



Appendices

Appendices

Appendix One:	Comparative country data
Appendix Two:	Fact sheet on the mining sector in Southern Africa
Appendix Three:	IFC corporate roadmap on HIV/AIDS
Appendix Four:	Resources, references and contacts
Appendix Five:	Glossary

Appendices

Appendix One: Comparative Country Data¹

Basic demographic data

Country	Area (Km ²)	Population	Population growth	Political system
Angola	1 246 700	10 366 031	2.15%	Unitary Republic
Botswana	582 000	1 700 000	0.47%	Parliamentary Republic
DRC	2 345 410	53 000 000	?	Transitional government
Lesotho	30 355	2 177 062	1.49%	Constitutional Monarchy with an elected Parliament
Malawi	118 484	10 180 000	2%	Constitutional Republic with Unicameral Parliament
Mozambique	801 590	17 200 000	1.3%	Unitary State
Namibia	825 418	1 800 000	1.38%	Multiparty democracy
South Africa	1 225 815	44 600 000	0.26%	Parliamentary democracy with President as Head of State
Swaziland	17 363	980 000	1.83%	Monarchy; the bi-cameral Libandla (Parliament) is an advisory body
Tanzania	945 087	36 232 074	2.61%	Republic with elected President and National Assembly
Zambia	752 614	10 290 000	2%	Constitutional Republic with Unicameral Parliament
Zimbabwe	390 580	11 365 366	0.15%	Parliamentary democracy



Key economic data

Country	GDP	Inflation	Foreign debt	Unemployment rate
Angola	\$ 10.1 billion	325%	\$ 10.8 billion	+50%
Botswana	\$ 2.37 billion	8.6%	\$ 698 million	40%
DRC	\$ 5.8 billion	358%	?	?
Lesotho	\$ 899 million	6.1%	\$ 700 million	?
Malawi	\$ 1.8 billion	29.5%	\$ 2.6 billion	?
Mozambique	\$ 3.8 billion	11.4%	\$ 1.4 billion	?
Namibia	\$ 5.5 billion	9.1%	\$ 180 million	30% to 40%
South Africa	\$ 125.9 billion	5.7%	\$ 24.8 billion	40% ²
Swaziland	\$ 1.28 billion	7.3%	\$ 258.4 million	?
Tanzania	\$ 7.7 billion	5.9%	\$ 7.5 billion	?
Zambia	\$ 3.5 billion	18.7%	\$ 6.5 billion	10.3%
Zimbabwe	\$ 28.2 billion	60%	\$ 4.1 billion	?

Section One

Section Two

Section Three

Section Four

Section Five

Appendices

Acknowledgements

Development data

Country	Infant mortality (per 1 000 live births)	Life expectancy (years)		Literacy	Human development index (out of 162 countries)
		Male	Female		
Angola	193.72	37.36	39.87	42%	146
Botswana	63.2	37.13		70%	114
DRC	?	47.2	51.1	M: 86.6% F: 67.7%	155 (of 173 countries)
Lesotho	82.77	47.97	49.74	M: 72% F: 93%	120
Malawi	121.12	36.61	37.55	58%	151
Mozambique	139.2	37.25	35.62	42.3%	157
Namibia	71.66	42.48	38.71	38%	111
South Africa	60.33	47.64	48.56	81.8%	94
Swaziland	109.19	37.86	39.4	M: 78% F: 75.6%	113
Tanzania	79.41	51.04	52.95	M: 79.4% F: 56.8%	140
Zambia	90.89	36	37	M: 78% F: 69%	143
Zimbabwe	62.61	38.51	35.7	M: 90% F: 80%	117

Footnotes



¹ Data from Canadian Department of Foreign Affairs and International Trade – see: <http://www.dfaif-maeci.gc.ca/africa>

² Source: media reports from the Growth and Development Summit (June 2003)



Appendices

Appendix Two: Fact Sheet on the Mining Sector in Southern Africa

Mining is defined as the extraction, dressing and treatment of naturally occurring minerals which are solids such as coal and ores, liquids such as crude petroleum and natural gases.

The **mining sector** covers underground and surface mines, quarries and oil and gas wells as well as all supplemental activities such as crushing, screening, washing, cleaning, grading, milling, flotation, melting, pelleting, topping and any other activities required to render the minerals marketable.

Included in the concept of a **mining community** are all stakeholders and organisations that interface with a mining operation. This would include those providing goods or services to mining companies, such as engineering supplies, safety equipment, medical supplies, geological studies, construction, transport, environmental management and impact mitigation services, research and development, recruitment, security, canteen and laundry etc. In addition, stakeholders and partners, like government ministries, local government, NGOs, and training and research institutions are also members of a mining community.

Mining is a vital component of the national economies of numerous countries, particularly as a major foreign exchange earner. In classic development economies, it is the surplus generated from mining and agriculture and the related processes which stimulates economic growth and leads to the emergence of a modernised economy. Although led by the large companies, it is estimated that, in a number of Southern African countries, small scale mining contributes as much as 5% to the GDP, and in Zimbabwe and Tanzania, for example, small scale miners contribute up to 25% of the total gold production.

