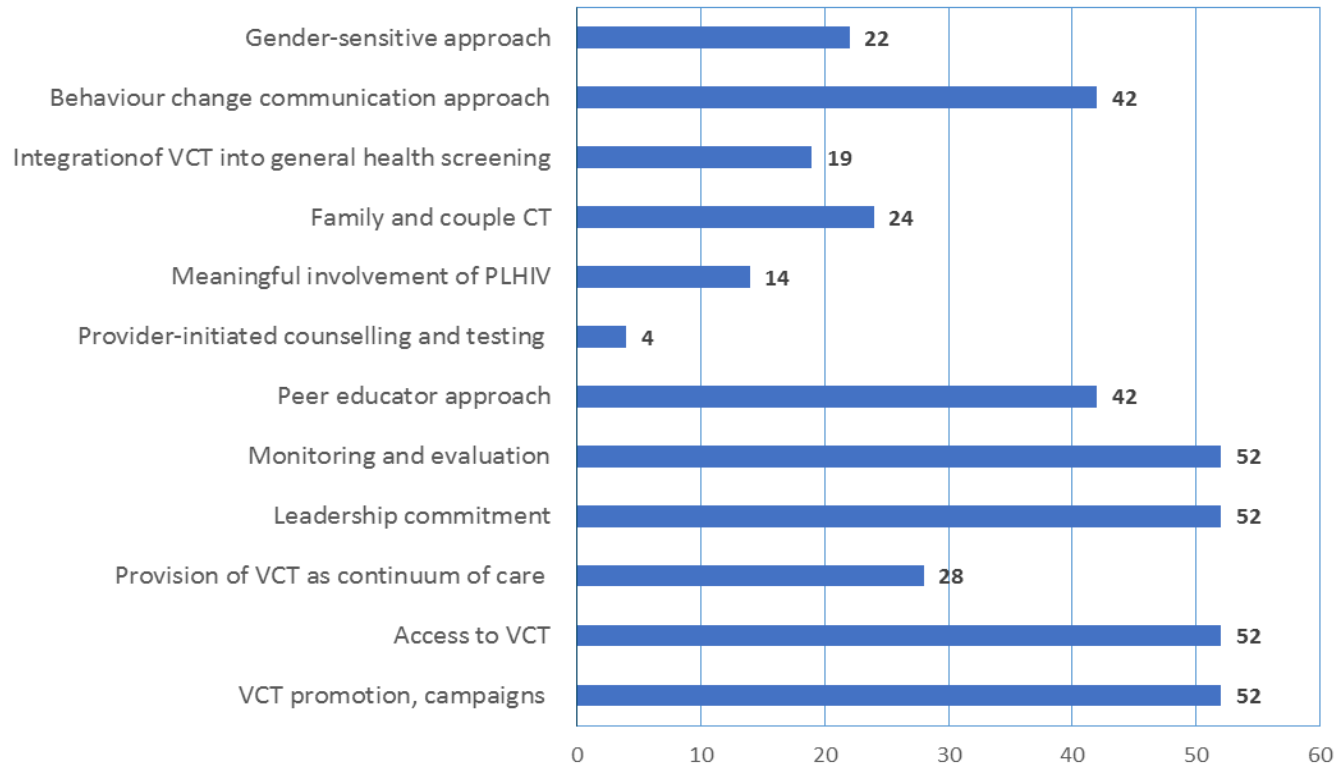
Quantifiable evidence of increased knowledge: 50/66



- 34/50 large
- 37/50 private
- 40/50 generalized

- National Workplace HIV Policy in Ghana in 2004 (Country AIDS Progress Report, 2012)
- National HIV & AIDS awareness campaigns in Kenya; 8 campaigns; 16000 organizations
- Break the Chain Campaign in Namibia (Rep of Namibia, 2012)
- Morocco pioneered NSP for world of work using ILO HIV and AIDS Recommendation 200

