

**HIV/AIDS POLICIES IN THE WORKPLACE
IN NAMIBIA**

BY

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I declare that HIV/AIDS POLICIES IN THE WORKPLACE IN NAMIBIA is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

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HIV/AIDS Policies in the Workplace in Namibia

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ABSTRACT

The business world is increasingly being affected by HIV/AIDS and companies are expected to develop workplace policies that create enabling environments. This requires commitment from companies to engage employees when developing workplace policies and interventions.

The purpose of this study was to compare HIV/AIDS workplace policies of insurance companies in Windhoek and determine their compliance with the 2001 ILO Code of Practice in the World of Work. The study used a quantitative approach and data was collected from two life insurance companies in Windhoek with HIV/AIDS Workplace policies in place during the period of the study.

Findings of the study indicate that the majority of respondents from both companies are aware that management supported the policy development process. In regard to policy contents, both companies comply with the Code's key principles and indicated that there is no discrimination of employees infected and affected by HIV/AIDS. However, some components such as involvement of people living with HIV/AIDS, education and awareness, monitoring and budget were not clearly evident. Thus recommendations were made on how such issues should be addressed.

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ABBREVIATIONS

AED	Academy for Educational Development
AIDS	Acquired Immuno Deficiency Syndrome
CEOs	Chief Executive Officers
HRMs	Human Resource Managers
HIV	Human Immuno Virus
ILO	International Labour Office
IOE	International Organization of Employers
LAC	Legal Assistance Centre
MoHSS	Ministry of Health and Social Services
MOLSW	Ministry of Labour and Social Welfare
NABCOA	Namibia Business Coalition on AIDS
OIs	Opportunistic Infections
PLWHAs	People Living with HIV and AIDS
SADC	Southern African Development Community
STIs	Sexually Transmitted Infections
UNAIDS	Joint United Nations Programme on HIV/AIDS
WHO	World Health Organization

CHAPTER 1

ORIENTATION TO THE STUDY

1.1 INTRODUCTION

The epidemic proportions of HIV/AIDS in Sub-Saharan Africa have major implications in the workplace in terms of economic growth, social responsibility and human rights. Juan Somavia, the Director General of the International Labour Organization (ILO), in his welcome address during the Global Compact Policy Dialogue meeting in May 2003 stated that “Two out of three people living with HIV/AIDS (PLWHAs) go to work every day, which makes the workplace a vital entry point for tackling HIV/AIDS” (The Global Compact Dialogue, 2003:7). According to Bickel, Corley, Hamilton and Mazzone, (2005:3) the workplace is an essential element in addressing HIV/AIDS in both sectors because:

- People everywhere spend much of their active time at the workplace,
- Workplaces are structured environments where information about HIV/AIDS prevention and treatment for PLWHAs can be readily provided,
- Workplaces have a vested interest in maintaining the health and productivity of their employees, and
- Workplaces can become serious areas of conflict, especially when the environment is characterized by stigma and discrimination (Bickel, et al, 2005:3).

Internationally, the ILO Code of Practice provides guidelines for employers to address HIV/AIDS related issues in the workplace by developing and implementing appropriate and acceptable company policies on HIV/AIDS (Rau, 2002:37).

The question arises whether employers in Namibia have utilised and adhered to these guidelines. A study done by Izaks & Chibatamoto (2006:18) for the Namibia Business Coalition on AIDS (NABCOA) revealed that out of the sixty companies included in the study, 50% had written HIV/AIDS policies, 8% were still developing them and 3% were in the process of reviewing their existing policies. Thirty-nine percent (39 %) did not have any policies in place addressing HIV/AIDS or have attempted to develop such a policy.

The aim of this study is therefore, to select two long-term life insurance companies within the capital city of Namibia and explore within the framework of the ILO guidelines, the development and content of their HIV/AIDS policies.

1.2 BACKGROUND AND STATEMENT OF THE STUDY PROBLEM

The ILO has developed procedural guidelines which emphasise the fact that employees and other stakeholders should be fully involved in the development of specifically HIV/AIDS policies (Joint United Nations Programme on HIV/AIDS [UNAIDS], 2006:179; ILO Code of Practice, 2001:6; George, 2002:1; International Organization of Employers [IOE] & UNAIDS, 2002:21).

The study conducted by Izaks & Chibatamoto (2006:18) for NABCOA revealed that of the 30 companies investigated in Namibia that had written policies in place, seven reported that their policies had been imposed on them from their Head Offices and the rest indicated that their policies were developed by the management structure with no involvement or input by employees. In cases where Head Offices of companies are situated outside of Namibia, it

sometimes becomes difficult to develop policies in consultation with employees and other stakeholders within the country. Therefore, cultural differences, local needs and specific requirements are in this process negated. The importance of non-discriminatory, feasible and acceptable policies on HIV/AIDS in the workplace is internationally acknowledged. Limited information on the procedures and content in the development of HIV/AIDS policies in Namibia is available in both private and public institutions.

1.3 AIM OF THE STUDY

The aim of this study was to explore the HIV/AIDS workplace policies of long-term life insurance companies in Namibia and compare procedures, processes and contents in the development of policies in terms of international norms and guidelines.

1.4 STUDY OBJECTIVES

The specific objectives of the study were:

- (i) To examine the developmental processes of HIV/AIDS workplace policies in selected companies in Namibia in terms of international norms and guidelines.
- (ii) To compare the contents of these policies in terms of international norms and guidelines.
- (iii) To provide recommendations on how to develop HIV and AIDS workplace policies to the two companies

1.5 ASSUMPTIONS UNDERLYING THE STUDY

An assumption is defined by Polit and Beck, (2004:13) as a basic principle that is believed to be true without requiring proof or verification. Therefore, assumptions underlying the study are that:

- HIV/AIDS workplace policies in Namibia are not consistent with the national legislation and the international standards.
- HIV/AIDS workplace policies in Namibia often do not comply with the ILO procedural guidelines and content criteria.

1.6 SIGNIFICANCE OF THE STUDY

If employers, workers and other role-players cooperate in a positive manner to develop policies on HIV/AIDS, these policies usually respond to and balance the needs of employers and employees. Adherence to policies is improved and implementation welcomed if all role-players had an opportunity to provide input. These advantages of negotiated policies are supported by the ILO's Code of Practice (2001:24). A policy into which there is buy-in and commitment at all levels of the workplace hierarchy, contributes towards the effective management of HIV and AIDS associated issues.

Although only selected companies from one sector of industry have been included in the study, the findings could benefit other industries in Namibia about good practices in developing HIV/AIDS workplace policies and assist NABCOA to guide and assist industries with regards to workplace policies.

1.7 CONCEPTUAL FRAMEWORK OF THE STUDY

The conceptual framework for this study included a combination of international norms and guidelines:

- The 2001 ILO Code of Practice on HIV/AIDS in the World of Work. The procedural (planning and implementing) guidelines in the process of developing transparent, non-discriminatory and non-stigmatizing HIV/AIDS policies ILO Code of Practice (ILO, 2001:24).
- The Southern African Development Community's (SADC) recommendations for policies on HIV/AIDS (UNAIDS, 2000)
- University of Stellenbosch and the Policy PROJECT (2004:16).

The study involved both the content and the processes in developing the HIV/AIDS policies. The procedure followed in developing the policy was assessed against the phases/steps which are listed below and which will be discussed in more detail in Chapter 2:

- **Step 1:** Acknowledge that HIV/AIDS is a workplace issue.
- **Step 2:** Secure management's support and identify potential champions
- **Step 3:** Appoint a representative HIV/AIDS task team.
- **Step 4:** Gather relevant information.
- **Step 5:** Reach consensus on key elements of a HIV/AIDS workplace policy.
- **Step 6:** Draft the HIV/AIDS policy
- **Step 7:** Establish a process of consultation
- **Step 8:** Popularize and implement the policy.
- **Step 9:** Monitor and evaluate the policy.

With regards to the content, the policies were examined in terms of:

- Recognition of HIV/AIDS as a workplace issue
- Non-discrimination
- Gender equality
- Healthy work environment
- Social dialogue
- Screening for purposes of exclusion from employment or work processes
- Confidentiality
- Continuation of employment relationship
- Prevention
- Care and support

1.8 DEFINITION OF KEY CONCEPTS

AIDS: The **Acquired Immuno-Deficiency Syndrome (AIDS)** is the late stage of the Human Immunodeficiency Virus (HIV). AIDS involves the loss of function of the immune system as CD4 cells are infected and destroyed, allowing the body to succumb to opportunistic infections that are generally not pathogenic in people with intact immune systems (Rau, 2002:75).

Company: the people who collectively make up a given business, including workers, supervisors, managers and members of the Board of Directors (Rau, 2002:75).

Confidentiality: The right of every person, employee or job applicant to have their medical information, including HIV status, kept private (Republic of South Africa, 2002:3).

Discrimination: This is denial of opportunities or benefits to a person or group because of real or assumed features or conditions of that person or group (Rau, 2002: 75). In the study it refers to unfair treatment where discrimination is made on the basis of a worker's perceived HIV status, including discrimination on the grounds of sexual orientation (ILO, 2001:2).

Employee: An individual other than an independent contractor who works for another person and who receives or is entitled to receive, remuneration for that work or in any manner assists in carrying on or conducting the business of an employer (Labour Act, 2007 [Act No. 11 Of 2007]:9).

Employer: A person including the State who employs or provides work for, an individual and who remunerates or expressly or tacitly undertakes to remunerate that individual or permits an individual to assist that person in any manner in the carrying or conducting that person's business (Labour Act, 2007 [Act No. 11 Of 2007]:9).

Policy: This is a framework for expected actions by members of an organization (Rau, 2002:76).

1.9 OVERVIEW OF THE STUDY APPROACH AND METHODS

A detailed discussion of the study approach and methods used in this study will be presented in Chapter 3 of this report. Below is a summary of the study methods used:

1.9.1 Research design

The design chosen for this study was quantitative and according to Brink (2006:10) a quantitative approach has its roots in logical positivism and focus on measurable aspects of human behaviour. Quantitative research puts an emphasis on the quantification of constructs and the only way of measuring the properties of phenomenon is through quantitative measurement (Babbie & Mouton, 2002:646). The research process is explained in more detail in Chapter 3.

1.9.2 Study population

The population of the study was the long-term life insurance companies in Windhoek that had HIV/AIDS Workplace policies in place during the period of the study. The accessible population were three life insurance companies out of a possible nine companies because access to the other companies was not possible during the time of the study. Out of the three insurance companies, two had HIV/AIDS workplace policy in place and were willing to participate in the study.

1.9.3 Sampling

The researcher used purposive sampling under non-probability sampling during the study.

The inclusion criteria for the study were:

- Life insurance companies that expressed willingness to participate in the study
- Life insurance companies that had written HIV/AIDS workplace policies in place
- Life insurance companies that were willing to share their profile and written HIV/AIDS policies with the researcher.

Only two of the three life insurance companies complied with the above criteria and were therefore included in the study. The sampling process is explained in detail in Chapter 3.

9.1.4 Data collection

Data were collected using two types of approaches. The first approach focused on the *processes* followed in developing the policies. Self-administered questionnaires were completed by a purposive sample of employers and employees at various hierarchical levels in the workplace in each of the two companies in order to establish the policy development processes. To examine the *content* of these policies in terms of international norms and guidelines, document analysis was applied. The process of data collection is explained in detail in Chapter 3.

1.9.5 Data analysis

A quantitative approach was followed and data were measured against the international norms and guidelines. Findings were presented in the form of graphs and tables. The data analysis is described in more detail in Chapter 3.

1.10 VALIDITY AND RELIABILITY

1.10.1 Validity and reliability of the sample

All the companies that adhered to the inclusion criteria were included. Although the sample was small, the fact that all the insurance companies with developed HIV/AIDS policies were explored, resulted in findings that would provide reliable information about the status of content and processes insurance companies followed in developing their HIV/AIDS workplace policies.