Section One

Section Two

Section Three

Section Four

Section Five

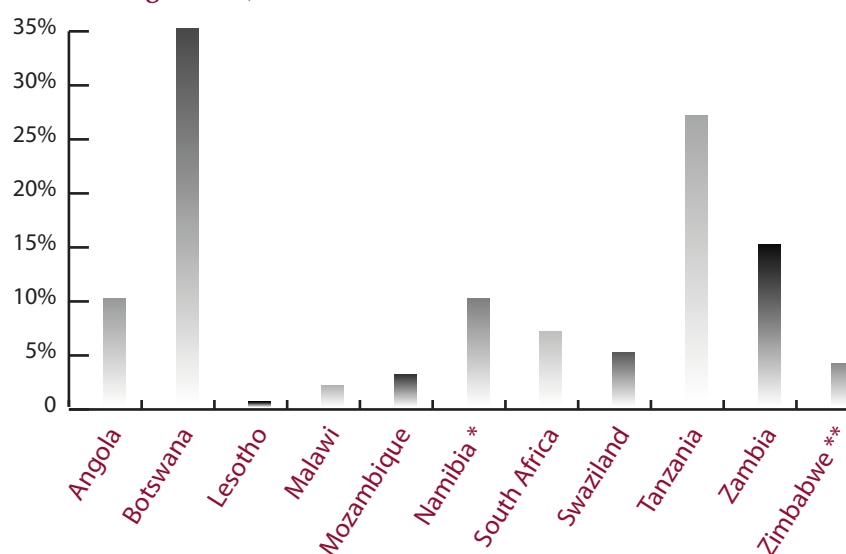
Appendices

Acknowledgements

Estimates of the mining and minerals sector's contribution to economies of continental SADC states in 1999 ^{1,2}

SADC Member	Mining and minerals sector's economic contribution
Angola	Official diamond exports of 2 132 937 carats valued at US\$ 296.24 million
Botswana	US\$ 2.0 billion diamond earnings out of a total of US\$ 2.7 billion exports
DRC	28% of GDP and 70% of exports
Lesotho	Artisanal diamond production to end-March 2000 – 1 053 carats valued at US\$ 85 000; US\$ 15 million is being invested in rehabilitating former De Beers operations
Malawi	<1% GDP comprising US\$ 1 million 95% of which was gemstones (informal gemstone exports are thought to exceed US\$ 2 million)
Mozambique	1.4% of exports and <0.25% of GDP; US\$ 1.34 billion Billiton Mozal aluminium smelter commissioning in 2001 with anticipated operating revenues of US\$ 400 million annually
Namibia	Mineral exports total 49% of total exports by value, to which diamonds contributed 68%
South Africa	33% of export revenue, and 6% of working population
Swaziland	2% of GDP with ex-mine revenues contributing US\$ 20 million to total export earnings of US\$ 825 million
Tanzania	2.1% of GDP and 14.5% of export earnings and a sectoral growth rate of 9.1%, with sectoral FDI of US\$ 720 million in the three years to end-2000
Zambia	Copper mining provided 85% of foreign exchange and 20% of GDP
Zimbabwe	6% of GDP, 7% of the labour force and 40% of foreign exchange earnings ³

Contribution of mining to GDP, selected countries (source: SADC 2001 in RTS MacFarlane)



* Some authorities consider mining's direct contribution to Namibia's GDP to be 15% (Schneider, pers. comm., 2001)

**Figures for Zimbabwe from Murangani (pers. comm., 2001). The contributions to GDP listed above exclude the significant indirect contribution arising from the activities of the sector. No data was available for the Democratic Republic of Congo.



The exploitation of mineral resources has accelerated during the past century with the discovery of new ore bodies and the development of new mining and metallurgical technologies. These mineral resources hold the promise of exceptional long-term social and economic benefits for the region. Such potential benefits are recognised as a key component of the recently launched and widely supported New Partnership for Africa’s Development (NEPAD).

In Southern Africa, over 60 minerals and metals are mined, including platinum, gold, diamonds, coal, asbestos, semi-precious stones, base metals, ferrous metals and industrial metals.

Mining and migrancy are inextricably linked in Southern Africa, with large numbers of men migrating from their homes to work on the mines.

Employment of foreign migrants in the South African mining industry⁴

Country of origin	1984	1989	1994	1998
Lesotho	75 787	98 085	84 700	60 450
Botswana	18 599	15 229	10 837	7 752
Swaziland	12 152	16 555	14 829	10 336
Mozambique	42 294	44 015	44 044	51 913

Mines are located where the minerals are, meaning that mining communities often exist in areas which are remote and inhospitable. The work is dangerous and occupational injuries and diseases, as well as deaths, are more common in mining than in other occupations. For example, the average gold miner has a one in forty chance of being killed and a one in three chance of suffering a reportable injury in a twenty-year mining career.



Mines frequently operate as self-sufficient communities with housing, education, health care and sporting facilities provided. The health care or medical services range from first aid stations to fully equipped hospitals serving either the workers only or also the community surrounding the mine. In recent years, companies have elected to outsource many non-core functions, eg, in 2003, 50% of the workers on site at Debswana mines are contractors.

Most countries have legislation which seeks to limit the risk of illness and injury by regulating the responsibilities of employers. Trade unions have traditionally played a prominent role in the mining sector, particularly in the areas of occupational safety and health.

Footnotes



¹ Quoted in Pharoah, R and Schönteich; AIDS, security and governance in Southern Africa – exploring the impact, ISS Paper 65 (January 2003)
² Source; MIGA: African Mining 2000 Symposium, London, Mining Journal Ltd. (2000)
³ http://www.sadcreview.com/country%20profiles%202001/zimbabwe_zimMining.htm
⁴ Quoted in Whiteside, A and Sunter, C; AIDS, the challenge for South Africa (2000)

