

IFC AGAINST AIDS
Addressing HIV/AIDS in the Workplace and the Community

ROADMAP FOR ACTION

The aim of the present tool is to provide guidance in establishing corporate HIV/AIDS programs targeted at the workforce and/or community of private sector companies. Indeed, corporations can proactively address HIV/AIDS by initiating, supporting or scaling-up awareness, prevention, treatment and care efforts in three possible areas: their workplace, their clinical facilities, and their community(ies).

This roadmap for action outlines valuable steps to establish a plan in all three areas. **Not all the interventions or steps listed below will apply to every company:** it is a question for the individual or group in the company championing the HIV/AIDS workplace program to identify what can be done most appropriately and when it is best to take specific actions. The process of developing a roadmap for action will generate a dialogue in the company on a disease that concerns everyone: managers, employees, their families, the wider community and the company itself, i.e. its profitability and, ultimately, its ability to stand as a good corporate citizen and preferred employer.

The roadmap includes three programmatic phases, which reflect the client engagement process followed by IFC Against AIDS; each phase is split into different categories of interventions:

- **Foundations of a program**
 1. Structure
 2. Context Analysis
- **Implementation and partnerships**
 1. Education and prevention
 2. Voluntary counselling and testing (VCT)
 3. Wellness, treatment and care
 4. Community outreach
- **Sustainability and maintenance**

In addition, **three cross-cutting issues pertain to any workplace and community program:** 1) monitoring and evaluation (M&E); 2) attention to gender considerations, particularly the vulnerability of women to HIV; and 3) stigma and discrimination.

Monitoring and evaluation (M&E) - M&E is an important part of any corporate HIV/AIDS program because it enables a company to measure its progress against its stated goals and make informed decisions about the effectiveness of various interventions relative to costs. Any action plan needs to define indicators for each of the key activities for monitoring and evaluating the effectiveness of the company's program. Qualitative information can include

general awareness about HIV/AIDS (evaluated through questionnaires, including KAPB studies); quantitative indicators can include the number of condoms distributed, number of requests for VCT or counseling, number of peer educators, etc.

- **Gender** - Every year brings an increase in the number of women infected with HIV. **Globally**, nearly half of all people aged 15-49 are women. **In Africa, the proportion is reaching 60%**. In Southern Africa, where almost every family has been touched by AIDS, HIV infected women outnumber males by as much as two to one in some age groups. Companies that engage on HIV/AIDS cannot ignore the feminization of the epidemic, and integrating the needs of women in interventions is not only important for their effectiveness, but also a gauge of leadership.

There are multiple ways that this can be achieved: provision of women-friendly services in the workplace where women can access information, treatment and care services or referrals; participation of women from the workforce or the community in the design of activities or services to be targeted at them; emphasis about women's particular needs and vulnerability to HIV/AIDS in awareness and training activities, as well as sensitization about their rights; positive communication about women and men's roles in addressing those vulnerabilities.

- **Stigma and discrimination** - The business sector's expertise in communications and marketing campaigns makes the workplace a unique setting to fight HIV/AIDS-related stigma and discrimination. Unfair discrimination prevents workers from being open about HIV/AIDS, or at least from seeking services which are available, and undermines workplace-based health education, HIV prevention and care. However, the workplace offers a unique opportunity to confront societal discrimination and stigma of AIDS by dispelling myths and communicating that there is no need to fear people living with HIV.

Involving people living with HIV/AIDS (PLWHAs) in company programs can help fight stigma and discrimination in the workplace and also increase the effectiveness of such programs. Activities involving PLWHAs in company awareness activities can be a powerful means of breaking down misconceptions and fostering understanding and acceptance. Analysis of companies and simple techniques measuring stigma and discrimination in the workplace, demonstrate that it can be both affordable and effective for firms to tackle the issues of stigma and discrimination.

At the end of each of the three programmatic tables, we provide some notes that suggest indicators for M&E and give ideas to address the issues of gender and stigma into activities.

FOUNDATIONS OF A PROGRAM

1. STRUCTURE

The first phase for a program formulation focuses on the building blocks or Structure of the program. When building the Structure for a company's program, we look at ensuring support from senior management, appointing a focal point or coordinator, establishing a committee within the company to support the program, and adopting an HIV/AIDS policy statement, i.e. principles for the company to follow. Those building blocks are essential for the support, credibility, and trust in the program.

