AIDS and Working Adults: The Need for Both Public and Private Sector Responses

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Of the estimated total 39.5 million HIV/AIDS infections worldwide, 37.2 million are among working age adults. Addressing the needs of working adults who are HIV infected and also serve as HIV/AIDS caregivers is therefore crucial to addressing the impact of the pandemic on individuals, families, and nations. This can only occur with both the contributions of the public and private sectors. While the public sector needs to take responsibility for universal access to treatment and prevention, other essential features require private sector involvement, such as ensuring that both HIV/AIDS-infected adults and caregivers have the flexibility needed to continue to work. This article reports on SA Metal, a South African company that demonstrates that it is economically feasible not only for large firms, but also for smaller companies to effectively meet the needs of HIV/AIDS infected individuals and caregivers.

Sur les 39,5 millions de personnes atteintes du VIH/SIDA dans le monde, environ 37,2 millions d'entre elles sont des adultes en âge de travailler. Pour répondre adéquatement à l'impact de la pandémie sur les individus, les familles et les nations, il est crucial de considérer les besoins de ces adultes qui sont à la fois atteints du VIH et qui s'occupent de personnes atteintes du VIH/SIDA. Ceci n'est possible que par la contribution des secteurs public et privé. Si le secteur public doit assurer la prévention et l'accès universel aux traitements, le secteur privé doit quant à lui s'impliquer à d'autres niveaux essentiels, notamment en assurant la flexibilité nécessaire pour permettre aux adultes atteints du VIH/SIDA et leurs soignants de pouvoir continuer à travailler. Cet article commente le cas de SA Metal, une compagnie sud-africaine démontrant la viabilité économique tant pour les petites que les grandes entreprises de répondre aux besoins des personnes atteintes du VIH/SIDA et leurs soignants.

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The HIV/AIDS pandemic is perhaps the greatest challenge the countries of sub-Saharan Africa have ever faced. While the effects of HIV/AIDS extend to every segment of society, touching young and old, men and women, the illiterate and the highly educated, the overwhelming majority of infections occur in adults age 15-49, affecting the most economically active segment of the population and hindering their response to the crisis. Of the estimated total 39.5 million infections worldwide, 37.2 million are among working age adults. As a result, addressing the needs of working adults who are HIV infected and also serve as HIV/AIDS caregivers is crucial to addressing the impact of the pandemic on individuals, families, and nations. Essential components include: ensuring that working age adults have access to prevention, HIV/AIDS treatment, and the flexibility needed in the labour force so they can continue to work and survive economically.

Accomplishing these tasks, which are essential to health and economic sustainability, can only occur with both the contributions of the public and private sectors. While medium and large private employers can play important leadership roles by ensuring care for their own workers, ultimately universal treatment access will only occur if private sector roles are accompanied by public sector leadership. Small firms inevitably have difficulty in covering their employees, a large number of adults work in the informal sector, and there are a sizable number of unemployed individuals who are infected in the hardest-hit countries. The public and private both have a role to play not only in ensuring treatment and prevention, but also in ensuring that both HIV/AIDS-infected adults and caregivers have the flexibility needed to continue to work. For more firms to meet the needs of HIV infected adults and caregiv-

ers, models are needed to demonstrate that these changes are economically feasible, not only for the wealthiest companies or large multi-nationals, but for moderately-sized companies as well. This article reports on such a firm in South Africa and provides an overview of the central issues surrounding AIDS and the workforce.

2. CONTEXT OF THE HIV/AIDS PANDEMIC GLOBALLY AND IN SOUTH AFRICA

The magnitude of the AIDS pandemic is hard to grasp. Worldwide, there were 39.5 million people estimated to be living with HIV/AIDS in 2006. There were 4.3 million estimated new infections, while an estimated 2.9 million people died. Each day 1,400 children die of AIDS and 1,800 children under the age of 15 become infected.

Sub-Saharan Africa has been especially hard-hit by the global HIV/AIDS pandemic, with an estimated 2.8 million new infections and 2.1 million deaths in 2006. These new infections bring the estimated total for the region to 24.7 million HIV/AIDS-infected adults and children – over 60 percent of the global total – despite the fact that sub-Saharan Africa has roughly 10 percent of the world’s population.