Appendices

Appendix Three: IFC Corporate Roadmap on HIV/AIDS



Awareness, Education and Prevention

Program Item	Description	Status	Rating
HIV/AIDS Policy	The “public” policy statement endorsing the company's commitment with respect to HIV/AIDS for internal briefing and also provision to third parties.	In draft	1
		Formally adopted	2
		Communicated actively and reviewed	3
Tools for Awareness	Posters, signs, ribbons, news clips on notice boards, talks, video, live theatre, radio, television, competitions (e.g. posters), sponsored events, messages in pay packets, in-house magazine articles, “Health Question Box”.	1-5 of these elements in place	1
		6-8 of these elements in place	2
		Maintained and updated	3
Training Modules	HIV/AIDS education is a component of the company's training, (e.g., recruitment process, new employees' induction programs, health education, safety briefings, module for managers).	Employees module	1
		Plus management training module	2
		Ongoing training exists	3
Targeting and addressing high risk and vulnerable groups	High risk (long-distance drivers, migrant workers) and vulnerable groups (women and youth), should be targeted for education and prevention programs.	Analysis to identify groups	1
		Programs for these groups in place	2
		>50% trained or analysis confirmed no high risk/vulnerable groups in company	3
Workplace discussion forum	A key step in the educational process is to engage in a dialogue and the opportunity for this should be established (with union involvement) in all workplaces.	Discussion leaders identified	1
		Discussion clearly scheduled	2
		Discussion sessions once a month	3
Peer educators	Informed dialogue is essential for properly developing an understanding of how HIV is spread and the impact it can have on people. Target ratio should be 1 educator : 50 employees.	Process for group formation	1
		Peer educators in training	2
		Ongoing peer education programs	3
People Living With HIV/AIDS (PLWA) involved	The involvement of People Living with Aids is a powerful way of strengthening the educational process, especially if they are representatives from the immediate community	PLWA involved in education as visitors	1
		PLWA in discussion sessions	2
		PLWA as peer group educators	3
Condoms distributed	Condom distribution (male and female) is an essential component of an education and prevention program. They should be free of charge (or a nominal cost) and readily available.	Available through clinics	1
		Through dispensers at a cost	2
		Through dispensers free of charge	3
Trained HIV/AIDS counselors	Trained counselors are a pre-requisite to ensure appropriate support available to those affected by HIV/AIDS and to implement Voluntary HIV Counseling and Testing (VCT). Counselors should be available in the company but visiting counselors can also supplement the company's staff.	At least one trained counselor available	1
		All clinical staff trained	2
		Ongoing training for counselors	3
Voluntary HIV Counseling and Testing (VCT)	Access to safe, confidential and convenient voluntary HIV testing and counseling integrated in the company's activities (e.g. communication efforts, medical examinations, disease prevention). The test is performed within the company's clinics or externally	VCT available	1
		VCT available and actively advocated	2
		VCT taken up by >50% employees and extended to the community	3
Prevention of vertical transmission (mother-to-child transmission)	Many children acquire HIV from their mothers before, during or after birth. The company can undertake or support such a program with VCT and anti-retroviral drugs for mother/child to invest in “the next generation”.	Available to employees	1
		Available to employees and their partners	2
		80% pregnancies covered	3



Treatment and Care

Program Item	Description	Status	Rating
HIV and Occupational Health and Safety (OH&S)	The company has adopted and enforced a procedure for occupational blood or body fluids post-exposure to prevent accidental HIV transmission in the workplace.	In draft	1
		Formally adopted	2
		Implemented	3
Clinical staff training	Continuing professional training on HIV/AIDS and infectious diseases is ensured to the clinical and laboratory staff of the company.	Some staff members trained	1
		All clinic's staff attended one training	2
		Continuing training attended yearly	3
Nutritional program	Appropriate dietary supplements to support good general health and resistance to opportunistic infections will significantly delay the onset of AIDS.	Advice available on diet to support health	1
		Target program > affected employees	2
		Free supplements available	3
Opportunistic infections, TB, STDs	The impact of a decline in the immune system with the onset of AIDS can be prevented or mitigated by prophylactic and/or medication for other infections and quick response when they occur.	Treatment protocol in draft	1
		Treatment available for some infections	2
		Treatment and prophylactics available	3
Anti-retroviral (ARV) treatment	The company considers implementing therapy with medical staff or by partnering with others possessing experience in this treatment so highly-active anti-retroviral therapy (HAART) becomes part of the medical coverage of HIV+ employees and possibly dependants.	Feasibility study	1
		Available to some employees as a pilot	2
		Available to all employees	3
Home-based care	Terminally ill patients with AIDS require specific care. This could include hospice or home-based care developed with the support of appropriate third parties.	Home-based care under development	1
		Access for >20% of terminally ill patients	2
		Access for >50% of terminally ill patients	3

Monitoring and Leveraging the Program

Monitoring effectiveness and results	Indicators/items are used for monitoring, incentives, accountability and evaluation. Qualitative information includes general awareness of HIV/AIDS evaluated through questionnaires or Knowledge, Attitudes, Practices and Behavior (KAPB) Studies. Quantitative information includes productivity measures, absenteeism averted, condom use, requests for VCT or counseling.	Evaluation method identified	1
		Qualitative data used to measure effectiveness of the program	2
		Quantitative data and qualitative information used to measure effectiveness and make adjustments	3
Advocacy with customers, suppliers and other business partners	Business partners should be encouraged to have their own programs and to ensure they have assessed and dealt with relevant risk. For key suppliers, the latter could involve a system for supplier compliance certification.	Program information provided	1
		Formal advocacy/educational meetings	2
		Accreditation scheme for key suppliers	3
Commemorate World AIDS Day December 1st	World AIDS Day is a unique opportunity every year, to go beyond the workplace and to highlight the profile and reach of the company's program.	Day commemorated	1
		Activities open to employees' families & community	2
		Activities open to suppliers/service providers	3

The Road Map contains a list of possible interventions that can be put into place in the private sector. The "status" and "rating" columns provide companies with a means to set targets and evaluate their progress.

Source: Unilever, the PIA Working Group on HIV/AIDS, and IFC Against AIDS.

Section One

Section Two

Section Three

Section Four

Section Five

Appendices

Acknowledgements

Appendices

Appendix Four: Resources, References and Contacts

The following are suggested readings and resources for further information to assist organisations in mining communities in Southern Africa to develop comprehensive HIV/AIDS responses.

Codes

- International Labour Organisation; Code of practice on HIV/AIDS and the world of work (2001), available on www.ilo.org;
- SADC Code of good practice on HIV/AIDS and employment (1997), available on www.hri.ca/partners/alp;
- Department of Labour; Code of good practice on key aspects of HIV/AIDS and employment (2000), available on www.labour.gov.za; and
- South African Department of Labour; HIV/AIDS Technical Assistance Guidelines (2003), available on www.labour.gov.za.

