# Low Cost and Effective HIV and AIDS Workplace Responses

## Experiences from Ethiopia, India and Uganda

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STOP AIDS NOW!

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Fear of the financial cost often prevents organisations taking proactive steps to address HIV and AIDS in the workplace. Yet many responses do not require much investment. This paper describes four case studies of such low cost responses. It shows that it is possible to respond effectively with limited extra financial outlay. It highlights the importance of:

- Starting with what you have
- Using existing resources for prevention activities
- Referring to others for VCT and treatment
- Raising extra funds for care yourselves.

Ultimately it is about proactively taking responsibility – as one NGO director said: *'You cannot wait until someone else provides funding'.*

HIV and AIDS have a negative effect on organisations, because they strike people in their most productive years. With the growing availability of antiretroviral therapy (ART), more people with HIV and AIDS live longer and healthier lives and there are more employees infected or affected.

Organisations face more staff absences, a lower morale among staff, and rising medical and staff welfare costs. In combination with a fragile infrastructure, inadequate healthcare provision and sickness benefits, high levels of poverty and low levels of skilled labour, this is cause for concern in many countries.

HIV and AIDS clearly cause major problems for civil society organisations (CSOs). But many still assume that responding to HIV in the workplace is too costly. This means they either do nothing or budget too high. Neither is a productive way forward. It is much better to respond proactively, but within the financial capacity of the CSO concerned.

Of course, managing HIV in the workplace is not free of costs. There are *time* costs involved. Developing and implementing a workplace policy takes staff time. There might also be extra *money* involved, to organise training for staff members or to arrange treatment for HIV-positive staff. The costs of managing HIV in the workplace depend on the context, and may vary widely across different CSOs and different countries. But it is undoubtedly possible to do something at a low cost. This becomes even more important in an increasingly restricted funding context.

Since 2005, STOP AIDS NOW![2] has been working on a workplace response to HIV and AIDS in three pilot countries; Uganda, India and Ethiopia. From this project 'Managing HIV and AIDS in the workplace'[3],

[1] We wish to acknowledge with gratitude the organisations who shared their experiences, and the people who provided their valuable input.

[2] STOP AIDS NOW! is a partnership between Aids Fonds and four Dutch development organisations: Cordaid, Hivos, ICCO, and Oxfam Novib.

[3] The aim of the 'Managing HIV and AIDS in the workplace' project was to actively address the effects and impact of HIV and AIDS within development organisations. In total, 151 local

we have learnt many lessons about developing and implementing workplace policies at low costs[4]. This note describes four practical examples from Ethiopia, India and Uganda of how CSOs manage HIV and AIDS in their workplace at a low cost or in a particularly cost-effective way.

## Low cost HIV and AIDS workplace responses

Ethiopia, India and Uganda represent very different socio-economic, demographic and epidemiologic situations, with differing types of health systems. The following cases illustrate how different types of organisations set within different contexts can take different approaches to manage HIV and AIDS in the workplace, yet still keep their costs low.

### Lowering costs by mainstreaming in Uganda – TPO

*"We have a creative way of supporting our staff living with HIV and AIDS that is cost effective and mainstreamed within our staff welfare budget. We have successfully implemented our workplace policy without needing extra resources, utilizing the available partnerships and other resources. We believe that this is a sustainable approach."*

A Ugandan CSO, TPO (Transcultural Psychosocial Organisation) developed a workplace policy in 2005. Currently, at least one staff member is known to be HIV-positive (though with over 80 staff members, this is less than the 5.4 per cent prevalence in Uganda). Almost all staff members are affected by HIV, either in their households or someone they know.

The workplace policy in TPO is part of the organisation's staff welfare policy and integrated within the staff welfare budget. The focal person and the back-up focal person are responsible for implementing the HR policy and monitoring staff that might be in need of benefiting from the HIV workplace policy. Because the HIV and AIDS activities are already mainstreamed, not much extra time and money is needed for these responsibilities. However, continuous dissemination of the HIV workplace policy is key as it informs staff on how they can be supported.

The welfare policy covers comprehensive medical care for the staff member and up to three dependants. Staff members and dependants can access benefits when there is a need for treatment. The welfare policy involves lunch and tea for the staff and clean drinking water during the workday. Each office has a first aid kit. The organisation is planning to implement recreational activities and care for caregivers, to help staff to get refreshed and shed off stress and hence keep them healthy.

TPO provides information, education and communication (IEC) materials, for instance posters, leaflets, and newspaper articles, for staff. Every office has an HIV and AIDS corner, with the latest information about HIV and AIDS.

Staff are regularly sensitised and educated on HIV and AIDS during normal monthly staff meetings, rather than going to special HIV workshops. This saves time.

