



SAHARA

Social Aspects of HIV/AIDS
Research Alliance

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CONCEPTUALISING HIV AND AIDS WORKSPACE PROGRAMMES FOR THE TOURISM INDUSTRY: A REVIEW OF LITERATURE

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SOUTH AFRICA



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Leading causes of death in Africa

Deaths (000s)



Source: WHO 2012

Source: <http://inmedblogs.us/nicholascomninellis/2014/08/27/ebola-vs-the-world/>

Regional HIV and AIDS statistics and features | 2013

	Adults and children living with HIV	Adults and children newly infected with HIV	Adult prevalence (15–49) [%]	Adult & child deaths due to AIDS
Sub-Saharan Africa	24.7 million [23.5 million – 26.1 million]	1.5 million [1.3 million – 1.6 million]	4.7% [4.4% – 4.9%]	1.1 million [1.0 million – 1.3 million]
Middle East and North Africa	230 000 [160 000 – 330 000]	25 000 [14 000 – 41 000]	0.1% [<0.1% – 0.2%]	15 000 [10 000 – 21 000]
Asia and the Pacific	4.8 million [4.1 million – 5.5 million]	350 000 [250 000 – 510 000]	0.2% [0.2% – 0.2%]	250 000 [210 000 – 290 000]
Latin America	1.6 million [1.4 million – 2.1 million]	94 000 [71 000 – 170 000]	0.4% [0.4% – 0.6%]	47 000 [39 000 – 75 000]
Caribbean	250 000 [230 000 – 280 000]	12 000 [9 400 – 14 000]	1.1% [0.9% – 1.2%]	11 000 [8 300 – 14 000]
Eastern Europe and Central Asia	1.1 million [980 000 – 1.3 million]	110 000 [86 000 – 130 000]	0.6% [0.6% – 0.8%]	53 000 [43 000 – 69 000]
Western and Central Europe and North America	2 300 000 [2.0 million – 3.0 million]	88 000 [44 000 – 160 000]	0.3% [0.3% – 0.5%]	27 000 [23 000 – 34 000]
TOTAL	35.0 million [33.2 million – 37.2 million]	2.1 million [1.9 million – 2.4 million]	0.8% [0.7% – 0.8%]	1.5 million [1.4 million – 1.7 million]

The ranges around the estimates in this table define the boundaries within which the actual numbers lie, based on the best available information.

Source: UNAIDS



SOUTH AFRICA: HIV and AIDS estimates (UNAIDS, 2013)

- **Number of people living with HIV:** 6,300,000 [6,000,000 - 6,500,000]
- **Adults aged 15 to 49 prevalence rate:** 19.1% [18.1% - 19.9%]
- **Adults aged 15 and up living with HIV:** 5,900,000 [5,700,000 - 6,200,000]
- **Women aged 15 and up living with HIV:** 3,500,000 [3,300,000 - 3,700,000]
- **Children aged 0 to 14 living with HIV:** 360,000 [320,000 - 390,000]
- **Deaths due to AIDS:** 200,000 [170,000 - 220,000]
- **Orphans due to AIDS aged 0 to 17:** 2,400,000 [810,000 - 2,600,000]

Introduction

- **globally, tourism is one of the key economic sectors with excellent potential for growth**
- **a constant global growth sector** for decades.
- has its own challenge, none more ubiquitous than the **impact of HIV and AIDS on the profitability and, thus, sustainability of tourism businesses**, due to the high level of contact between visitors and tourism employees (ILO, 2012) .
- need to therefore **implement programmes that effectively deal with HIV** in the workplace on a continuous basis.

Background

- **outperformed the majority of the key sectors** analysed in terms of generating gross domestic product (GDP) across the entire global economy in particular that of *communications, financial services, education, agriculture, and mining* (WTTC, 2013)
 - considered **vital to the economic development of South Africa:**
 - fastest growing industry in the country, *directly creating (in the tourism industry) 645,500 jobs (4.6% of total employment) in 2013* (WTTC, 2014).
 - *directly employs more people than the mining, communication services, automotive manufacturing and chemicals manufacturing sectors.*
- future development of the tourism industry is in line with **government objectives of transformation, economic development and the promotion of small business**, according to DEAT (2007), and is an issue of **critical concern for policy-makers**



UNAIDS (2014)

2013 HIV prevalence for South Africa's tourism industry

- **2013 HIV prevalence for South Africa is 19.1%** (for 15-49 years old)
- suggested that **of the 645,000 employees** (direct jobs, as in WTTC, 2014) in the South African tourism industry:
 - **123,195 employees are HIV positive,**
 - of which **73,054 are HIV positive female employees (59.3%).**



Background Cont...

- UNAIDS (2010: viii): “*sub-Saharan Africa still bears an inordinate share of the global HIV burden*” with multiple sources of evidence suggesting that **tourism areas are important high-risk environments involving** according to Padilla et al. (2010: 74, as in Tassiopoulos, 2012) the following:
 - *vulnerable internal migrants;*
 - *mobile foreign travellers;*
 - *transactional sex;*
 - *high levels of HIV risk behaviour;*
 - *and high levels of alcohol and drug use.*

Background Cont: Key drivers of HIV and AIDS in tourism industry



Demand-side social impacts

- Transactional and commercial sex
- Alcohol and drug use
- Changed behaviour



Supply-side social impacts

- Mobility and migration
- Multiple and concurrent partners (MCPs)
- Inequality on income wealth
- Gender
- Sex workers
- Political accountability

Background Cont...