While in wealthier regions of the world HIV/AIDS prevalence is often clustered in specific populations, in South Africa – where an estimated 5.5 million people are infected – infection is widespread in the general population. Basic human development indicators show the extent to which HIV/AIDS is ravaging the population of the entire country. Life expectancy in South Africa has fallen 19 years due to HIV/AIDS. In 2005, 30.2% of pregnant women were estimated to be HIV-positive, while the rate was 39.1% in KwaZulu-Natal province. Amongst 15-49 year-olds, the proxy for the working age population, the government’s estimated prevalence rate is 18.8%.

3. THE NEED FOR PRIVATE SECTOR INVOLVEMENT

Given that most HIV infected adults work, and because much of the care giving surrounding HIV/AIDS is done by people who have to work for pay as well, workplaces are

2 Ibid.
4 UNAIDS & WHO, supra note 1 at 10.
5 Ibid.
7 UNAIDS & WHO, supra note 1 at 11.
essential to addressing the pandemic. When governments lag, workplaces can lead the way in prevention and treatment. Even once crucial, effective government programmes are in place, some aspects of a comprehensive HIV/AIDS plan can only be provided by employers, such as flexibility and paid sick and care giving leave. Clearly there is a role for both sectors to play in meeting the needs of people infected with and affected by HIV/AIDS.

In spite of this, there are still many companies that do not have any HIV/AIDS programmes or policies. One study found that while increasing numbers of companies in high prevalence areas have HIV/AIDS policies, in countries with adult infection rates between 5% and 9%, less than one-third of companies have any type of HIV/AIDS policy. Where infection rates are between 10% and 14%, less than half of the firms have a policy in place.11 Even among those companies with policies, most lack comprehensive programmes.12

3.1 The Business Case for Private Sector Involvement

In the context of a comprehensive government treatment and prevention programme, companies need only ensure adequate flexibility and paid leave for HIV infected employees to care for themselves, and for HIV affected employees to care for family members. However, when government programmes are not fully developed, the private sector can have an important role to play in prevention and treatment as well. The humanitarian case is clear; so is the economic one. Perhaps the most common argument against offering a comprehensive workplace HIV/AIDS prevention and treatment plan is that the costs are prohibitive. However, a number of arguments can be made for why not providing prevention and treatment can result in serious costs, rather than savings, to businesses by leading to reduced worker productivity and therefore reduced company profitability. Companies face high costs in the absence of providing Antiretrovirals (ARVs) because of the higher degree of absenteeism among HIV-positive employees, translating into missed work days and consequent reduced worker productivity.13 One study conducted using a cohort of male sugar mill workers in rural South Africa found that HIV-positive employees who went on ill health retirement required 56 additional days of sick leave during the last two years of their working life, incurring estimated costs of 5078.64 Rand14 per year to the company in terms of productivity losses, the cost of replacement workers and additional training costs.15 Other common reasons for absenteeism that can have an effect on productivity include time off to attend funerals of colleagues or loved ones, or to care for

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12 E.g. only 17% of surveyed firms with policies have implemented ARV treatment, only 18% have addressed the issue of HIV-status-based discrimination in promotion, pay or benefits, and only 30% provide condoms: ibid. at 49-51.
sick family members. This is especially true in households where other family members are HIV-positive, but may be at a more advanced stage of the disease and need significant care. Productivity can also be affected by worker morale, which may decline as their colleagues succumb to the very disease that they themselves are battling.

Failure to provide HIV/AIDS prevention and treatment to workers also results in high staff turnover and increased training costs as employees become too sick to work. In addition, employers may find that they need to increase the size of the workforce as they hire additional employees to compensate for increased absenteeism. This has implications for payroll costs, which depend on a number of factors such as whether workers can access treatment elsewhere, the HIV/AIDS prevalence of the particular area, the skill level of the job, and the level of unemployment in the country. Furthermore, there is evidence that wages for skilled workers in South Africa will increase, potentially by as much as 45% by 2010, as skilled workers become more scarce.