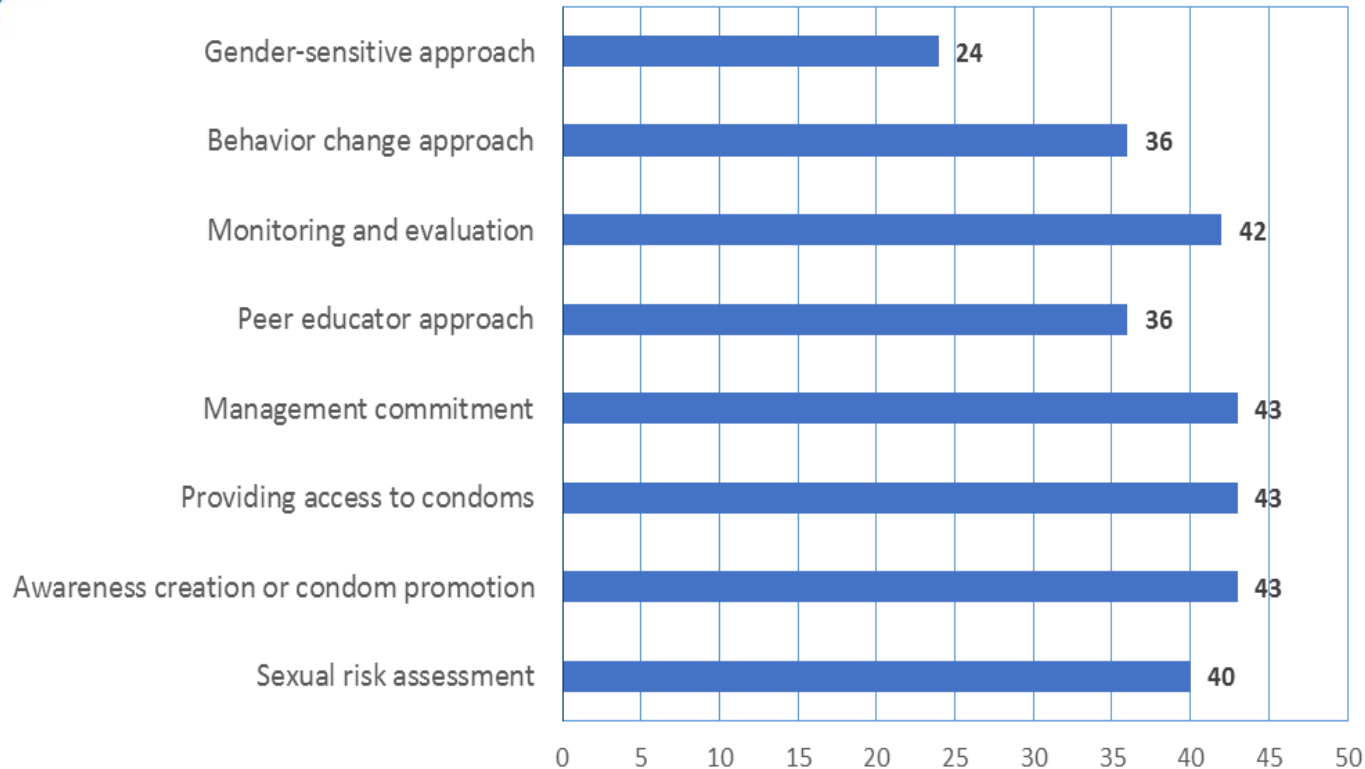
Quantifiable evidence of increased VCT uptake: 52/66



- 43/52 generalized
- 38/52 large
- 40/52 private

- RSA HCT campaign; President tested publicly; annual screening increased 3 fold; > 13 million SA tested in 2011. Same period, survey among 30 members SABCOHA: 65% had VCT campaigns. (RSA, 2012).
- “Be strong, get tested” campaign & Namibian HIV Testing Day launched in 2010 (Rep of Namibia, 2012)
- In Madagascar, National Policy on VCT. VCT Health facilities increased from 365 in 2006 to 1,613 in 2012.
- In Ghana, KYS Campaigns, 251 HCT centres established in 2010 (Ghana Report, 2012)
- In Kenya, 1 month & 3 weeks campaign reached 2.6 million people (NAC, 2012). Annual testing of corporate leaders – 19 key CEOs and 603 workers tested in one day (NACC & NASCOP, 2012)

