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Report No. 001/PSP-Ethiopia

Organizational Response to HIV/AIDS and TB in the Workplace:

Assessment Results From 25 Ethiopian Companies

August 2005

Mission

The objective of the Private Sector Program in Ethiopia (PSP-Ethiopia) is *to expand knowledge of, and access to, affordable, high quality private sector HIV/AIDS and tuberculosis prevention, care, and treatment* through three program components:

- **Component 1:** Fostering private sector partnerships in workplace environments that address HIV/AIDS and TB;
- **Component 2:** Using targeted social marketing of HIV/AIDS prevention products and services to high-risk behavior or vulnerable groups focusing on cross generational sex (CGS); and
- **Component 3:** Promoting social franchising that improves quality of private sector involvement

To achieve these goals, the Abt Team will establish activities at workplaces for tuberculosis and HIV prevention, care and treatment, catalyze public/private partnerships for better addressing the HIV/AIDS and tuberculosis healthcare needs of Ethiopians, and provide technical assistance to promote quality assurance and increase the diversity and scale of HIV/AIDS and tuberculosis-related services. The Abt Team will also undertake social marketing activities for HIV among high-risk groups, collaborating with in-country social marketing agents, local community organizations focusing on people living with HIV/AIDS, and private sector organizations in order to deepen penetration of HIV activities to reach vulnerable populations. Finally, the Abt Team will explore and recommend options for social franchising for private providers in HIV/AIDS and tuberculosis care and treatment in combination with other services, such as primary care and reproductive health programs, and as a solitary HIV/AIDS franchise.

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Abstract

Ethiopia is one of the countries with the highest HIV infection rates in the world. According to a recent report from the Ministry of Health (MOH 2004), the 2003 estimate of persons living with HIV/AIDS in Ethiopia was 1.5 million including 96,000 children. The highest number of AIDS patients (69%) was seen in the 20-39 year age groups. In a country like Ethiopia, where the majority of the population is young and active, HIV/AIDS prevention and care programs initiated and/or linked at workplaces would make huge contribution in bringing behavioral changes in terms of risk reduction for HIV/AIDS, as well as providing care for those in need.

Abt Associates Inc. together with Global Microenterprise Initiative, IntraHealth International Inc., Population Services International, initiated a workplace HIV/AIDS program in Ethiopia in Ocotber 2004, with the objective of expanding the knowledge of, and access to, affordable, high quality private sector HIV/AIDS and TB services.

A key step in the project approach involves identifying large companies in Ethiopia and assessing how they are responding to HIV/AIDS and TB in the workplace. Variables such as the existence of workplace HIV/AIDS policies, provision of information on HIV/AIDS and TB, availability of HIV related services such as STI, VCT, provision of support for employees who are HIV-positive and orphans, education on correct and consistent use of condoms, management and labor union support, collaboration with the community and government; and availability of monitoring and evaluation mechanisms were collected.

Both quantitative and qualitative methods of data collection were applied to collect information from twenty five companies selected based on sector representation, geographic coverage and employees size. The quantitative data was gathered by interviewing managers and HIV focal persons of the organizations including clinic heads to gather information related to HIV/AIDS using an assessment protocol prepared for the purpose. The qualitative data was gathered through observation and in-depth interviews to capture key information on cross cutting issues such as stigma & discrimination and gender.

Overall, the assessment revealed that twenty of the twnety five companies assessed do not have workplace HIV/AIDS policy. The current education programs have limitations in that sessions are conducted intermittently; education methodology uses a one-way communication; and sessions are not need-based or target-group focused, the distribution and use of the IE/BCC materials is limited in terms of bringing the desired behavioral change. All organizations assessed make condoms available in the workplace on a regular basis. Most of the companies provide basic health services including VCT, STI, and TB, both on site and through arrangements with public and private health facilities. Twenty three companies have committees to oversee HIV/AIDS activities. Although there are no properly recorded HIV/AIDS and TB related costs, most companies feel that absenteeism due to illness is a major concern. No sign of stigma and discrimination was witnessed in the companies; and disclosing HIV status is not common. Special consideration is not given for gender specific issues about HIV/AIDS while planning and designing policies. Most companies monitor HIV/AIDS related activities as part of the clinic health report and include in annual work plans as part of employees' health benefit.

Based on these findings recommendations were forwarded to enable managers to understand the status of their existing HIV/AIDS ad TB programs, consider options to extend the coverage and quality of these services and inmform management, employee and employee representatives the rational to initiate or expand workplace HIV/AIDS prevention programs.

Table of Contents

List of Tables

List of Figures

Acronyms

AIDS	Acquired Immuno Deficiency Syndrome
ART	Anti-retroviral Therapy
ARV	Anti-retroviral
BCC	Behavioral Change Communication
CETU	The Confederation of Ethiopian Trade Unions
CGS	Cross Generational Sex
CPT	Cotrimoxazole Prophylaxis Therapy
DOTS	Directly Observed Treatment Short Course
EBCA	Ethiopian Business Coalition Against HIV/AIDS
FP	Family Planning
GMI	Global Microenterprise Initiatives
HAART	Highly Active Anti-retroviral Therapy
HAPCO	HIV/AIDS Prevention and Control Office
HBC	Home Based Care
HIV	Human Immune-deficiency Virus
Idir	Ethiopian word for social mutual help group
IE/BCC	Information Education/Behavioral Change Communication
IEC	Information Education Communication
IPT	Isoniazid Prophylaxis Therapy
INH	Isoniazid
KAP	Knowledge Attitude and Practice
MIDROC	Mohammed Investment, Development and Research Organization Company
MIS	Management Information System
MOH	Ministry of Health
MOLSA	Ministry of Labor and Social Affairs
NGO	Non-governmental Organization
OGAC	Office of the U.S Global AIDS coordinator
PCP	Prevention Care Package
PEP	Post Exposure Prophylaxis
PMTCT	Prevention of Mother-to-Child Transmission
PSI	Population Services International
PSP	Private Sector Program
PSP-Ethiopia	Private Sector Program-Ethiopia project
STI	Sexually Transmitted Infection
TB	Tuberculosis
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing
Wereda	Ethiopian word for district

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Executive Summary

Project Background

The Private Sector Program-Ethiopia (PSP-Ethiopia) is a program focusing on working with Ethiopian private and public sector organizations to increase access to affordable, high-quality HIV/AIDS and TB prevention, care, and support services. The PSP-Ethiopia project team is led by Abt Associates Inc., and includes Global Micro-enterprise Initiatives, IntraHealth International Inc, and Population Services International, as partners.

A key step in the project approach involved identifying very large (1000+ employees) and large companies (500-1000 employees) in Ethiopia, assessing how they respond to HIV/AIDS and TB in the workplace, and working with them to fill any identified gaps. The project identified 25 companies, which were assessed from March 1 to June 30, 2005, based on their existing HIV/AIDS and TB programs. The objective of the assessment was to identify gaps in the companies' existing interventions and to help managers establish appropriate HIV/AIDS and TB policies and workplace-based prevention programs and clinical services. An assessment protocol was prepared to gather information on basic company profile, HIV management and policies, HIV/AIDS and TB interventions in the workplace, connections with the community, and issues related to gender, persons living with HIV/AIDS and stigma and discrimination.

The results of this assessment do not represent the general response of the entire business sector in Ethiopia since the companies contacted were purposefully selected for intervention. Information was collected and analyzed on: company background, employees, unions, HIV/AIDS policy, employee benefits, insurance/health coverage, community investment and involvement, HIV/AIDS and TB programs, and on-site and outsourced clinical care. The size of the company, area of business, and convenience for intervention were considered in selecting companies for assessment.

Key Findings:

- As many as 20 of the 25 companies assessed did not have workplace HIV/AIDS policies.
- Committees were formed to oversee HIV/AIDS activities in 23 of the companies assessed.
- Only 10 companies had formally allocated budget to support HIV/AIDS activities.
- Employees in 13 companies contributed money to cover anti-retroviral (ARV) drug costs and support orphans of deceased employees. Occasionally, labor unions and the company provided matching funds to these solidarity schemes.
- Although no HIV/AIDS and TB-related costs were recorded, mostly companies believe that medical costs are on the rise, and absenteeism due to illness was considered a major concern.