1.10.2 Validity and reliability of the data collection process

The questionnaire and checklists were based on the international norms and guidelines on inclusive processes and procedures in the development of HIV/AIDS workplace policies.

1.10.3 Validity and reliability of data analysis

The measurement criteria with regards to policy contents and procedures were derived from the ILO, SADC and other peer-reviewed literature. These norms and standards have been internationally peer-reviewed which contributed towards the reliability and validity of the data analysis processes.

1.11 ETHICAL CONSIDERATIONS

The main ethical issues that were adhered to during the study are self-determination of individuals, right to protection from discomfort and harm, right to privacy, anonymity, confidentiality and informed consent. The above mentioned human rights principles are

described in detail in Chapter 3.

1.12 LIMITATIONS OF THE STUDY

The limitation of the study is the generalisation of results and outcomes of the study to the broader industry sector in Namibia as regards to HIV/AIDS policies practices and this is discussed in more details in Chapter 5.

1.13 STRUCTURE OF THE STUDY REPORT

The structure of the report is as follows:

- Chapter 1* *Orientation to the study* - providing the context of and reason for the study.
- Chapter 2* *Literature review* - providing the theoretical basis for the study in terms of already known international and local trends and findings in the study field.
- Chapter 3* *Study design and method* - providing information on how the study was conducted.
- Chapter 4* *Presentation and discussion of data* – providing and discussing the findings of the study.
- Chapter 5* *Findings, recommendations, limitations and summary* - in which final conclusions based on the findings of the study, are reflected on. The recommendations were made to improve the process for developing relevant and appropriate HIV/AIDS workplace policies in Namibia based on international guidelines as well as the limitations of the study..

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

This chapter presents a review of relevant literature dealing with the chosen topic in order to check what has already been done and what still needs to be done in the area of study. The chapter provides an overview of current knowledge of the problem under study. Various viewpoints were taken into account and only articles relevant to the problem were cited and commented upon. For this study, the purpose, development, framework, processes and implementation of the ILO Code of Practice (ILO, 2001) form the basic framework for the literature study. Moreover, the SADC Code is described, as well as the Namibian legislation in terms of HIV/AIDS (UNAIDS, 2000b:42-50)

2.2 PURPOSE OF THE LITERATURE REVIEW

The literature review forms a vital role in the research study and this is supported by Welman, Kruger & Mitchell, (2005:38) who explain that prospective researchers should acquaint themselves on a particular topic before they start planning their own study. According to Brink (2006:67) literature refers to the sources that are effective in providing the in-depth knowledge of the topic, an update on the latest developments in the field of study at national and international levels and the identification of specific challenges in the field of study as well as with regards to the research methodology.

Henslin (1999:36) also states that a literature review involves reviewing what has been written on the topic as this can stir ideas and help sharpen questions that the researcher might have. For the purposes of this study, the literature review was conducted for the researcher develops an in-depth understanding and knowledge of the topic under study. Apart from getting written sources relevant to the topic under study, the literature review also helped the researcher to refine certain parts of the problem statement, design and data analysis process.

2.3 LITERATURE REVIEWED ON HIV/AIDS WORKPLACE POLICIES AND LEGISLATION FRAMEWORK GOVERNING THE DEVELOPMENT PROCESS

2.3.1 The value of HIV/AIDS workplace policies

With prevalent rates over 20% in many sub-Saharan countries, and with infections rising so rapidly in many other regions, organizations are increasingly finding that HIV/AIDS is affecting their expenditures (as shown in Figure 1 on page 15). As a result, addressing HIV/AIDS in the workplace is becoming a priority for governments, commercial sector and non-governmental organizations (United Kingdom Consortium on AIDS and International Development, 2003:2).

Moreover, a workplace policy on HIV/AIDS defines an organization's position and practices for preventing the transmission for HIV and for handling cases of HIV infection or AIDS amongst employees (United Kingdom Consortium on AIDS and International Development, 2003:2).

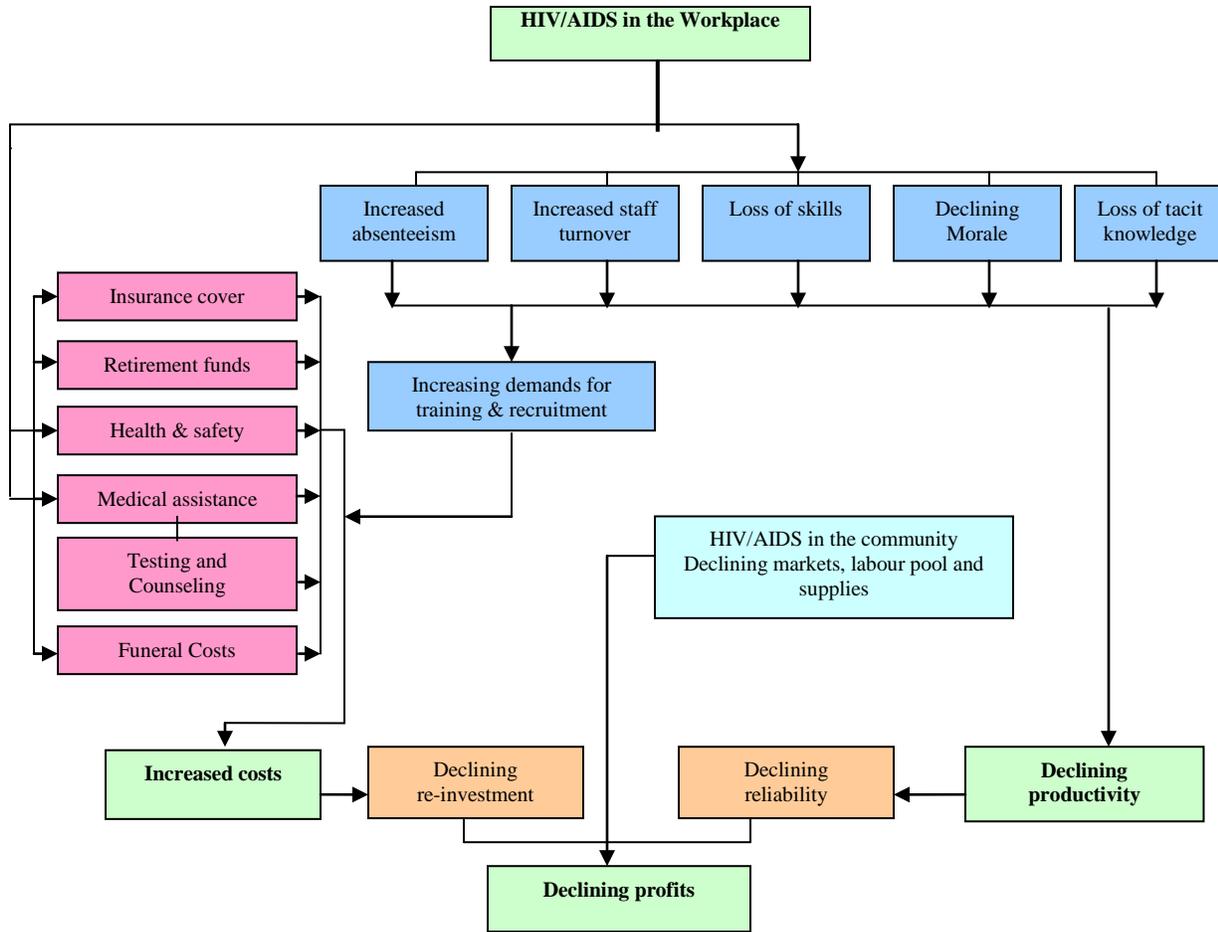


Figure 1: The Impact of HIV/AIDS on a Company

Source: UNAIDS, Global Business Council on HIV/AIDS and Prince of Wales Business Leaders Forum, 2000

Moreover, experience in countries that are heavily impacted by the epidemic has demonstrated the importance of workplace HIV/AIDS policies for the benefit of both employers and employees (Academy for Educational Development [AED], 2004:3-1). Some of the values of workplace policies include: Prevention of HIV/AIDS related discrimination in the workplace and protection of worker civil rights;

- Protection and enhancement of worker benefits;

- Promotion of workplace health and safety, and
- Addressing stigma and discrimination by ensuring that people with HIV/AIDS can work for many years without fear of loss of income (AED, 2004:3-1).

Workplace programmes will be less effective if there are no policies in place to guide and reinforce them. Anxiety about HIV/AIDS in the workplace can be eliminated through having HIV/AIDS policies that define the employer's position and practices for preventing HIV transmission and addressing HIV/AIDS amongst employees.

Bollinger & Stover (1999:5) state that AIDS related illnesses and deaths of employees affect a firm by increasing expenditures and reducing revenues such as health care costs, burial fees, training and recruitment of replacement employees. At the same time, revenues may be decreased due to absenteeism, illnesses, attending funerals and time spent on training, as depicted in Figure 1 on page 15.

Businesses therefore, have a crucial role to play in the fight against this epidemic particularly within their workplaces by designing written HIV/AIDS programmes and policies appropriately. According to ILO (2000:18), the labour force in high prevalence SADC countries in the year 2020 is estimated to be about 10 to 20% smaller than it would have been if there had been no HIV/AIDS. Table 1 on page 17 shows the ILO's projections of significant workforce losses by 2020 due to HIV/AIDS. Without successful interventions, these countries in Southern Africa will see losses of 10 to more than 30% (AIDS Action in Africa, Volume 15 [1-2] 2001:19).

Phororo (2002:8) in her report states that an ILO 2000 study projected that in 2020, the workforce in Namibia would be 22% lower than it would have been without the AIDS crisis, even after population growth was taken into account. The report notes that the labour force projections provide some indication of the lowering of the average age of the labour force due to the impact of HIV/AIDS.

Table 1: Southern Africa: labour force losses due to HIV/AIDS (%)

Country	By 2005	By 2020
Botswana	-17.2	-30.8
Lesotho	-4.8	-10.6
Malawi	-10.7	-16.0
Mozambique	-9.0	-24.9
Namibia	-12.6	-35.1
South Africa	-10.8	-24.9
Tanzania	-9.1	-14.6
Zimbabwe	-19.7	-29.4

Source: United Nations Africa Recovery from ILO and UN Population Division data in AIDS Action in Africa, Volume 15 [1-2] June 2001:19

One way to address the indirect effects of HIV/AIDS is to establish a workplace policy that explains how the needs of infected and affected workers should be addressed. According to the Namibian Ministry of Health and Social Services [MoHSS] National Policy of HIV/AIDS (MoHSS, 2007:31), such a policy when developed should make sure that it promotes non-discriminatory practices and confidentiality thus creating positive relationship between infected workers and their employers.

2.3.2 Types of employer policies

According to AED (2004:3-5), employer policies are sometimes HIV/AIDS-specific and sometimes a part of overall policies addressing life-threatening illness or disabilities. Explanations for these two types of policies are as follow:

i) Life threatening illness policies

Some employers choose not to have a HIV/AIDS-specific policy as they argue that HIV and AIDS should be included in policies covering any other life-threatening diseases such as cancer and tuberculosis (TB) and this ensures a consistency of approach for all major illnesses and disabilities (AED, 2004:3-5).

ii) HIV/AIDS-specific policies

Some employers develop policies specifically for HIV/AIDS to show as part of their social responsibility concern about the employees' health and safety. This approach is important as it acknowledges that HIV/AIDS is a preventable health issue and highlights the employer's commitment for addressing the pandemic in an appropriate and responsible way. Such policies help avoid stigma and discrimination and provide clearer action steps for employers and clearly defined protections for employees infected with HIV/AIDS (AED, 2004:3-5).

