

Responding to HIV and AIDS in the Workplace

Policy Brief for International Agencies

July 2010

International donor agencies are responding positively to the threat of HIV in their own workplaces, according to a recent six-country study. They support a broad health and well-being approach, emphasising testing and treatment. The majority admitted, however, that they do significantly less for their partners. This inconsistency raises uncomfortable questions of values and integrity. It also may undermine the long-term effectiveness and sustainability of the development work they support.

This briefing note synthesises the findings from a six-country research project looking at the workplace response of 50 international agencies – bilateral, multilateral and NGOs – in India, Malawi, Uganda, Kenya, Burundi and Ghana.

Findings

In their own organisations

84% of international donor agencies in the research were proactively responding to the threat of HIV in the workplace. This was largely a result of adapting a global agency policy, rather than a sense of immediate threat from the local environment. At least 50% of the National AIDS Commissions, however, did not have a workplace response themselves. While some agencies were consistent in their response, others were

more diverse across different countries. This reveals how much individuals and leadership attitudes profoundly influences how energetically global policy is applied.

Donor response to HIV was usually part of broader approach that encompassed health and well-being. Donors tended to contract out their response to HIV and AIDS through private sector medical insurance (which may have reduced the sense of threat). They put greater emphasis on testing and treatment and were doing less on prevention activities. The focus is on local staff, not expatriates. They assume high levels of staff knowledge about HIV and some are concerned that staff are getting bored with the issue. Donors were doing little to directly address ongoing issues of stigma and disclosure of status was rare.

Donors were generally positive about the impact on behaviour of their workplace response. They believed the benefits outweighed the costs. Only a few (such as GTZ) had any systematic monitoring and evaluation information. Almost none gave financial information about the costs. This is partly because data was not disaggregated for HIV; confidentiality measures hid real costs; and a fear they would not compare well with other agencies.

There was little evidence that donors were learning from each other. Most were responding to internal HQ policies, rather than finding out from other agencies what was working for them.

**'Light touch' support
(low impact)**

Donor/INGO support to partners



**Comprehensive support
(high impact)**

Donor/INGO internal response



With partners

None of the international donor agencies interviewed supported workplace responses **with partners** to the same extent. Only an exceptional few had a proactive strategy and were investing considerably in the issue. Most, however, left the onus on the partner to approach them. They assumed that partners will look after themselves.

Some provided technical assistance and even some financial support for policy development. But only a few actually supported the costs of partners implementing workplace policies. As one respondent said: 'Partners are there to implement programmes; there is little on top of that'. Although positive in principle, their grant systems did not make this easy and they feared the costs would be too high. Long-term commitment to the workplace response to HIV in NGOs was absent, particularly in light of the current tightening of aid resources as well as the increasing focus on the private sector.

This inconsistency in support for a workplace response to HIV between their own organisation and with their partners', raises uncomfortable questions about underlying values. The operational reality of the aid system encourages donors to put themselves first before the needs of partners. This also raises difficult questions about long-term impact. If it is cost-effective to address HIV in donor agencies, surely it is also cost-effective to address it in partners? If partners' performance and sustainability will be undermined by HIV, this will ultimately affect the impact of donor development aid.

Recommendations to donors

1. **Develop proactive strategies to support partners** in responding to HIV in the workplace. They should take the initiative to discuss with partners how they can develop locally owned and appropriate responses.
2. **Invest in partners' implementation** of their workplace response. This investment should go beyond technical assistance and be consistent with the support they offer to their own staff.
3. **Advocate to and collaborate more with other donors** in implementing workplace programmes. This will help share costs. They can also jointly advocate with national governments for appropriate legislation to encourage HIV resilience.
4. **Adapt their global policies** on health and HIV. Global policies should be tailored to the prevalence, culture and needs in the national context.
5. **Support HIV focal-point people** with the time to develop internal and external support for HIV workplace responses.
6. **Continue to address issues of prevention and stigma.** Staff knowledge about HIV is still far from perfect and some attitudes are still discriminatory.
7. **Develop their own monitoring and evaluation systems** so that they know more about whether their workplace programmes are making a difference.
8. **Investigate and replicate good practice** and set up fora to share learning with other donors.

For more information visit:

www.intrac.org/pages/en/hivaid-in-the-workplace.html or contact rsmith@intrac.org