- Most companies had HIV/AIDS education programs, with certain limitations such as sessions were conducted intermittently; education methodology used one-way communication; and sessions were not need-based or target-group focused. The HIV/AIDS education program was not well structured and hence further professional input is needed both in preparing the materials and in delivering them. Moreover, current educational activities need to address TB.
- Although the efforts of the HIV committee and/or clinical staff members in utilizing existing information education/behavioral change communication (IE/BCC) materials and making them available for the workforce were encouraging, the distribution and use of the IE/BCC materials was limited to impact the desired behavioral change.
- Condoms were regularly available in the workplace clinics of all companies assessed, either through purchase from DKT or free of charge from other sources such as health bureaus and nongovernmental organizations (NGOs).
- Most of the companies provided basic health care services, especially for HIV-related issues such as TB, voluntary counseling and testing (VCT), sexually transmitted infection (STI), and prevention of mother-to-child transmission (PMTCT), both in their own clinics and through arrangements with public and private health facilities.
- All companies with on site clinics sponsor some training programs for the clinical staff.
- The clinical staff has limited access to updated guidelines for HIV, TB, and STIs,
- No signs of stigma and/or discrimination were witnessed in the companies. Nonetheless, disclosing HIV status by employees was not a common practice in most companies.
- No special consideration was given for gender-specific issues about HIV/AIDS in the development of work plans or in the design of HIV/AIDS policies.
- Most companies have not formally included HIV/AIDS in their routine reporting and planning process. In most companies, management receives feedback on HIV/AIDS-related activities on need basis and some companies integrate reports on HIV/AIDS as part of the clinic health report.

Recommendations:

- Company managers should consider establishing a policy statement concerning HIV/AIDS in the workplace. This will ensure a uniform and fair approach to effective workplace HIV/AIDS programs.
- Existing HIV/AIDS committees should be broadened and empowered, and their objectives should include other health issues such as opportunistic infections and TB. The capacities of HIV/AIDS committees can be broadened through training and sharing experiences with other companies.
- The solidarity fund scheme where employees, management, and labor unions make financial contributions can reduce the financial burden of the companies and support workers and dependents. This scheme needs to be strengthened and management support is needed to make this effort sustainable.

- Conducting a cost-benefit assessment of the impact of HIV/AIDS and TB in the workplace will help management to make informed decisions with regard to HIV/AIDS and TB programs.

- To effectively prevent HIV/AIDS and TB, employees and families must be educated about the transmission and prevention of these diseases. Peer education is one approach recommended.

- In utilizing IE/BCC materials, companies should consider their employees' profiles in order to adopt and/or produce IE/BCC materials that are relevant to the target employees and ensure their distribution so that employees can easily access them.

- Although company clinics provide services based on their level, they still lack some HIV/AIDS and TB-related services. Providing support and capacity-building assistance, including training for services such as Isoniazid Prophylaxis Therapy (IPT), Cotrimoxazole Prophylaxis Therapy (CPT), Anti Retroviral Therapy (ART), Prevention of Mother to Child Transmission (PMTCT), Voluntary Counseling and Testing (VCT) and Directly Observed Treatment Short Course (DOTS), is recommended.

- To reduce the fear of discrimination and stigma associated with HIV/AIDS and TB and for employees living with the virus to come forward and discuss openly, companies should create an environment where employees can freely discuss these issues and openly support HIV/AIDS and TB-prevention activities.

Peer Educators Training

- It is worth investing in health education that targets female employees. Collecting information disaggregated by sex will help management to clearly monitor activities and make sensible decisions regarding gender-related problems.

- Collaborating with community initiatives, schools, local government agencies, and traditional and faith-based groups, person(s) living with HIV/AIDS associations and NGOs will contribute to resource sharing, specialized support, and sustainability of programs.

- In order for companies to be proactive in matters regarding HIV/AIDS and TB in the workplace, they need to incorporate HIV/AIDS activities into their strategic plans and routine reporting mechanisms.

1. Introduction/Background

Ethiopia has one of the highest HIV infection rates in the world. According to a recent report from the Ministry of Health (MOH), the 2003 estimate of persons living with HIV/AIDS in Ethiopia was 1.5 million, which included 96,000 children. In the same year, an additional 197,000 new HIV infections, 98,000 new AIDS cases, and 90,000 AIDS deaths were reported in the adult population. Moreover, 537,000 children under the age of 17 were estimated to be orphans due to AIDS-related deaths. HIV prevalence is almost five times higher in urban areas than in rural areas. According to the same MOH report, the national HIV prevalence for 2003 was estimated to be 4.4 percent (12.6 percent urban and 2.6 percent rural) (MOH 2004)

In addition to HIV/AIDS, tuberculosis (TB) has become a global concern. The burden of TB in Ethiopia is one of the highest in the world with the prevalence rate of 533 cases/100,000 persons and an incidence rate of 356 cases/100,000 persons. In 2004, the TB Leprosy Control Program registered 124,223 cases of TB from Directly Observed Treatment Short (DOTS) implementing areas, among which, 41,430 were new smear positive pulmonary TB cases. This represents a case notification rate of 166 and 56 per 100,000 persons for all forms of TB and new smear-positive cases, respectively. Moreover, the case detection rate of DOTS was 36 percent, the TB mortality rate for all cases was registered as 79 cases/100,000 persons, and multiple drug resistance TB among new cases was found to be 2.3 percent. (MOH 2005)

As a result of the impact of HIV/AIDS on TB, the number of TB cases is increasing in Ethiopia (5–10 percent per year), which consequently leads to an increase in the transmission of TB within the community. It has now been documented that active TB can result in the progression of the existing HIV-infection of a patient. In Ethiopia HIV/AIDS has accounted for an estimated 38 percent, or 54,000, of all incidences of TB in 2003 .This proportion is expected to continue to rise and will contribute to a total projected TB caseload of 180,000 in 2008. The co-infection of people with TB and HIV has resulted in major consequences such as a low cure rate for TB patients, high mortality during treatment, high rate of TB recurrence, and increase in drug resistance. (MOH 2004).

The high rate of HIV/AIDS and TB significantly impacts individuals and institutions in Ethiopia. The rapid spread of HIV/AIDS negatively affects the socioeconomic condition of the society. It impacts life expectancy, total population size, productivity, and skilled labor. Moreover the interrelationship between HIV/AIDS and TB has an adverse impact on the mission and objective of many companies because it means increased production costs, employee absenteeism, medical expenses, costs to replace and train employees, and other factors that impact profits and efficiencies. There is extensive evidence that HIV/AIDS is becoming a cost burden to companies. It is also proven that programs focusing on HIV/AIDS and TB prevention and care significantly reduce the company's financial impact, thereby contributing to improved productivity and employee health. Thus, effective and appropriate HIV/AIDS and TB prevention, care, and support programs and an enabling management and policy environment are essential in the workplace.

For example, company managers networking with peer companies, communities, associations, government and nongovernmental organizations (NGOs) working on HIV/AIDS and TB could contribute to the national effort to mitigate the impact of HIV/AIDS by increasing leadership in addressing the issue, linking services, and sharing best practices to improve access to quality HIV/AIDS and TB prevention and care services.

In a country like Ethiopia, where the majority of the population is young and active, programs related to HIV/AIDS and TB prevention and care that are initiated at or linked to workplaces would contribute significantly to behavioral changes in terms of risk reduction for HIV/AIDS and to appropriate care for those in need. This could be achieved through mobilizing resources by involving the private sector in the fight against the disease and creating synergy between the public and private sector. In response to this need, the government of Ethiopia and local and international NGOs including the Confederation of Ethiopian Trade Unions (CETU), the Chamber of Commerce, and the recently formed Ethiopian Business Coalition against AIDS, have been involved in the fight against the spread of HIV/AIDS.

In December 2004, the national HIV/AIDS Prevention and Control Office (HAPCO) and the federal MOH prepared a strategic plan for 2004–2008: *"Ethiopian Strategic Plan for Intensifying Multi-Sectoral HIV/AIDS Response."* One of the objectives set in the document is "Ensuring leadership at all levels to sustain HIV/AIDS as a priority development emergency agenda" with strategies of expanding advocacy and advisory activities, ensuring that institutional leaders lead and manage the implementation of workplace HIV/AIDS programs, and introducing accountability re-enforcing mechanisms (HAPCO 2004). The Ministry of Labor and Social Affairs (MOLSA) also designed a national guideline on HIV/AIDS at workplaces based on the International Labor Organization (ILO) Code of Practice on HIV/AIDS.

To further strengthen these and other similar efforts in Ethiopia, the Private Sector Program in Ethiopia (PSP-Ethiopia) was launched with support from USAID/OGAC. The project focuses on working with Ethiopian private and public sector organizations to increase access to HIV/AIDS and TB prevention, care, and support services. The PSP-Ethiopia team is led by Abt Associates Inc., and includes Global Microenterprise Initiatives (GMI), IntraHealth International Inc., and Population Services International (PSI).

2. PSP-Ethiopia

The private sector in Ethiopia can provide a unique opportunity to extend the reach and sustainability of HIV/AIDS and TB prevention and care services, if its programs are well integrated with public sector and NGO partners. Previous experience in public-private partnerships in Ethiopia suggests that well-designed partnerships can result in increased access to health services.