Several studies suggest that investing in prevention and care can provide real savings to businesses. Many companies have hired actuarial firms to make projections of costs of HIV/AIDS to their businesses in the future and came to the conclusion that not providing HIV/AIDS treatment would have greater costs in the long term than providing treatment. This was true for Zesco Zambia, Zambia's largest power utility company, which found that providing HIV/AIDS treatment would allow for substantial savings as a result of the need to pay out fewer benefits, fewer lost man hours, preservation of human resources and skills, and lower labour turnover. Other companies have arrived at the same conclusion. De Beers Group provides comprehensive HIV/AIDS treatment to employees and their partners, stating that “the cost of inaction will ultimately far exceed the cost of treatment.” The chief officer of SAB Miller, a company that also provides a comprehensive HIV/AIDS programme to its employees, echoes this belief saying, “It is more cost-effective to treat the employee and his dependents than to lose the employee.”

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20 Summary of the UPDEA HIV/AIDS Colloquium (Midrand, 8-10 March 2006) at 9, online: Eskom <http://www.eskom.co.za/content/Colloquium2006.doc> [UPDEA].

Beyond the effects on training, retention and productivity, there is the final argument that businesses should join together to support workplace HIV/AIDS programmes because HIV/AIDS can negatively impact their sales nationally. Because the disease affects those who are most economically active in the population, if those individuals are no longer well enough to work, household consumption will be reduced and local businesses may see a decline in their customer base.22 A 1998 study commissioned by a South African furniture and household appliance retailer found that as households diverted expenditures to HIV/AIDS care, by 2015 the company would experience an 18% decline in customers in all provinces except for the Western Cape, which has the lowest HIV prevalence levels in the country.23

3.2 But Can Smaller Companies Really Afford to Provide These Programmes?

A number of companies have already taken the lead and established comprehensive HIV/AIDS programmes. They are, however, for the most part quite large and well known – Anglo-American, Heineken, De Beers Group, Debswana Diamond Company, Unilever, and SAB Miller, to name just a few – and often have greater resources available to provide such services than smaller companies. The South African Business Coalition on HIV/AIDS reports that there has been a failure of smaller companies to do anything to address HIV/AIDS in the workplace.24

While they may not be able to provide the same level of funding for workplace HIV/AIDS programmes as some of the larger companies, smaller companies can also play an important role in ensuring the health of their employees. To start, there are many aspects of an HIV/AIDS programme that will cost little to implement. A list of possible steps presented at the South African Business Coalition on AIDS Colloquium in March of 2006 provides easy places for businesses to begin tackling HIV/AIDS.25 Examples include developing a company HIV/AIDS policy or expanding existing policy, engaging unions and workers in discussion plans promoting low risk behaviour, excluding HIV/AIDS screening in pre-employment physicals, including HIV/AIDS prevention education in new employees’ orientation, and training peer educators.

The costs of providing treatment to employees, and in some cases their dependents, will of course require more resources. However, the cost will depend on a number of factors including the size of the company and the number of workers, the prevalence among workers, and the prices the company is able to negotiate for ARVs with drug suppliers. If the costs are prohibitive for a company, they might be able to negotiate reduced ARV prices, or companies clustered in a small geographic area might consider pooling their resources to fund a clinic together and secure lower drug prices and trained experts to assist in service delivery. For extremely small companies with just a handful of employees, assisting employees in linking up

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23 Whiteside, supra note 18 at 85.


25 UPDEA, supra note 20 at 8.
with publicly-provided treatment may be the most feasible option, although these companies can still provide education and support to employees at low cost. Though treatment costs may be more affordable than many business managers realize, the fundamental ingredients in a company’s HIV/AIDS strategy must be prevention education, leave, and flexibility to provide care for those infected and affected.