STRUCTURE			
Program item	Description	Status	Yes/No
Senior management commitment	Senior management supports the program through active involvement and support of activities of the program. HIV/AIDS is recognized as a corporate priority for the company and management shows support to the program's implementation. At some stage, management might set performance targets for the HIV/AIDS program and provide incentives tied to achieving these targets in employee's performance reviews and bonus plans.	<ul style="list-style-type: none"> • Business case presentation made to senior management • Senior management engaged formally on the program • The program is managed by targets and incentives for completion 	
HIV/AIDS policy statement	The HIV/AIDS policy statement is a public document endorsing the company's commitment with respect to HIV/AIDS. It is a gauge of transparency and commitment from the company on HIV/AIDS, <i>vis à vis</i> existing and prospective employees, and communities. It is the first piece of the HIV/AIDS program, to be used for internal briefing and also provision to third parties.	<ul style="list-style-type: none"> • In draft • Formally adopted • Communicated actively with employees 	
Appoint program Focal Point/Coordinator	The program's Focal Point/Coordinator is a facilitator, responsible for coordinating activities undertaken within the company and the community.	<ul style="list-style-type: none"> • Program Focal Point appointed • Program Focal Point coordinates the program within the company • Program Focal Point reporting quarterly to senior management 	
Appoint an AIDS Committee	The objective of this structure is to help design a program that ensures ownership over diverse projects/sites, and across the main	<ul style="list-style-type: none"> • Committee structure defined • Committee members appointed 	

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STRUCTURE			
Program item	Description	Status	Yes/No
	functional areas in the company such as senior management, human resources, operational management, clinical services, if applicable, and in the community. This should be a functional workgroup that has decision making authority and that is small enough to reach consensus on action. Choices and actions undertaken in the functional areas as identified by four spheres for action (senior management, operational management, clinical services, and the community), taken in combination, will shape the contribution of the company in terms of the response to HIV/AIDS in its workplace and community. The members of the Committee play on one another's strengths to maximize the chances of success and cooperate in the four spheres or functional areas of the company.	<ul style="list-style-type: none"> • Committee meeting quarterly and new members added as needed and appropriate 	
HIV/AIDS Action Plan	The company's HIV/AIDS Action Plan is comprised of the HIV/AIDS education, prevention and care priorities and actions that will take place and can be based on the roadmap for action. The plan includes: objectives, a calendar/timeline, an evaluation process (possibly including incentives), and opportunities for reviews. It is established by the Focal Point and AIDS Committee.	<ul style="list-style-type: none"> • In draft • Adopted by the AIDS Committee and company management • Monthly/Quarterly evaluation and review performed 	
Budget allocation	Dedicating a budget for implementation of the program will be a good investment in the long-run. The budget could either come from a centralized cost center or could also be derived from each operational department providing a percentage of their own budget to a centralized cost center so there is greater incentive to participate. This budget should also take into account staff time and in-kind contributions that can be made as well.	<ul style="list-style-type: none"> • Dedicated staff time • Staff time and budget allocated • Budget for workplace and community action plan 	
Service provider/non-governmental organization (NGO) appointed	In order to implement certain interventions it will be necessary for a company to contract a service provider to deliver services. IFC Against AIDS can provide referrals to some qualified NGOs if a company does not already know of one.	<ul style="list-style-type: none"> • Development of a basic request for proposals (RFP) for services • RFP provided to service providers • Proposals received and reviewed by 	

STRUCTURE			
Program item	Description	Status	Yes/No
		Committee/Focal Point <ul style="list-style-type: none"> • Contract(s) or partnership agreement(s) negotiated with service provider/NGO(s) 	

2. CONTEXT ANALYSIS

When assessing the conditions for a program, a company can start by assessing the impact of HIV/AIDS on its business, for example, higher medical costs due to HIV/AIDS over the years, increased absenteeism, sick leave and/or staff turnover. In relation to the formulation of a program to address those issues, it is also important for the company to look at its strengths, weaknesses, opportunities and challenges related to HIV in order to get an understanding of the overall context in which the program will be developed. Through this assessment, the company will learn of existing resources available to the company, both internal and external, that can be utilized in the development and implementation of an HIV/AIDS program. In addition potential obstacles and challenges can be identified so that contingency planning can be built into the program. This assessment will lead to more informed decisions about programmatic priorities and relevant interventions to be undertaken by the company.