Some advantages of HIV/AIDS specific written policies are the following:

- Provides framework for addressing HIV/AIDS consistently across work sites and work areas;
- Specifies procedures for addressing HIV/AIDS that avoid confusion and uncertainty;

- Makes it easy to outline the duties of labour and management, follow laws related to HIV/AIDS and ensure action consistent with the policy;
- Establishes employee responsibilities not only with regard to safety and health issues but also for avoiding stigma and discrimination against HIV infected workers;
- Informs employees of their rights and protections;
- Establishes a way for workers to pursue resources and claim protection and
- Affirms employees' right to preserve confidentiality (AED, 2004:4-5).

2.3.3 Basic principles of HIV/AIDS policies

The content and detail of HIV related policies may differ, depending on whether the policy outlines broad guidelines or provides detailed instructions and implementation procedures. Successful HIV/AIDS policies used by employers around the world, share a number of basic principles which are recommended by international organizations such as the ILO and UNAIDS (AED, 2004:3-7). The most widely used principles are those developed by the ILO and several business coalitions have adopted similar basic principles when designing their workplace policies (AED, 2004:3-7).

Key principles, as stated directly from the ILO Code of Practice on HIV/AIDS in the World of Work (ILO, 2001:3-4), the SADC Code of Good Practice on HIV/AIDS and Employment and Namibia National Code on HIV/AIDS in employment (UNAIDS, 2000b:42-50) are summarized in Table 2 on page 20.

Table 2: A content summary of the ILO, SADC and the Namibian HIV/AIDS Codes

CODE NAME	HISTORY OF THE CODE	OBJECTIVES	KEY PRINCIPLES
1. ILO Code of Practice on HIV/AIDS in the World of Work (ILO, 2001)	<ul style="list-style-type: none"> - The ILO Code was introduced through tripartite consultations in 2001 - It is a product of collaboration between the ILO and its tripartite constituents and international partners 	<ul style="list-style-type: none"> - To help reduce the spread of HIV and mitigate the impact on labour and enterprises - To assist in mitigating the impact of HIV/AIDS on workers and their families - To provide social protection to help cope with the disease 	<ul style="list-style-type: none"> - Recognition of HIV/AIDS as a workplace issue - Non discrimination - Gender equality - Healthy work environment - Social dialogue - Screening for purposes of exclusion from employment or work processes - Confidentiality - Continuation of employment relationship - Prevention - Care and support
2. SADC Code of Practice on HIV/AIDS and Employment (UNAIDS, 2000b)	<ul style="list-style-type: none"> - The SADC Code was developed through a participatory process involving governments, trade unions and employer associations. - The Code was approved by the Council of SADC in September 1997 	<ul style="list-style-type: none"> - To create a regional standard on the best ways to manage AIDS in employment setting - To guide employers and employees and governments towards the most economically sustainable and humane ways to respond to HIV and AIDS in the workplace 	<ul style="list-style-type: none"> - Education , awareness and prevention programmes - Job access and Job status - Workplace testing and confidentiality - Managing illness and job security - Occupational benefits - Risk management, first aids and compensation - Protection against victimization and grievance handling - Information, monitoring and review
3. Namibia National Code on HIV/AIDS in Employment (UNAIDS, 2000b)	<ul style="list-style-type: none"> - The Namibian Code was formulated by the Namibian Ministry of Labour and Social Services in conjunction with the Ministry of Health and Social Services with wide tripartite consultations. - The Code was developed in 1998 	<ul style="list-style-type: none"> - To help create awareness about the negative impact that HIV/AIDS has on the labour force. - To address most of the issues relating to HIV/AIDS in the workplace in order to prevent new infections and provide best care and support to the workplace 	<ul style="list-style-type: none"> - Education, awareness and prevention - Job access - Workplace testing and confidentiality - Job status - HIV testing and training - Managing illness and job security - Occupational benefits - Risk management, first aids and compensation - Protection against victimization - Grievance handling - Information - Monitoring and review

i) ***International Labour Organization Code of Practice on HIV/AIDS in the World of Work***

- *Why is a Code of Practice on HIV/AIDS in the World of Work needed?*

The ILO developed the Code of Practice because dealing with HIV/AIDS as a workplace issue is an essential part of the global response to AIDS. HIV/AIDS affects the world of work through increased absenteeism which raises labour costs for employers and also sick employees who leave their jobs, lose their valuable skills and experience. HIV/AIDS is a threat to social and economic progress (ILO/AIDS, 2001:1).

The Code of Practice represents the ILO's commitment to help secure conditions of decent work in the face of a major development and humanitarian crisis. The Code focuses on the workplace because most of the people that are infected and affected by the epidemic are workers. The Code strives to prevent HIV infection in the workplace as well as providing care and support to those who are infected and affected by the epidemic (ILO/AIDS, 2001:1).

- *How was the ILO Code of Practice developed?*

The ILO introduced the Code on HIV/AIDS and the world of work through tripartite consultations in 2001. This originated from a resolution on HIV/AIDS and the world of work that was adopted at the International Labour Conference in June 2000. The Conference resolution also requested that international guidelines to tackle HIV/AIDS in the workplace be developed (ILO/AIDS, 2001:2). The Code is a product of collaboration between the ILO and its tripartite constituents, together with its international partners (ILO, 2002:19).

- *What are the objectives of the ILO Code of Practice?*

ILO Code of Practice was produced in response to many requests for guidance especially from employers. The main objectives of the Code of Practice are to help reduce the spread of HIV and mitigate the impact on labour and enterprises (Jackson, 2002:323). The ILO Code of Practice provides a set of guidelines from which concrete responses at enterprise, community, regional, sectoral, national and international levels can be developed in the following areas as outlined in ILO/AIDS (2001:1):

- HIV/AIDS prevention
- Management and mitigation of the impact of HIV/AIDS on the world of work
- Care and support of workers infected and affected by HIV/AIDS and
- Elimination of stigma and discrimination on the basis of real or perceived HIV status.

- *What are the main principles of the International Labour Organization Code of Practice?*

The ILO Code contains important issues for policy development and practical guidelines from which responses can be developed at the enterprise, community and national levels based on consensus between employers, employees and government. These ILO key principles offer a sound basis for shaping company policies on HIV/AIDS. The key principles as outlined in the ILO (2001:3-4) are explained below:

a) Recognition of HIV/AIDS as a workplace issue

Principle: “HIV/AIDS is a workplace issue and should be treated like any other serious illness/condition in the workplace. This is necessary not only because it affects the workforce

but also because the workplace, being part of the local community, has a role to play in the wider struggles to limit the spread and effects of the epidemic” (ILO, 2001:3).

There are no reasons to treat people with HIV/AIDS differently from anyone else with a serious or life threatening illness. Recognizing HIV/AIDS at the workplace will help ensure that employees are loyal and productive (AED, 2004:3-7).

b) Non-discrimination

Principle: “In the spirit of decent work and respect for the human rights and dignity of persons infected or affected by HIV/AIDS, there should be no discrimination against workers on the basis of real or perceived HIV status. Discrimination and stigmatization of people living with HIV/AIDS inhibits efforts aimed at promoting HIV/AIDS prevention” (ILO, 2001:3).

Employees infected and affected by HIV/AIDS have the right to non-discrimination. This human right reinforces prevention in practical ways because if employees who are infected or think they are infected are frightened of the possibility of discrimination they will conceal their HIV status. They will not be able to get treatment or support in that regard and in that way they will pass on the infection to others. It is therefore very important to ensure that preventive initiatives include establishing an atmosphere of openness and trust and making a company take a firm stand against discrimination (ILO, 2002:65). ILO (2002:2-9) explains that the right not to be discriminated against at work due to HIV or health status has been recognized in laws and court decisions in many countries.

c) Gender equality

Principle: “The gender dimension of HIV/AIDS should be recognized. Women are more likely to become infected and are more adversely affected by the epidemic than men due to biological, socio-cultural and economic reasons. The greater the gender discrimination in societies and the lower the position of women, the more negatively they are affected by HIV. Therefore, more equal gender relations and empowerment of women are vital to successfully prevent the spread of HIV infection and enable women to cope with HIV/AIDS” (ILO, 2001:3).

In most developing countries women are increasingly being part of the formal workforce and at the same time they are also a growing share of the population becoming infected with the HIV virus where they comprise 47% of people living with HIV/AIDS worldwide and comprise the majority of cases in sub-Saharan Africa (AED, 2004:3-8). Women increasingly bear the burden of HIV/AIDS epidemic in sub-Saharan Africa (UNAIDS, 2008:13). It is important for companies to be concerned about gender equity in HIV education and care. Workplace education programs need to include gender balanced and gender sensitive information sometimes provided through separate sessions (AED, 2004:3-9).

d) Healthy work environment

Principle: “The work environment should be healthy and safe, so far as is practicable, for all concerned parties, in order to prevent transmission of HIV, in accordance with the provision of the Occupational Safety Health Convention, 1981 (No 155). A healthy work environment facilitates optimal physical and mental health in relation to work and adaptation of work to

the capabilities of workers in light of their state of physical and mental health” (ILO, 2001:3)..

A safe and healthy work environment can help prevent the spread of HIV and encourage the HIV positive employees to stay productive. Such an environment also contributes to high worker morale and trust amongst employees. While there is no risk of HIV transmission in normal workplace settings, some workplaces such as hospitals do pose a risk of possible transmission where workers have contact with blood, body fluids and tissues. Therefore, such employees should have adequate protective equipment such as latex/vinyl gloves, face masks needle disposable boxes at point of use to minimize the risk of exposure to blood borne pathogens. In addition employees should receive in-service training on infection control procedures and universal precautions (AED, 2004:3-9).

e) Social dialogue

Principle: “The successful implementation of a HIV/AIDS policy and programme requires cooperation and trust between employers, workers and their representatives and government, where appropriate, with the active involvement of workers infected and affected by HIV/AIDS” (ILO, 2001:3).

Social dialogue includes all types of negotiations, consultations, or exchange of information between or among governments, employers and workers on issues of common interest. Social dialogue can be bilateral (between employers and the employees) or tripartite (government, employer and workers) operate at all levels, (ILO, 2002:116). Collaboration with employees and labour unions is very important in dealing with HIV/AIDS in the

workplace including the development and successful implementation of the workplace policies and programs. The development of policies needs to be based on joint and shared knowledge from employers, employees and labour unions. Management and labour union representatives need to communicate the policies to employees including those who are HIV/AIDS positive as they have experience about the epidemic (AED, 2004:3-10).

f) Screening for purposes of exclusion from employment or work processes

Principle: “HIV/AIDS screening should not be required of job applicants or persons in employment” (ILO, 2001:4).

HIV testing should not be required at the time of recruitment or as a condition of continued employment. Testing employees for HIV should not be carried out at the workplace because it is not necessary and violates the employee’s rights and dignity whereby results may be revealed and misused. It is important to ensure that confidential voluntary counseling and testing for HIV is carried out in workplaces by qualified medical personnel with adherence to strict confidentiality (ILO, 2002:2-14). The voluntary counseling and testing is an important component of a comprehensive strategy for beating HIV/AIDS, because once people know their HIV status they can be helped to manage risky behaviour (ILO, 2002:2-15).

Testing for HIV will not make a workplace free of HIV/AIDS, as a worker who tests negative today could become infected in the future. If testing is done without proper follow-up of support and care it will not be of benefit to an employee (AED, 2004:3-11). Companies should encourage voluntary, informed and confidential counseling and testing as it is an important tool in HIV/AIDS prevention. Persons who seek to know their HIV status are usually motivated to learn more about the diseases and how to protect themselves and their

partners (Rau, 2002:50). Compulsory HIV testing not only violates the right to confidentiality but is also impractical and unnecessary. At best, an HIV test result is a “snapshot” of someone’s infection status today and it is no guarantee that he or she will not become infected tomorrow, or next month (ILO, 2002:2-5).