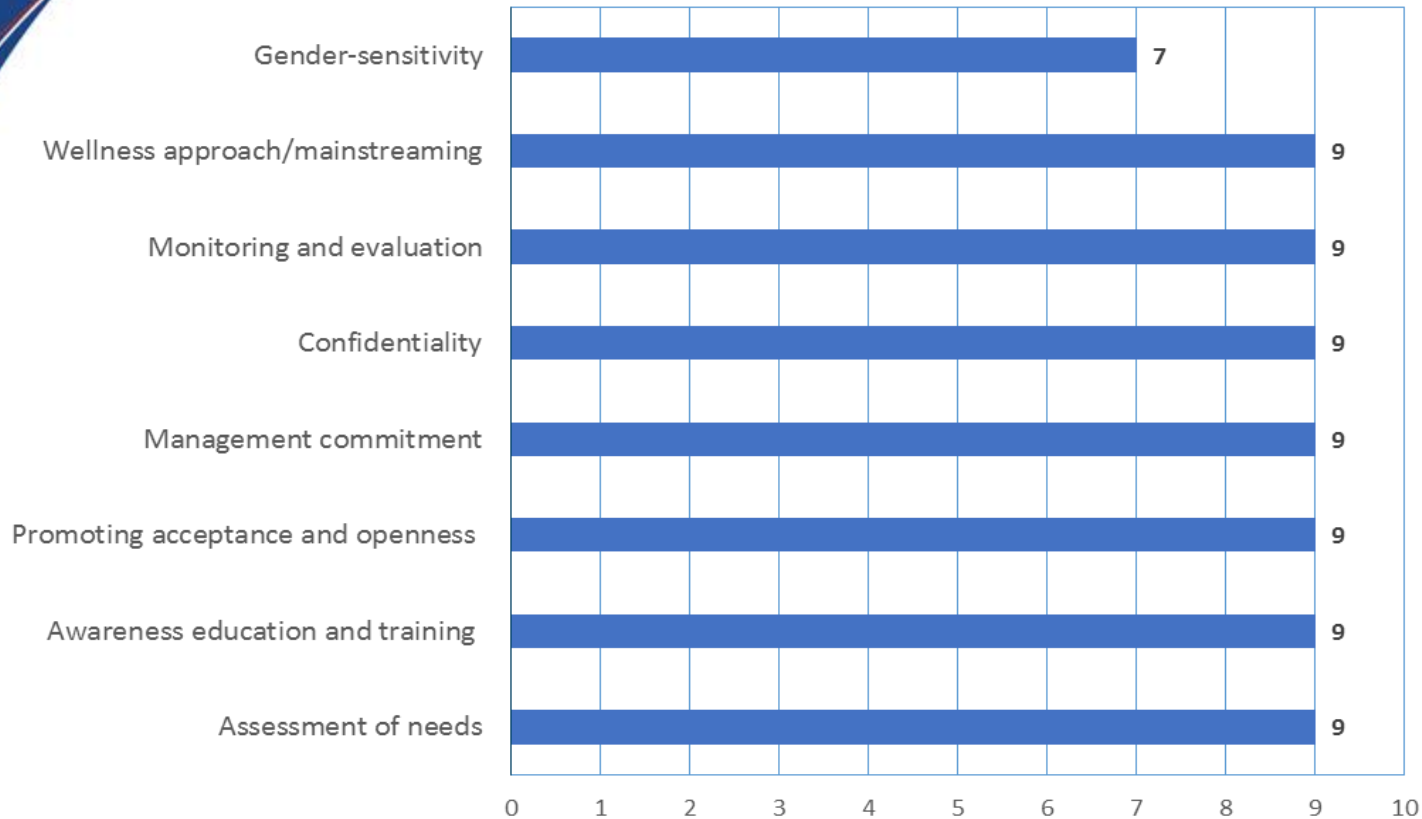
Quantifiable evidence reduced risky behaviours: 43/66