4. CASE STUDY: SA METAL GROUP, CAPE TOWN, SOUTH AFRICA

One mid-size company taking proactive steps to protect employees against HIV/AIDS is the SA Metal Group. A family-owned company, the SA Metal Group is a metal recycler in South Africa. Since its founding in 1919, the company has grown to include operations at several sites in Cape Town and across the country, employing 583 workers, the majority of whom are semi-skilled (87.5%). The workforce is multi-racial, although most of the workers are black (351) and live in the surrounding townships. SA Metal operates in a context of poverty, disease, and high unemployment that has been exacerbated by the HIV/AIDS epidemic.

SA Metal’s HIV/AIDS programme is multifaceted and simultaneously promotes prevention and treatment. There is an HIV/AIDS education component – employees must attend an eight-module course, and managers are held accountable for their employees’ attendance at this course. Condoms are distributed and testing is encouraged. An on-site medical clinic attends to any medical needs employees may have, and offers free ARVs and adherence monitoring. Top management at SA Metal fully endorse the HIV/AIDS Programme, with the understanding that HIV/AIDS is a manageable condition, and that fear, ignorance, prejudice and misconception prevent it from being dealt with appropriately.

While this case study serves to demonstrate the feasibility of employer-funded treatment programmes, we are not suggesting that treatment should be provided primarily at the firm level. The goal must of course be universal access to prevention education, treatment, and care giving support, which can only be achieved by a concerted government effort using all available channels, from the media to schools to workplaces. However, in the countries where antiretroviral treatment has not yet reached the majority of those who need it, it is important to demonstrate that having companies fill this gap is economically feasible and has real returns.

4.1 HIV/AIDS Education

Places of employment are good locations for prevention and treatment messages, and companies of all sizes can help to disperse information. Providing HIV/AIDS education is a relatively inexpensive programme component that can have a big impact on the workforce, as well as the greater community. Therefore, in addition to providing HIV/AIDS testing, care and treatment, SA Metal felt that providing prevention education was an equally – if not more – important programme element, and it was one of the first things they set out to do. “This is possibly the single most critical component,” writes Dr. Harold Amaler, in charge

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26 Case study interviews were conducted onsite by the authors in 2005 and 2006.
of Healthcare at SA Metal, in the company’s HIV/AIDS policy document.27 “Knowledge is power, and people must be empowered to take personal responsibility for turning the pandemic around.” Consequently, all employees at SA Metal, both management and labour, participate in the HIV Peer Educator Programme (HIPEP). Taught by peer educators for one hour each week, the class is eight modules long. Topics include information on transmission, prevention, testing, treatment, positive living, support, as well as on the company’s HIV/AIDS policies. All employees must attend at least six of the eight modules or they will be obliged to repeat the entire course.

In addition to ensuring that the supervisors do not prevent workers from attending due to workload, they are monitored for attendance of their staff and inquiries will be made if less than 80% of staff attend. To ensure participation, classes are given during working hours and employees are paid their normal salary during class time. Clifford Barnett, joint managing director of SA Metal, explains the rationale behind offering this class, “There is the argument that can be made here of course, that you are spending money and taking people out of the workplace for an hour every week for eight weeks to do HIV/AIDS education. ‘Why are you wasting your time and money; they should be in their departments working.’ But, at the end of the day, they now have more knowledge, they educate those with whom they interact, not only in the workplace but also outside of the workplace.” SA Metal gains from lower infection rates among employees. The community gains through health improvements among those who attend through a ripple effect. For example, Marie, a cleaner at SA Metal, received peer educator training from the company. She reported, “I even give classes outside of SA Metal to my church.” Thus, the company’s expenditures are leveraged across the larger community.

4.2 Voluntary Counseling and Testing

Encouraging voluntary counseling and testing (VCT) is an inexpensive, yet crucial part of SA Metal’s HIV/AIDS Programme. Through media and peer educators, all employees are encouraged to make use of the free and confidential service, although tests are only conducted with the consent of the employee after adequate counseling has been given. Dr. Amaler describes VCT as “an excellent marker for success or failure of the Programme. The implication is that a person attending the clinic for VCT has achieved a level of awareness about HIV/AIDS that moves them to find out their own HIV status.” A study comparing VCT in the workplace and offsite in Zimbabwe found that “uptake of on-site rapid testing was significantly and substantially higher than that achieved through standard of-care provision of free vouchers for off-site VCT.”28 This indicates that the convenience of being tested at work may result in a greater likelihood of employees being tested. Studies in different contexts have repeatedly demonstrated that VCT helps lower transmission rates.29 At SA Metal, clinic staff take advantage of the pre- and post-test counseling period to expand on HIV/AIDS education and awareness

that is provided to all employees during peer-education sessions. This allows for an additional opportunity to relay critical HIV education messages to the workforce.