Another point is that HIV screening will not identify workers who are unfit for work, because many workers remain productive for many years after infection. It should also be remembered that people with HIV may remain perfectly fit and healthy for many years (ILO, 2002:2-5).

g) Confidentiality

Principle: “There is no justification for asking job applicants or workers to disclose HIV-related personal information. Nor should co-workers be obliged to reveal personal information about fellow workers. Access to personal data relating to a worker’s HIV status should be bound by the rules of confidentiality consistent with the ILO’s Code of Practice on the protection of worker’s personal data, 1997” (ILO, 2001:4) .

There is no justification for asking job applicants or workers to disclose HIV-related personal information. Nor should co-workers be obliged to reveal such personal information about fellow workers (ILO, 2002:2-5). Employees who are faced with an illness need to decide who to tell and when to tell them and in most cases they may only decide to tell people who are close to them in confidence.

In many workplaces there is stigma associated with being HIV positive, therefore, confidentiality concerning the employee's HIV status need to be a cornerstone of any testing procedure. The employee's right to privacy should be adhered to and should include privacy of information in the context of HIV/AIDS relating to the employee's HIV status (ILO, 2002:2-11). Employers, workers and their organizations have a crucial role in ensuring that the right to privacy of people living with HIV is protected. Companies need to ensure that all information relating to an employee's medical records is been kept confidential. All employees have the right to privacy and companies need to put supportive mechanisms in place to protect employees who disclose their HIV/AIDS status.

h) Continuation of employment relationship

Principle: "HIV infection is not a cause for termination of employment. As with many other conditions, persons with HIV-related illnesses should be able to work for as long as medically fit in available, appropriate work" (ILO, 2001:4).

This principle is based on the fact that workers infected by HIV can, in most cases, carry on at their jobs for a number of years. It benefits the enterprise as well as the worker if she or he can be helped to work for as long as medically fit. Reasonable accommodation to help workers continue in employment can include rearrangement of working time, special equipment, opportunities for rest breaks, time off for medical appointments, flexible sick leave, part-time work and return-to-work arrangements (ILO, 2002:2-5).

i) Prevention

Principle: “HIV infection is preventable. Prevention of all means of transmission can be achieved through a variety of strategies which are targeted to national conditions and which are culturally sensitive. Prevention can be furthered through changes in behaviour, knowledge, treatment and the creation of a non-discriminatory environment. The social partners are in a unique position to promote prevention efforts particularly in relation to changing attitudes and behaviours through the provision of information and education, and in addressing socio-economic factors” (ILO, 2001:4).

Workplace information and education programmes are important to combat the spread of the epidemic and should be given in different forms including distance learning and not relying on written word. To be effective, programmes should be tailored to the age, gender, sexual orientation and behavioural risk factors of the employees. Peer education is also another effective way of preventing HIV/AIDS especially the involvement of people living with HIV/AIDS.

j) Care and support

Principle: “Solidarity, care and support should guide the response to HIV/AIDS in the world of work. All workers, including workers with HIV are entitled to affordable health services. There should be no discrimination against them and their dependants in access to and receipt of benefits from statutory social security programmes and occupational schemes” (ILO, 2001:4).

Care, support and treatment are fundamental elements of an effective response (IOE and UNAIDS, 2002:19). Due to the impact of HIV/AIDS in the workforce, many employers go beyond providing equitable access to care and provide additional care and support for employees and their families who have HIV/AIDS. Often the negative impact of HIV/AIDS on a company can be reduced through services such as diagnosis and treatment of sexually transmitted infections (STIs) and opportunistic infections (OIs). In some instances employer based health clinics can be established for employees (AED, 2004: 3-12). Counselling and other forms of social support to employees may be provided as well as linkages to available outside services to further cover their families (IOE and UNAIDS, 2002:19).

ii) How will the International Labour Organization Code be used?

The provisions in the Code are based on the widely accepted ILO principles and standards which have been adapted to HIV/AIDS epidemic specific circumstances and its impact on the world of work. Policy makers and workplace partners can use them as the basis for their own national programmes, company policies and collective agreements. The Code can also be used as an instrument for advocacy in order to strengthen the involvement of private sectors in fighting HIV/AIDS and also as a guide to develop and implement HIV/AIDS programmes in the workplace and the community (ILO/AIDS, 2001:2).

iii) Who will use the International Labour Organization Code of Practice

The Code applies to all employers and employees in the public and the private sectors as well as formal and informal work sectors. The Code is not only intended for countries with

high HIV prevalence rates but also for countries with low HIV rates as its purpose is to prevent infection rates from increasing in unaffected countries (ILO/AIDS, 2001:2).

ii) Southern African Development Community Code of Good Practice on HIV/AIDS and Employment

- *How was the Southern African Development Community Code of Good Practice on HIV/AIDS and employment developed?*

According to Jackson (2002:323), in September 1997, the SADC became the first intergovernmental body in the world to establish a regional policy framework on HIV/AIDS and employment, which was approved by member countries. The SADC, in consultations with its tripartite structures of employers, labour and government has developed a code of practice for its 14 member countries in sub-Saharan Africa of which Namibia is included (UNAIDS, 2000b:47). According to UNAIDS (2000b:3) the SADC Code was developed through a participatory process involving governments, trade unions and employer associations, utilizing and building on the World Health Organization's (WHO's) and ILO's international HIV/AIDS and employment framework.

- *What are the objectives of the Southern African Development Community Code?*

According to UNAIDS (2000b:3), the objectives of the SADC Code are:

- To create a regional standard on the best ways to manage AIDS in the employment setting.
- To guide employers and employees and governments towards the most economically sustainable and humane ways to respond to HIV and AIDS in the workplace.

- *What are the main components of the Southern African Development Community Code?*

The main policy components of the SADC Code are discussed below as outlined in UNAIDS (2000b: 43-45).

a) Education, Awareness and Prevention Programmes

“Information, education and prevention programmes should be developed jointly by employers and employees and should be accessible to all at the workplace. Education on HIV/AIDS should where possible incorporate employee families. Essential components of prevention programmes are information provision, education, prevention and management of sexually transmitted diseases, condom promotion and distribution and counseling on high risk behaviour. Workplace AIDS programmes should cooperate with and have access to resources of National AIDS Programmes” (UNAIDS, 2000b:43).

The workplace is an important place to raise awareness among employers, employees and their families about how to prevent infection and live with HIV. Education organized during working hours is an investment that will benefit every workplace. Promotion of health seeking behaviour could be combined with other health issues like smoking, alcohol consumption, safety and stress, and this can result in increased productivity (UNAIDS, 2000b:28).

b) Job Access

“There should be no direct or indirect pre-employment test for HIV. Employees should be given the normal medical tests of current fitness for work and these tests should not include

testing for HIV. Indirect screening methods such as questions in verbal or written form inquiring about previous HIV tests and or questions related to the assessment of risk behaviour should not be permitted” ((UNAIDS, 2000b:43).

The suspicion that a person or an employee has HIV should not be considered when employing, training or promoting an employee. Identifying employees with HIV does not immunize a workplace from the impact of AIDS (UNAIDS, 2000b:28).

c) Workplace Testing and Confidentiality

“There should be no compulsory workplace testing for HIV. Voluntary testing for HIV on the request of the employee should be done by a suitably qualified person in a health facility with informed consent of the employee in accordance with normal medical ethical rules and with pre- and post-test counseling. Persons with HIV or AIDS should have the legal right to confidentiality about their HIV status in any aspect of their employment. An employee is under no obligation to inform an employer of her/his HIV/AIDS status. Information regarding the HIV status of an employee should not be disclosed without the employee’s written consent. Confidentiality regarding all medical information of an employee or prospective employee should be maintained, unless disclosure is legally required. This applies also to health professionals under contract to the employer, pension fund trustees and any other personnel who obtain such information in ways permitted by the law, ethics, the code or from the employee concerned” (UNAIDS, 2000b:43-44).

Infection with HIV is a private and confidential matter like any other health condition. Employees or employers should not be forced to disclose their HIV status to managers,

medical officers and or human resource managers. Disclosure is a matter of individual choice. Individual testing is not relevant to the day-to-day management of the workplace. Employers need to ensure that education on the advantages of HIV testing is done and this should include pre- and post-test counseling (UNAIDS, 2000b:28).

d) Job Status

“HIV status should not be a factor in job status, promotion or transfer. Any changes in job status should be based on existing criteria of equality of opportunity, merit and capacity to perform the work to a satisfactory standard” (UNAIDS, 2000b:44)..

e) HIV Testing and Training

“In general, there should be no compulsory HIV testing for training. HIV testing for training should be governed by the principle of non-discrimination between individuals with HIV infection and those without and between HIV/AIDS and other comparable health/medical conditions” (UNAIDS, 2000b:44).

f) Managing Illness and Job Security

“No employee should be dismissed merely on the basis of HIV status, nor should HIV status influence retrenchment procedures. Employees with HIV related illness should have access to medical treatment and should be entitled, without discrimination, to agreed existing sick leave provisions.

HIV infected employees should continue to work under normal conditions in their current employment for as long as they are medically fit to do so. When on medical grounds they

cannot continue with normal employment, efforts should be made to offer them alternative employment without prejudice to their benefits. When the employee becomes too ill to perform their agreed functions the standard benefits and conditions and standard procedures for termination of service for comparable life-threatening conditions should apply without discrimination” (UNAIDS, 2000b:44).

Employees with HIV-related illnesses should be treated according to the rules that govern other sicknesses within the company or organization in line with the existing labour laws. There should be reasonable accommodation for employees whose illness makes them unable to perform certain jobs. Termination of employment should be done as a result of incapacity and needs to be done fairly and without discrimination.

g) Occupational Benefits

“Government, employers and employee representatives should ensure that occupational benefits are non-discriminatory and sustainable and provide support to all employees including those with HIV infection. Such occupational benefit schemes should make efforts to protect the rights and benefits of the dependents of deceased and retired employees.

Information from benefit schemes on the medical status of an employee should be kept confidential and should not be used by the employer or any other party to affect any other aspect of the employment contract or relationship.

Medical schemes and health benefits linked to employment should be non-discriminatory. Private and public health financing mechanisms should provide standard benefits to all employees regardless of their status.

Counselling and advisory services should be made available to inform all employees of their rights and benefits from medical aids, life insurance, pension and social security funds. This should include information on intended changes to the structure, benefits and premiums to these funds” (UNAIDS, 2000b:44).

h) Risk Management, First Aid and Compensation

“Where there may be an occupational risk of acquiring or transmitting HIV infection, appropriate precautionary measures should be taken to reduce such risk, including clear and accurate information and training on the hazards and procedures for safe work. Employees who contract HIV infection during the course of their employment should follow standard compensation procedures and receive standard compensation benefits. Under conditions where people move to work, government and organizations should lift restrictions to enable them to move with their families and dependants. People who are in an occupation that requires routine travel in the course of their duties should be provided with means to minimize the risk of infection including information, condoms and adequate accommodation” (UNAIDS, 2000b:45).

In most workplaces, the risk of occupational infections is very small or not present. But for some work environments where employees come in contact with blood and body fluids, the risk of accidental HIV infection can be reduced by putting in place simple cheap procedures. This can be done by teaching employees about infection control procedures or universal precautions.

i) Protection against Victimization

“Persons affected by or believed to be affected by HIV or AIDS should be protected from stigmatization and discrimination by co-workers, employers or clients. Information and education are essential to maintain the climate of mutual understanding necessary to ensure this protection.

Where employers and employees agree that there has been adequate information and education and provisions for safe work, then disciplinary procedures should apply to persons who refuse to work with an employee with HIV/AIDS” (UNAIDS, 2000b:45).

Ignorance may lead to fear of HIV positive people amongst clients or co-workers. Therefore, education leads to awareness about AIDS, and this reduces fears and creates a better working relationship (UNAIDS, 2000b:29).

j) Grievance Handling

“Standard grievance handling procedures in organizations in labour and civil law that apply to all workers should apply to HIV related grievances. Personnel dealing with HIV related grievances should protect the confidentiality of the employee’s medical information” (UNAIDS, 2000b:45).