- 35/43 large
- 33/43 private
- 34/43 generalized

- Ghana, supplied condoms to key populations: sex workers; men who have sex with men, etc.
- RSA introduced strategy for risk reduction : “All employers need to ensure that all workers, both in formal and informal workplaces, should get an annual screening and testing....(DoL, 2012).
- Kenya launched prevention networks among youth in all provinces in 2010. The number of condoms distributed from 2007 to 2009 increased by one third; 15 million condoms were distributed each month (NAC, 2012)

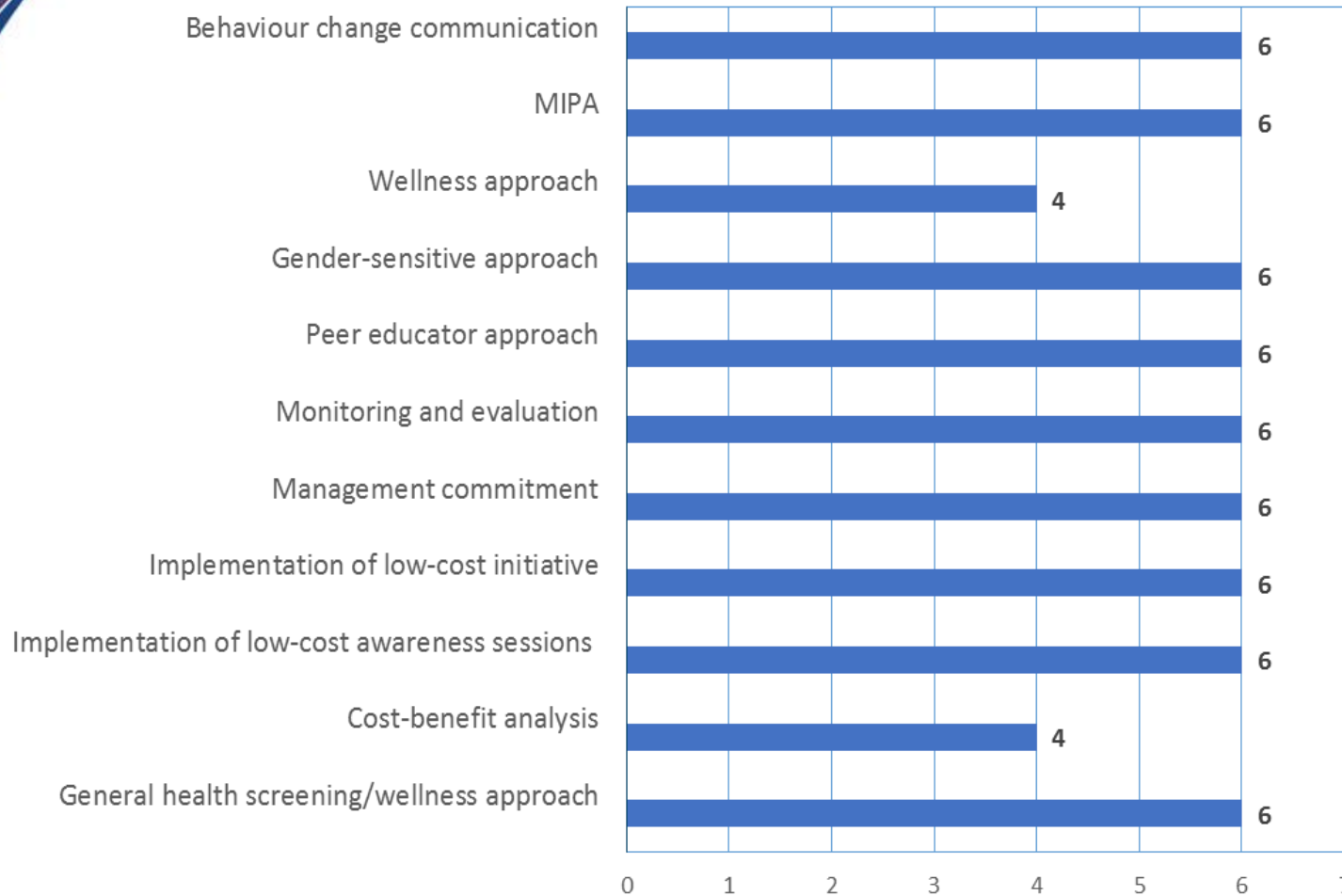
Quantifiable evidence reduced stigma & discrimination: 9/66