In view of this, PSP-Ethiopia initiated the private sector program with the objective of expanding the knowledge of, and access to, affordable, high-quality private sector HIV/AIDS and TB services through three program components:

- Fostering private sector partnerships in workplace environments that address HIV/AIDS and TB
- Using targeted social marketing of HIV/AIDS prevention products and services to high-risk populations focusing on cross-generational sex (CGS)
- Promoting social franchising that improves quality of private sector involvement in HIV/AIDS and TB

The PSP-Ethiopia workplace HIV/AIDS and TB intervention package embraces comprehensive program components focusing on clinical and non-clinical interventions and cost-benefit assessment. These comprehensive program components include the following:

- A workplace HIV/AIDS and TB policy: Companies should have a comprehensive workplace HIV/AIDS and TB policy, and it should be clearly communicated to all employees. The policy needs to address HIV/AIDS and TB issues, including the reduction of stigma and discrimination, and gender-specific issues. The policy must be updated periodically. It is believed such policy statements will help companies to respond to HIV/AIDS and TB in a more structured manner.
- Program administration: Continued support from all levels of management, especially senior management, is needed, as is the involvement of the labor union and social groups within the organization. This could be accomplished by assigning a focal unit for program administration and involving social groups through contributing funds and volunteering for care and support activities.
- Cost implications of HIV/AIDS and TB and financing options: Any recommendations for HIV/AIDS and TB interventions should consider the cost implications and ramifications such interventions would have on companies' core business objectives. It is advisable to show companies the advantages of investing in HIV/AIDS prevention and care activities and recommend options for financing workplace HIV/AIDS and TB programs.
- Information Education/Behavior Change Communication (IE/BCC) on HIV/AIDS and TB: Companies should provide all employees with information and education on HIV/AIDS and its relation to TB (including methods of prevention, transmission, and places to look for further information and services). Trained peer educators should provide effective and interactive behavioral change communication sessions for employees. These programs could be supported by mass education sessions, drama, media, and/or use of print materials.

- Education on the correct use of condoms: Education on the correct and consistent use of condoms to appropriate high-risk groups should be part of the IE/BCC effort. Distribution of condoms at readily accessible points around the workplace also needs to be considered.
- Vital on-site or referral services for HIV/AIDS and TB: Provision of on-site clinical and non-clinical services, such as counseling for HIV testing and follow-up counseling, TB diagnosis and treatment, STI diagnosis and treatment, and the provision of other services, is important for sound workplace HIV/AIDS programs. Companies need to create and strengthen referral linkages with public and private health institutions or with other centers where employees could receive health care and support for themselves and for family members who are infected/ affected with these diseases. Services could include home care and assistance to vulnerable children and children of deceased employees.
- Inclusion of gender issues in HIV/AIDS: Gender issues in relation to HIV/AIDS need to be addressed and should be included in workplace HIV polices, in educational messages, and in IE/BCC materials.
- Collaboration with government, community, and NGOs: Companies need technical support to build partnerships and linkages with the community, governmental organizations, and NGOs and person(s) living with HIV?AIDS associations to gain from their experiences and for resource sharing.
- Monitoring and evaluation of HIV/AIDS and TB activities: Companies require technical assistance in establishing an effective system that will measure impacts and track information and costs related to the sustainability of their HIV/AIDS and TB programs.

3. Assessment Objectives

The general objective of this assessment was to identify gaps in companies' current workplace HIV/AIDS and TB interventions by assessing how they are responding to these diseases in the workplace.

The specific objectives included assessing:

- Availability and content of workplace HIV/AIDS policies
- Existence of HIV/AIDS program administration body within the company
- Existence of budget and financing options for HIV/AIDS and TB activities in the workplace
- Existence of HIV/AIDS and TB prevention educational activities and message delivery mechanisms, including information about gender and stigma and discrimination
- Availability of quality on-site and/or referral clinical services for HIV/AIDS and TB prevention and care services
- Existence of linkages with the community and public, private, and NGO sectors
- Existence of monitoring and evaluation system to evaluate HIV/AIDS and TB activities at the workplaces

The results of the assessment will enable PSP-Ethiopia to inform mangers about the status of their existing HIV/AIDS and TB programs and to consider options to extend the coverage and quality of the services provided. It will also help managers to establish need-based HIV/AIDS policies and workplace-based prevention and care programs. Moreover the result will serve as a baseline to enable company managers and the project to measure progress as intervention takes place.

4. Methodology

A key step in the PSP-Ethiopia project approach involved selecting companies according to their size (very large companies >= 1,000 employees, and large companies = 500–1000 employees) and extending to smaller companies (< 500 employees) when relevant and identifying gaps for HIV/AIDS and TB intervention.

Accordingly, 25 companies were selected for the assessment based on a set of criteria, which included 1) sector representation, 2) number of employees, 3) company ownership (public and privately owned), and 4) geographical representation (Addis Ababa, Oromia, and Amhara). The results of this assessment do not represent the general response of the entire business sector in Ethiopia since the companies contacted were purposefully selected for intervention.

Company executives were briefed about the objective of the assessment and their consent was obtained before proceeding. Data related to HIV/AIDS and TB was gathered by interviewing managers and/or HIV focal persons of the organizations including clinic heads from March 1-June 30, 2005. An assessment protocol was prepared to collect information on:

- Company background
- Background information on employees and unions
- HIV/AIDS policy
- Employees benefits and insurance/health coverage
- Community investment and involvement
- Existing HIV/AIDS and TB programs
- On-site and/or outsourced clinical care

The assessment protocol was prepared by project team members (Abt, GMI, IntraHealth, and PSI) and comment and additional input was received from Dawn of Hope and Mekdim National Association (associations for persons living with HIV/AIDS). Project team members handled the data collection, analysis, and report writing.

Through observation and in-depth interviews, interviewers collected key information regarding the condition of the clinic and other cross-cutting issues such as (1) Monitoring, Evaluation and Dissemination, (2) General Management, (3) Involvement of People Living with HIV/AIDS, (4) Gender Perspective, and (5) Stigma and discrimination.

5. Findings and Discussion

5.1 Company Profiles

For more than two decades, businesses in Ethiopia have been owned predominantly by the government. As a result, most large companies included in this assessment were managed by the government. Of the 25 companies assessed, only seven were privately owned (two companies were joint ventures between the Ethiopian government and foreign private companies), and the remaining 18 companies were parastatals. The nature of the businesses varied: 13 of the companies were involved in manufacturing, 10 were service providers, one was agro-industry, and one was mining. In terms of geographical coverage, 18 companies were headquartered in Addis Ababa, one was located in Amahra, and six were in Oromia. Most of the companies located in Addis Ababa, however, have extensive reach into other parts of Ethiopia through branch offices and sales outlets, hence providing the potential for greater coverage. A breakdown of the companies assessed is provided in Table 1.

Table 1. Companies Assessed by Sector, Ownership, and Number of Employees

Sector	Ownership			Employee Size			
	Parastatal/ Government	Private	Total	Small (<500 employees)	Large (500-1000 employees)	Very Large (>1000 employees)	Total
Agriculture	-	1	1	-	-	1	1
Manufacturing	8	5	13	1	2	10	13
Service	10	-	10	-	4	6	10
Mining		1	1	-	1		1
Total # of companies	**18**	**7**	**25**	**1**	**7**	**17**	**25**

Source: Assessment Data, March-June 2005

The 25 companies assessed have a combined total of about 60,000 permanent and more than 20,000 temporary employees, with the majority of employees being male (75 percent). Different forms of civic associations exist in these organizations, with the three most common being employee associations (labor unions), employee savings and credit cooperatives, and employee *idir* (mutual help associations). In the Ethiopian context, social committees (such as *idir*) are important contributors to any social events such as births, weddings, illnesses, and funerals. If they are approached wisely, the existence of such committees in organizations could complement the efforts to fight HIV/AIDS at the workplace.

5.2 Workplace Reponses to HIV/AIDS and TB

The current assessment attempted to capture companies' responses to HIV/AIDS and TB in the workplace, based on the PSP-Ethiopia HIV/AIDS and TB program components (section 2). The findings are summarized below.

5.2.1 Existence of a Workplace HIV/AIDS and TB Policy

One of the first steps in implementing effective HIV/AIDS and TB interventions in the workplace is to design a comprehensive HIV/AIDS and TB policy. Such a policy serves as the company's statement regarding the following:

- It acknowledges the seriousness of the disease and its impact on the workplace.
- It understands AIDS as a chronic life-threatening disease with several implications.
- It seeks to minimize the implications through a comprehensive and proactive workplace program.