Disciplinary action is justified against employees who create fear and hatred against co-workers with HIV, just as it is on the grounds of sexual harassment or racial discrimination (UNAIDS, 2000b:29).

k) Information

“Government should collect, compile and analyze data on HIV/AIDS, sexually transmitted diseases and tuberculosis and make it available in the public domain. SADC member states should cooperate in making available national data for monitoring and planning an effective response to the regional health, human resource, economic and social impact of the AIDS epidemic” (UNAIDS, 2000b:45).

HIV/AIDS is evolving and its impact on the economy and individual is still being studied. Therefore social partners need to work together to collect and share information (UNAIDS, 2000b:29).

l) Monitoring and Review

“Responsibility for monitoring and review of the code and its implementation should lie with the parties to the tripartite at national and regional level and with the SADC Employment and Labour Sector” (UNAIDS, 2000b:45). Policies, including the SADC Code, should be reviewed in the light of new information. The success of the code will depend on an on-going campaign of advocacy, education and lobbying to persuade governments and employers at national levels to integrate it into their national laws and make it legally binding (UNAIDS, 2000b:29).

- *How will the SADC Code be used?*

Information should also be shared and disseminated to enable an effective and planned response to the epidemic. Since the development and implementation is a dynamic process, the code on AIDS and employment should be:

- Communicated to all concerned;
- Routinely reviewed in the light of epidemiological and scientific information and
- Monitored for its successful implementation and evaluated for its effectiveness.

- *Who will use the SADC Code?*

According to UNAIDS (2000b:43) SADC member states should ensure that interactions between them are consistent with the principles and policy components of the Code.

iii) Namibia National Code on HIV/AIDS in Employment

- *How was the Namibia National Code developed?*

In response to the AIDS pandemic and its volatile and dynamic nature, the Namibian Ministry of Labour and Social Welfare (MOLSW), in conjunction with the Namibian Ministry of Health and Social Services (MoHSS) and with the wide tripartite consultations through the country's Labour Advisory Council, formulated the National Code on HIV/AIDS and Employment for HIV prevention and AIDS management in Namibia (UNAIDS, 2000b:47). The Code was developed in 1998 and in line with the ILO Code of Conduct in the World of Work and the SADC Code of Practice on HIV/AIDS and employment and also in terms of Section 112 of the Labour Act No 6, 1992 of Namibia (UNAIDS, 2000b:48).

- *What are the objectives of the Namibian National Code on HIV/AIDS in employment*

The National Code outlines the basic requirements for promotion and maintenance of proper and consistent employment relationship and social security in regard to HIV- infection and AIDS in the work environment (Ministry of Labour and Social Welfare, 2000:6). The objectives of the Code are:

- To provide all employers and employees and their organizations with the information required to introduce and sustain basic, uniform practices in regard to the relevant relations between employers and employees and the state (Ministry of Labour and Social Welfare, 2000:6).
- To help create awareness about the negative impact that the disease has on the labour force and also to address most of the issues relating to HIV/AIDS in the workplace, in order to prevent new infections and to provide the best care and support to the workforce (UNAIDS, 2000b:47).
- To be used as a guide for all employers in government and the private sector, and it encourages both employers and employees to jointly develop information, education, prevention, care and support programmes for HIV/AIDS in the workplace (UNAIDS, 2000b:47).

- *What are the main policy components of the Namibian National Code on HIV/AIDS in employment?*

The Code is informed by sound epidemiological data, prudent business practice and a humane and compassionate attitude to individuals (Ministry of Labour and Social Welfare 2000:3). This Code addresses most of the major issues related to the prevention of new

infections as well as the provision of optimal care (Ministry of Labour and Social Welfare, 2000:5). The components of the National Code on HIV/AIDS and Employment are mentioned below as outlined in UNAIDS, (2000b:48-50).

a) Education, Awareness and Prevention

“Information, education and prevention programmes should be developed jointly by employers and employees and be accessible to all in the workplace. Education on HIV/AIDS should, where possible, incorporate employees’ families. The essential components of prevention programmes are information provision, education, prevention and management of sexually transmitted diseases and counselling on high risk behaviours. Workplace AIDS programmes should cooperate with, and have access to resources of the national AIDS programme” (UNAIDS, 2000b:48).

Employers should create a conducive environment of caring and promoting health education for employees at the workplace. A range of issues can be introduced including not only individual behaviour but also address collective responsibility.

b) Job Access

“There should be neither direct nor indirect pre-employment testing for HIV. Employees should be given the normal medical tests of current fitness for work, and these tests should not include testing for HIV” (UNAIDS, 2000b:48)

Compulsory routine pre-employment and follow-up screening for HIV/AIDS as part of the fitness to work or any other training is unnecessary and should not be required by employers

because HIV by itself does not affect an employee's ability to perform the functions for which he or she will be or has been employed (Ministry of Labour and Social Welfare, 2000:10).

c) Workplace Testing and Confidentiality

“There should be no compulsory HIV testing. Voluntary testing for HIV on the request of the employee should be done by a suitably qualified person in the health facility with informed consent of the employee according to the medical and ethical rules and with pre- and post-test counselling. Persons with HIV should have the legal rights to confidentiality about their status in any aspect of their employment. An employee has no obligation to inform an employer of his or her HIV/AIDS status. Information about the employee's HIV status should be disclosed with the employee's written consent. Confidentiality regarding all medical information of an employee or prospective employee should be maintained unless the disclosure is legally required. This also applies also to health professionals under contract to the employer, pension fund trustees and any other personnel who obtain such information in ways permitted by the law, ethics, the Code or from the employee concerned” (UNAIDS, 2000b:48).

Voluntary testing should be promoted especially for workers at risk under the condition that pre- and post-test confidentiality and non-discrimination is guaranteed (Ministry of Labour and Social Welfare, 2000:12).

d) Job Status

“HIV status should not be a factor in job status, promotion or transfer. Any changes in job status should be based on existing criteria of equality of opportunity, merit and capacity to perform the work to a satisfactory standard” (UNAIDS, 2000b:49). Determination of an individual’s HIV status should not be a prerequisite of entry into work, continuation of work, transfer, promotion or training opportunities (Ministry of Labour and Social Welfare, 2000:9).

e) HIV Testing and Training

“In general, there should be no compulsory HIV testing for training. HIV testing for training should be governed by the principle of non-discrimination between individuals with HIV infection and those without, and between HIV/AIDS and other comparable health/medical conditions” (UNAIDS, 2000b:49).

Participation in pre-employment and follow-up HIV testing requested by the employer for insurance purposes should be left to the discretion of the applicant or employee. But when an employee or an applicant refuses to undergo a HIV test, this should not deny employment or continuation of employment (Ministry of Labour and Social Welfare, 2002:11).

f) Managing Illness and Job Security

“No employee should be dismissed on the basis of HIV status, nor should HIV status influence retrenchment procedures. Employees with HIV related illnesses should have access to medical treatment and be entitled without discrimination to agreed existing leave

provisions. HIV infected employees should continue to work under normal conditions of their employment for as long as they are medically fit to do so. When on medical grounds they cannot continue with normal employment, efforts should be made to offer them alternative employment without prejudice to their benefits. When an employee is too ill to perform his or her agreed functions, standard procedures for termination of service for comparable life-threatening conditions should apply without discrimination” (UNAIDS, 2000b:49).

HIV-infection is not a reason for terminating employment because HIV infection itself does not limit fitness to work. In Namibia, the dismissal of an employee because of their HIV-positive status, would be regarded as an unfair dismissal if at the stage of dismissal the employee was physically fit and capable of performing his/her duties (Ministry of Labour and Social Welfare, 2000:15).

g) Occupational Benefits

“Government, employers and employee representatives should ensure that occupational benefits are non-discriminatory and sustainable and provide support to all employees including those with HIV infection. Such occupational benefits should make efforts to protect the rights and benefits of the dependents of deceased and retired employees. Information from benefits schemes on the medical status of an employee should be kept confidential and should not be used by the employer or any other party to affect any other aspect of the employment contract or relationship. Medical schemes and health benefits linked to employment should be non-discriminatory. Private and public health financing mechanisms should provide standard benefits to all employees regardless of their HIV status.

Counselling and advisory services should be available to inform all employees about their rights and benefits from medical aid, life insurance, pension and social security funds. This should include information on intended changes to the structure, benefits and premiums to these funds” (UNAIDS, 2000b:49-50).

HIV infected employees should be entitled to the same work related remuneration, allowances, social security and insurance benefits as all other employees (Ministry of Labour and Social Welfare, 2000:17-18).

h) Risk Management, First Aid and Compensation

“Where there may be an occupational risk of acquiring or transmitting HIV infection, appropriate precautionary measures should be taken to reduce such risk, including clear and accurate information and training on the hazards and procedures for safe work. Employees who contract HIV infection during their course of employment should follow standard compensation procedures and receive standard compensation benefits. Under conditions where people move for work, government and organizations should lift restrictions to enable them to move with their families and dependants. People who are in an occupation that requires routine travel during the course of their duties, should be provided with the means to minimize the risk of infection including information, condoms and adequate accommodation” (UNAIDS, 2000b:50).

Occupational first aid attendants, need to ensure that first aid procedures and first aid kits are reviewed and revised a periodic basis to ensure optimal hygienic precautions against infectious diseases including HIV (Ministry of Labour and Social Welfare, 2000:21).

Employees at risk to acquire HIV in the workplace and infected accidentally during or in the course of their work are entitled to compensation according to the Employee's Compensation Act (Act 30 of 1941). In most cases occupational HIV infection is transmitted accidentally with contaminated articles. Therefore, such employees should immediately report the incident to their supervisors as an injury on duty. The supervisor will document the incident according to prescribed procedures relating to occupational accidents. An HIV test will be done immediately following proper pre- and post-test counseling to document that the employee was not a HIV carrier at the time of the accident (Ministry of Labour & Social Welfare, 2000:22).

i) Protection Against Victimization

“Persons affected or believed to be infected by HIV or AIDS should be protected from stigmatization and discrimination by co-workers, employers and clients. Information and education are essential to maintain the climate of mutual understanding necessary to ensure this protection. Where employers and employees agree that there has been adequate information and education provisions for safe work, then disciplinary procedures should apply to persons who refuse to work with an employee with HIV/AIDS” (UNAIDS, 2000b:50).

Disciplinary action should be taken when persons refuse to work with an employee with HIV/AIDS based on the agreeable equitable adequate information on HIV/AIDS in the workplace.

j) Grievance Handling

“Standard grievance handling procedures in organizations, labour and civil law that apply to all workers should apply to HIV-related grievances as well. Personnel dealing with HIV related grievances should protect the confidentiality of the employee’s medical information” (UNAIDS, 2000b:50).

k) Information

“Government should collect, compile and analyze data on HIV/AIDS and sexually transmitted infections and make it available in the public domain. Stakeholders should cooperate in making available national data for monitoring and planning an effective response to the Regional health, human resource, economic and social impacts of the AIDS epidemic” (UNAIDS, 2000b:50).

Relevant policies and strategies in regard to communicable diseases including HIV/AIDS should be formulated, implemented, monitored and reviewed on a periodic basis by the employer in cooperation with the workers and their organizations (Ministry of Labour and Social Welfare, 2000:20).

l) Monitoring and Review

“Responsibilities for monitoring and review of the Code and its implementation should lie with the parties of the tripartite Labour Advisory Council and the Ministry of Labour and Social Welfare”. (UNAIDS, 2000b:49).

- *How will the Namibia National Code be used?*

Just like the SADC Code, the Namibian Code shall be communicated to all concerned, routinely reviewed in the light of new epidemiological and scientific information and monitored for its successful implementation and evaluated for its effectiveness in the workplace (UNAIDS, 2000b:48).