Toolkits

- Harvard University, in co-operation with the World Economic Forum (WEF), UNAIDS and the ILO, is developing a set of tools to build capacity for combating HIV/AIDS in developing countries. The tools include inventories of good management principles and practices, and model curricula for executive training.
- The ICFTU (International Confederation of Free Trade Unions), in collaboration with the ILO's Bureau for Workers Activities, ILO/AIDS and other partners are developing a "tool box" on HIV/AIDS for young workers.
- UNAIDS has developed a toolkit entitled Methods and approaches for local responses to HIV/AIDS: Techniques (undated).
- KIT is a project of the Royal Tropical Institute in the Netherlands, see www.kit.nl. Kit manages a "local responses to HIV/AIDS" information exchange forum funded by UNAIDS. This project provides a database of practices, techniques and training manuals in the form of tools (available in English, French and Portuguese).
- UNDP has designed tools to facilitate the mainstreaming HIV/AIDS into governance institutions.
- WHO and the International HIV/AIDS Alliance have developed a toolkit for programme managers entitled: A public health approach for scaling up ARV treatment.



- The Synergy APDIME Toolkit is a user-oriented, electronic one-stop-shop of HIV/AIDS programming resources. The toolkit contains 5 modules of the programming cycle; Assessment, Planning, Design, Implementation, and Monitoring and Evaluation – go to www.synergyaids.com.
- The LSHTM HIVTools Research Group has a website from which tools on costing and mathematical models for estimating the impact of different HIV prevention interventions can be downloaded, see www.hivtools.lshtm.ac.uk/.
- The Barnabas Trust in Port Elizabeth, South Africa, developed a community level toolkit; The New Toolbox – a handbook for community-based organisations (2002), which is available from baritrust@mweb.co.za.

References

Governance

- UNDP, UN-Habitat; HIV/AIDS and local governance in sub-Saharan Africa – occasional paper 1 (June 2002).
- CADRE; The economic impact of HIV/AIDS on South Africa and its implications for governance (2000).

Modelling

- Actuarial Society of South Africa (ASSA): Their AIDS model is available at www.assa.org.za/aidsmodel.asp.
- AIDS Impact Model for Business; AIM-B, available on www.futuresgroup.com/aim is an economic and demographic model designed to help managers analyse how HIV/AIDS is affecting their businesses and project how it will affect them in the future.
- GOALS for Business, also available from the Future Group, enables organisations to effectively allocate resources to HIV/AIDS programmes implemented in the workplace. The model assesses whether an organisation's current HIV/AIDS strategies are realising their full potential and if they can be adapted to improve results.

Workplace and HIV/AIDS

- Department of Public Service and Administration; Managing HIV/AIDS in the workplace (2002), available on www.dpsa.gov.za.
- FHI; Workplace HIV/AIDS programme; an action guide for managers, available on www.fhi.org/en/aids.
- Family Health International; search for information on HIV/AIDS education on www.fhi.org.
- Loewenson R, ed. Best practices: company actions on HIV/AIDS in Southern Africa: Organisation of African Trade Union Unity (OATUU) Health Safety and Environment Programme (1999).

Economics

- The Joint Center for Political and Economic Studies; a literature review on the economic impact of HIV/AIDS on South Africa, available on www.jointcenter.org/international/hiv-aids/1_lit-review.htm.
- A paper on the economic impact of HIV/AIDS in Southern Africa is available on the Brookings website at www.brookings.edu (#9; September 2001).

- Haacker M; The economic consequences of HIV/AIDS in Southern Africa (2002). This IMF working paper provides some tools for analysing the economic consequences of HIV/AIDS, in particular, the fiscal implications and the effect on economic growth.

Epidemiology

- UNAIDS; Epidemiological Fact Sheets (which provide country-specific HIV/AIDS statistics), available on www.unaids.org/hivaidsinfo/statistics/fact_sheets/index_en.htm.

Employee benefits

- M. Stevens (Centre for Health Policy); AIDS and the workplace with a specific focus on employee benefits: Issues and responses, (2001).

Legal issues

- The AIDS Law Project (based in South Africa) has developed a number of workplace resources with a focus on legal and ethical issues; go to www.law.wits.ac.za/cals/alp.

Mainstreaming HIV/AIDS

- Health Economics & HIV/AIDS Research Division (HEARD), numerous publications and AIDS Briefs for sectors and professions, available on www.und.ac.za/und/heard/;

Gender

- UNIFEM, in collaboration with UNAIDS, has a comprehensive gender and HIV/AIDS website, www.GenderandAIDS.org, for researchers, policy-makers and practitioners.

PLWHA

- GNP+; Positive development: setting up self-help groups and advocating for change. A manual for people living with HIV (1998).

Care and support

- Catholic AIDS Action in Namibia published a manual entitled Caring for ourselves in order to care for others. Contact info@caa.org.na.

Contacts

- The Global Health Council publishes a Global Health Directory every year. The 2003-2004 version contains information on the contacts, mission statements, regions/countries served, target groups and service focuses of over 440 organisations. To order, contact membership@globalhealth.org.
- UNAIDS Country Co-ordinators/ Country Programme Advisers

Angola:

Alberto Alejandro Stella
 Rua Major Kanhangulo, 197
 PO Box 910, Luanda, Angola
 Tel: +244 2 331181/331188 Ext. 237/302
 V-Sat: 004724136812;
 E-mail: unaids.angola@undp.org