As many as 20 of the companies assessed do not yet have such a policy; and among those who do have an HIV/AIDS policy, none of them addressed TB. Of those companies with HIV/AIDS policies, four were private companies and only one was parastatal or government owned (see Table 2). Because of the existence of a national HIV/AIDS policy, most of the parastatal companies were not convinced of the need to have a separate workplace HIV/AIDS policy assuming a national HIV/AIDS policy was enough. They have now recognized the need for such a policy since death and absenteeism related with HIV/AIDS has increased and therefore a need for company specific response.

Table 2. Companies with HIV/AIDS Policies by Sector and Ownership

Sector	Ownership		Total
	Parastatal / Government	Private	
Agriculture	-	-	-
Manufacturing	-	3	3
Service	1		1
Mining		1	1
Total companies with policy	**1**	**4**	**5**
Total Companies Assessed	**18**	**7**	**25**

Source: Assessment Data, March-June 2005

5.2.2 Effectiveness of Program Administration

Concerns about costs associated with the initiation of HIV/AIDS policies and programs; seem to discourage managers from responding to the problem. However, once company managers understand the impact of HIV/AIDS on productivity, they respond in various ways. Some of the responses and management commitment include: the establishment of a functional HIV/AIDS focal unit engaged in formulating policies and monitoring implementation, allocating time for employees HIV education and allotting the necessary budget for HIV/AIDS related activities in the company. Such action will assist companies to institutionalize their efforts and manage them in a sustainable manner.

Except in two companies, there were HIV/AIDS committees formed to handle HIV/AIDS related activities. Most of these committees were formed in 2002 or later. In most of the companies human resource managers, labor union representatives, and the head of the clinic were members of the HIV/AIDS committees. However, the committees are less active with regard to discharging their responsibilities and do not meet regularly since members have multiple duties and responsibilities.

5.2.3 Cost of HIV/AIDS and TB

Despite the lack of detailed records of HIV/AIDS and TB-related direct and indirect costs, most of the companies assessed believe that medical costs are increasing. Employee absenteeism due to illness is high, particularly among unskilled employees, and illness was the most frequent reason for absenteeism in the past 12 months.

To assess whether companies are concerned about the impact of HIV/AIDS on productivity and profitability, respondents were asked to rate potential business concerns according to the severity of the problem in the company (1 = not concerned, 5 = very concerned). The results are shown in the following table (Table 3).

Table 3. Companies' Responses to Potential Business Concerns in Relation to HIV/AIDS and TB

Business Concern	Number of Companies/ Score					*Priority Concern*
	1	2	3	4	5	
Absenteeism due to funerals	4	7	2	3	-	
Absenteeism due to illness	3	1	7	4	2	2
Absenteeism due to taking care of family members	7	6	2	1	-	
Cost of recruiting new staff	6	1	7	2	-	4
Loss of key staff due to illness/death	7	5	2	3	-	
Medical expenses incurred by the company	-	2	5	5	5	1
Payment of death/disability benefit	3	6	6	1	1	5
Reduced productivity of workers	4	2	5	3	3	3
Supervisory /management time dealing with above issues	3	9	2	1	-	
Training cost for employees	5	3	7	1	-	

Source: Assessment Data: March-June 2005

The greatest concern to most companies was medical expenses incurred, followed by absenteeism due to illness, reduced productivity of employees, cost of recruiting new staff, and payment of death benefits.

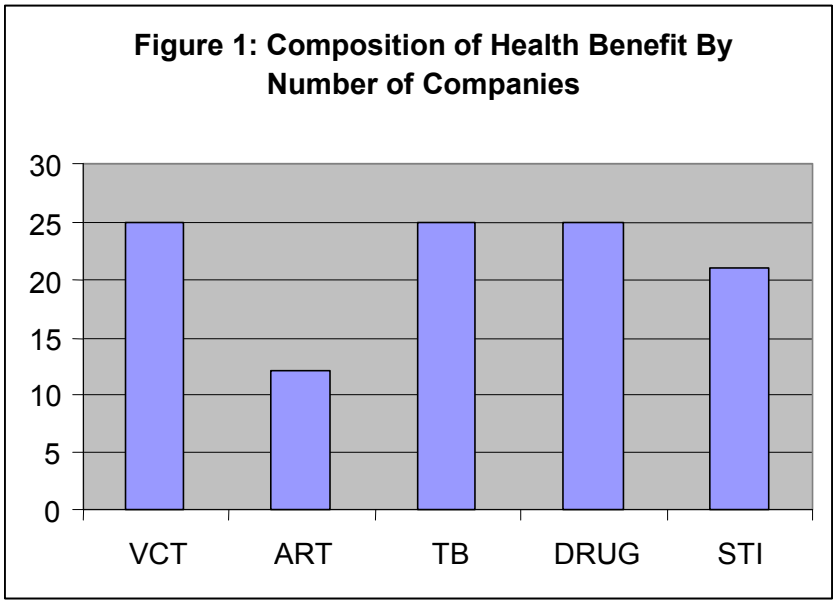
5.2.4 Health Benefits Package

Almost all companies assessed provide a health benefit package to their employees. The package consists of a company's own clinic or on-site health services where 100 percent of the costs of employees' health expenses are covered, and an arrangement is also made with private or public health institutions when needed.

Among the 25 companies assessed, 18 do not extend health benefits to the families of employees. Seven of the companies provide some type of services to the families and dependents ranging from allowing families to use the company's clinic to reimbursing expenses incurred elsewhere. Sometimes solidarity funds (a monthly contribution from workers, unions, management, and social groups for anti-HIV/AIDS activities) are considered to be a benefit as well. For example, medical coverage of anti-retroviral therapy (ART) is usually supplemented by this solidarity scheme.

Figure 1 shows the composition of HIV/AIDS and TB-related health benefit packages the assessed companies provide. All of the companies provide voluntary counseling and testing (VCT) services (eight have on-site VCT services and the others refund expenses incurred elsewhere), and 12 of the companies provide ART, mainly from the solidarity fund; some companies do cover expenses related to ART. The ART benefit, however, is not extended to employees' families and dependents. TB treatment is also included in the health benefit packages of all the companies, and most companies cover STIs.

Figure 1: Composition of Health Benefit By Number of Companies



5.2.5 Budget for HIV/AIDS and TB Activities and Financing Options

In terms of financing HIV/AIDS and TB services, most of the companies provide some form of medical benefit for their employees. Apart from the budget for medical expenses, most companies do not have formal budget allocated for implementing their HIV/AIDS and TB program. Table 4 provides more details concerning the companies' budget and financing options.

Table 4. Existence of Budget and Solidarity Fund by Sector and Ownership

Sector	Formal Budget		Total	Solidarity Fund		Total
	Parastatal (Government)	Private		Parastatal (Government)	Private	
Agriculture	-	-	-	-	-	-
Manufacturing	3	2	5	3	4	7
Service	5		5	5	-	5
Mining					1	1
Total companies with budget/ solidarity fund	**8**	**2**	**10**	**8**	**5**	**13**
Total Companies Assessed	**18**	**7**	**25**	**18**	**7**	**25**

Source: Assessment Data, March-June 2005

Nonetheless, the employees of the majority of the companies contribute money monthly to a solidarity fund, ranging from one to six birr per employee per month, to help coworkers living with HIV/AIDS.

SAVING LIVES THROUGH A SOLIDARITY FUND SCHEME

Employees in 13 of the 25 companies assessed have shown their strong commitment to helping employees living with HIV/AIDS by making a regular monthly contribution to a solidarity fund. The amount they contribute ranges from one to six birr per employee (there are cases where individuals contribute up to 30 birr per month). In some cases, the company, labor union, and social groups (such as *idir)* contribute matching funds to these solidarity schemes. Mostly, the solidarity fund is used to buy ARV drugs for employees living with HIV/AIDS, to cover HIV/AIDS-awareness education expenses, and to support orphans of deceased employees. Some also extend this benefit to employees after retirement.

5.2.6 Use of IE/BCC Concerning HIV/AIDS and TB

All companies have intermittent HIV/AIDS prevention and care educational programs, which primarily are disseminated at the clinic by clinical staff as part of general health education. This includes efforts to increase awareness through the use of IE/BCC materials. The HIV/AIDS education programs focus on general HIV information and emphasize prevention (i.e., abstinence, faithfulness to one sexual partner, and appropriate condom use).

Some of the weaknesses identified regarding the educational sessions at the workplaces include the following:

- Sessions are conducted intermittently to those employees visiting the clinics when they are sick or seeking medical help. This limits the reach and will not allow/encourage active employee interaction and participation.
- Education methodology uses one-way communication, which does not allow interaction or feedback from recipients.
- Sessions are not need-based or target-group focused.
- The education program is not well structured and hence further professional input may be needed both in preparing the materials and in delivering messages.