- *Who will use the Namibia National Code?*

The Namibian Code applies to all employees and prospective employees, all workplace and contracts of employment as well as all human resources practices forming part of policy component of any organization (UNAIDS, 2000b:48).

iv) Other Namibian HIV/AIDS governing guidelines and legal framework

In Namibia, there are a range of national laws, guidelines and policies that provide the framework for action related to HIV/AIDS. This includes the first National Policy on HIV/AIDS that the Namibian government through the MoHSS developed and which was tabled in Parliament and approved by the National Assembly in Windhoek on 14 March 2007. There is also the Legal Assistance Centre (LAC), a non-profit non-governmental organization that published a booklet called “HIV/AIDS in the Workplace” which provides basic facts about HIV/AIDS and reviews all laws protecting workers living with HIV/AIDS.

According to George (2003:18) laws are important in regulating the lives of people within a country. Laws are rules and regulations that govern the way people behave within a country and the legal framework, and therefore drive a company’s response to HIV/AIDS. Moreover,

these laws are passed to protect both employers and employees from acts of discrimination and abuse, and companies should understand how these laws work and how one can stand up for his/her rights in the workplace (George, 2003:18).

a) The National Policy on HIV/AIDS (2007)

The Namibian government through the MoHSS developed its first national policy on HIV/AIDS. The policy was compiled by the LAC and went through a consultative process with various stakeholders in the 13 regions of the country. It involved a series of workshops with stakeholders from the legal, social and community sectors to further discuss the policy (Namibia: Consultation on National HIV/AIDS Policy begin [Sa]). According to the MoHSS (2007:1) this National Policy on HIV/AIDS has been developed to provide an overall reference framework for all HIV/AIDS related policies and to guide the national HIV/AIDS responses of all sectors in society (MoHSS, 2007:4).

The goal of the policy is to provide a supportive policy environment for the implementation of programmes to address HIV/AIDS that reduce new infection, improve care, treatment and support, and mitigate the impact of HIV/AIDS. This in turn will assist in achieving Namibia Vision 2030 which has a goal of improving the quality of life of the people of Namibia to the level of their counterparts in the developed world and also ensuring that all preventable, infectious and parasitic diseases (including HIV and AIDS are under control by 2030 (Republic of Namibia, 2004:9). It further aims to guide current and future health and multi-sectoral responses to HIV/AIDS in Namibia to encourage all Namibian institutions to fulfil their obligations for responding to HIV/AIDS and to serve as a guiding frame for a coherent and sustained approach enhancing political commitment and participation of civil leadership

at all levels (MoHSS, 2007:4). The policy deals with prevention and treatment, care and support of people living with HIV/AIDS, creating an enabling environment, impact mitigation and monitoring the disease. The five broad strategies of the framework are as follows, as indicated in the National HIV/AIDS Policy document (MoHSS, 2007:4):

- *Enabling environment*: the strengthening of an enabling environment so that people infected and affected with HIV/AIDS enjoy equal rights in a culture of acceptance, openness and compassion.
- *Prevention* to reduce new infections of HIV and other sexually transmitted infections.
- *Treatment, care and support*: access to cost effective and high quality treatment, care and support services for all people living with or affected by HIV/AIDS.
- *Impact mitigation*: strengthening and expanding the capacity for local responses to mitigate socio-economic impacts of HIV/AIDS.
- *Monitoring and Evaluation*: integrated and coordinated programme management that has effective management structures and systems. Optimal capacity and skills as well as high quality programme implementation at national, sectoral, regional and local levels.

b) The Legal Assistance Centre's HIV/AIDS in the Workplace Booklet

The LAC's booklet describes the country's legislation which includes the key parts of the national Constitution, Labour Act, the Employees' Compensation Act and the Social Security Act (LAC, [Sa]:6-16).

- *The Namibia Constitution First Amendment Act of 1998*

Article 10 of the Namibian Constitution gives all people the **right to equality** and **protection against discrimination**. The Article reads as follows: “All persons shall be equal before the law. No persons may be discriminated against on the grounds of sex, race, colour, ethnic origin, religion, creed or social or economic status”. This includes people living with HIV/AIDS, and it implies that all employees should be treated fairly in both government and private businesses (LAC, [Sa]:6). The Constitution further protects the **rights to dignity** of all people in the country. Article 8 reads: “The dignity of all people shall be inviolable”. This refers to all people including those infected and affected by HIV and AIDS to be treated with respect and their medical information be treated with confidentiality (LAC, [Sa]:6).

- *The Labour Act (No 15 of 2004)*

The Labour Act protects an employee from **unfair dismissal**, for example if a person is fired as a result of HIV infection. Therefore, dismissal will be unfair if there were no fair and valid reasons for the dismissal and if proper procedures were not followed (LAC, [Sa]:7).

The Labour Act protects employees from **unfair discrimination**, for example, if a person is discriminated against because of HIV infection (LAC, [Sa]:9). To support this statement was “the case of a male applicant who was asked by the Namibian Defence Force in 2000 to do a HIV test as part of his medical examination. When he tested positive, the Defence Force refused to give him employment and the applicant took the Defence Force to court and he won the case”. According to an article on this case “Namibia Judgment on HIV and Pre-employment Testing”, the Namibian Labour Court in May 2000 ruled that the Namibia

Defence Force was not entitled to exclude people from recruitment on the grounds of their HIV status. Acting Judge Harold Levy ruled that excluding a person from employment purely on the basis of being HIV positive was unfair labour practice and constituted discrimination (Analysis Africa,11 (1): 3).

- *Employees Compensation Act (5 of 1995)*

Under this Act, employees who get less than N\$72,000.00 per year have the right to claim compensation from the fund for accidents and industrial illnesses that they get while working. Since HIV/AIDS is not recognized as an occupational disease in this law, persons who contract HIV through their employment are not entitled to claim employee's compensation under the Act. However, employees can sue the employer for HIV infection in the workplace if negligence can be shown on the part of the employer, for example, if the employer does not have health and safety measures at the workplace to protect employees (LAC, [Sa]:13).

- *The Social Security Act (34 of 1994)*

In the Social Security Act, employees who are paid up members of this fund are entitled to claim sick leave and disability benefits. An employee has to be booked off sick for more than a month before he/she can apply for sick leave benefits. In regards to disability benefits for HIV/AIDS, it is a once-off payment that is paid when the employee is too sick to continue working (LAC, [Sa]:16).

2.3.4 Developing HIV/AIDS workplace policies

The ILO Code of Practice is recognized as the highest standard and should serve as the outline for any workplace policy. Even though international standards are relevant for all countries, national laws vary significantly. It is extremely important that specific laws of the country be thoroughly reviewed and followed to avoid any negative consequences. This may include: labour, social security practices, employee rights, anti-discrimination, gender and equality, HIV/AIDS in general, and human rights (Bickel et al, 2005:40).

Therefore, a HIV/AIDS policy is the starting point for the management of HIV/AIDS in the workplace. It forces management to confront and address controversial issues and define the organization's position on those issues. It helps to establish a coherent approach to HIV/AIDS and ensures consistency in the organization's dealings with its employees through the programmes, procedures and rules that flow from the policy. The Chief Executive Officer and management should be convinced to initiate the policy.

The HIV/AIDS policy covers components like recognition of HIV/AIDS as a workplace issue, non-discrimination, gender equality, healthy working environment, non HIV screening, confidentiality, continuation of employment, prevention programme and care and support. Constant advocacy is needed for the policy to be replicated in other companies. The process of developing a workplace HIV/AIDS policy (AED, 2004:14) is similar to developing any other company policy, and the broad tasks needed to develop policies are:

- Define and understand the issues;
- Consider policy options for addressing the issue;

- Select an option and agree on the policy, and finally
- Implement the policy.

IOE and UNAIDS (2002:17) explain that a policy is usually designed to establish consistency with the company and compliance with local and national laws as well as setting standards of expected behaviour for all employees. Moreover, UNAIDS, (2002b:46) maintains that a company does not operate in isolation. It needs to look at its relationships with other companies, the government and the community and consider how its decisions in terms of HIV/AIDS response affect and are affected by the wider environment. In Namibia, private businesses are actively starting to implement HIV/AIDS programmes for their employees (UNAIDS, 2002a:3).

According to the NABCOA, there are about 40 parastatals in Namibia, which perform an important role for the economy of the country and employ a large number of people. When NABCOA contacted 34 parastatals requesting information about their institutions' positions and actions concerning HIV/AIDS, 14 parastatals out of the 23 respondents reported that they had at least a written policy or guidelines in place as shown in Table 3 on page 56. Only nine companies stated that they had no HIV/AIDS policy and/or programme in place and some of the reasons given were that they were too small or new and had not yet had time to fully consider an HIV/AIDS programme (NABCOA, 2004:12).

Table 3: Namibian parastatals with HIV/AIDS workplace policies and guidelines

Name of Parastatal	Policy / Guideline	Information and Awareness	Peer education	ART Provision
Bank of Namibia	√	√	√	
Development Bank of Namibia	√		√	
Meatco	√	√	√	
Namibia College of Open Learning	√	√	√	
Namibian Development Cooperation	√		√	
Namibian Wildlife Resorts	√		√	
Namport	√	√	√	
Nampost	√	√		
Namwater	√			
National Housing Enterprise	√	√	√	
Polytechnic of Namibia	√	√	√	
Roads Authority	√	√		
Telecom Namibia	√	√	√	√
University of Namibia	√	√	√	

Source: NABCOA AIDS BRIEF Publication 2004

With the approval of the National Policy on HIV/AIDS by the Namibian National Assembly and its recent launch by MoHSS, it is hoped that more companies would be in the position to develop their own workplace policies in order to mitigate the impact of the epidemic. In addition, a business decision makers survey on HIV and AIDS conducted by NABCOA and PricewaterhouseCoopers (2007:21) revealed that from the 43 companies interviewed, the majority (72%) of the companies that participated, had HIV/AIDS workplace policies and 23% did not have, while 5% were in the process of developing or at least discussing how to go about adopting a HIV/AIDS workplace policy, as shown in Figure 2.

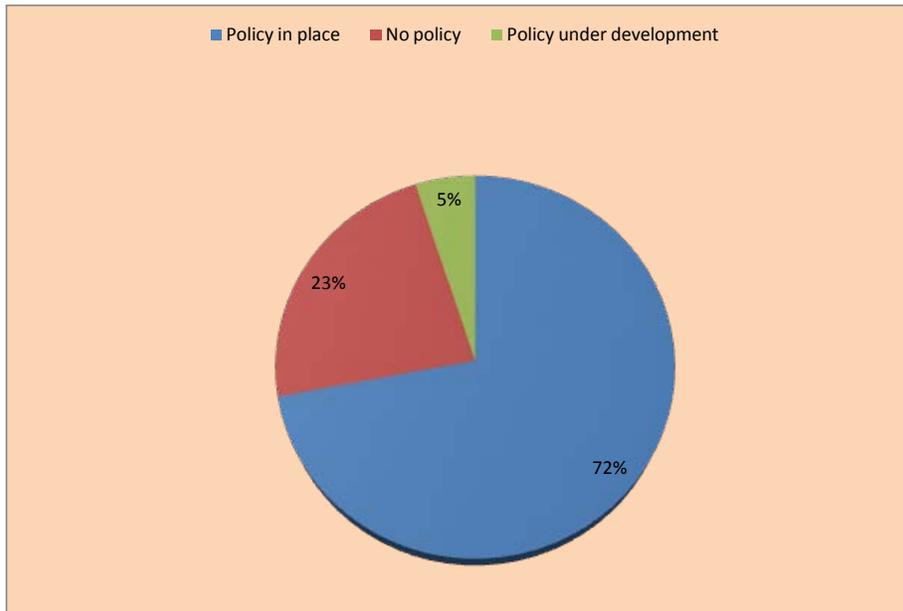


Figure 2: Companies with HIV/AIDS workplace policies
Source: NABCOA and PricewaterhouseCoopers Survey Report, 2007

2.3.5 Steps in developing a HIV/AIDS policy

Any organization can follow the steps indicated in Figure 3 on page 59 which are based on the ILO Code of Practice when developing their transparent, non-discriminatory and non-stigmatizing HIV and AIDS policies.