- 6/9 large
- 7/9 private
- 9/9 generalized

- Zambia, NSP (2011 – 2015) outlines strategies for reducing HIV stigma & discrimination (public awareness, legal barriers (Rep of Zambia, 2010). The National HIV/AIDS/STI/TB policy of 2005; the Citizens Economic Empowerment Act Number 9 of 2006 prohibit criminalization based on HIV status (Rep of Zambia, 2006).
- In RSA, Stigma Mitigation Framework and Stigma Index developed by the NDOH & SANAC, (RSA, 2010); NSP (2012-2016) whose 4th strategic objective is: *Protect human rights of PLHIV HIV in order to end stigma, discrimination, human rights violations and gender inequality* (South African, 2012a).

Quantifiable evidence of reduced Absenteeism: 6/66



- 4/6 large
- 6/6 private,
- 6/6 generalized

- “Sectoral Mainstreaming of HIV” in the Kenya National HIV and AIDS Strategic Plan seeks to address the impact of AIDS on productivity and labour costs, companies, employees and their families” (NACC, 2005).
- Namibia put in place strategies for implementation of mainstreaming” (Rep of Namibia, 2008).

Quantifiable evidence improved ART uptake: 2/66

- Both large and private workplaces
- Corporate fund, low cost medical scheme
- Disease management approach
- Monitoring & evaluation plan
- Access to free ART – employer provided ART
- External networks, partnerships, referrals – accredited service providers
- Access to treatment at workplace post retirement
- Namibia established TB/HIV technical working group, ART/TB national guidelines, medical staff trained on treatment preparedness : *“the numbers of people on ART increased by 16,453 between April 2010 & March 2011, compared to 11,044 between April 2009 and March 2010. By March 2011, 92,134 people were receiving ART in the public sector while 56,835 were on pre-ART”* (Rep of Namibia, 2012).
- The workplace programme has been supported by 26 government Offices, Ministries and Agencies (OMAs), with 20 OMAs having their own workplace programmes and the other six having work plans
- Senegal has established a National Health Policy with ART being free

Closing Remarks

- While the findings do not purport to cover all workplaces in African continent, they are nevertheless **informative and provide valuable insights** into the research area
- The diversity of countries involved, the different epidemic types and the variety of investigated workplaces, in terms of size, type and economic sectors, produce a **wealth of information and a report rich in useful analysis and recommendations.**
- This study provides a **comprehensive assessment to date of programmatic activities** that are contributing to the HIV and AIDS response
- African workplaces **contribute to turning the tide against HIV and AIDS** - 0 new infections, 0 discrimination & 0 AIDS-related deaths - entry points to HIV prevention, treatment, care and support for workers, their families, dependants & communities
- **Conducive factors:** The existence of national HIV and AIDS plans, strategies, laws, policies, testing and treatment programmes were deemed critically important to achieving many good outcomes
- **Key effective responses:** management support (institutionalization), gender-sensitiveness, wellness approach (mainstreaming), peer educators, MIPA, participatory approach (all stakeholders)
- Gender-sensitive/-specific measures imperative
- Effective responses are **context-specific, no 'one-size-fits-all**
- **Ongoing efforts** (e.g. repeat HIV testing), not once off will show impact

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March on and fight against HIV/AIDS with SAHARA!

Mars sur et la lutte contre le VIH/SIDA avec SAHARA!

Março e luta contra o HIV/SIDA com SAHARA!

Thank you!

Merci!

Obrigado!