- Botswana:** Dr Kwame Ampomah
UNAIDS, UN Place, Plot 22
PO Box 54, Khama Crescent, Gaborone, Botswana
Fax: +267 393 1243; Tel: +267 395 2121 Ext. 401
Mobile: +267 721 2124;
E-mail: kwame.ampomah@undp.org
- DRC:** In course of assignment
UNAIDS Office Assistant, Mr Marcel Kabeya
Mobile: 243 88 00 840 and 243 99 05 676
E-mail: marcel.kabeya@undp.org
- Lesotho:** Tim Rwabuhemba
Ground Floor, UN Building
PO Box 301, Maseru, 100 Lesotho
Tel: +266 22 313 790; Fax: +266 22 313 571
E-mail: rwabuhembat@unaids.org
- Malawi:** Mr Erasmus Morah
UNAIDS, Evelyn Court, Area 13,
PO Box 30135, Lilongwe 3, Malawi
Tel: +265 1 773 329/927; Mobile: +265 9 960 130
Fax: +265 1 773 992;
E-mail: emorah@unaids.unvh.mw
- Mozambique:** Ms Aida Girma
UNAIDS, Rua Lucas E. Kumato Nº 301
PO Box 4595, Maputo, Mozambique
Tel: +258 1 49 17 75; Fax: +258 1 49 23 45
Mobile: +258 82 31 45 59;
E-mail: aida.girma@unaidsmz.com
- Namibia:** Ms Mulunesh Tennagashaw
UNAIDS, Sanlam Building, 13th Floor
154 Independence Avenue, Windhoek, Namibia
Tel: +264 61 204 6219; Fax: +264 61 204 6203
Mobile: +264 811 246 543
E-mail: mulunesh.tennagashaw@undp.org
- South Africa:** Mbulawa Mugabe
7th Floor Metropark Building, 351 Schoeman Street
P.O. Box 6541, Pretoria 0001, South Africa
Tel: +27 12 338 5182; Fax: +27 12 338 5193
E-mail: mmugabe@un.org.za
- Swaziland:** a.i. Ms Brigitte Imperial
5th Floor Lilunga House, Gilfillan Street
PO Box 261, Mbabane, Swaziland
Tel: +268 404 8559/ 404 2301/3;
Fax: +268 404 9931
E-mail: b.imperial@undp.org
- Tanzania:** Bernadette Olowo-Freers
UNAIDS; c/o UNDP, Matasalamat Mansion
Samora Avenue/Zanaki Street
PO Box 9182, Dar es Salaam, Tanzania
Fax: 255 22 213 9654
Tel: 255 22 213 0350 or 211 8081-8, Ext. 3232
Mobile: 255 744 30 87 97;
E-mail: olowofreersb@unaids.org

Section One

Section Two

Section Three

Section Four

Section Five

Appendices

Acknowledgements

- Zambia:** a.i. Namposya Nampanya-Serpell, PhD.
UN Annex, Plot 4609 Andrew Mwenya/Beit Road
Rhodes Park, P.O Box 31966, Lusaka 10101, Zambia
Tel: +260 1 252 645; Fax: +260 1 261 214
E-mail: nnserpell@who.org.zm
- Zimbabwe:** a.i. Ms. Hege Waagan
Tel: +263 4 792 681-6 ; Fax: + 263 4 250 691
E-mail: hege.waagan@undp.org

Websites

- www.ifc.org/ifcagainstids; This IFC project aims to assist companies with information, tools and guidance to develop their responses to the HIV/AIDS epidemic.
- www.weforum.org; The World Economic Forum's Global Health Initiative is designed to foster greater private sector involvement in the global response to HIV/AIDS (TB and malaria). The website has resources and best practices to help companies in developing their responses.
- www.unglobalcompact.org/Portal/; The Global Compact brings companies together with UN agencies, labour and civil society in support of human rights, labour standards and the environment. The Global Compact, the ILO and UNAIDS have joined forces to mobilise businesses, encourage increased action on HIV/AIDS in the workplace and combat stigmatisation.
- www.icftu.org; The ICFTU believes that trade unions are uniquely placed to address the HIV/AIDS epidemic, as the workplace is a major entry point for information, prevention and rights campaigns.
- www.businessfightsaids.org/; The Global Business Coalition on HIV/AIDS brings together a growing number of international businesses dedicated to combating the HIV/AIDS epidemic. The website contains resources and information for employers on ways to address HIV/AIDS in the workplace.
- www.iaen.org; The International AIDS Economic Network (IAEN) provides data, tools and analysis on the economics of HIV/AIDS prevention and treatment in developing countries, to help developing countries devise cost-effective responses to the global epidemic.
- www.who.int/hiv/pub/en/; The World Health Organisation has numerous publications on HIV/AIDS, in particular health-related publications.
- www.redribbon.co.za; is a website supported by Metropolitan Life. It is the primary link to the official website of SABCOHA (the South African Business Coalition on HIV/AIDS).





Resources

BCC materials

- All National AIDS Programmes develop and distribute small media materials, like posters and pamphlets. Some of these may be suitable for use within a workplace context.

Condoms

- In some countries Ministries of Health procure and distribute free male condoms, and may agree to provide supplies to companies for workplace distribution;
- Condoms are available commercially from a range of suppliers. Names and contact details of local suppliers can usually be obtained from the Ministry of Health;
- Population Services International (PSI), known as the Society for Family Health (SFH) in some countries, provide socially marketed condoms (which are subsidised and therefore cheaper than commercial brands).