Figure 3: Key steps in policy development

Source: Adapted from AED, 2004

Below are some important steps that should be part of the process of developing and reviewing HIV/AIDS workplace policies (University of Stellenbosch and the Policy PROJECT, 2004:16-22).

i) Step 1: *Acknowledge that HIV/AIDS is a workplace issue*

The first step to take when planning to develop a policy is for an organization to acknowledge that HIV/AIDS is an issue. An impact assessment of HIV and AIDS on the company before the starting with a policy is very important. The company needs to have a common understanding of HIV/AIDS and its impact on the company as this will provide a

foundation for decision making. There should be an indication of absences, sickness leave, retirements and deaths due to AIDS related illnesses

ii) Step 2: *Secure management's support and identify potential champions*

The support of the organization's leadership and management is very important in the development process of the HIV/AIDS policy. Human resource managers in most companies play an important role in the initial planning of policy development. Therefore, there is a need to ensure that a brief presentation is made on the importance of workplace policies as well as the action plan and other key issues that would guide the policy development process. This is critical because ultimately it would be management who would allocate resources necessary to manage the HIV/AIDS policy activities in the workplace. The involvement of the respective leaders is crucial to give credibility to the process.

iii) Step 3: *Appoint a HIV/AIDS task team*

A task team that is representative should be established, and it will be responsible for driving the process. The human resource manager should ensure that all stakeholders including women, different levels of the workforce, shop stewards, union members, volunteers, community representatives and people living with HIV/AIDS are involved in the whole process of the workplace policy development. After the establishment of the task team, an agreement should be made on how the task team should operate for example, roles and responsibilities of each member, a meeting schedule, and expectations for attendance and time requirements as well as timeline for completing the policy.

iv) Step 4: *Gather relevant information*

The HIV/AIDS task team needs to gather a range of information which will enable it to design an appropriate, manageable and cost effective response. The company needs to learn about the impact of HIV/AIDS in the community where it operates. Other information on the existing HIV/AIDS policies such as policies of the company itself, policies of other employers and labour organizations needs to be gathered and reviewed. The company needs to also review national applicable laws and legislation such as the Constitution and the Labour Act which plays a crucial role during the workplace policy development process.

v) Step 5: *Reach consensus on key elements of a HIV/AIDS workplace policy*

The identified task team needs to discuss the type of policy suitable for employees, why such a policy is needed and whether it will be integrated into the existing company policies or not and reach consensus before they begin the process of drafting a company HIV/AIDS policy. The team needs to also look at key elements that need to be included in the policy such as HIV testing, confidentiality and discrimination, who will be responsible for implementing and enforcing the policy as well as how the policy will be monitored, reviewed and revised.

vi) Step 6: *Draft the HIV/AIDS policy*

After the team has discussed and reached a decision on what key issues to include in the policy, it should then start with writing the draft policy. The company can follow the four recommended components for a HIV/AIDS policy which are found to be effective in many organizations (AED, 2004:3-4) and they are explained below.

- Part A:* A summary rationale for the adoption of a HIV/AIDS policy and linking it to other established familiar policies within the organization
- Part B:* General policy statements that set forth the company's position on workplace-related HIV/AIDS issues. Such statements should be the company's position on HIV/AIDS which would include key issues to be covered such as HIV testing, prevention of discrimination and promotion of confidentiality, etc.
- Part C:* Specific guidelines to managers and employees about how to address HIV/AIDS in the workplace and how the policy should be carried out.
- Part D:* An outline of the HIV/AIDS prevention education, care and support activities supported by the organization. This part demonstrates the company's commitment to preventing HIV/AIDS within the workplace and the workforce (AED, 2004:3-4).

vii) Step 7: *Establish a process of consultation*

The task team needs to review the draft policy to accommodate comments and suggestion before finalizing the well organized, clear and easy to understand draft policy. Once the draft policy has been finalized, the task team needs to circulate it widely in the company before its approval. The task team needs to set aside time for the policy to receive review by the labour unions, top management and employees before approval. Opportunities should be given to discuss the draft policy, its implications to the workforce as well as concerns to be raised.

viii) Step 8: *Popularize and implement the policy*

The policy needs to be popularized, and it should be appealing and easily understandable to all sectors of staff. Some of the techniques that the task team could use to popularize the policy are to: (i) develop accessible media on the policy, (ii) display it in public places, (iii) provide copies of the policy to all managers and employees and (iv) hold awareness and educational sessions on the HIV/AIDS policy. All levels of staff need to understand the policy so they will know what is expected of them.

ix) Step 9: *Monitor and evaluate the policy*

The issues around the HIV/AIDS pandemic are changing and dynamic, and there is a need to acknowledge this in the policy. Therefore, when compiling an HIV/AIDS policy it is important to include a component of monitoring and evaluation. The policy could be monitored on a quarterly basis and reviewed on an annual basis so that amendments are made accordingly. Managers and employees should be kept up-dated and informed on HIV/AIDS periodically through the organization's normal communication channels.

2.4 SUMMARY

The literature review provided more understanding on the policy development process. The chapter began with the importance of conducting a literature review followed by the purpose of having HIV/AIDS workplace policies in place. The ILO Code of Practice's origin, objective, dissemination as well as the importance of having HIV/AIDS workplace policies in place was also discussed. The ILO's basic principles as recommended by the ILO and other trade associations with a brief rationale for each were also discussed. Moreover, the

SADC Code on HIV/AIDS and the Namibian National Code on HIV/AIDS and the National policy of HIV/AIDS were also discussed in detail. In addition other national guidelines that needs to be taken into account when developing workplace policies were also explained. Chapter 3 gives a full description of the research design and methods used during this study.

CHAPTER 3

STUDY DESIGN AND METHOD

3.1 INTRODUCTION

This chapter provides a comprehensive overview of the research method used in conducting this study. According to Mouton (2004:75), “research methodology focuses on the research process and data collection instruments”. The chapter covers the research design, the study population and sample, data collection method and instrument used during the study as well as data analysis. It also describes ethical issues and measures to ensure validity and reliability.

3.2 CONTEXT OF THE STUDY

Insurance companies provide financial benefits to policy holders and their beneficiaries in the event of accident, illness, death, disaster or incidence of business or personal cost. Benefits are funded by premiums collected from individuals, employers or societies representing the individuals and by proceeds from investments of the premiums. Many insurance companies provide both life (long-term) and non-life (short-term) insurance (Bank of Namibia, 2001:48). There are nine long-term insurance companies operating in Namibia, covering areas of disability, fund insurance, funeral, health, life and sinking fund. The majority of these insurance companies are wholly-owned by parent companies in South Africa. The long-term insurance companies are the largest non-banking financial type measured by the size of total assets (Bank of Namibia, 2001:48).

In Namibia, most insurers insist on medical tests before issuing insurance. If the applicant is HIV positive, insurance is refused and there does not seem to be an option of paying increased premiums to get insurance under such circumstances. If the applicant is HIV negative on inception of the policy but later dies of HIV related diseases, the policy is honored. This is however, not the case if the death occurs within 12 months of the inception of the policy (Genesis Analytics, 2003:14).

Ntlama, in her paper (2004) states that “Everyday people lose their homes and possessions and with it their humanity and dignity and these threats escalates when someone dies of HIV/AIDS”. Namibia is no exception. In a report issued by the Agence France-Presse in 2001, a local newspaper reported that a housing enterprise company announced that its mortgage insurance scheme would no longer pay out claims for AIDS related deaths. This rule was introduced due to the fact that the company’s insurer complained about too many AIDS-related deaths and the resultant claims. This rule was however contested in a local newspaper where it was suggested that such rule may be unconstitutional (Agence France-Presse, 2001).

It was further suggested to amend the short-term and long-term Insurance Act to prohibit discrimination against PLWHAs when such people apply for housing and other loans. Insurance companies should be compelled to ensure quality pre/post-test counseling when sending people for HIV tests and clients should have options of not taking the HIV test when they are not prepared to do so (Sasman, 2008).

The approach of insurance companies on HIV-related policies for their clients, raised the question of how these Insurance Companies develop policies to protect their own employees who are HIV positive.

3.3 STUDY DESIGN

A research design is a plan or blueprint of how the research is conducted (Babbie & Mouton 2002:74). The research design according to Mouton (2004:49) ensures that acceptable answers to the research problem or questions are provided. The design used for this study is quantitative and exploratory. The quantitative design approach uses structured methods to evaluate objective data. (Welman, Kruger & Mitchell, 2005:6-8). The concept “exploratory” is explained by Babbie and Mouton (2002:79) in terms of a large proportion of social research which is conducted to explore a topic, or to provide a basic familiarity with that topic and this approach. This approach is appropriate when a researcher examines a new interest or when the subject of study itself is relatively new. The authors further mention that, exploratory studies are essential whenever a researcher is breaking new ground and they can almost always yield new insights into a topic for research (Babbie & Mouton, 2002:80).

3.4 RESEARCH METHOD

3.4.1 Study population

A study population is defined as a full set of cases from which a sample is taken (Saunders et al 2003:151). Babbie & Mouton (2002:174) define a study population as an aggregation of elements from which the sample is actually selected. The target population for this study was the nine long-term life insurance companies in Windhoek. The accessible population during the study were three life insurance companies because the other companies were not

available during the time of the study. Out of the three only two companies had HIV/AIDS workplace policy in place and were willing to participate in the study.

3.4.2 Sampling

Brink (2006:124) refers to sampling as the researcher's process of selecting the sample from a population in order to obtain information regarding a phenomenon in a way that represents the population of interest. According to Saunders et al (2003:152) sampling saves time, which is an important consideration when one has tight deadlines. Through sampling the organization of data collection is more manageable as fewer people are involved. In most cases it is not possible to study all the members of the population (Babbie and Mouton, 2002:100). The researcher used non-probability sampling because according to Brink (2006:131) this type of sampling is usually more convenient and economical and allows the study population when they are not amenable to probability sampling or when the researcher is unable to locate the entire population.

The appropriate sampling technique selected under non-probability was purposive sampling as it enables one to use his or her own judgment to select cases that will best enable him or her to answer the questions and to meet the objectives (Saunders et al 2003:175). This type of sampling is considered appropriate for this study as the researcher used a small number of respondents. This is supported by Saunders et al (2003:175) who mention that this type of sample is often used when working with very small samples and when one wishes to select cases that are particularly informative.

(i) *Sample inclusion criteria*

The inclusion criteria for the sample included the following:

- Life insurance companies that expressed willingness to participate in the study.
- Life insurance companies that had written HIV/AIDS workplace policies in place.
- Life insurance companies that were willing to share their profile and written HIV/AIDS policies with the researcher.

(ii) *Selection of life insurance companies*

From the total of nine long-term insurance companies, three life insurance companies were identified during the studies to be part of the study. Of these three long-term life insurance companies, only two insurance companies complied with the inclusion criteria of the study as they had HIV/AIDS workplace policy in place and were willing to participate in the study. The other life insurance companies were excluded because they did not have established HIV/AIDS workplace policies in place and were not available during the study.

(iii) *Selection of respondents*

In the selection of respondents, purposive sampling was followed. Respondents had to represent all levels of hierarchical and all possible role-players who could/should provide input in the development of HIV/AIDS workplace policies according to international guidelines. To access the respondents, the researcher conducted meetings with the human resource managers (HRMs) of the two companies to discuss entry into the various hierarchical levels. Based on the structure of the companies and the responsibilities of the

employees, the following categories/levels were purposefully selected and included as respondents:

- at least one human resource officer or manager.
- at least two heads of departments or middle management.
- at least two lower level of employees.

