

HIV/AIDS in the Workplace: A Survey in Four Sub-Saharan African Countries

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Context for Launching Study

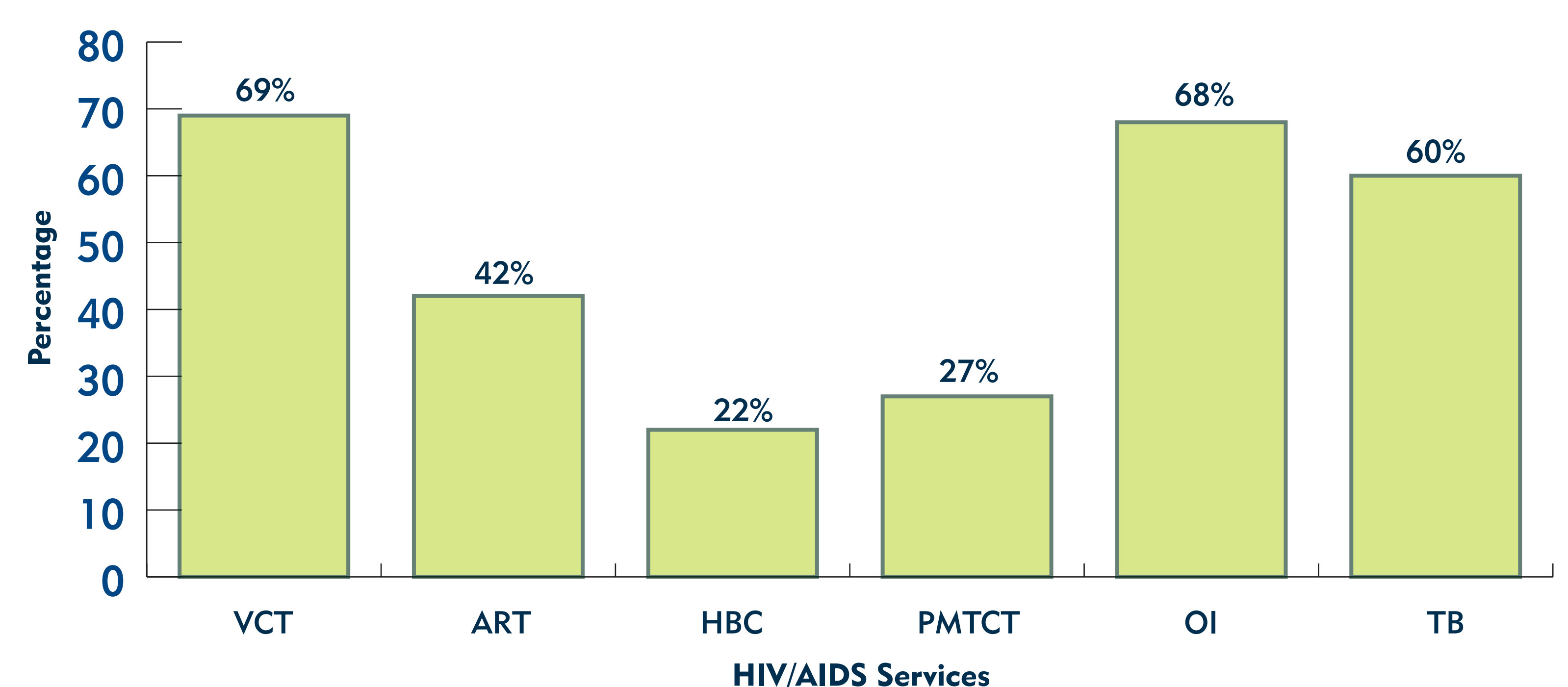
- Most companies – both SMEs and larger organizations – face constraints regarding the financing of HIV/AIDS services in the workplace.
- Much of the literature on HIV/AIDS service provision in the workplace focuses on South Africa and Botswana. This study examines motivations for providing services and methods for financing those services in four other African countries: Ethiopia, Kenya, Namibia and Zambia.
- The Private Sector Partnerships-One (PSP-One) project, led by Abt Associates, is USAID's flagship program to increase the private sector's provision of high-quality reproductive health, family planning, and HIV/AIDS products and services in developing countries. PSP-One conducts research, monitoring and evaluation to evaluate the effectiveness of private sector strategies.