Most companies have not introduced peer education. Companies are now realizing the need to introduce formal and structured HIV/AIDS prevention and care programs into the workplace due to the concerns of rising medical costs, suspected HIV-positive employees, AIDS-related deaths, and, above all, exposure to the pandemic.

All of the companies provide IE/BCC materials, especially posters and leaflets focusing on prevention (i.e., abstinence, faithfulness to one sexual partner, and condom use), VCT, and gender. All the HIV/AIDS-related IE/BCC materials were obtained from external sources such as the HIV/AIDS Prevention and Control Office (HAPCO) and NGOs, and are made available at the clinics and committee offices. IE/BCC materials regarding TB prevention and management and HIV treatment and care are not commonly available in most of the companies assessed.

5.2.7 Availability of Condoms

All companies assessed distribute condoms to their employees. Most companies have made condoms available at the clinic and some put them in washrooms and recreation rooms. Some companies have allocated a budget for the purchase of condoms from DKT, while others get them free of charge from NGOs and health bureaus.

Although companies provide condoms to their employees, the number of condoms utilized by employees was much lower than expected because of employees' fear of collecting condoms from public places such as the clinic and recreation rooms. In some cases, workplaces experienced employee resistance to putting condoms in washrooms, because it was considered as encouraging sexual behavior.

5.2.8 Incidents of Stigma and Discrimination

Most companies have not reported incidents of stigma and discrimination. While few employees openly disclosed their HIV status, employees and mangers respond to those who are presumed to be HIV positive in a friendly manner. In most cases, only the clinical staff members are aware of who is taking ART and records are kept private. Hiring and termination practices did not relate to HIV status in most of the companies assessed. Supervisors transfer those employees diagnosed or presumed to be HIV positive to light work and reassign duties in consultation with medical personnel and senior management. These actions were not viewed as negative or discriminatory; rather they were welcomed by coworkers and trade unions.

5.2.9 Issues of Gender Related to HIV/AIDS

Many studies indicate that women are more vulnerable to HIV infection than men due to biological, economic, social factors and coercive behavior. This calls for a sound workplace program that addresses gender issues in relation to HIV/AIDS. Gender-related HIV issues could be included in workplace HIV/AIDS polices, educational messages, and IE/BCC materials. In most companies assessed, however, this is not the case. On the other hand, most companies offer or cover female-targeted health care services such as family planning, ante-natal and delivery care.

5.2.10 Availability of Home-based Care

Most companies do not provide or cover costs for home-based nursing care (apart from continuing to pay their salaries and offer sick leave). However selected members of the HIV/AIDS committees provide regular visits and limited support to homebound patients in eight of the companies assessed. Most committee members interviewed recognize this as an area for future policy improvement and expansion of existing HIV/AIDS programs.

5.2.11 Support to Orphans

In nine of the companies assessed, orphans of deceased employees receive assistance from the workplace solidarity fund or from external organizations working within the surrounding community. The support mainly covers school fees, nutritional support, and clothing.

5.3 Clinical Activities

5.3.1 Physical Setup/Health System

Ethiopia has only 126 government hospitals and 519 health centers. The population-to-service ratio is calculated as one hospital for about 563,000 people and one health center for 136,000 people, which is much below the World Health Organization's standard (computed from health indicators, MOH 2005).

According to the MOH's structure, there are four health tiers in Ethiopia: 1) central referral hospital, 2) regional hospital, 3) district hospital, and 4) primary health care unit which includes health centers, clinics, health posts, and community health workers or health extension workers. The structure of private health institutions differs from this classification. The government licenses these facilities as 1) hospital, 2) higher clinic, 3) medium clinic, and 4) lower clinic[1].In the companies assessed, there were two hospitals, two health centers, two higher clinics, 13 medium clinics, and five lower clinics licensed by the MOH at different levels; and one company had no on-site clinic. Most of these health institutions have adequate medical record keeping rooms and a system to maintain confidentiality of records. Most of the facilities visited have rooms with appropriate lighting, ventilation, and toilets for both health providers and clients.

Lower clinic: expected to have a nurse and administrative staff and give routine medical services such as first aid, injections, and outpatient services.

Medium clinic: expected to have one medical doctor, nurses, laboratory technician, and administrative staff and provide laboratory and inpatient services in addition to the routine medical services.

[1]**Higher clinic**: expected to have one specialist, medical doctors, nurses, lab technicians, and administrative staff and provide same services as medium clinics in addition to radiology services such as ultrasound, x-rays, and specialty services.

5.3.2 Clinical Staff/Capacity Building Activity

The health professional-to-population ratio in Ethiopia is one Physician for 35,000 persons and one nurse for 4,500 persons (computed from health indicators, MOH 2005). Given these statistics, it could be said that there is adequate health staff in the company clinics. There are a total of 28 doctors, 92 nurses, and 32 lab technicians for a total of about 80,000 permanent and temporary employees. This equates to one medical doctor for every 3,000 employees, one nurse for 900, and one laboratory technician for 2,500 employees.

Company clinics are subject to annual supervision from sub-city, zonal and regional health bureaus during the renewal of licenses. Other types of supervision, such as peer supervision, are not common practices in most of the companies assessed. Beyond the process of licensing, there is no mechanism for communication between company clinics and the various MOH departments. This has resulted in lack of access to and use of updated guideline and protocols on VCT, TB, ART, family planning (FP), DOTS, and STI, and thus affecting the quality of services delivered.

The majority of clinical staff members have not received updated training on the management of HIV/AIDS and TB-related cases. During the assessment, it was found out that in the 12 months before the assessment a total of 40 health providers were trained by HAPCO, MOH, and NGOs. (Table 5).

Table 5. Training Provided for Clinical Staff in the Twelve months |Before Assessment

Types of Training conducted	No. of professionals trained
VCT	21
Rapid Testing	7
Drug supply	4
DOTS	1
Management Information System	1
Family planning	3
Post Exposure Prophylaxis	3

Source: Assessment data: (March –June 2005)

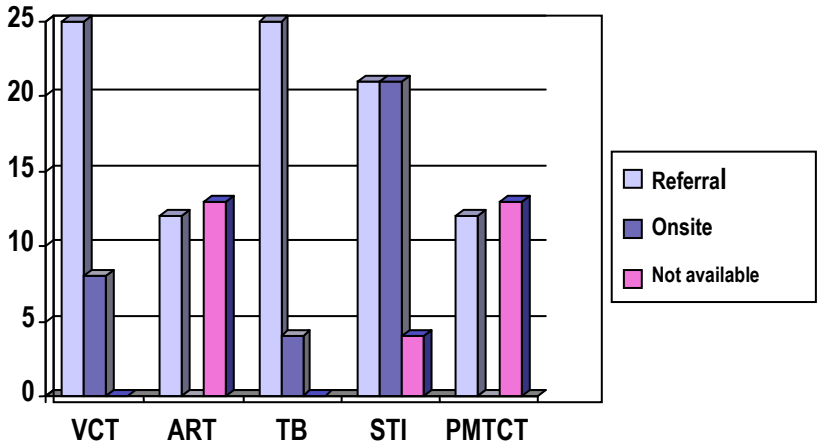
While there is movement to increase private sector involvement in HIV/AIDS and TB, current policies limit the ability of private sector health providers to participate in the delivery of TB/HIV services. They refer employees in need of ART service to public hospitals; follow up is also done in these public facilities.

A Workplace Clinic

5.3.3 Health Service Provision

The range of services in most company clinics includes outpatient, laboratory, pharmacy, and referral. Although most clinics provide a broad range of services, there are some areas not integrated, especially for HIV/AIDS-related services, and these include prevention of mother-to-child transmission (PMTCT), ART, and TB/DOTS. Employees are referred to other private or governmental health institutions for services that are not provided in the clinics. In most cases, employees are reimbursed for expenses incurred while receiving services outside the clinics. Many of the companies surveyed are referring patients to government hospitals for ARV. Figure 2 provides more information about the services offered at company health facilities.

Figure 2: Availability of Health Services by No. of Companies



The company clinics provide services to their permanent and contract employees and, some allow temporary employees (daily laborers) to use the clinics for work-related accidents and acute illnesses' and few give services to retired employees. Only seven company clinics allow families and dependents of the staff to use the clinic, and four companies provide services, including TB/DOTS, to the community.

Twelve of the companies assessed included ART in their health benefits package or medical reimbursement (figure 2), but none of the clinics prescribe ART and follow the patients at their on-site facility. Regarding TB services, only four company health facilities were already providing DOTS to workers and the surrounding community. One reason this number is low is because existing policy does not facilitate the treatment of TB at a private facility. An estimated 200 employees receive TB treatment either on-site or through referrals. The company clinics including those four giving TB/DOTS do not provide Isoniazid Prophylaxis Therapy (IPT), and CPT services because they do not have trained professionals, Isoniazid (INH) drug, and other facilities and formats that are pertinent to start the service.

