



PSP-One

ETHIOPIA SNAPSHOT Access to Workplace HIV/AIDS and Family Health Services

Maintaining a healthy and productive workforce can be difficult for companies. In the context of high HIV/AIDS prevalence and transmission rates, this effort becomes much more challenging. In Ethiopia, the Joint United Nations Programme on HIV/AIDS (UNAIDS) estimates that 1.1 million adults are HIV-positive, which represents a serious threat to the productivity of the workforce. The International Labor Organization's projections for 2015 indicate that as much as 8.5 percent of the labor force loss in Ethiopia will be due to HIV/AIDS deaths. Companies are aware of this problem; in fact, more than 58 percent of Ethiopian firms surveyed in the World Economic Forum's 2005-2006 Executive Opinion Survey reported that they expect HIV/AIDS to have a serious impact on their company in the next five years.

To understand how employers are meeting the health needs of the workforce in the context of HIV/AIDS, and to help formulate recommendations to better meet these needs, the Private Sector Partnerships *One* (PSP-One) project conducted a survey in May and June 2006. This survey investigated how companies facilitate access to HIV/AIDS and family health services for their employees. Human resources personnel and/or health care providers at 42 companies in Ethiopia responded to the survey online or via telephone. Respondents were not representative of all companies in Ethiopia, but were a convenience sample of companies involved in HIV/AIDS work supported by the United States Agency for International Development.

CHARACTERISTICS OF THE ETHIOPIAN COMPANIES SURVEYED:

- 86 percent of the companies are located in an urban area.
- 31 percent are involved in the goods/services industry, 50 percent are in manufacturing, and 17 percent are in agriculture. One company is involved in mining.
- 36 percent are part of a multinational corporation.
- 33 percent have 500 employees or more; 19 percent have fewer than 500 employees.
- 10 percent are solely or family owned, 12 percent are jointly owned by the government and private sector, and 62 percent are owned by the government.

Health Topics Included:

HIV/AIDS services: Voluntary counseling and testing (VCT), antiretroviral therapy (ART), home-based care (HBC), prevention of mother-to-child transmission (PMTCT), diagnosis and treatment of opportunistic infections (OI), tuberculosis (TB)

Family planning: Male condoms, oral contraceptives, intrauterine device (IUD)/intrauterine contraceptive device (IUCD), injectables, implants, male and female sterilization

Reproductive health: Sexually transmitted infection (STI) treatment and diagnosis, antenatal care, labor/delivery care, postpartum care



- 43 percent have an HIV/AIDS policy; 79 percent have an HIV/AIDS prevention awareness/education program.
- 5 percent reported a majority of female employees in reproductive age (<45 years).

Respondents were asked about which HIV/AIDS and family health services they help employees access and whether these services are provided through a method involving a financial contribution, such as onsite delivery or offsite financing, or through referrals with no financial contribution. Key findings from Ethiopia for each type of health service are highlighted below:

HIV/AIDS SERVICES:

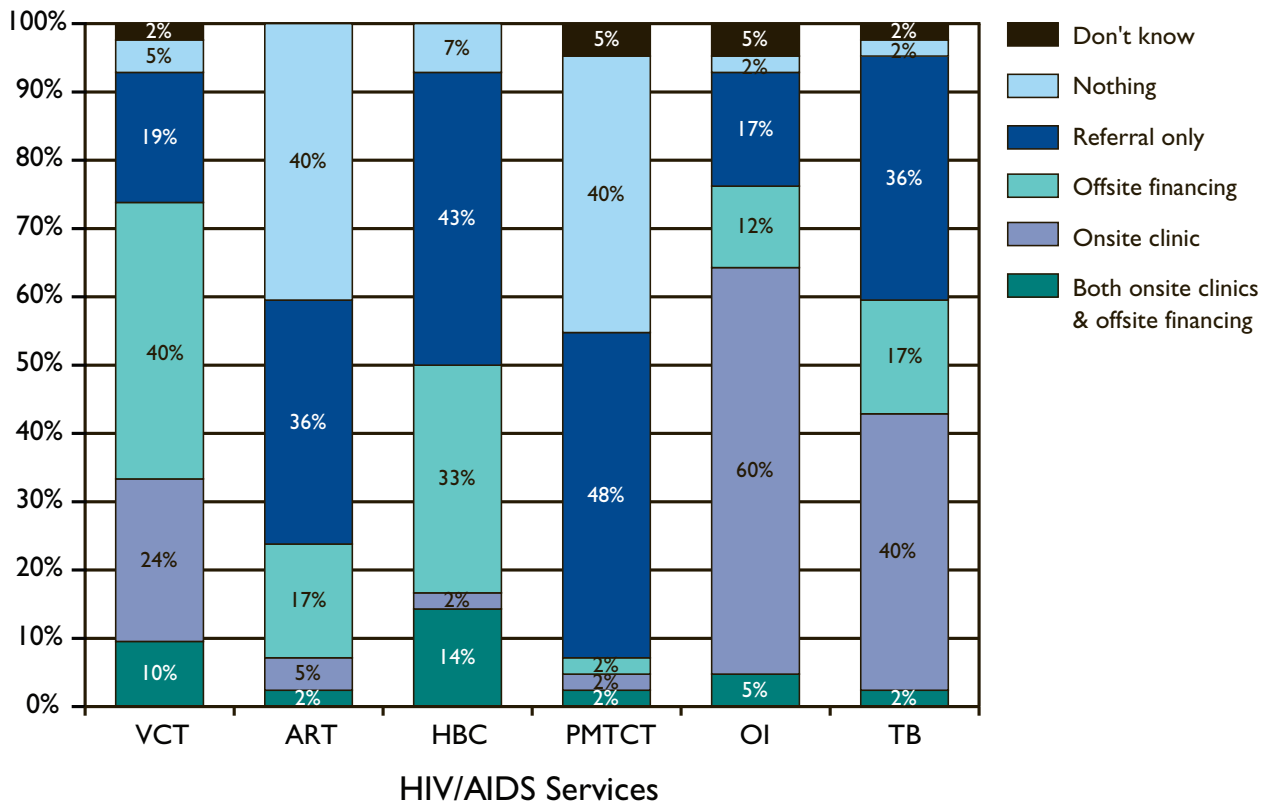
93 percent of the Ethiopian companies surveyed said they provide at least one of the six HIV/AIDS services shown in the table below either onsite or through offsite financing. More than half of

the companies provide VCT, OI, and TB services through onsite clinics, offsite financing, or both onsite clinics and offsite financing. OI and TB services are most commonly delivered through onsite clinics, while offsite financing is the most common means of facilitating employee access to VCT. PMTCT is the service least facilitated by the Ethiopian companies, with only 6 percent of the companies offering it through onsite clinics, offsite financing, or both means.

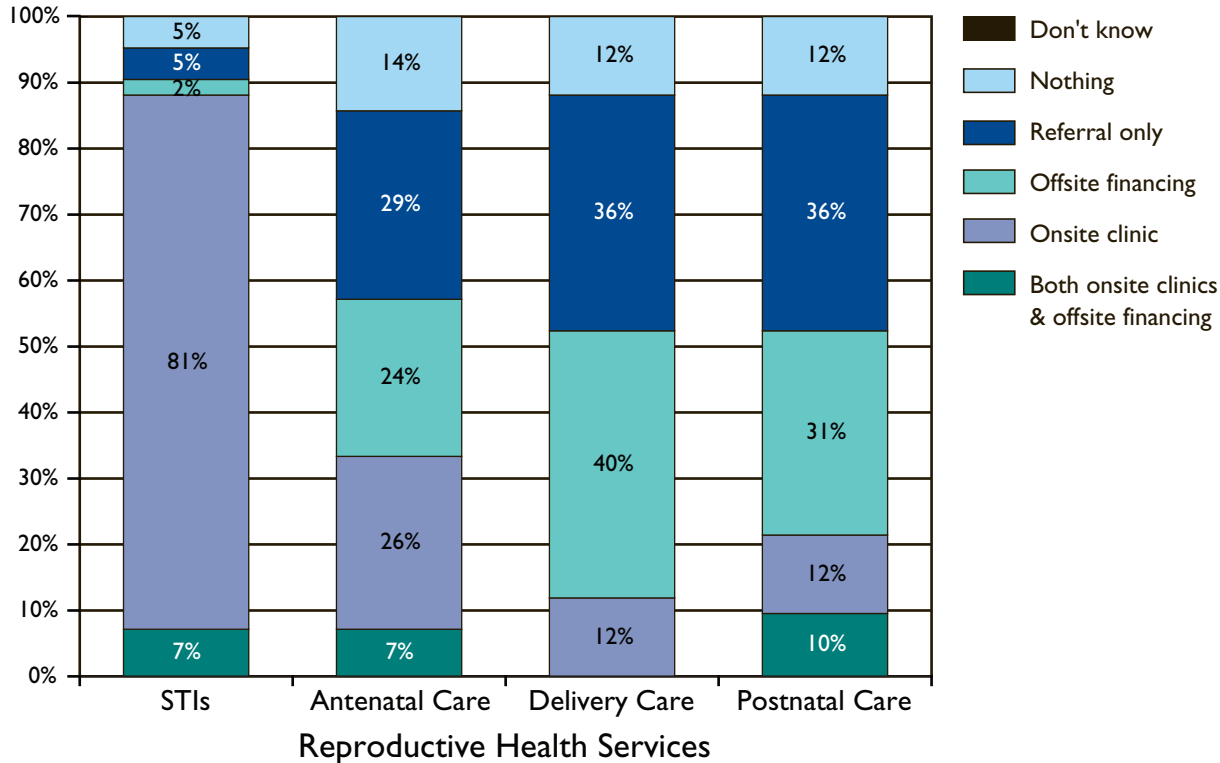
FAMILY PLANNING SERVICES:

88 percent of the Ethiopian companies surveyed said they provide at least one family planning method either onsite or through offsite financing. Male condoms are the most commonly financed family planning method, provided by 85 percent of the companies. 60 percent of the companies provide at least one non-condom method to their employees.

Percent Distribution of Mechanisms Used to Facilitate Access to Each HIV/AIDS Service (N=42)



Percent Distribution of Mechanisms Used to Facilitate Access to Each Reproductive Health Service (N=42)



REPRODUCTIVE HEALTH SERVICES:

95 percent of the Ethiopian companies surveyed reported they provide at least one reproductive health service either onsite or through offsite financing. Highly relevant for HIV/AIDS prevention and control, STI diagnosis and treatment is the most commonly provided reproductive health service, offered through onsite clinics, offsite financing, or both onsite clinics and offsite financing.

HEALTH SERVICE COVERAGE FOR EMPLOYEES WHO ARE SICK OR ON MATERNITY LEAVE:

88 percent of the Ethiopian companies surveyed said that they pay for health services for at least one type of employee (full-time, part-time, seasonal, etc.) when sick employees are unable to work. Besides providing financial contributions for health services, the companies also provide compensation and job security for their employees when they are ill or on maternity leave:

- 90 percent of the companies still pay an employee’s salary when the employee is sick and cannot work and 90 percent also pay

employees when they miss work to care for sick family members.

- 81 percent of the companies provide paid time off for maternity leave for the birth of a child. 2 percent provide paid maternity leave to employees who adopt children; none of the companies allow unpaid leave for adoptions.

RECOMMENDATIONS FOR ACTION:

While many of the companies surveyed are providing some range of health care services through onsite provision or offsite financing, there may be additional actions that companies can take to improve access to HIV/AIDS and reproductive health services for employees and their families. However, there is no “one size fits all” scenario that works for every company. The best responses are developed from solid assessments of the potential impact of HIV/AIDS on an individual company and an analysis of the potential cost benefits of providing additional services. Companies can then link to existing organizations to help them develop workplace policies and programs and to provide services to employees.

Representatives from the Ethiopian companies surveyed offered specific recommendations for companies that wish to start an HIV/AIDS workplace program. Several common themes emerged:

- Establish an HIV/AIDS committee and develop a workplace HIV/AIDS policy to establish guidelines and provide coordinated direction to the project.
- Involve top management from the beginning in planning for and offering HIV/AIDS services.
- Network with other companies and exchange information on HIV/AIDS and reproductive health services; find out how others are marshalling the resources to pay for the program.
- Work with resources in the community, local or international NGOs, government entities, and international organizations to take advantage of available resources (materials, guidance, or funding).
- Establish a peer education program as an effective way to reach employees.
- Recognize the need for services and conduct an assessment to determine needed services and the cost benefit.
- Start small and then expand.

About PSP-One

The PSP-One project is USAID's flagship project, funded under Contract No. GPO-I-00-04-00007-00, to increase the private sector's provision of high-quality reproductive health and family planning (RH/FP) and other health products and services in developing countries. PSP-One is led by Abt Associates Inc. and implemented in collaboration with eight partners:

Banyan Global	IntraHealth International
Dillon, Allman and Partners, LLC	O'Hanlon Health Consulting
Family Health International	Population Services International
Forum One Communications	Tulane University School of Public Health and Tropical Medicine

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