CONTEXT ANALYSIS			
Program item	Description	Status	Yes/No
Knowledge, Attitudes Practices and Behavior (KAPB) studies	Knowledge, Attitudes Practices and Behavior (KAPB) studies are important to assess employee knowledge of HIV/AIDS, plan effective programs, and measure the subsequent success of interventions. The company can gather anecdotal, qualitative evidence of behaviors, attitudes, risk factors, knowledge gaps, as well as their evolution, through commissioned or internally provided KAPB studies. This information will be critical for developing appropriate training modules and peer education objectives. A KAPB survey performed by an outside party is likely to result in more candid responses from respondents and ensure better objectivity. If the survey is performed internally, it should focus on questions related to knowledge of HIV/AIDS and	<ul style="list-style-type: none"> • First survey planned, including questionnaires • First survey completed • Analysis completed and subsequent actions defined with timelines, and use of subsequent survey(s) 	

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CONTEXT ANALYSIS			
Program item	Description	Status	Yes/No
	not venture into issues of behavior and practices.		
Assessment of impact on the business	To ensure appropriate evolution of HIV/AIDS programs and to plan for the future, evaluation of the impact of HIV/AIDS on the business (productivity loss, absenteeism increase, health services demand and costs, recruitment and training needs) can be undertaken; this assessment can be made through anecdotal survey, qualitative analysis, and quantitative analysis. This information is crucial to implement human resource mitigation plans, including needs for multi-tasking, additional training and hiring.	<ul style="list-style-type: none"> • Assessment method identified • Qualitative assessment completed • Qualitative and quantitative analysis completed and consequent actions defined with timelines 	
HIV prevalence studies	To support the business impact assessment, assumptions can be made of the HIV prevalence among employees. The most accurate assessment will be from voluntary anonymous and unlinked testing of the entire workforce (participation needs to be at least 90% of employees to ensure accuracy of results), provided by a 3 rd party. Initially a company might rely on interpolation from associated data (e.g. cause of death from medical records), or extrapolation from public data (national prevalence rate in the adult population, as well as regional data, if available). HIV prevalence studies should be carefully conducted to ensure anonymity and to preserve and build trust with employees which is why using a 3 rd party is suggested.	<ul style="list-style-type: none"> • Methodology agreed upon • Assessment made by interpolation/extrapolation • Assessment from voluntary anonymous and unlinked testing 	

NOTES ON FOUNDATIONS OF A PROGRAM:

M&E

- M&E activities in this first phase of programmatic development revolve around the endorsement of the program within the company, the identification and development of appropriate indicators for the activities in the HIV/AIDS Action Plan, and in learning how to implement a proper M&E framework for the program. For example, to monitor the Structure stage, the following indicators could be used: number of meetings of the AIDS Committee, whether the policy statement is written and circulated to staff, whether the Focal Point is appointed full or part-time.

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- For the Context Analysis, using Knowledge, Attitudes Practices and Behavior (KAPB) studies results in qualitative and quantitative data about employee knowledge of the epidemic, while HIV prevalence studies and extrapolation for national and regional data can be conducted to assess the business impact of HIV.

GENDER

- The company's AIDS Committee includes women representatives.
- The company's HIV/AIDS policy statement acknowledges the vulnerability of women to the disease, and emphasizes that infected or not, women are disproportionately more affected by HIV/AIDS.
- KAPB surveys include questions related to the vulnerability of women to HIV/AIDS and give results by gender. Prevalence surveys are also able to give data of prevalence among men and women. With those results, the company will be able to better evaluate the impact that HIV/AIDS is having on women in the workplace, and possibly the community.
- The company's Action Plan includes interventions that focus on women as a group and also interventions that will address the gender dimensions of HIV/AIDS (e.g. addressing roles of both men and women in prevention). The NGO with whom the company works should be able to propose specific interventions to the AIDS Committee of the company.

**STIGMA &
DISCRIMINATION**

- The company has adopted a policy statement on HIV/AIDS endorsing non-discriminatory principles.
- The company's senior management condemns discrimination of people living with HIV/AIDS (PLWHA); incidents of discrimination are met with disciplinary measures.

IMPLEMENTATION AND PARTNERSHIPS

1. EDUCATION AND PREVENTION

Education and prevention strategies and interventions can be implemented in a variety of settings, including the workplace, to foster understanding and change towards HIV/AIDS. In order to foster prevention attitudes that will avert new infections, various education and prevention activities with consistent messages should be implemented. The objective of these programs is to establish a firm foundation of knowledge on HIV/AIDS that will dispel myths and misconceptions among targeted populations and will foster change in behavior and practices.

Interventions in this category aim at clarifying what HIV and AIDS are, how the virus is transmitted, and how it is not transmitted. Effective communication efforts about condom use are important and information, education and communication (IEC) materials, which are readily available through NGOs, governments and donors can be used by companies within their own awareness and education activities. A company can also choose to brand existing materials.

Avenues for education and prevention activities are multiple and the workplace is particularly well suited. Peer education is an important component of a good education and prevention strategy as are formal training programs. Indeed, the workplace is an ideal location for offering training on HIV/AIDS because professional training of various sorts exists in one way or another in the operations of most companies.