BUSINESSES SERVING THE COMMUNITY

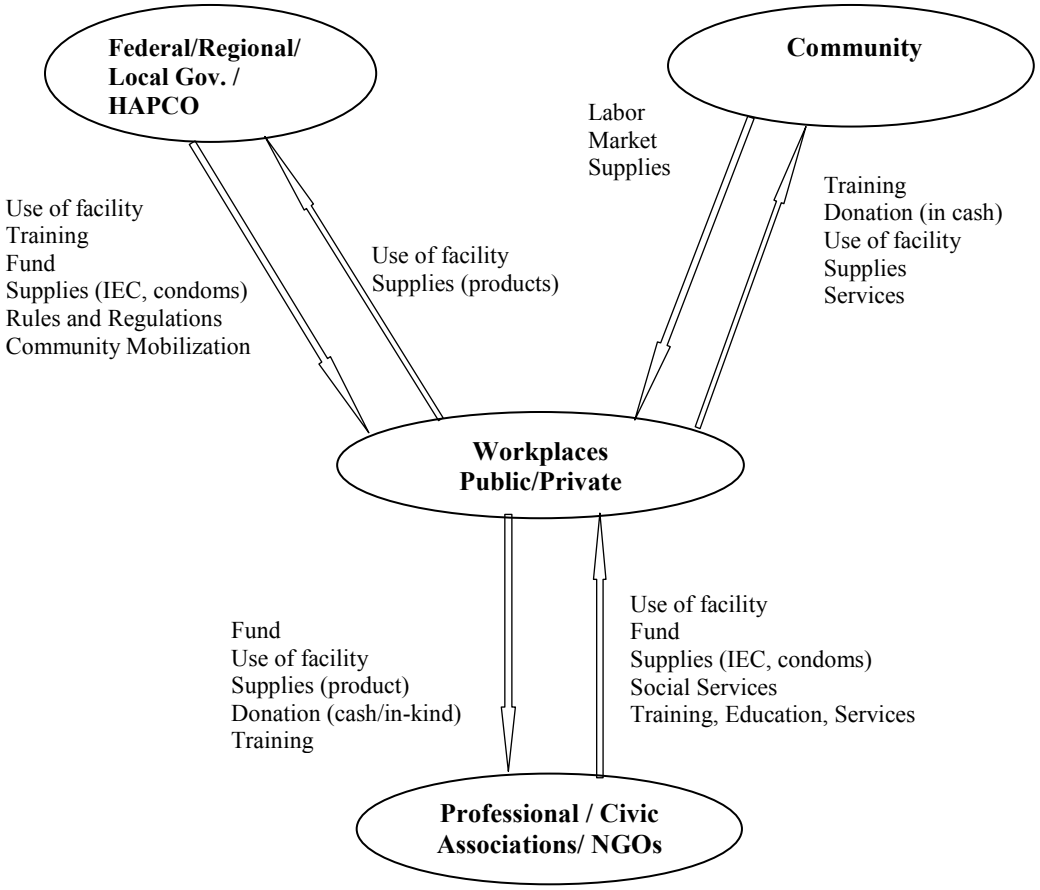
Though private companies and health providers are not encouraged to provide TB/DOTS at their facility, out of the 25 companies assessed, four parastatal companies were providing TB treatment for workers and the surrounding community. The community receives the service from these workplaces at no cost to the patient.

In addition to TB/DOTS, some company clinics provide medical services to the community for a nominal charge. This is an encouraging trend for Ethiopian businesses having limited experience to involve themselves in community affairs and discharge their social responsibility.

5.4 Collaboration with Government, Community, and NGOs

The nature of HIV/AIDS requires a collaborative effort among all sectors of the society (i.e., community leaders, local and international NGOs, civic societies, and professional associations etc), especially in a country like Ethiopia where resources (financial and human) are scarce compared to the severity of the problem. Some companies understand the benefit of collaborating with the community and organizations working on HIV/AIDS and discharge their responsibility to society by working to prevent the spread of the disease. As a result, they actively interact with the surrounding communities.

Figure 3. Interaction between workplaces, the public sector, the community, and NGOs



Although most of the companies assessed do not have strategies or policy-based relationships with the community, certain events and activities demonstrated that they do work collaboratively with the public sector and are involved in some type of public-private partnerships. For example, Regional HAPCO provides money for workplace HIV/AIDS activities, and companies receive condoms and IE/BCC materials from NGOs and health bureaus. Medical staff at some company clinics received training from NGOs and the public sector. Some companies invite persons living with HIV to staff meetings to share their experiences and educate employees. In addition, some companies offer their services or products to the community or targeted group, which has improved their relationship with the community.

5.5 Monitoring and Evaluation of HIV/AIDS and TB Activities

Measuring the impact HIV/AIDS has on a company's business is a challenging task; however, as companies experience an increase in employee absenteeism, turnover, medical costs, and benefits (such as life insurance, death benefits, and health insurance) management is more likely to consider mechanisms to reduce these costs or to pursue financing options to counter the costs of increases in illness and therefore understand the rationale of investing in HIV/AIDS and TB programs.

By having mechanisms in place to report progress and track information on the HIV/AIDS and TB programs, management can evaluate the effectiveness and related costs of their programs in the context of the company's overall progress. During the assessment, only four of the twenty five companies have formally included HIV/AIDS in their strategic plans; and 11 have incorporated activities related to HIV/AIDS in their quarterly and annual reports by integrating it with their human resource reports.

5.6 Mainstreaming HIV/AIDS and TB Activities into the Workplace

Mainstreaming HIV/AIDS activities into the workplace setting could be explained, among other things, by the availability of an HIV/AIDS policy, budget, and focal unit, and including HIV/AIDS in the company's strategic plan and routine reporting mechanism. The presence of these factors would indicate the company's recognition of the problem and its efforts to fight the disease within the workplace.

As discussed in the aforementioned discussions, only five of the 25 companies assessed have HIV/AIDS policies, and no company has a formal HIV/AIDS unit other than an HIV/AIDS committee that gathers occasionally and voluntarily. Only 10 of the 25 companies have allocated a formal budget for HIV/AIDS activities; and only four have formally included HIV/AIDS in their strategic plans. It is obvious that much remains to be done to mainstream HIV/AIDS-related activities into the business sector in Ethiopia.

6. Opportunities and Limitations to Expand HIV/AIDS and TB Programs in the Workplace

During the assessment, companies expressed their interest in initiating comprehensive HIV/AIDS and TB programs that would enhance their current efforts. These include capacity-building activities for HIV/AIDS committee members and the distribution of up-to-date IE/BCC materials. They also expressed an interest in introducing peer education programs and VCT and in extending home-based care. Such comprehensive programs, however, would require collaboration and information-sharing with partner organizations (e.g., companies with governmental organizations and NGOs). In order to improve their workplace programs, companies expressed a willingness to involve institutions that work in community home care and work with person(s) living with HVI/AIDS associations.

Most companies indicated a high demand for ARV drugs and they are seeking solutions to obtain these drugs. Those that cover ART costs would like to expand the service to employees' spouses and children, but they believe the financial impact would be a constraint.

The companies' clinical staff and management are interested in specific training on HIV/AIDS issues relevant to their work. They are particularly interested in VCT, TB/DOTS, and ARV management, and in continuously upgrading the quality of their services. Companies are limited, however, in their ability to expand HIV/AIDS and TB programs. Table 6 presents a more detailed explanation of the opportunities and limitations companies face.

Table 6. Existing Opportunities and Limitations in Expanding HIV/AIDS and TB Programs

Component	Opportunities	Limitations	Remarks
HIV/AIDS and TB Policy	Management in some cases is willing to design customized workplace policy	Limited knowledge of a comprehensive workplace policy HIV/AIDS is not institutionalized	Capacity building is needed in the areas of policies Management has to be convinced about the importance of a policy statement in the workplace
Program Administration	HIV/AIDS committees exist in most organizations Committee members are dedicated Labor union is supportive	Top management is not involved in most cases Committees lack expertise in HIV/AIDS program management	Committee members need to be encouraged Capacities of committee members should be built Awareness needed to involve management

Component	Opportunities	Limitations	Remarks
Cost of HIV/AIDS and TB	Companies are willing to initiate workplace HIV/AIDS services if benefit of the program is clearly portrayed	No cost/benefit assessment done No separate record for HIV/TB-related costs Companies couldn't officially transfer HIV-related medical costs, especially ART, to insurance	Conduct cost/benefit assessment and clarify management for informed decision Advocacy is required to include HIV-related medical costs in existing insurance medical coverage
Budget and financing options	Budgeting for HIV/AIDS activities has started in some companies Solidarity fund exists in most companies Different social groups such as *idir* and credit associations exist	Managers in some cases have not understood the importance of solidarity fund schemes Managers have not understood the importance of budgeting for HIV/AIDS activities	Management has to be convinced about the importance of allocating budget for HIV/AIDS activities Organize existing social groups such as *idir* for local resource mobilization Build capacities of solidarity fund administrators for efficient utilization of the fund
Gender and HIV	Female targeted health benefit exist in most companies There are some initiatives to include gender Female workers outnumber males in some companies creating opportunity to discuss gender and HIV issues easily	Less understanding about gender and HIV issues by the management	If management is sensitized there is willingness to address the issue.