TPO provides condoms for all staff. As they are freely availably from the

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CSOs have been supported to develop and implement an HIV and AIDS workplace policy. Currently, the project is in the process of being up scaled in 13 countries.

[4] See STOP AIDS NOW! (2010). *Managing HIV and AIDS in the workplace. A guide for CSOs*. And STOP AIDS NOW! (2009). *Addressing HIV and AIDS in the workplace – Lessons Learnt from CSOs and Donors.*

Government this does not involve additional costs. The one HIV-positive staff member who is supported with the costs of care, ensures that as much as possible these are included in existing budgets. For example, he often travels to the head office in Kampala and takes these opportunities to also attend his regular ART check-ups. He also benefits from extended leave days when he is not feeling well.

The CSO also promotes HIV testing and counseling for staff by informing them where they can get VCT services. It facilitates access to HIV testing and treatment through linkages with service providers, and has organised a VCT day at the headquarters for all staff and their family. TPO has partnerships with several major service providers, i.e. Nsambya Home Care, TASO, AIDS Information Centre and the Joint Clinical Research Centre, who also support health centres in the organisation's project sites.

## Networking and using what you have in India – INSA-India

**INSA-India (International Services Association) in India (a low prevalence context, but yet with 2.27 million people living with HIV[5]) does not require specific additional funding for workplace response because it uses staff capacities and existing networks to keep costs low. INSA-India is based in an urban area in Karnataka, a state with an HIV prevalence of 0.54 per cent (0.79 per cent in rural areas)[6]. It has 22 staff members. Because of its work with people living with HIV (PLHIV)[7], INSA-India has experienced the impacts of HIV and AIDS. However, the CSO has not been badly affected by HIV; there are no known HIV-positive staff members, and not many staff members are directly affected by HIV.**

**Yet even in a low prevalence context it is necessary to protect staff from becoming infected. INSA-India therefore developed its HIV and AIDS workplace policy in 2006. Over the years this has been revised to incorporate other illnesses, gratuity rules, leave guidelines and other general benefits.**

### Using staff capacities

**Because staff in INSA-India have expertise in different HIV and AIDS issues, they have the skills to do many of the workplace policy activities themselves. Every month, there is a training in which staff members share their knowledge and counsel colleagues on their area of expertise with regards to HIV and AIDS and other health and lifestyle issues. All staff members participate in training, meetings and workshops, and family members are invited for certain events. For instance, a life skills development workshop was organised for teenage children of staff.**

### Using networks

**INSA-India is a linking and networking organisation, so it has an extensive network of contacts. As the HIV focal person said: *"With networks only we have survived"*. For example, the close relationship with networks of PLHIV motivated staff to manage HIV in the workplace. From its contacts INSA-India has developed a**

[5] UNGASS ( 31 March 2010) 'India – Country Progress Report'

[6] National AIDS Control Organisation, 2010

[7] INSA-India is a capacity building organisation that works on strengthening community health, development, gender equality and rights. It facilitates and leads several HIV and AIDS-related prevention, care and support programmes with skilled and trained staff.

**list of VCT services and ART centres that staff can access.**
**In addition, while there is internal expertise in INSA-India, for certain training events the organisation invites people from other CSOs and institutions. They rarely charge for their services, but when they do, INSA-India has a fund to cover these costs. It earns money from selling its workshop facilitation skills and training materials.**

## Cost sharing activities in Ethiopia – ORDA

ORDA (Organisation for Rehabilitation and Development in Amhara) in Ethiopia shares the costs for HIV and AIDS workplace activities with staff members. Ethiopia has a generalised epidemic, with 2 per cent prevalence. Most CSOs in Ethiopia are therefore affected by HIV.

### Staff commitment

ORDA has 646 employees, most of whom are field workers. The employees spend considerable time far from their families, making them highly vulnerable to HIV and AIDS. Currently more than 20 staff members of the organisation are known to be HIV-positive. Seven staff members have already died of AIDS. The workplace policy properly addresses issues of prevention, awareness raising, treatment, care and support, counselling, confidentiality, disclosure and human rights.

ORDA carries out regular informal discussions during coffee ceremonies at the office, and as part of the education and awareness raising sessions and VCT campaigns that are frequently conducted. Condoms and IEC materials are distributed. Officials of the organisation, including the deputy director, have been tested for HIV, which encouraged the staff. According to employees, the care and support program for HIV-positive staff contributed to the development of trust and confidence, and this subsequently led to increased cases of disclosure.

### AIDS fund

ORDA has officially established an AIDS fund for its employees. This is a pool of money that can be used to provide care and support services in combination with prevention activities.