EDUCATION AND PREVENTION			
Program item	Description	Status	Yes/No
Tools for Information, Education, and Communication (IEC)	IEC tools include posters, signs, ribbons, news clips on notice boards, facilitated talks, video, live theatre, radio, television, competitions (e.g. posters), sponsored events, messages in pay packets, in-house magazine articles or newsletters, “Health Question Box”. Such materials can be developed by the company and can also be obtained from other sources: national AIDS programs, NGOs, etc.	<ul style="list-style-type: none"> • 2-3 of these tools in place • 5-6 of these tools in place • Tools actively used and updated 	
Training modules	HIV/AIDS education is a component of the company’s training, for example in new employee induction programs, health education or wellness education, safety briefings, etc. Training modules for managers are also very effective. Each type of training requires tailored duration, intensity, content and style.	<ul style="list-style-type: none"> • Employee education training modules in draft • Employee education training modules implemented • >80% employees and managers 	

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EDUCATION AND PREVENTION			
Program item	Description	Status	Yes/No
		participated in training	
Peer education	Worldwide, peer education is one of the most widely used strategies to address the HIV/AIDS pandemic, by providing an opportunity for a dialogue about HIV transmission and prevention. Peer education typically involves training and supporting members of a given group, often comprised of volunteers, to effect change among members of the same group. The basis of peer educators' work might be the results of KABP (Knowledge, Attitudes, Practices and Behavior) surveys carried out among employees. Target ratio should be 1 educator to 50 as a minimum, with 1 to 20 as an ideal. It is also very beneficial that the company's peer educators would become involved in community activities. An effective peer education program will consist of a retention and support plan for peer educators. This would include the provision of a plan of topics, materials, and periodic refresher training.	<ul style="list-style-type: none"> • Process for formation of peer educators group established (recruitment, profile, etc.) • Peer educators group in training • Peer educators group active in the implementation of the company's program • Peer educators receive refresher training • Peer educators active in the community 	
People Living with HIV/AIDS (PLWHA) involved	The involvement of PLWHA, employees or not, can be a powerful way of strengthening the educational process and personalizing HIV by providing a human face to the disease. Associations of PLWHA can be contacted to schedule common activities. They can also provide support to employees, through psychological support and counseling, group activities, and sometimes guidance on financial planning and legal rights, and could therefore be a source of support for the employees and/or their relatives.	<ul style="list-style-type: none"> • PLWHA association identified as a resource for employees • PLWHA involved in education efforts as guest speakers • PLWHA included in discussion sessions and peer education 	
Condom distribution	Condom distribution is an essential component of a prevention program. Male and female condoms could be available free of charge and readily available in convenient locations. Specific information about correct condom usage could be given, especially regarding female condoms for female employees or dependants who receive services at the company's medical	<ul style="list-style-type: none"> • Condoms available through vending machines/outlets whose locations are communicated to employees • Male condoms available in various ways free of charge • Male and female condoms available in 	

EDUCATION AND PREVENTION			
Program item	Description	Status	Yes/No
	facilities.	various ways free of charge	
Occupational Health and Safety (OH&S)	Although casual contact that is typical in the workplace is not likely to lead to HIV transmission, a company should have an active OH&S policy and process in place which ensures that proper safety procedures and materials adhere to universal standards. Safety briefings can be used to introduce HIV/AIDS issues and related topics. Additional activities to be considered include: access to gloves, regularly stocked first aid kits, training on universal precautions for staff and specialized training for designated safety staff, and following appropriate protocols for post-exposure to blood (this might include availability of drugs for post-exposure prophylactic (PEP) purposes, which is particularly important for clinical staff).	<ul style="list-style-type: none"> • Procedure reviewed and/or in draft • Procedure formally adopted • HIV/AIDS included in regular safety briefings • Training for implementation of procedures and installment of appropriate first aid kits • PEP kits are available 	

2. VOLUNTARY COUNSELING AND TESTING (VCT)

The benefits of knowing one's HIV status is an important first step in managing the disease. In fact, VCT is considered as a "bridge" intervention between prevention and care that allows HIV+ individuals to get access to a continuum of care that may include proactive prevention of opportunistic infections, access to nutritional information and supplements, and antiretroviral treatment. On the behavioural front, VCT is also an intervention that gives the opportunity to reiterate prevention messages, whether the individuals are HIV+ or not.

By providing access to VCT services, a company can encourage employees to take charge of their health and well-being, as well as facilitating the company's ability to manage the disease in the workplace. Even if a company cannot provide VCT services through company facilities, a company can encourage and educate staff on the benefits of VCT and types of tests, as well as providing referrals to qualified VCT services.