Angola: Susan Shulmann
E-mail: psiangola2@ebonet.net

Botswana: Judi Heichelheim
E-mail: judi.heichelheim@psi.co.bw

DRC: John Loftin
E-mail: johnnybloftin@cs.com

Lesotho: Aaron Maselwane
E-mail: progmanager@psi.co.ls

Malawi: Desmond Chavez
E-mail: dchavasse@psimalawi.org

Mozambique: Brian Smith
E-mail: bsmith@psi.org.mz

Namibia: Susan Holland
E-mail: sholland@africaonline.com.na

South Africa: Katie Schwarm
E-mail: katie@sfh.co.za

Swaziland: Babazile Dlamini
E-mail: psi@africaonline.co.sz

Tanzania: Brad Lucas
E-mail: bwl@sfh.raha.com

Zambia: Nils Gade
E-mail: nilsg@sfh.org.zm

Zimbabwe: Andrew Boner
E-mail: aboner@psi-zim.co.zw

Appendices

Appendix Five: Glossary

Absenteeism management	The process of collecting and analysing information relating to absenteeism and taking appropriate action on the basis of such information. The aim is to identify serious illness in employees as early as possible, so that the correct medical intervention can be implemented. The most successful absenteeism management programmes rest on two pillars: daily analysis of sick leave information and interpretation and recommendations by medical practitioners.
Acquired immune deficiency syndrome (AIDS)	The last and most severe stage of the clinical spectrum of HIV-related disease.
Affected persons	Persons whose lives are changed in any way by HIV/AIDS due to infection and/or the broader impact of the epidemic.
Antibodies	Substances produced by cells in the body's immune system in response to foreign substances that have entered the body.
Antiretroviral drugs	Substances used to kill or inhibit the multiplication of retroviruses such as HIV.
Asymptomatic	Infected by a disease agent but exhibiting no medical symptoms.
Audit	A systematic examination to determine whether activities and related results conform to planned arrangements, and whether these arrangements are implemented effectively and are suitable for achieving the organisation's policy and objectives.
Base-line data	Data about characteristics, figures of people/places, collected before a programme/project starts, and which can be collected again in the same manner during, or at the end of, a programme/project to see what changes have occurred.
Casual contact	Day-to-day social contact.
Collective bargaining	Collective bargaining is a process in terms of which employers and employee collectives seek to reconcile their conflicting goals through a process of mutual accommodation.
Confidentiality	The right of every person, employee or job applicant to have their medical information, including HIV status, kept private.



Contact tracing	Refers to the method of finding and counselling the sexual partner(s) of a person who has been diagnosed as having a sexually transmitted infection.
Cost-effectiveness	Cost-effectiveness is a measure of the comparative efficiency of discrete strategies and methods for achieving the same objective
Discrimination	Discrimination is an action based on a pre-existing stigma. In the case of PLWHA, it may result from the worker's actual HIV status, his/her perceived HIV status, or even his/her sexual orientation.
Enzyme-linked immunosorbent assay (ELISA)	A laboratory test to determine the presence or absence of antibodies to HIV in the blood. A positive ELISA result is generally confirmed by a second test, eg a Western blot test.
Employee benefits	Any benefit granted to an employee or his/her family by an employer in respect of the period of employment of the employee, over and above salary. The term is usually used in the sense of retirement and life insurance benefits.
Employer	A person or organisation employing workers under a written or verbal contract of employment which establishes the rights and duties of both parties, in accordance with national law and practice. Governments, public authorities, private enterprises and individuals may be employers.
Epidemic	A disease, usually infectious, that spreads quickly through a population.
Epidemiology	The study of the distribution and determinants of disease in human populations.
Evaluation	An assessment, and analysis of, the design, implementation and results of an on-going, or completed, project.
False negative HIV antibody test	A negative test result that suggests a person is not HIV infected when, in fact, he or she is infected.
False positive HIV antibody test	A positive test result that suggests a person is HIV infected when, in fact, he or she is not infected.
Gender	Differences in social roles and relations between men and women.
Going to scale	Replication of a pilot project throughout, for example, a geographical area, or a project made larger in extent.
Hazardous biological agents	Any micro-organism which may cause infection or otherwise create a hazard to human health.
High-risk behaviour	Activities that put an individual at greater risk of developing or transmitting a particular disease. High-risk activities associated with HIV/AIDS include unprotected sexual intercourse and sharing of needles and syringes.
HIV-1	The retrovirus that is the principal worldwide cause of AIDS.
HIV-2	A retrovirus closely related to HIV-1 that also causes AIDS in humans, found principally in West Africa.

HIV/AIDS management system	The part of the overall management system that facilitates the management of the HIV/AIDS risks associated with the business of the organisation. This includes the organisational structure, planning activities, responsibilities, practices, procedures, processes and resources for developing, implementing, achieving, reviewing and maintaining the organisation's HIV/AIDS policy.
HIV-negative	Denotes the absence of HIV or HIV antibodies upon HIV testing
HIV-positive	Refers to the presence of HIV infection as documented by the presence of HIV or HIV antibodies in the sample being tested.
HIV testing	Refers to any laboratory procedure – such as blood or saliva testing – done on an individual to determine the presence or absence of HIV infection.
HIV transmission	The transfer of HIV from one infected person to an uninfected individual, most commonly thought sexual intercourse, blood transfusion, sharing of intravenous needles and during pregnancy, childbirth or breast-feeding.
Human immunodeficiency virus (HIV)	A virus that weakens the body's immune system, ultimately causing AIDS.
Ill-health retirement	A member retiring prior to normal retirement age due to reasons of ill health.
Immune system	A complex system of cells and cell substances that protects the body from infection and disease.
Incidence of HIV	The number of new cases of HIV in a given time period, often expressed as a percentage of the susceptible population.
Incubation period	The period of time between entry of the infecting pathogen into the body and the first symptoms of the disease.
Informal sector	Very small scale units producing and distributing goods and services, and consisting largely of independent, self-employed producers, which operate with very little capital, technology and skills, and which generally provide low and irregular income and highly unstable employment.
Informed consent	Refers to the voluntary agreement of a person to undergo or be subjected to a procedure based on full information, whether such permission is written, or expressed indirectly.
Inherent requirements	The inherent requirements of a job are an essential characteristic, quality or capacity that is required in order to fulfil the duties of a job.
Key performance indicators (KPIs)	Statements that describe the dimensions of performance which are considered key when assessments and reviews are undertaken.