4.3 Treatment for STIs and Condom Distribution

Because infection with an STI increases the chances of contracting HIV, treatment of these infections was identified as a critical, low cost service to provide at the SA Metal clinic. “Treatment of STI's is straightforward and we treat these conditions regularly at the clinic,” explains Dr. Amaler. Because transmission of an STI results from unprotected sex, when the employee is treated they are encouraged to undergo Voluntary Counseling and Testing (VCT) for HIV and to use condoms. Condom distribution is seen as an additional simple, effective, and cost-efficient intervention as well. In addition to providing them free of charge at the clinic, they are available in dispensers at strategic sites around the Plant and are re-stocked regularly with supplies from the Department of Health.

4.4 Origins of the HIV/AIDS Treatment Programme

SA Metal had for years provided care for illnesses at their on-site medical clinic in Epping, the company’s headquarters. The clinic was historically quite minimal, staffed by one nurse four days per week and offering basic medications. However, it provided a major service to poor workers who did not have easy access to medical care otherwise. Provision of such services is exceedingly important in a country like South Africa, where many people live in poor conditions and do not have access to good medical care. As explained by Renata Opperman, the head of Human Resources at SA Metal, “the public health care system is overwhelmed and there is a shortage of staff, as well as drugs, as well as money, and it is not uncommon for an employee to go to a health care clinic and they stop accepting people at a certain time. So, you have spent the whole day, you are sick, and then you are told, ‘sorry, I can't see you, we have taken in enough patients,’ and you have to go in the next day.” Providing care on-site allowed workers to receive quality care without long waits and missed work days, providing benefits to both the employee and the company.

While providing basic medical care to low-skilled workers was of critical importance, with time, Dr. Amaler, realized that it wasn’t enough. As the HIV/AIDS epidemic intensified, he began to identify a much broader need for health interventions than was being offered, especially as he saw more and more of the company’s employees living with HIV/AIDS. There was no government roll-out of ARVs at the time and private costs for drugs were exorbitant, meaning that a large percentage of infected employees would be unable to receive treatment. Management at SA Metal knew that creating an on-site service was the only cost-effective way to deal with HIV/AIDS. Consequently, the company made the decision to expand the medical services that were offered at the on-site clinic, and to include ARVs as part of the package of care that was provided.

There were, of course, some concerns about the costs of such a programme and whether the company could afford to provide comprehensive care. However, explains Dr. Amaler, “it

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is a fallacy that managing HIV in-house is more expensive than not managing it. We had to ask ourselves, can we afford not to do it?” Instead of spending money to hire and retrain substitutes when workers were absent for HIV-related reasons, in April 2000 management at SA Metal decided to use their resources to provide antiretrovirals free of charge to all employees who qualified for them on medical grounds, and also to expand their clinic services to meet a broader range of needs.

4.5 “A Healthy Employee is a Productive Employee”

Today, the free on-site health clinic at SA Metal Epping is open Monday to Friday, and is available to employees at all sites, including permanent full-time and part-time employees, fixed term contractors and casual workers.31 While the clinic does not provide coverage during non-working hours, and does not provide for surgeries and other procedures, it is by no means a minor operation. It has a number of different rooms, lung function equipment, an audiometry booth, an audiometer and small dispensary. Dr. Amaler, who heads the clinic, remarks, “our drug formulary is more comprehensive than many GP’s.” The clinic has two part-time primary healthcare doctors, two full time nursing sisters, one occupational healthcare doctor, one trained counsellor and one administrator. It is an almost ideal setting for providing HIV/AIDS services because it offers general services, as well as a chronic care clinic once per week, where all patients with chronic conditions are seen and dispensed their medicines at the same time. So, those suffering from HIV, hypertension, asthma and diabetes – currently 104 people in total – would attend on one of the chronic disease clinic days, but are under no pressure to reveal to others for which chronic disease they are seeking treatment. This set-up allows for confidentiality, as stigma and discrimination against people living with HIV and AIDS is still a massive issue in South Africa, despite the high prevalence of the disease in the general population.