VOLUNTARY COUNSELING AND TESTING (VCT)			
Program item	Description	Status	Yes/No
Campaign encouraging	In order to promote either internal or external VCT services, a well	<ul style="list-style-type: none"> • Slogan for VCT campaign developed 	

VOLUNTARY COUNSELING AND TESTING (VCT)			
Program item	Description	Status	Yes/No
Voluntary HIV Counseling and Testing (VCT)	developed campaign to create awareness and interest in VCT services needs to be developed. VCT campaigns could include the benefits of VCT, education about the types of tests, availability of services, and what employees can expect when receiving VCT. Including PLWHAs as educators especially to promote knowing one's status can be highly effective. Any VCT campaign should be a natural extension of other education and prevention activities. The campaign needs to reiterate the commitment of the company to confidentiality of employees' HIV status and non-discrimination toward PLWHAs.	<ul style="list-style-type: none"> • VCT campaign activities defined • VCT campaign launched 	
Access to Voluntary HIV Counseling and Testing (VCT) services	Access to safe, confidential and convenient VCT, supported by pre-test and post-test counseling, can be integrated in the company's prevention strategy. Employees and their dependents could have access to external VCT services via a company-sponsored voucher system or through the company's clinical services. Trained counselors are a pre-requisite to VCT to ensure that appropriate support is available to those infected and affected by HIV/AIDS. The quality of the available services to employees and their dependents will therefore need to be assessed.	<ul style="list-style-type: none"> • VCT service identified and test covered by the company • VCT available and actively advocated • VCT taken up by employees and extended to dependents 	

3. WELLNESS, TREATMENT AND CARE

Knowledge about HIV/AIDS and capacity to inform and counsel patients about HIV/AIDS remains a priority for all clinical settings. Most managers assume that clinical staff knows how to deal with HIV/AIDS, when sometimes this knowledge can be limited. As a result, the discrimination against people infected with HIV/AIDS (or suspected to be) can start in clinics. It also represents countless lost opportunities to address sexually transmitted infections (STIs) and HIV/AIDS in the patient/clinical staff relation, and also leads to significant risks for both patients and health practitioners. Medical and clinical teams are sometimes ill-informed about the actual risks that their positions as health-care providers entail in relation to blood-borne infections such as HIV and hepatitis, which can lead to occupational health and safety procedures not being observed.

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Another common oversight is the risk of clinical staff burnout: doctors and nurses in high-prevalence areas in particular can be overwhelmed by the number of patients that they see on an ongoing basis, and feelings of discouragement in reaction to the high mortality rates are very common. It is therefore important to ensure that clinical staff has the appropriate on-going training and support in their position as primary interface to those infected but also affected by HIV/AIDS.

Beyond the issues pertaining to wellness, treatment and care, companies can initiate programs that will not only help prevent HIV infections, such as treatment of sexually transmitted infections (STIs), which are an aggravating factor for HIV infection, but also help mitigate the effects of HIV/AIDS on those infected. Initiating wellness programs including nutritional support and on-going counseling are easy to organize in a workplace setting, or can be made available through referrals. For example, most people are ill-prepared to deal with their own wellness and HIV infection because they do not know what foods will help support their immune system and feel better, even in the absence of antiretroviral treatment. Nutrition is by no means a substitute to antiretroviral treatment, but a complement, as it will help patients throughout their life, under treatment or not. Finally, also commonly included under this category of interventions is antiretroviral drug treatment, for the prevention of mother to child transmission of HIV (PMTCT), and as highly-active antiretroviral treatment (HAART). Both treatments require significant counseling and support, to ensure adherence to treatment in particular in the case of HAART, or formula feeding substitution in the case of PMTCT, as well as counseling of the spouse or partner.

WELLNESS, TREATMENT AND CARE			
Program item	Description	Status	Yes/No
Trained HIV/AIDS counselors within the clinical staff	Trained counselors are vital to ensure that appropriate support is available to those affected by HIV/AIDS. Clinical staff trained in HIV/AIDS counseling can be available within the company and/or through local NGOs; local hospitals/clinics can also supplement the company's medical and clinical staff in this capacity.	<ul style="list-style-type: none"> • At least one trained counselor available/visiting • Trained counselors available at each clinic's location • Trained counselors involved in community activities 	
Clinical training of medical and health staff	Continuing professional training on HIV/AIDS and infectious diseases should be provided to the medical, clinical and laboratory staff of the company to ensure they are trained and prepared for their roles as clinicians and health care providers.	<ul style="list-style-type: none"> • Some staff members trained • All clinical staff have attended one training • Continuing education attended regularly by staff 	
Sexually Transmitted Infections (STIs)	STIs are an aggravating factor for the transmission of HIV and can be easily treated to reduce the vulnerability to HIV. It is very important that these treatments are part of employee medical benefits and/or offered in the clinical services of the company.	<ul style="list-style-type: none"> • Treatment available for STIs • Treatment and active prevention of STI services available to employees • Treatment and prophylaxis available for 	