- HIV and AIDS affect, the **profitability** and, thus, **viability of tourism companies in a range of ways.**
- HIV and AIDS **reduce worker productivity, increases costs** “and **diminishes the capacity of national economies to deliver goods and services on a sustainable basis” (ILO, 2003: iii)**
- **HIV and AIDS data is limited**, and little is known about **how tourism businesses respond to and cope with the pandemic** within their workforce.
- although there has been some research regarding HIV and AIDS workplace programmes (WPPs), **there is scant research regarding WPPs in the tourism industry, internationally or even in South Africa.**

Purpose

- This paper seeks to develop:
 - a **conceptual framework** of the various good practice interventions applied in HIV and AIDS WPPs
 - through **reviewing literature of published studies** related to HIV and AIDS in the workplace.



Methodology

- a **systematic literature review** was identified as the best way to synthesize the literature:
 - Pubmed, Embase, Science Direct, Emerald Insight and the Global Health Database were **systematically searched** for matching manuscripts
 - comprehensive **Google search was performed for grey literature.**
- **search terms** included “HIV” AND “AIDS” AND `workplace` OR “programme” OR “interventions” OR “good outcomes” AND/OR “tourism” AND/OR “hospitality”, amongst other.
- **peer-reviewed studies published in English were included.** Peer-reviewed conference proceedings were eligible but not comments, editorials and unpublished reports.
- due to the limited number of published studies, the search was **not restricted to a specific study type or time period.**
- the review **synthesised the various ILO reports on the best practice workplace HIV and AIDS policies and programmes** that describe good practice workplace HIV and AIDS WPPs.

Results

Table 1a

Workplace programmes (WWPs)

Source	WPP interventions (indicators)
UN (2004); ILO (2012); IFC (2005); CDC (2014); Chikane (2013); Jackson (200); Visser (2012); Colvin, Parker, Cawood, Tshose & Connolly (2005)	Increasing HIV knowledge
Jhpiego (2014); DoL (2012); ILO (2012); IFC (2005); Vaas & Phakathi (2006); Foster (2010); Visser (2012)	Increasing uptake of HIV Counselling and Testing (HCT) / Voluntary Counselling and Testing (VCT)
UNAIDS (2013); Maveneka (2012); DoL (2012); Ministry of Gender, Labour and Social Development (2007)	Reducing discrimination
Maveneka (2012); DoL (2012); Ministry of Gender, Labour and Social Development (2007); Shisana et al (2014)	Reducing stigma towards People Living with HIV (PLHIV)
Alcorn (2010); Scott, Cambell, Skovdal, Madanhire, Nyamukapa & Gregson (2010); ILO (2012); South Africa Info (2013); George (2006)	Increased uptake of Antiretroviral Treatment (ART)
Turan, Bukusi, Onono, Holzemer, Miller (2011); IFC (2002); South Africa Info (2013)	Increasing uptake of Preventing Mother To Child Transmission (PMTCT)
NAC (2010); DoL (2012); Johnson, Hallett, Rehle and Dorrington (2012); IFC (2005); Ezezew (2008); Chimbeta & Gwandule (2011); Fisher & Fisher (2002)	Reducing (personal) risky behaviour

Results Cont...

GBC (2012); Setswe (2009); Whiteside (2006); Chimbete & Gwandule (2011)

Reducing occupational risk through post-exposure prophylaxis (PEP), universal precautions, etc.

Johnson, Hallett, Rehle and Dorrington (2012); UN (2004); Grant & Brisbin (1992)

Reduced absenteeism/staff turnover

GBC (2012); Dursi (2011); Grant and Brisbin (1992); Ministry of Gender, Labour and Social Development (2007); CDC (2014); IFC (2005); George, Gow & Whiteside (2009)

Reducing workplace costs (recruitment, supervision, training and lost production time)

NAC (2010); ILO (2003); Coulibaly (2005); George, Gow & Whiteside (2009)

Increasing productivity

HEN (2005); ABC (2008); Jhpiego (2014); Bowler (2004); Leipziger (2010); Flanagan & Whiteman (2007); Fig (2005); Mandimika, Taderera, Nyikahadzoi & Matamande. (2013); Coetzee (2006); George, Surgey, & Gow (2014).

Impact on family/community and corporate social responsibility (CSR) / investment (CSI)

Discussion

number of factors play a role in determining a tourism company's response to HIV and AIDS.

- HIV and AIDS WPPs involve interventions such as **raising the levels of consciousness** about HIV and AIDS and to **alleviate the spread** of HIV and AIDS.
- HIV and AIDS WPPS also involve **taking care of those who were already infected or affected**, with the emphasis being on awareness and prevention
- an HIV and AIDS WPP is thus an **action programme that a tourism workplace should implement** in order to:
 - **prevent** new HIV infections,
 - provide **care and support** for employees who are infected or affected by HIV and AIDS, and
 - **manage the impact** of the epidemic *on the business*.



Discussion Cont...

- imperative that a **workplace does everything in its power to maintain a consistent and healthy workforce.**
- failing which, the business will **experience a net decline in efficiency, eventually falling irretrievably behind competition** (Grant & Brisbin, 1992).

Acknowledgements





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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!