The clinic is currently well used, with total visits from January to July 2006 adding to 2,277. Looking at the month of June as an example of the break down of visits by type, 331 presented for acute illness, 80 for chronic illnesses, 12 for the Economic-Social-Psychological Programme, 28 for Injury On Duty, 5 for medical exit exams, 4 for medical pre-employment exams and 13 for routine medical surveillance. “I use the free clinic,” said Matthew, a boiler-maker at SA Metal. “A private doctor charges about 120 Rand for a consultation fee plus medicines. So it is nice to have the clinic here. I have high blood pressure and they pay for the meds. I go every month to the chronic clinic and get drugs and they check me.”

4.6 Antiretroviral Treatment

Numerous studies have proven the value of antiretrovirals in slowing the progression of AIDS in individuals.32 When taken appropriately, ARVs can improve quality and duration of

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31 This is true for workers at all sites except for Johannesburg, which is too far away from the Cape Town area to use the clinic at Epping.

life for people with AIDS, enabling them to work, attend school and care for their families. For many years South African government officials resisted calls to make ARVs universally available, declaring them toxic and promoting home remedies like beetroot, lemon, and garlic as alternatives. After much political pressure, the South African government began rollout of a free ARV programme in 2004, although in 2005, it remained limited in its capacity to provide prevention education, care and treatment to the degree to which it was needed. According to WHO estimates, only 21% of those in need of ARVs in South Africa were receiving them in 2005. In comparison, coverage rates were 85% in Botswana, 71% in Namibia, and 51% in Uganda. An article by Nathan Geffen estimated that even in 2006, 500,000 people with AIDS in South Africa were not receiving treatment and 300,000 of them would die in that year alone.

As described above, in 2000, management at SA Metal recognized the necessity of corporate responsibility on this issue and decided to provide ARV treatment free of charge to its employees. Today, the programme continues with 28 HIV-positive employees currently receiving ARV treatment at the SA Metal clinic. Qualification for treatment is based on standards set by the South African HIV Clinicians Society, including parameters around CD4 count and viral load. Patients are also given prophylaxis against common opportunistic infections when needed.

Providing ARVs on-site has several advantages. It allows clinic staff to monitor for effectiveness, as well as adherence, which is critically important for those on ARV treatment. Non-compliance could result in drug-resistant strains of the virus, requiring patients to take the second-line ARV drugs which are far more costly. If a patient requires hospitalization, the company will rely on the good relationships they have established with staff at the government programmes to usher patients into the free system. None of the SA Metal employees on ARVs have died, a source of great pride for the joint-managing director of SA Metal, Clifford Barnett, who watched many employees die from what he suspects was AIDS prior to the programme’s initiation.

At the beginning of their treatment programme, SA Metal scrounged ARVs from all possible sources, including clinical trials, Medicines Sans Frontiers clinics, and private funding. Since June 2003, however, the company has been able to access ARVs at preferential prices through programmes such as the Glaxo Smith Kline Access Programme, originally developed for non-profit HIV/AIDS programmes, and then expanded to include other programmes offering free care. SA Metal now procures ARVs directly from a pharmaceutical distributor, rather than paying higher prices at a retail pharmacy. This allows the company to provide ARVs

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33 UNAIDS, supra note 10 at 557.
34 Ibid.
to all patients who qualify for treatment at a price the company can afford. As an example of how much ARVs are costing the company, in 2003, they spent approximately 28,527 Rand for the drugs, in 2004, approximately 24,859 Rand, in 2005, approximately 40,877 Rand, while it anticipates a total ARV cost of approximately 51,207 Rand in 2006. This is the equivalent of 88 Rand per employee for the year. With respect to the total health care costs paid by the company, provision of ARVs represents just a fraction of this total. In 2005, for example, total health care costs including medical staff salaries and ARVs amounted to 792,706 Rand, with ARVs making up just 5% of this total budget. In 2006, total health care costs will equal approximately 665,577 Rand, equivalent to 1,142 Rand per employee. ARVs make up just 7.7% of the total health care expenditure.