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WELLNESS, TREATMENT AND CARE			
Program item	Description	Status	Yes/No
		employees and the community	
Tuberculosis (TB) co-infection	Tuberculosis (TB) is the most common HIV co-infection, and is linked closely to the HIV epidemic. While HIV is not contracted through casual workplace activities, TB <i>can</i> be contracted in the workplace through casual contact (however, a patient under TB treatment stops being contagious rapidly after the start of treatment). A company's clinical facilities could administer TB programs that could include: case detection using sputum smear among people with symptoms of TB; support for people taking treatment, such as the directly observed therapy - short course (DOTS) protocol; and availability and access to drugs.	<ul style="list-style-type: none"> • TB management program under development • TB testing, drugs, and monitoring available to employees • TB testing, drugs, and monitoring available to employees and the community 	
Malaria co-infection	Other diseases can have a deleterious impact on the bottom line of companies, especially malaria, which is frequently cited as the first reason for sick leave and absenteeism in many parts of the world. In relation to HIV co-infection, clinicians need to be aware that HIV infection reduces the effectiveness of antimalarial treatment and that HIV-related immunosuppression may increase rates of clinical malaria disease and its severity. A company may choose to address this impact by providing insecticide-impregnated bed nets for all of its employees, for example.	<ul style="list-style-type: none"> • Malaria management program under development • Malaria testing, treatment, and monitoring available for employees • Campaigns for malaria prevention are extended to the community 	
Treatment of opportunistic infections (OIs)	The onset of opportunistic infections can cause a decline in the immune system leading to AIDS, but with timely prophylaxis and/or medication, this decline can be mitigated or prevented.	<ul style="list-style-type: none"> • OI management program under development • OI testing, drugs, and monitoring available to employees • OI testing, drugs, and monitoring available to employees and the community 	
Prevention of mother-to-child transmission of HIV (PMTCT or prevention of	Infants can acquire HIV from their mothers before, during or after birth, i.e. during pregnancy, during delivery or through breast-feeding. Research and experience has demonstrated ways in which	<ul style="list-style-type: none"> • PMTCT available to female employees • PMTCT available to employees and employees' wives or partners 	

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WELLNESS, TREATMENT AND CARE			
Program item	Description	Status	Yes/No
vertical transmission)	the transmission of HIV from a pregnant woman to her child can be reduced. The AIDS Action Plan can communicate internally about prevention of vertical transmission of HIV and provide information about external PMTCT programs, including care and support for HIV+ mothers. Additionally, the company could establish an internal treatment program for the prevention of vertical transmission for employees or employees' wives/partners.	<ul style="list-style-type: none"> > 80% pregnancies are covered under the program 	
Nutritional support	Appropriate dietary supplements to support good general health and resistance to opportunistic infections will significantly delay the onset of AIDS. Information on diet could be included as part of the company's wellness education program; nutritional supplements could be covered as part of medical benefits or available in the workplace.	<ul style="list-style-type: none"> Advice available on diet to support health Supplements available to affected employees Free supplements available to employees and dependents 	
Antiretroviral (ARV) treatment, also called Highly Active Antiretroviral Treatment (HAART)	The correct use of ARV treatment can lengthen life expectancy and quality of life of HIV+ patients. Antiretroviral therapy can be part of the medical coverage of employees, and possibly dependents. The company could consider implementing therapy through its clinical/medical services, and/or by partnering with other organizations possessing experience in this area, such as a local clinic, hospital or NGO.	<ul style="list-style-type: none"> Feasibility study undertaken Treatment available as a pilot through the company or a 3rd party provider Treatment available to all employees and dependents in need 	
Counseling for ARV treatment	Adherence and support counseling are critical parts of an ARV program. In order to ensure compliance for ARV treatment, there should be a good system to track and monitor patients to ensure that they are consistently and correctly taking their medications. This would include not only clinically oriented systems, but also ensuring that there is a support network of family and/or friends. This support might take place through an Association of People Living with HIV/AIDS (PLWHA), church, or community group.	<ul style="list-style-type: none"> Adherence counseling protocols defined Adherence counseling protocols followed Support groups identified for referrals 	
Home-based care	Late stage patients with AIDS require specific care. The company could develop such a program for employees through its medical	<ul style="list-style-type: none"> Home-based care program under development 	