Medical confidentiality	Refers to the relationship of trust and confidence created or existing between a patient or a person with HIV and his attending physician, consulting medical specialist, nurse, medical technologist and all other health workers or personnel involved in any counselling, testing or professional care of the former; it also applies to any person who, in any official capacity, has acquired or may have acquired such confidential information.
Medical scheme	A legal entity established with the purpose of undertaking liability in return for a premium or contribution in order to assist with the defraying the medical expenses of its members.
Medical testing	The process of gathering information, usually from duly qualified medical practitioners or from the applicant for membership or employment, concerning the health status of the individual.
Monitoring	The regular collection and analysis of information then used to guide a project – either to continue on its course, or to change direction.
Occupational disease	A disease contracted as a result of or during the course of an employee’s employment.
Occupational exposure	An incident or accident in the working environment involving blood or body fluids, and which may expose a person to the risk of HIV infection.
Occupational health and safety	The conditions and factors that affect the well-being of employees, temporary workers, contractor personnel, visitors and any other persons in the workplace.
Occupational health services (OHS)	A term used in accordance with the description given in the Occupational Health Services Convention, 1985 (No. 161), namely health services which have an essentially preventative function and which are responsible for advising the employer, as well as workers and their representatives, on the requirements for establishing and maintaining a safe and healthy working environment and work methods to facilitate optimal physical and mental health in relation to work. The OHS also provide advice on the adaptation of work to the capabilities of workers in the light of their physical and mental health.
Occupational injury	An injury caused as a result of an accident arising out of and in the course of an employee’s employment.
Openness	A climate in which HIV and AIDS is freely discussed and acknowledged, and people living with HIV/AIDS feel enabled to disclose their HIV status.
Opportunistic infection	An infection with a micro-organism that does not ordinarily cause disease, but that becomes pathogenic in a person whose immune system is impaired, as by HIV infection. OIs common in persons diagnosed with HIV/AIDS include pneumocystis carinii pneumonia (PCP), Kaposi’s sarcoma, cryptosporidiosis, histoplasmosis, other parasitic, viral, and fungal infections, and some types of cancers.

Organisation	The organisation, company, operation, firm, enterprise, institution, association or any part thereof, whether incorporated or not, public or private, that has its own functions and administration. For organisations with more than one operating unit, a single operating unit may be defined as an organisation.
Palliative care	Care that promotes the quality of life for people living with HIV/AIDS, by the provision of holistic care, good pain and symptom management, spiritual, physical and psychosocial care for clients and care for the families into the bereavement period.
Pandemic	An epidemic occurring simultaneously in many countries.
Post-exposure prophylaxis	Anti-retroviral therapy taken immediately after an exposure to HIV (such as a needle-stick injury) to reduce the risk of HIV transmission.
Post-test counselling	Refers to the process of providing risk-reduction information and emotional support to a person who submitted to HIV testing at the time that the test result is released.
Pre-test counselling	Refers to the process of providing an individual with information on the biomedical aspects of HIV/AIDS and emotional support for any psychological implications of undergoing HIV testing and the test result itself before he/she is subject to the test.
Prevalence of HIV	The number of people with HIV at a point in time, often expressed as a percentage of the total population.
Prophylaxis for OIs	Treatments that will prevent the development of conditions associated with HIV disease such as TB and PCP.
Reasonable accommodation	Any modification or adjustment to a job or to the workplace that is reasonably practicable and will enable a person living with HIV or AIDS to have access to or participate or advance in employment.
Retirement fund	A legal entity established with the purpose of providing retirement benefits to its members. Contributions are collected from members and invested to secure retirement benefits at a member's normal retirement age. Other benefits such as death in service, disability and spouses' pensions are often also provided through a retirement fund.
Screening	Measures whether direct (HIV testing), indirect (assessment of risk-taking behaviour) or asking questions about tests already taken or about medication, designed to establish HIV status.
Sentinel surveillance	Surveillance conducted through "watchpost" sites that provide access to populations that are of particular interest or representative of a larger population.
Seroconversion	The point at which the immune system produces antibodies and at which time the HIV antibody test can register an HIV infection.
Serological testing	Testing of a sample of blood serum.
Seronegative	Showing negative results in a serological test.



Seropositive	Showing positive results in a serological test. A person who is seropositive for HIV antibodies is considered HIV infected.
Seroprevalence	The proportion of a given population with a particular marker in the blood, such as antibody to HIV, at a specific time.
Serosurvey	Systematic testing of sera from a group of persons to determine the frequency of a particular marker, such as antibody to HIV, in that population.
Sexually transmitted infection (STI)	refers to any disease – such as syphilis, chancroid, chlamydia, gonorrhoea – that may be acquired or passed on through sexual contact.
Source person	Person whose blood may have been exposed to another person, in an occupational accident.
Stigma	The holding of derogatory social attitudes or cognitive beliefs, the expression of negative effect, or display of hostile or discriminatory behaviour towards members of a group, on account of their membership of that group.
Surveillance	A method of determining HIV prevalence rates in a population.
Symptomatic	With symptoms.
Tripartite	The term used to describe equal participation and representation of governments, employers and workers.
Unfair discrimination	Unfair discrimination is when a policy or practice differentiates between people on an arbitrary ground, in a way which adversely impacts on the person's dignity, and in a way which is not reasonable or justifiable in terms of the laws of the land.
Universal precautions	A simple standard of infection control practice to be used to minimise the risk of blood-borne pathogens.
Virus	Infectious agent (microbe) responsible for numerous diseases in all living beings. They are extremely small particles, and in contrast with bacteria, can only survive and multiply within a living cell at the expense of that cell.
Voluntary HIV testing	HIV testing done on an individual who, after having undergone pre-test counselling, willingly submits himself/herself to such a test.
Vulnerable groups	Vulnerable groups refer to groups of person who, by reason of socio-economic disempowerment and the existing cultural context, are vulnerable. In the working environment, working situations that make workers more susceptible to the risk of infection may cause vulnerability.
Vulnerable groups (occupational)	Persons in employment or service who become exposed to or come into contact with infected body fluids through, for example, cuts or accidental "needlestick" injuries such as health care and community workers, eg doctors, dentists, nurses, first-aiders, emergency services personnel. Usually education in universal precautions is provided.