The employees contribute to the AIDS fund based on their salary. Employees earning less than birr 1,000 (€43.50) contribute five birr (€0.22), while those getting above birr 1,000 contribute more. This means that a monthly amount of at least €150 is saved each month. In addition the organisation further contributes to the fund. In total, the AIDS fund has more than 100,000 birr (€4348.60) in its account, from which the HIV-positive staff are supported. Currently eight staff members are getting treatment support from this fund.

## Cost sharing in India – MVF

**MVF (Mamidipudi Venkatarangaiya Foundation) in India also covers HIV workplace activities through sharing costs with staff members. The central office of MVF is located in Andhra Pradesh, the state with India's second highest HIV prevalence rate (0.97 per cent).[8] MVF has about 700 field staff members, spread over field offices in three states (Andhra Pradesh, Madhya Pradesh and Tamil Nadu).**

**The main focus of MVF is on protection of child rights, elimination of child labour, and empowering women. The organisation is not specialised in HIV and AIDS, so**

[8] International Institute for Population Sciences, 2008

**managing HIV and AIDS internally was a new activity. MVF decided to mainstream the workplace policy through its existing health policy. The focus of the workplace policy is on field staff and their families, since these are regarded to be most vulnerable. MVF supports one HIV-positive field staff member, and the families of two staff who died.**

### A micro health insurance system

**To cover these costs, MVF has set up a micro health insurance system. This combines contribution of the staff and the CSO.**

**As part of the organisation's health policy, staff members contribute 20 rupees (€0.32) each month to the health fund (regardless of job level and years of service). The organisation then doubles this by also contributing 20 rupees (€0.32) for each staff. As there are about 700 employees, the Health Fund increases by almost €450 each month. Medical costs are paid from this fund. Staff members can get 50% reimbursement for each claim, and family members 30%. If the fund is over spent, the CSO replenishes from other sources.**

**This micro health insurance approach is complemented with other low cost and cost effective activities. A group of staff members were trained as peer educators to provide awareness training to the field staff. The organisation makes use of these existing linkages with service providers to facilitate provisions for treatment and care. In Andhra Pradesh there are 31 ART centres. There are enough service providers to make sure that everybody has access to health care, at least in urban areas.**

**Through the micro health insurance system, and keeping the costs low, MVF manages to cover the majority of HIV and AIDS-related costs itself.**

## What are the main lessons learnt?

These cases show that it is possible to respond to HIV and AIDS in the workplace in highly cost efficient ways. While the contexts are different, there are common principles that underpin each example. These principles can be applied by other CSOs in whatever context:

### Start from what you have

- **Creatively build on existing informal responses**

CSOs can build on informal HIV responses in developing a workplace policy. INSA-India, for instance, already had some informal guidelines in place. These were adapted and formed the base for the formal workplace policy. ORDA offers HIV and AIDS training to staff through informal coffee ceremonies. Other CSOs use creative arts (music, drama, dance and films) to open up dialogue in what would otherwise be taboo subjects.

- **Use existing meetings and opportunities**

HIV and AIDS workplace activities can be included in existing activities and programmes. As shown in the first and second cases, you can use existing meetings to talk about HIV and AIDS. Five minutes at the end of other meetings is better than nothing, but more time is needed to make sure that staff can really reflect on their fears and share their stories. In an AIDS corner you can add information about HIV and AIDS. TPO had in-house discussions on HIV to save staff time and travel costs.

- **Use your own staff**

INSA-India showed that by using the existing capacity of its own staff it could keep costs low. This was especially useful in

workplace policy development, awareness raising, trainings and workshops, and counselling. They use the experience of staff to exchange information and services with other organisations. If CSOs use their own facilities and their own trained resource staff then the costs will be low.

- **Adapt existing policies**

As the first case shows, adapting existing policies is also a way to achieve cost effective workplace policy implementation. TPO does not receive any specific funding for its workplace policy. It utilises available partnerships and resources under the existing welfare policy, and provides services to its staff without incurring high costs. The organisation mainstreams the HIV and AIDS workplace policy in its day-to-day operational budgets, and has implemented a sustainable workplace policy in which the additional financial and time costs remain low.

## Access existing services for prevention

Preventing staff from contracting HIV is critical. There are obvious personal, social, and financial benefits. There are several ways to implement prevention activities at low cost.

- **Access services and materials from existing NGOs**

CSOs can access services and materials from organisations in their network. For example, INSA-India invites resource people from other institutions for certain workshops and training events. These people often charge little or provide their services for free.