WELLNESS, TREATMENT AND CARE			
Program item	Description	Status	Yes/No
	staff, or by engaging with volunteer organizations providing palliative care/home-based care in the community.	<ul style="list-style-type: none"> • Care provided for employees in late stages of AIDS • Care provided for employees and community members in late stages of AIDS 	

4. COMMUNITY OUTREACH

The relationship between a company's program on HIV/AIDS and its community is usually a two-way street: a company can leverage experiences that exist in the community (such as developed through NGO programs) and extend the scope of its program by contributing to the community efforts to address HIV/AIDS. When a company develops an HIV/AIDS workplace program, there are often resources in the wider community from which companies can draw, including NGO activities, government programs as well as initiatives launched by other businesses, employer associations or medical organizations. For example, the International Labor Organization (ILO) and some chambers of commerce and industry (e.g. Chamber of Mines) have championed activities that can be beneficial for companies. Likewise, a company can contribute by extending its efforts to the community, for example by initiating and supporting prevention and care efforts with populations at risk like truckers or migrant workers.

COMMUNITY OUTREACH			
Program item	Description	Status	Yes/No
Commemorate World AIDS Day – December 1 st	World AIDS Day is a unique opportunity, every year, to go beyond the workplace and to highlight the profile and expand the outreach of the company's program.	<ul style="list-style-type: none"> • World AIDS Day commemorated • World AIDS Day activities open to the community of the company and employees' families • World AIDS Day activities also open to the wider community 	
Cooperation with community education, prevention and care activities	An important potential spin-off from workplace programs is to extend them to the community of the company, which may include the families of employees, and/or in the vicinity of the company, e.g. villages, schools, etc. Through the interactions of	<ul style="list-style-type: none"> • Extension through outreach work • Extension through operational staff • Extension through involvement of senior managers 	

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COMMUNITY OUTREACH			
Program item	Description	Status	Yes/No
	the AIDS Committee, opportunities can be identified and acted upon.		
Targeting high risk groups	Education and prevention can be addressed specifically with high-risk groups, such as specific groups in the community whose lifestyles or occupations place them in higher risk situations (e.g. truckers, sex workers).	<ul style="list-style-type: none"> • High-risk groups identified • Program for these groups elaborated • Program reaches the high-risk group and is implemented 	
Addressing vulnerable groups	Education and prevention should make the effort to reach vulnerable groups, such as women and youth, as these groups typically experience a greater disease burden. Activities to address their particular needs could be considered when working with the community and in the workplace as well.	<ul style="list-style-type: none"> • Vulnerable group(s) identified • Program for these groups elaborated • Program reaches identified vulnerable group(s) and is implemented in proportion to the need 	
Partnerships	External liaisons and partnerships with other businesses, employer associations, NGOs or government programs can support joint efforts and the sharing of experiences to solve common HIV/AIDS challenges. Opportunities can be identified and addressed through the interactions of the AIDS Committee and senior management.	<ul style="list-style-type: none"> • Potential partner(s) identified • Program extended via a partnership(s) • The partnership involves a common work program 	
Advocacy with customers, suppliers and other business partners	Business partners can be encouraged to put in place their own programs, as a continuation of actions undertaken within the corporate action plan. At some point a system of supplier compliance certification may be considered. Additionally, programmatic emphasis should be considered for transport workers and suppliers as their risk for HIV is increased due to the nature of their work.	<ul style="list-style-type: none"> • Program information shared • Formal advocacy/educational meetings • Compliance from key suppliers 	

NOTES ON IMPLEMENTATION AND PARTNERSHIPS:

M&E

- M&E activities during this phase of program implementation focus on the consistent and regular collection of data from the various activities, in terms of the individual activities but also the compilation of data into monthly reports. Indicators for each activity should be appropriate to the information desired. For example, peer educators will want to record the number of participants at any given

activity, but will also want to capture qualitative data concerning the topic(s) discussed.

- For VCT, a company will want to capture how many people get tested (if offered by internal clinics) or perhaps the number of referrals given. In the area of clinical care, quantitative indicators can be used, such as the number of people treated for STIs. For partnerships and outreach, indicators may be yes or no responses to levels of completion.