Study Methodology

- Research conducted in 2006 and 2007.
- A convenience sample of 193 companies, representing a cross-section of private sector businesses (ranging in terms of size, industry, location and multinational affiliation), were asked to complete a web-based survey questionnaire. 121 human resources personnel and health care providers responded.
- Country Breakdown of Surveyed Companies (N=121): Ethiopia= 42, Kenya= 24, Namibia= 23, Zambia= 32.

Service Provision

- Percentage of companies offering HIV/AIDS services through onsite service delivery, financing, or both.
- VCT is the most commonly offered service among study companies. 69 percent of companies offer VCT services onsite, finance them, or use both mechanisms.
- PMTCT and HBC are not as commonly delivered onsite or financed for employees.
- 42 percent of companies are offering ART, which is noteworthy given the barriers to entry, cost, and technical requirements involved in offering treatment.



Referrals

- Number of companies that report using various referral sources for each HIV/AIDS service*

Agency Type	VCT	ART	HBC	PMTCT	HBC	TB
	N = 26	N = 40	N = 38	N = 50	N = 23	N = 34
Government	22	33	34	42	20	27
NGO	6	12	12	18	7	10
Private	4	10	9	9	2	6

*Note: The number of companies may exceed the total n-value for each HIV/AIDS service since companies could report that they used more than one source for referring for a given service.

Implications of Referral Usage

- When companies are not delivering HIV/AIDS services onsite or financing them for their employees, government facilities are most often the entities that companies refer their employees to for HIV/AIDS services.
- The potential financial burden for employees may explain the low percentage of referrals to private, for-profit health facilities for each HIV/AIDS service.
- Referrals are a key mechanism for service provision for companies with limited resources. Companies that are using referrals should consider low-cost mechanisms to help employees effectively use referred services. These mechanisms include reminders for appointments in referred facilities, transportation to referral facilities, and following-up with employees to ensure that they obtained adequate HIV/AIDS services.

Motivations for NOT Offering Services

- When companies were asked why they do not offer HIV/AIDS services, the most common reason cited was that services are available for free through the government.
- Companies are able to refer their employees to government facilities, which may lessen the cost of HIV/AIDS services for employees if services are free or subsidized.
- However, the public sector's subsidized services and supplies may limit the desire of companies to provide HIV/AIDS services at a cost to the company.

Multinational Company Affiliation

- Companies affiliated with a multinational corporation are more likely to offer HIV/AIDS services through both onsite clinics and offsite financing.
- But, non-multinational companies (regardless of size) have a high percentage that do not offer any type of provision or referrals for ART, HBC, and PMTCT.
- Thus, affiliation with a multinational company may be a stronger indicator for the type of provision or referral offered than is size of the company.

Discussion - Onsite Service Delivery

- Almost 50 percent of companies deliver at least one HIV/AIDS service onsite. Few onsite clinics, however, deliver ART, HBC, and PMTCT.
- Possible reasons: low demand for these services from employees, simultaneous governmental or NGO provision of these services in the community, or the high costs to the company of delivering these services onsite.

Policy and Research Implications

- Referrals are often used as a mechanism for facilitating access to services, especially among small and non-multinational companies. Thus, companies should encourage high-quality referrals and evaluate employee satisfaction with referred services.
- Further studies in countries like Ethiopia, Kenya, Namibia and Zambia are important for understanding workplace response in countries without a strong private insurance system and with a more limited presence of multinational companies with strong policies and CSI platforms on HIV/AIDS service provision.
- Further research can specifically examine the challenges for HIV/AIDS service provision in smaller companies in low-income countries. Increased donor funding and resource flows for HIV/AIDS services in high-prevalence countries may affect the provision of workplace services, and should be investigated.