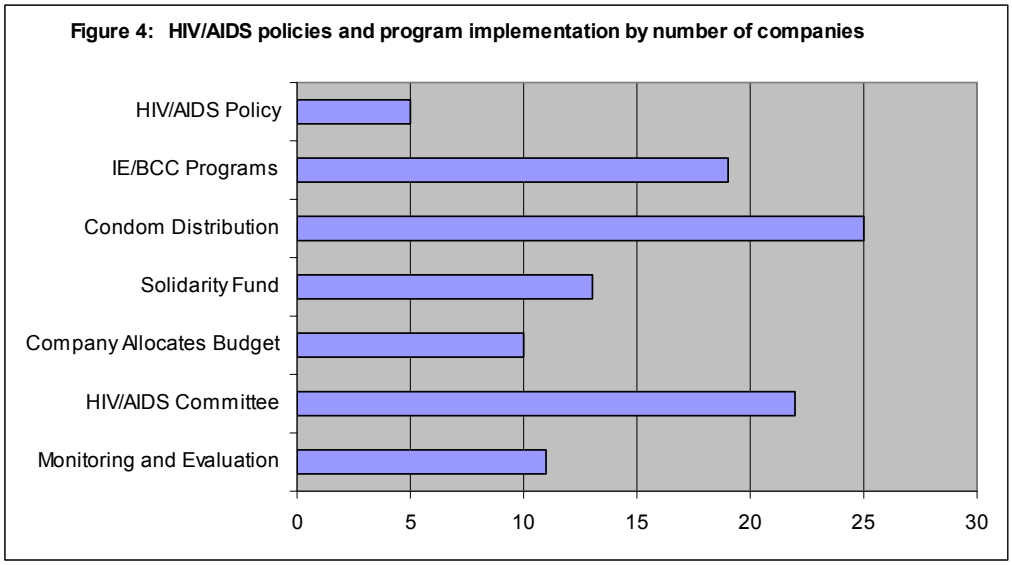
Component	Opportunities	Limitations	Remarks
Stigma and Discrimination	No sign of stigma and discrimination seen in the companies	Still HIV+ workers lack initiatives to come forward and educate their colleagues	Management needs to create an enabling environment
Workplace Educational Program	Educational programs exist in most companies, though not structured IE/BCC materials are available Media education exists in some companies Companies are willing to initiate educational programs that bring behavioral change	Management and in some cases health personnel, believe that awareness is high and there is no need for workplace educational program. There is a "we know all about it" attitude Companies are reluctant to commit time for peer education sessions Including families in education programs is not much appreciated	Facts and figures could convince management about the importance of educational programs. Emerging issues such as TB, Positive Living, etc., still need to be addressed
Clinical Service Delivery	Companies have their own clinics with relatively adequate staff There is budget for medical expenses There is a huge potential to initiate services such as VCT, PMTCT, TB/DOTS, IPT, CPT at workplaces.	There is no quality assurance system Lack of updated and refresher training for service providers Updated guidelines and protocols are not available Special services to support the HIV/TB prevention efforts are lacking Policy doesn't exist to start services such as DOTS in the private companies Limited support to the workplace clinics from the management	Management has to be convinced about the importance of initiating additional services and allocating additional budget Policy dialogue should continue to initiate HIV/Tb services lacking at private health facilities

Component	Opportunities	Limitations	Remarks
Community Involvement	Some companies work with the community, person(s) living with HIV/AIDS associations, and NGOs for securing resources such as condoms and IE/BCC materials. They also give their products to community groups Availability of resources on TB & HIV around the company	Most companies still are not convinced about the advantage of networking with community initiatives Low level of awareness of businesses responsibilities to the community and the society in general	Establishing two-way linkages between business and the community will help with resource sharing Lobbying is needed to familiarize businesses with the social role they have
Monitoring and Evaluation	Some companies have started including HIV/AIDS in their strategic plan and in their progress reporting There is a willingness to incorporate HIV/AIDS program in routine reporting and planning mechanism	No inbuilt system for monitoring and evaluation of HIV/AIDS activities	Design user-friendly and quick MIS that helps management understand the importance of HIV/AIDS and TB programs
General	HIV/AIDS and TB have become a development agenda A national strategic plan supporting workplace efforts exists There are different initiatives to mainstream HIV/AIDS issues at national level Technical assistance and funding are available	Diverse corporate culture and staff composition require tailored approach Lack of coordinated effort	Create linkages for resource and experience sharing Build capacities of workplaces for quality service delivery

7. Conclusion and Recommendations

The figure below (Figure 4) summarizes the overall composition of the HIV/AIDS and TB policies and programs of the 25 assessed companies. Although the responses are diverse, it is clear that some progresses have been made in HIV/AIDS interventions and ample opportunities exist to incorporate best practices.

Figure 4: HIV/AIDS policies and program implementation by number of companies



As the figure indicates, most companies do not have policies or allocated budgets for HIV/AIDS activities. The only activity that all companies strive to endorse is the provision of condoms at the workplace, and this requires supporting the effort through appropriate behavioral change communication and peer education. Based on the opportunities observed in this assessment and the need to further enhance the Ethiopian business community's HIV/AIDS and TB policies, the project team has developed several recommendations for intervention.

The HIV/AIDS pandemic has created a complexity of situations that require companies to be flexible in their responses in incorporating best practices in their HIV/AIDS and TB programs. The companies in this assessment have taken the initiative in establishing HIV committees, introducing HIV/AIDS and TB education programs, and providing treatment packages, which demonstrates their commitment to addressing the challenges of the pandemic and assisting the efforts to prevent the spread of the virus. By addressing those gaps, the assessment has identified, however, that companies can significantly enhance their HIV/AIDS and TB programs. Based on this understanding, the project team offers the following recommendations to improve and strengthen workplace HIV/AIDS and TB response:

Develop and implement a workplace HIV/AIDS and TB policy. A workplace HIV/AIDS and TB policy ensures a uniform and fair approach to effective prevention, care, and support endeavors. Moreover, it helps to manage and lead HIV/AIDS and TB-related efforts in a coordinated and consistent fashion. It also builds confidence in HIV-positive employees, encourages employees to disclose their status, and reinforces employees' behavioral change efforts. Therefore, companies should consider designing an HIV/AIDS and TB policy as a key program component when initiating workplace HIV/AIDS programs.

Expand program administration for HIV/AIDS-related activities. Most companies have formed a committee to oversee their HIV/AIDS-related activities. This committee is an organ that coordinates, leads, and implements all HIV-related efforts, and, as such, it would be wise to empower and broaden its scope of work and revise its policy objectives to include other health issues such as opportunistic infections and TB. It is also recommended that committee members receive training and participate in experience-sharing forums with peer organizations.

Companies could also assign a formal HIV unit as a major decision-making body to coordinate and execute HIV/AIDS policies and programs, and manage, monitor, and report on HIV/AIDS activities in the organization. This will relieve management's burden in this area and ease the institutionalization of this effort.

Conduct a cost-benefit assessment of the impact of HIV/AIDS and TB in the workplace. In addition to social motives, companies often initiate HIV/AIDS activities in the workplace to avert the costs associated with infected and/or affected workers. Companies are not fully aware, however, of the costs specific to HIV/AIDS and TB, and as a result, they continue to offer extended sick leave and suffer the financial consequences of employee absenteeism due to illness related to HIV/AIDS and TB. Therefore, a cost-benefit assessment of the impact of HIV/AIDS and TB in the workplace is recommended.

Explore options for financing HIV/AIDS activities. Other than covering medical expenses, most companies have not allocated a formal budget to implement HIV/AIDS activities. Some companies have established a solidarity fund, where employees, the labor union, and the company contribute to support HIV/AIDS-related activities. In some cases, all staff members including management contribute fixed amounts monthly from their salaries to finance the activities and to support HIV-positive employees. This scheme reduces the financial burden of the company, the employees, and their dependents. This could be one area of consideration for organizations to broaden their engagement in HIV/AIDS and TB activities.