GENDER

- The company's education and prevention strategy should acknowledge the gender inequalities with regard to HIV/AIDS and include activities that separate women from men, with adapted messages as well as positive communication about women and men's roles in addressing those vulnerabilities. The company's group of peer educators should include both men and women peer educators. IEC materials can include tools targeting women and girls. The IEC strategy needs to convey to both men and women the gender dimension of HIV/AIDS, the vulnerability of women to the disease and the role that both men and women have in HIV prevention.
- Women from the workforce or the community participate in the design of activities or services to be targeted at them.
- The company's health workers include men and women, and they are trained to address gender issues as part of education and prevention, counseling and care strategies.
- The company's program promotes and ensures equal access to care, treatment and support for women and girls.
- The company's program integrates HIV/AIDS prevention into reproductive health services and also targets men as part of reproductive health counseling and services.
- The company's program has ties and referrals to women's home-based care networks.
- The company's staffing organization avoids long periods of separation from families (one contributing factor to HIV transmission) or provides family accommodation.
- World AIDS Day activities include specific activities for women and girls.

**STIGMA &
DISCRIMINATION**

- The company has adopted a policy statement on HIV/AIDS including principles related to stigma and discrimination.
- Stigma comes most of the time from fear and fear is fed by ignorance surrounding HIV/AIDS. Therefore it is important for the company's program to provide information not only on how HIV is transmitted but also how it is not transmitted.
- The company's education and prevention strategy enhances practical knowledge to reduce fear of casual transmission. For example, understanding that HIV cannot survive for long outside the body will help reassure people that HIV cannot be transmitted through various modes of causal contacts experienced on a routine basis in the workplace.
- The company's program includes activities involving PLWHAs in awareness activities to break down misconceptions and foster understanding and acceptance.
- The program strengthens the capacity of PLWHAs to challenge stigma in their lives.

SUSTAINABILITY AND MAINTENANCE

The third phase of programmatic activity revolves around the consolidation of lessons learned, analyzing collected data for the program, and providing feedback to management based on the data and subsequent recommendations for continuing/changing the program. Additionally, while the program is being evaluated, it will be necessary to continue activities so as not to lose momentum, so a bridge plan of action should be prepared. This plan of action could simply be the continuation of existing activities, or could be a scaling back of activities during the transition until the next program iteration is developed and rolled out.

SUSTAINABILITY AND MAINTENANCE			
Program item	Description	Status	Yes/No
Bridge plan of action	While data concerning the program is being analyzed and evaluated, a company may choose to engage in a bridge plan of action for a short period of time (perhaps 3 months) in order to continue the momentum of the program while the next programmatic priorities are being determined.	<ul style="list-style-type: none"> • In draft • Adopted by AIDS Committee and company management 	
Knowledge, Attitudes Practices and Behavior (KAPB) studies	Knowledge, Attitudes Practices and Behavior (KAPB) studies are important to assess employee knowledge of the epidemic, and assess the effectiveness of past interventions, and the subsequent success of interventions. This information will be critical in determining efficacy of the company's workplace program and for identifying priorities for the next phase/iteration of a company's HIV/AIDS workplace program.	<ul style="list-style-type: none"> • Final survey planned, including questionnaires • Final survey completed • Analysis completed and subsequent actions defined with timelines, and use of subsequent survey(s) 	
M&E and program analysis	After a period of 18-24 months, a company should aggregate and analyze the data from the M&E tools. This can be done with the help of a service provider if they have been involved in the implementation phase.	<ul style="list-style-type: none"> • Focal point collects all data • AIDS committee reviews data • Professional, 3rd party review of data • Recommendations received from evaluators 	
Revise HIV/AIDS action plan	Based on the results from the M&E analysis, the next phase/iteration of a company's HIV/AIDS workplace program can be drafted. The AIDS Committee and a service provider if chosen should base programmatic priorities on findings from the analysis	<ul style="list-style-type: none"> • In draft • Adopted by committee and company management 	

SUSTAINABILITY AND MAINTENANCE			
Program item	Description	Status	Yes/No
	of the first phase of the program. This would take into account lessons learned from the previous phase to address gaps and/or continue existing activities, as well as to drop interventions that were not effective.		

NOTES ON SUSTAINABILITY AND MAINTENANCE:

- M&E** M&E during this phase focuses on the aggregation of data and the subsequent evaluation of that data to make more informed decisions about programmatic priorities moving forward. As a result of the evaluation of the monitoring data, the company’s AIDS Committee and Focal Point can make decisions about the development of the next HIV/AIDS action plan and what interventions will be most useful and appropriate.
- GENDER** The analysis of the program looks at the multiple impacts of HIV/AIDS on women, and assesses the effectiveness of past interventions to address vulnerabilities of women and girls around HIV/AIDS, in particular access to treatment and care services.
- STIGMA & DISCRIMINATION** Similarly, the effectiveness of past interventions to reduce stigma and discrimination will allow the AIDS Committee to evaluate what type of interventions should be adopted or modified in the next phase of the program.

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