Critics of employer-provided treatment have a number of concerns that are discussed here in the context of this case study, though little information is available on a national level. One concern is that companies may use clinics to screen for HIV/AIDS in potential employees and discriminate against them, or fire employees who acquire it. At SA Metal, the clinic maintains strict confidentiality. Given that it also serves employees with diabetes, heart disease, and other chronic problems, simply using the clinic is not a marker of HIV/AIDS status. None of the executives, staff members, or scrap yard workers interviewed knew of such a case of discrimination. Another concern is that companies may have to cut costs in difficult economic times, eliminating treatment programmes. As discussed above, SA Metal executives do not feel the costs are very high and have not cut the programme since its inception. However, since businesses do close down, if this ever became an issue at SA Metal, employees would need assistance in locating clinics or hospitals that could provide ARVs. In the future this issue will become less of a concern as the South African government’s ARV rollout reaches more people, giving employees other sources of treatment. Again, in the long run, universal government coverage is the only way to ensure that everyone who needs prevention, treatment, and care giving receives it.

4.7 Time Off

While prevention and on-site care and treatment efforts are significant, they cannot always prevent employees from succumbing to the disease and related illnesses, nor can they protect spouses, children and relatives from illness. Consequently, the company’s generous leave policies allow workers to take the necessary time to rest and regain their own health, or to care for sick family members as necessary. This is a critical component of the company’s HIV/AIDS programme and is one aspect of a comprehensive HIV/AIDS programme that can only be provided by employers. Unathi, a buyer at SA Metal who is the sole supporter of his wife and children as well as his younger brothers and sisters, appreciates the flexibility. “If I have a problem at home, I can just explain it to my manager and get off a few days.”

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36 The decrease in expenditure between 2005 and 2006 is a result of some internal restructuring of Healthcare. This involved terminating the contract with an external service provider who had provided the nursing staff and some operational systems. The company now employs the nursing sisters directly and has developed its own customised operating systems to deliver a more streamlined service. This has also freed up more funds to spend directly on employee healthcare.
SA Metal’s generous leave package is in part a consequence of South African law, which mandates that a worker must receive 30 days of paid sick leave over a three-year cycle. In an effort to accommodate workers who need more time to recuperate from illness, SA Metal goes a step beyond the sick leave that has been provided for by legislation; SA Metal has started offering what they call concessionary sick leave. This is something that is unique to SA Metal and is not mandated by law. It is intended for full-time employees who have not used up all of their sick leave in past cycles and need an extended leave of absence due to ill health or an accident which requires a lengthy recuperation period. The company will go back to previous cycles and use a formula to calculate the unused portion, allowing the employee to use it in the current cycle. For employees who are sick from HIV/AIDS or associated opportunistic infections, having the right to draw on past unused sick days is a real advantage.

Because the HIV/AIDS epidemic continues to claim lives, employees may need to take time off from work to attend a funeral or care for a sick family member. Such an event is something that is provided for by South African law, which mandates that workers can take three days per year to attend to family issues, including the death of a close family member, or a sick child. Recognizing that three days is often not enough, SA Metal goes beyond this, and gives its employees five days of family responsibility leave each year. They do this because many workers are not originally from the Western Cape, and have migrated to Cape Town in search of work. Allowing for five days is necessary given that it can take over one day of travel to their homeland each way when they go for funerals, which have been a common occurrence since the beginning of the HIV/AIDS epidemic. Machine operator Simthembile used this leave when his young son died recently. “I took five days to be with my sick son who died. It was no problem for me to take paid days.”