- **PLHIV involvement**

It is extremely powerful for staff to hear directly from PLHIV. Real life examples make staff realise how important it is to manage HIV and AIDS at the workplace. In TPO, all staff members are aware that they have an HIV-positive colleague and how he is supported. This increases staff trust in the workplace policy, which in turn stimulates staff involvement, staff contribution and sustainability of the approach. Organisations where there are no known HIV-positive staff members should invite PLHIV from other organisations and networks. In Uganda, for instance, several organisations that participated in the STOP AIDS NOW! project invited discordant couples, HIV-positive mothers and other PLHIV to come and meet with their staff.[9]

- **Condoms and IEC materials**

In many countries, male condoms are provided free. IEC materials are also often available at no cost from government and non-government actors. Many of the CSOs mentioned in the case studies make use of such provision without having to invest anything themselves.

## Refer to others for VCT and treatment

A study in Zambia revealed that the costs of treating an HIV-positive employee through ART and palliative care are much lower than the costs of treating an undiagnosed HIV-positive staff member.[10] Employees on ART are usually relatively healthy, need few extra medical costs and are more productive. People who access ART early, before their immune systems are badly damaged, also have a lower mortality rate compared to those who access ART late. So it is important that staff members know their HIV status.

- **Use existing NGOs where possible**

CSOs can refer staff to organisations that provide VCT. Organisations in Ethiopia,

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[9] STOP AIDS NOW! (2009). *Addressing HIV and AIDS in Ugandan CSOs. Applied research, end report.*

[10] HLSP Institute (2009). *The Costs and Benefits of HIV Workplace Programmes in Zambia.*

India and Uganda make use of linkages with service providers, both government and non-profit institutions. Referring staff to a linked service provider keeps financial costs low and can reduce waiting time, as staff can make appointments.

- **Push treatment into public sector**

Organisations can network with service providers to facilitate treatment for staff. In the cases, all four organisations make referrals to service providers in their network. Currently, ARVs are accessible for free in many countries. Treatment costs can be kept low by using these free public services. CSOs can help by making it easier for staff to access these services by providing transport and time.

- **Provide up-to-date information for referral**

Many CSOs make a list of service providers for staff, so they know where they can access these. This is a good way to inform staff about treatment centres. It is important to regularly update information, to remain fully aware of nearby and good services.

### Raise the extra financial costs for care yourselves

CSOs in the cases described raised the extra financial costs themselves. INSA-India raises funds by providing training events and selling training products. ORDA and MVF raise funds by asking staff members to contribute a certain amount of their salary.

- **Staff levy (AIDS funds)**

ORDA set up an AIDS fund, with contributions from both the organisation and the staff. Among different CSOs, staff contribution varies from 0.5-1 per cent levy on gross salary, to a fixed amount contribution within certain salary ranges. Some organisations only seek contributions from staff members on a case-by-case basis, whenever there is a specific need to support HIV-positive staff, and their family members.

- **Micro health insurance**

MVF has a micro health insurance system in place to finance HIV and AIDS-related activities. This is especially effective when combined with other low cost options, such as making use of linkage with service providers. It means that the workplace policy is sustainable. Such a system, however, works better in organisations with a large number of staff and a low level of HIV-positive staff members. For an organisation with a few staff members or with more HIV-positive staff members, the contribution (of each staff member, of the organisation or of an external donor) needs to be higher to generate sufficient capital. One way of raising more money is to have contributions based on a percentage of salary rather than MVF's fixed sum regardless of salary.

## Final remarks – It's all about attitude

The main barrier holding back responses to HIV in the workplace is attitude. Many organisations are either paralysed by the fear it is too costly or in denial that it might happen to them. This paper has focused on addressing the fear about costs. We have seen that it is possible to implement workplace responses without massive and unsustainable investments.

We have learnt that it is about using your strengths and creating opportunities. We have seen how CSOs use their *own strengths*, such as:

- facilitating linkages with service providers from their network
- making use of internal capacities
- having committed staff that contribute to a health fund.

We have also seen how organisations *create opportunities*:

- inviting trainers from related organisations
- investing in having own staff trained to become trainers
- Sourcing free IEC materials and condoms.

Although the contexts of Ethiopia, India and Uganda are very different, the way in which workplace policies are implemented are often quite similar. Organisational factors, such as the existence of a health policy, having HIV-positive staff, and staff commitment, are more influential in the response to HIV in the workplace.

Ultimately it is our own responsibility to respond to HIV in the workplace. Organisations should not wait for outside support, but can start workplace activities themselves. Staff contribution in terms of time and money, a step-by-step move towards policy development and implementation, set in place supportive structures (such as AIDS or health fund, HIV focal person, steering committee, referral systems) which will contribute towards increased ownership and stimulates synergy between processes related to managing HIV in the workplace.

With creativity and commitment all organisations can do something significant to develop resilience to HIV and AIDS. Such a responsible, proactive approach is much more likely to attract any top-up donor support that is required. In the end, investing time and money in HIV and AIDS activities at the workplace now, will avoid higher costs in the future.

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