Promote up-to-date IE/BCC program and materials. Most companies are offering limited educational programs that may undermine their success in preventing HIV/AIDS and TB and in promoting a long-term healthy and productive workforce. Based on best practices developed in other countries, it is suggested that these companies adapt a comprehensive, structured, and continuous peer education program, which will lead to behavioral change.

Companies' efforts to use existing IE/BCC materials in the workplace, is encouraging. However, in order to engage and maintain their audience's interest, companies must ascertain the relevance, appropriateness, and freshness of the message in the materials they are presenting to the target workforce. In addition, companies must distribute the IE/BCC materials in as many sites as possible so that employees can easily access them.

Educate workers on correct and consistent use of condoms. Company managers and workers sometimes argue against making condoms available in the workplace. They believe it promotes promiscuity and further argue that the workplace and a person's private sexual life should be separated. As a member of the community, however, the employee's private life could easily be affected by health concerns that exist in the community and in the workplace. This in turn will impact the availability of a healthy labor force and the productivity and profitability of the companies as well.

Although educational programs focusing on abstinence and being faithful are recommended, educating people about correct and consistent use of condoms for high-risk groups also contributes to the control and prevention of HIV/AIDS and STIs. Acknowledging this fact, organizations have started making condoms available in workplace clinics on a regular basis. This practice is not adequate, however, given the fact that not all employees visit the clinic and education concerning the consistent and correct use of condoms is limited. In addition to making them available at clinics, condoms could be distributed by workplace peer educators; they could be placed in recreation rooms, washrooms, and locker rooms; or condom dispensary machines could be fixed for distribution at subsidized rates.

Address stigma and discrimination issues. There are many misconceptions associated with HIV/AIDS, resulting in fear and hostility within communities. Although this was not the case in most of the companies assessed, creating an environment where employees can freely discuss the issue and openly support HIV-prevention activities is recommended to reduce the discrimination and stigma attached to HIV/AIDS. Including stigma and discrimination issues in a company's HIV/AIDS policy, as well as incorporating greater involvement of person(s) living with HIV/AIDS in HIV/AIDS and TB interventions, would contribute to the sustainability of such efforts.

Consider gender-specific issues related to HIV/AIDS. Collecting information disaggregated by sex helps management to clearly monitor HIV/AIDS activities and make the right decisions regarding gender-related issues. Initiating education sessions that emphasize gender in HIV/AIDS and TB issues will allow companies to better educate their staff on specific issues related to women. Strengthening HIV and TB services offered in clinical settings to address the specific needs of women will also be helpful. It is recommended that companies consider gender-specific issues related to HIV/AIDS when implementing their policies and programs. Companies would also find it beneficial to invest in health education that targets women. Involving Associations for Women's Living with HIV/AIDS could contribute in this regard.

Provide home-based care and support to orphans. To date there has been minimal effort to provide care and support to individuals infected and affected by HIV/AIDS. Companies should consider various care and support options to help HIV-affected employees and their families live productive lives. Networking and linking with organizations that provide home care and orphan support are examples of how companies could enhance the care and support component of their overall programs.

Enhance and upgrade clinical activities. Companies' clinical activities have some noticeable gaps in their HIV/AIDS and TB services and capacity-building interventions. To help companies upgrade their clinical activities and improve the quality of existing HIV/AIDS and TB services, the following steps are recommended:

❖ **Improve Physical Set-up/System Strengthening**

Although most company clinics provide a reasonable range of medical service, the provision of some HIV/AIDS and TB-related services, such as DOTS and VCT, are lacking, in some cases because of limited physical space. Therefore, the following steps are proposed to expand the clinic's services, depending on the level of the clinic:

- Seek convenient space for the initiation of TB/DOTS and VCT at the workplace and ensure that the existing VCT centers are suitable for the staff to conduct confidential testing and pre- and post-testing counseling
- Look for possible ways to create integration of TB & HIV services such as VCT, DOTS, IPT, CPT, ART, and PMTCT in the clinic.
- Upgrade the performance and efficiency of the clinics and strengthen the referral linkage to synergize the workplace clinic efforts with those of the local and international NGOs and health facility

❖ **Reinforce Efforts of Clinical Staff/ Capacity Building**

To reinforce the efforts of clinical staff, companies must set aside a budget for staff development purposes, look for possible financial resources for this purpose, or consider staff development as one special area for future intervention. In addition, supporting the clinic by providing equipment will strengthen the service and incorporating a non-monetary incentive will encourage the clinical staff.

The current staff-training scheme lacks post-training, follow up, and refreshment sessions, as well as peer supervision. To achieve measurable quality health care services, essential training related with TB/HIV & palliative care must be assessed. Therefore, it is recommended that companies identify staff training needs that are essential for each workplace clinic by conducting a formal training needs assessment.

Currently, supervision is conducted yearly Zonal Health Department for the purposes of license renewal, and, therefore, it is not supportive by nature. Clinical staff needs to receive training in supportive supervision, and this should be accompanied by peer supervision. Updated guidelines and protocols also need to be available at workplace clinics for quality service provision.

❖ **Improve Clinical Services/Service Strengthening**

Most company clinics provide health services that are beyond their capacity according to the MOH standard. However most companies do not have on-site TB/DOTS or VCT services, and none of the clinics prescribe ART.

MOH does not permit the provision of TB/DOTS at private sites, therefore, policy advocacy is recommended with the MOH to pave the ground for the initiation of DOTS services at private facilities. It is also important to set quality standards for the private sector by establishing TB support groups at on-site clinics for TB patient compliance. This will relieve the burden at the public facilities and help workers and families get the services they need as quickly as possible. It is wise, cost effective and a good opportunity to increase case detection rate and treatment success for TB/HIV services such as DOTS, IPT, CPT, VCT, ART and PMTCT in the work place clinics.

It is also recommended that companies establish linkages with organizations that provide services that are not available on-site, such as homecare, and PMTCT. Enhancing and introducing Preventive Care Package (PCP) in the company's overall clinical program and strengthening the private-public partnership is also recommended.

Collaborate with government, community, and NGOs. Collaborating with the community and government to address HIV/AIDS is a key component in designing and implementing a comprehensive HIV/AIDS workplace program. Experiences in other countries indicate that workplace programs that are linked with community initiatives, schools, local governmental agencies, and traditional and faith-based groups contribute significantly to the initiation and sustainability of local efforts. The fact that a company's labor force is supplied by the community supports this successful collaboration. Furthermore, the community at large is the consumer of the company's product. It seems obvious that businesses in Ethiopia need to clearly understand this connection and the resulting social role and responsibility they have to the society in which they are operating. Collaborating and initiating partnerships with local stakeholders that work on TB & HIV care and support activities will be of paramount importance to create a two way referral linkage and improve the accessibility of these services.

Employees' Families

CETU, the Ministry of Labor and Social Affairs (MOLSA), HAPCO, the Ethiopian Employers' Federation (EEF), chambers of commerce, and other such organizations could play a greater role in this regard by facilitating dialogue among companies, government organizations, and NGOs to build on the national response to HIV/AIDS.

Incorporate formal monitoring and evaluation of HIV/AIDS and TB activities. To date, most of the companies assessed do not have formal systems to evaluate the progress of their workplace HIV/AIDS activities or include HIV/AIDS activities in their annual planning process.

There are different levels of monitoring the effectiveness of a workplace program. To determine the impact of a workplace intervention, it is recommended that companies conduct a baseline knowledge, attitude, and practice (KAP) survey, and to compare with a follow-up KAP survey. In addition, companies could routinely collect information, formally or informally. Feedback about the programs could be collected informally from employees, families, and the community through suggestions, letters, and meetings. Companies could also benefit from recording absenteeism due to

illness, funerals, and medical costs to analyze trends before and after interventions. It is also recommended that companies integrate the progress of their HIV/AIDS and TB programs into their current reporting system. As companies review their HIV/AIDS and TB policies and committee functions, any related progress such as the number of persons educated on HIV/AIDS and TB, the number of persons who received treatment for HIV or TB, condoms purchased and distributed, and IE/BCC materials distributed, could be included in the company's existing routine reporting mechanisms.

Mainstreaming HIV/AID and TB Activities into the Workplace. Companies need to study how HIV/AIDS is impacting on their business and determine how they should respond to this impact. Companies may respond to this by putting in place HIV/AIDS and TB policies to protect their employees from HIV and TB infection and support employees living with HIV/AIDS. They need to ensure that planning takes into consideration HIV/AIDS activities and those infected and affected by the disease are included and benefit from these actions. They could also ensure that their organizations' activities do not expose employees and the communities with whom they are working to HIV/AIDS and TB.

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