4.8 Benefits of HIV/AIDS Programme

While the company has not conducted any formal cost-benefit analyses, Clifford Barnett is clear that the company benefits financially in terms of reduced turnover and absenteeism. HIV prevention programmes can lead to fewer cases of HIV; flexible leave helps ensure the retention of HIV affected employees; and because of the free clinic, “the absenteeism rate has gone way down.” One reason for this is because people can get treated at the clinic and don’t have to miss work to seek care outside. As explained by Dr. Amaler, if the company didn’t provide ARVs in-house, “employees would either have to pay themselves or go to the state clinics, but this takes a lot of time, and the company incurs lots of costs such as prolonged down-time.” In addition, because the clinic helps to manage a number of other chronic conditions, workers remain healthier and miss fewer days due to illness and death.

4.9 Remaining Challenges

Notwithstanding all the successes that SA Metal has seen since initiating and expanding their comprehensive HIV/AIDS programme, some challenges still remain in getting the programme to the point where the company would like it to be. One challenge faced by the company is that providing HIV/AIDS education during working hours can have a serious impact on production if it is not planned carefully. Because operations mean everything at a company like SA Metal, there must be a balance between the impact on production and the
returns on the training provided. As Dr. Amaler explains, “taking 20 people off work impacts production. This is the greatest difficulty...we had to do lots of education with line management to manage work better to free people up for one hour of HIV training.” In the end, however, making managers better use their time so that workers could be free for one hour of classes was a benefit in itself because it improved the management process.

Another challenge is that in spite of extensive mandatory education about the disease for all employees, and despite providing free HIV/AIDS treatment, it is still hard to get people to come forward to be tested, and the free access to ARVs is underused. Based on prevalence statistics for the Western Cape, it is believed that about 15% of the workforce at SA Metal is HIV-positive. This translates to roughly 120 people. However, of the nearly 600 employees at the company, there are only about 30-35 who the clinic has recorded as HIV-positive. “Where are the rest?” asks Clifford Barnett. “People are prepared to die rather than to reveal their status, and that is a problem I cannot solve.” This reluctance to come forward to be tested is not a problem limited to SA Metal; it is a challenge facing national programmes across Africa as well. For this reason, many countries are considering making HIV/AIDS testing a routine part of medical screening.37

A final challenge faced by SA Metal underscores again the importance of national government treatment programmes. Ensuring that treatment is available to families of employees is a central concern of current SA Metal employees. This is especially important to HIV-positive employees who are accessing ARVs at the clinic, but whose partners or children may not be doing so yet through the government system. However, when asked about the possibility of opening the clinic to the families of employees, Clifford Barnett remarked that it is not affordable at this time, especially given the fact that many employees have a large number of dependents to care for. As the government roll-out of ARVs proceeds, the company will be better able to facilitate care for dependents and partners of employees and direct them to appropriate public service providers. In this way, ensuring that both public and private sectors work in tandem is critical.

### 5. CONCLUSION: IMPLICATIONS AND RECOMMENDATIONS

Both the public and private sectors, communities and individuals must come together to combat HIV/AIDS. No one group can do it in isolation and an effective response requires involvement of all stakeholders. Essential roles for the private sector include providing HIV/AIDS prevention education and resources to working adults; ensuring that HIV infected employees have the paid leave and flexibility they need to care for their health while continuing to work; ensuring that workers caring for HIV-affected family members have the paid leave and flexibility they need to address critical family members’ needs while working; and ensuring non-discrimination in hiring, retention and promotions. While some aspects of these necessary changes can be mandated by the government, companies can effectively implement these poli-
cies on their own. Moreover, without the cooperation of the private sector, public mandates will mean little. Companies in medium and high prevalence HIV/AIDS areas that do not yet have an HIV/AIDS policy urgently need to develop programmes. Getting full support from top management and creating an HIV/AIDS anti-discrimination policy are crucial first steps.

While the private sector can also play a critical role in ensuring that the working age population receives adequate education, treatment and care, the public sector is essential in providing these services to the unemployed, those working in the informal sector, and those who are self-employed or working in very small companies. The public sector is also indispensable in providing care and treatment for the part of the population that is not economically active – the very young and the very old.