Window period The period of time, usually lasting from two weeks to six months during which an infected individual will test negative upon testing for HIV antibodies, but can transmit the infection.

Workers' representative In accordance with the Workers' Representatives Convention, 1971 (No. 135), these persons are recognised as workers' representative by national law or practice whether they are:

- (a) trade union representatives, namely, representatives designated or elected by trade unions or by members of such unions; or
- (b) elected representatives, namely, representatives who are freely elected by the workers of the undertaking in accordance with provisions of national laws or regulations or of collective agreements and whose functions do not include activities which are recognised as the exclusive prerogative of trade unions in the country concerned.

An alternate glossary, which includes a number of medical terms, is available on the IFC Against AIDS website, at: www.ifc.org/ifcext/aids.nsf/Content/Glossary.



Acknowledgements

Thanks are extended to all who contributed to the development of the **Guide**.

Technical input was provided by:

- Richard Smith, Golder Associates Ltd.;
- Gail Steckley, CARE Canada;
- Michelle Munro, CARE Canada;
- Clive Evian, AIDS Management and Support;
- Roy Mwilu, International HIV/AIDS Alliance (Zambia);
- Chris Archibald, Director of Health, Canada's Division of HIV/AIDS Epidemiology and Surveillance;
- Sabine Durier, IFC Against AIDS,
- John Middleton and Diana Baird, IFC;
- Jeffrey Davidson, World Bank; and
- Jaco Brits, FB Vending.

The following persons provided inputs during the phase I field testing:

1. At the workshop hosted by Debswana (Botswana):

- Tsetsele Fantan, Bekezela Mbakile, Dudley Wang, Ewetse Mathaba, Keitiretse Tshukudu and Marianyana Selelo from Debswana;
- MP Ndwapi and Itumeleng Kwape from BDVC; and
- Moses Kololo and Topo Antlwetse from BMWU.

2. At the workshop hosted by Gold Fields (South Africa):

- Andre Bester and Stella Ntimbane from Gold Fields.

The following persons provided inputs during the phase II field testing:

1. At the 2003 Community and small scale mining (CASM) workshop (Ghana):

- Rachel Golden, Victor Chipofya, Felix Kwaku, John Agyei Duodo, Pare LaZare and Jeffrey Davidson

2. At the workshop hosted by TEBA Ltd. (South Africa):

- Raymond de Broize, Malitaba;
- Osafo Gyimah, Construction Industry Development Board;
- Tumi Malepe, TEBA Ltd;
- Sebastian Biehl, Solidarity; and
- Bonggi Xaba, Mineral MEPC.

3. At the workshop hosted by Sishen/Kumba Mine (South Africa):

- SL Adelanté and JH Kasper, Assmang Mine;
- N Baffets, Dept. of Social Services;
- ST Muller, C Muller, MC Geldenhuys, L Strauss, D Sehularo, S Jack, B Bodenstein-Smit, N Mawashe and P Cloete, Sishen/Kumba ;
- MS Myedi, Kuruman Hospital;
- G Eksteen, Home-based care project, Dingleton;
- LN Meremetsi, Dept. of Education;
- H Seekoei, SAPD Kuruman;
- L Hannam, Protector;
- M Matsipane, NUM, Sishen;
- G Lekgetho, De Beers Finsch Mine;
- OE Bosaletse, Provincial Traffic, Kuruman;
- N Ditshetelo, KJ Boeryang, LP Montshioagae and AHJ Scheepers, Kgalagadi District Municipality;
- E Maitse, Samancor; and
- B Orapeleng.

4. At the workshop hosted by Konkola Copper Mines (KCM) (Zambia):

- Henry Loongo, CARE International;
- H Sensenta, M Banda, FH Kolala, GC Mwelwa, EC Chomba, MK Trivedi, G Mulenga, MW Banda, J Chabu, M Mubangwe, A Chamululu and J Sikambe, KCM plc;
- J Nsofwa, World Vision;
- C Kabaghe, MCM plc;
- J Nankamba, BMML;
- H Mvula, Trentyres;
- VM Njovu, JCB;
- B Maanya, DA's Office;
- F Mubanga, Standard Chartered Bank;
- J Choobe and J Nondo, Barclays Bank;
- I Chishimba, GTL;
- L Musonda, ZANACO;
- WL Silungwe, Dept of Education;
- JK Sindazi, Secondary Union;
- S Mwape, NUMAW;
- DN Kombe, Mines Safety;
- KCA Chense, AHC MMS;
- JC Bwalya, Nchanga North Hospital;
- D Daka, Occupational Health Management Board;
- R Mwale, ZHABS;
- M Sishekanu, Indotech;
- K Moomba, Chingola Municipal Council;
- JNW Kalulu, CEC plc (Kitwe); and
- EC Nkowane, Chibuluma Mine Hospital.



In November/December 2003, during a mission by IFC and Golder, consultations on the Guide were held with:

- Sishen/Kumba, De Beers, Assmang, PPC in the Northern Cape Province
- KCM and others in Zambia
- Mrs Fantan and Brad Ryder from ACHAP, Kabelo Ebineng of the Botswana Business Coalition Against HIV/AIDS and Dr Banu Khan, head of NACA in Botswana
- Zen Fourie and Dr Deon van Zyl, SABS
- The HIV/AIDS Committee, MINTEK
- David Cooper and Tumi Malepe, TEBA
- Brian Brink, Anglo American and Tracy Peterson, De Beers Group
- Fazel Randera, Chamber of Mines
- Osafa Gyimah, CIDB
- Tracey King, SABCOHA
- Martin Zhuwakinyu, Mining Weekly
- Theuns Kotzé, NOSA
- Clive Evian, AIDS Management and Support cc
- Tanja Nowers and Estelle Goran, Compass Group
- Joseph Ajakaye and Margherita Licata, ILO

Section One

Section Two

Section Three

Section Four

Section Five

Appendices

Acknowledgements