Inclusion criteria were:

- an ability to communicate in English.
- an ability to read and write.
- a willingness to participate in the study.

3.4.3 Data Collection

Data collection consists of the final selection of the most relevant method/s and measuring instrument/s to obtain the data for the study (de Vos, Strydom, Fouché & Delport, 2005:82). According to Saunders et al (2003:476) data means facts, opinions and statistics that have been collected together and recorded for reference or for analysis. During the data collection process, according to Brink (2006:141), the researcher must carefully consider exactly what type of information is needed to answer the research question and objectives. To meet the objectives of the study the researcher used two types of approaches to collect the data required and they are questionnaires to obtain primary data and document analysis for secondary data and verification of findings.

i) Questionnaires

A questionnaire is defined as a document containing questions and other types of items designed to solicit information appropriate to analysis (Babbie & Mouton,2002:646).

Welman et al (2005:174) explain that when designing a questionnaire, the researcher should seek out as much previous research on the topic or related topics as possible, and that questions should only be included in the questionnaire if they relate to the research questions/objectives.

- *The advantages and disadvantages of the questionnaire during the study*

Some of the advantages of using a questionnaire are that they are less expensive in terms of money and time. Also respondents feel a greater sense of anonymity by not indicating their names on the questionnaires, and they are more likely to provide honest answers (Brink, 2006:147). Another advantage is that the format of the questionnaire is standard for all respondents as they are asked the same set of questions. The advantage of using questionnaires during the study was also that the researcher was able to get the respondents to provide the information that would address the first objective of the study which is to determine the development process of the HIV/AIDS workplace policies in the selected insurance companies. Moreover, respondents were given enough time to answer the questions in their own workplace.

Some of the disadvantages of using a questionnaire as a data collection tool are the low response rate and respondents who may fail to answer some of the questions (Brink, 2006:147). During the data collection process, the researcher experienced the same problem where the human resource managers were not able to get many respondents to complete the questionnaires. Another challenge was of getting the completed questionnaires back from the two life insurance companies on time. To ensure that the above challenges were met, the

researcher was in close contact with the HRMs and reminders were sent on a regular basis through telephones to make arrangements with the companies so that questionnaires were completed and returned.

- *Questionnaire design and structure*

In an attempt to establish whether the development process was consultative, the researcher designed a questionnaire that had questions on why the company decided to develop a policy and the whole process before and after the final policy was implemented in the company. The questionnaire was based on the international standards and organised according to the conceptual framework for the study as discussed in Chapter 2, namely:

- The 2001 ILO Code of Practice on HIV/AIDS in the World of Work. The procedural (planning and implementing) guidelines in the process of developing transparent, non-discriminatory and non-stigmatizing HIV/AIDS policies ILO Code of Practice (2001:24).
- The Southern African Development Community's (SADC) recommendations for policies on HIV/AIDS, (UNAIDS, 2000b).
- Stellenbosch University and the Policy PROJECT (2004:16).

The questionnaire covered four broad categories – knowledge of policy interventions, development process, ILO Code compliance, and measure of effectiveness and possible improvements. It involved having multiple choice answers, where short answers were selected from the given categories. The information required included aspects of the

development process and content of existing policies by looking through the following steps and content guide.

- **Step 1:** Acknowledge that HIV/AIDS is a workplace issue
- **Step 2:** Secure management's support and identify potential champions
- **Step 3:** Appoint a representative HIV/AIDS task team
- **Step 4:** Gather relevant information
- **Step 5:** Reach consensus on key elements of an HIV/AIDS workplace policy
- **Step 6:** Draft the HIV/AIDS policy
- **Step 7:** Establish a process of consultation
- **Step 8:** Popularize and implement the policy
- **Step 9:** Monitor and evaluate the policy

With regards to the content, the policies are explored in terms of the ILO's guiding principles which are (i) acknowledge that HIV/AIDS is a workplace issue, (ii) gender equality, (iii) non-discrimination, (iv) healthy work environment, (v) social dialogue, (vi) screening for purposes of exclusion from employment or work processes, (vii) confidentiality (viii) continuation of employment relationship, (xi) prevention (x) care and support.

• *Pre-testing of the questionnaire*

Prior to using a questionnaire to collect data, it should be tested with a similar but not the same study population. The purpose is to refine the questionnaire so that any queries or problems with regards to the completion of the questionnaire can be identified. (Saunders et al, 2003:308). The questionnaire was pre-tested once on three employees that included the Training Manager, the Training Assistant and the Administrative Assistant working in an

organization involved in training health care workers in HIV/AIDS related topics. All of them were able to complete the questionnaire in less than ten minutes, and they raised a few grammatical issues that were corrected. Questions A2 and A3 in section A were refined and clarified since they related only to human resource managers and not all respondents.

- *Data collection through questionnaires*

The researcher obtained permission from the two companies to conduct the research and arranged for meetings with HRMs or focal person in the selected companies where an explanation on the contents of the questionnaire was given. Ten questionnaires were given to the HRMs of each of the two life insurance companies for further distribution to human resource officer/s, management and at least one or two support staff who were available and willing to participate in the study.

Questionnaires were delivered by hand, and respondents completed them at their workplaces and in their own time. For respondents who experienced some problems in completing the questionnaires, the researcher was available to clarify the matter with respondents when she returned to get the questionnaires. Questionnaires were collected after two weeks from the companies under study, and this was done so as to give respondents ample time to complete the questionnaires.

- ii) *Documentary secondary data*

Documentary secondary data was used during the study and it is defined by Saunders et al, (2003:190) as data that include written documents as notices, correspondence, minutes of meetings, reports to shareholders, diaries, transcripts of speeches and administrative and

public records. To collect data for the second objective, namely to compare the contents of the policies' compliance with the ILO Code of Practice in the World of Work and other international norms, the researcher used secondary data. Written copies of the HIV/AIDS policies were accessed and analyzed to determine their compliance with the ILO code of Practice.

In order to ensure suitability of the documentary secondary data for the study question and objectives, the researcher made sure that such secondary data would be available for the study. The researcher arranged for meetings with the HRMs of both companies and requested hard copies of the HIV/AIDS policies. In order to establish whether the policies were developed following the ILO Code of Practice guiding principles, the researcher reviewed the contents of these policies and compared them to the norms given in the ILO Code of Practice. Secondary data was examined through looking at the copies of the written workplace policies to determine their compliance with the ILO Code of Conduct. The two HIV/AIDS policies were analyzed by looking at whether they have the components that needs to be taken into account when developing workplace policies as stipulated by the ILO.

3.4.4 Data Analysis

De Vos et al (2005:333) define data analysis as a process of bringing order, structure, and meaning to the mass of collected data. Brink (2006:170) refers to data analysis as categorizing, ordering, manipulating and summarizing the data and describing them in meaningful terms. According to de Vos et al (2005:218) the purpose of analysis is to reduce data to an intelligible and interpretable form so that the relations of research problems can be studied, tested and conclusion drawn. The units of analysis include individuals, groups and

institutions, and may also involve personal documents and records. The analysis of data was done as follows:

(i) Data analysis of questionnaires

To explore the content of the policies against the international guidelines and existing policies relevant to HIV/AIDS were analysed against a checklist with the international guidelines and principles.

The completed questionnaires were numbered and cleaned after they were received from both companies. The analysis of data was done manually and key issues on the context and variations between the two companies as regards to their policy design, development and execution was done. Thereafter, key issues were selected and compared through reflection on the existing literature on workplace policies best practice.

Descriptive statistics were used to analyze data and according to (Welman et al, 2005:231) they are concerned with the description or summary of the data obtained for a group of individual units of analysis. Statistics were calculated in different forms of percentages and presented through charts, and tables to give a clear picture of data being analyzed.

(ii) Documentary secondary data analysis

Content analysis of documents was used by identifying themes and major ideas in the policy documents of each company according to the international norms. to determine the compliance. In addition, the researcher consulted other information from the available ILO reports and documents on the same topic that was being analyzed. The researcher analyzed

the written HIV/AIDS policies of the two selected life insurance companies by comparing them with the ILO policy development guidelines to determine the two documents' compliance with ILO Code of Practice.

3.5 VALIDITY AND RELIABILITY

▪ *Validity and reliability of data*

Validity refers to the degree to which the outcomes of an experiment can be attributed to the manipulated, independent variable rather than to uncontrolled extraneous factors (Brink, 2006:99). While reliability is defined by Brink (2006:164) as the degree to which the instrument can be depended upon to yield consistent results if used repeatedly over time on the same person or if used by two researchers. In this study the researcher:

- Included existing and validated norms in the questionnaire
- Pre-tested and refined the questionnaire
- Bused both questionnaires and document analysis to collect data

3.6 ETHICAL CONSIDERATIONS

A researcher is responsible for conducting research in an ethical manner. Welman et al, (2006:181) state that ethical consideration comes into play at three stages of the research project: (i) when participants are recruited, (ii) during the intervention and/or the measurement to which they are subjected, and (iii) in the release of the results obtained. Ethical principles relating to subject protection play a primary role in research (Brink, 2006:31). Since this study required the participation of human respondents, the researcher took into account certain ethical issues. The consideration of these ethical issues was

necessary for the purpose of ensuring the privacy as well as the safety of the respondents. To honour these ethical principles, the researcher took into account the following ethical issues:

3.6.1 Ethical principles regarding protection of human rights

(i) Self-determination or autonomy of individuals

Brink (2006:32) explains that the individual has the right to decide whether or not to participate in the study. In addition the individual has the right to withdraw from the study at any time, refuse to give information or ask for clarification about the purpose of the study. To respect this right, the researcher explained in detail the purpose of the study to the HRMs of the two companies through a meeting. In addition, a consent note and the objective of the study were indicated on the front page of the questionnaire for the respondents, so they had the right to decide whether to participate or not. Both the company and respondents were also advised that they could withdraw from the study even during the process. With this, the respondents were not forced to participate in the research. Such practices are supported by Robson and Sekaran in Saunders et al, (2003:132) where they mention that you should not attempt to apply pressure on intended participants to grant access.

(ii) Right to protection from discomfort and harm

The researcher needs to secure the well-being of the subjects, be it physical, emotional, spiritual economical, social and legal (Brink, 2006:32). Since data collection for this study involved respondents filling in the questionnaire, the researcher tried not to cause harm to the respondents by ensuring that the questions were carefully structured, and she informed the HRMs that she could be contacted if necessary, for clarifications.

(iii) *Right to privacy*

Respect for privacy is also another important ethical issue, and this may be affected by the nature and timing of any approach that is made to intended respondents (Saunders et al, 2003:132). The respondent has the right to determine the extent to which his or her private information would be shared with or withheld from others (Brink, 2006:33). To respect the respondents' privacy, the researcher had no personal contact with the respondents who completed the questionnaires. In addition, the researcher ensured the companies and the respondents that the collected information would remain confidential.

(iv) *The process of ensuring Anonymity and Confidentiality*

Anonymity refers to the researcher's act of keeping the subjects' identities a secret with regards to their participation in the research study, and confidentiality is the researcher's responsibility to prevent all data gathered during the study from being divulged or made available to any other person (Brink, 2006:34-35). The researcher provided assurances about anonymity and confidentiality by ensuring that the company names were not disclosed or mentioned anywhere in the study and information about the respondents was kept confidential. The questionnaires distributed required that they be returned without identifying details. Only relevant details that helped in answering the research questions were included.

(v) *Informed consent*

Saunders et al (2003:479) define informed consent as the position achieved when intended participants are fully informed about the nature, purpose and use of research to be undertaken and their role within it, and where their consent to participate, if provided, is

freely given. In order to secure the informed consent from the selected companies and for them to understand fully why they were participating, the researcher relayed all important details of the study, including purpose, during her meeting with the HRMs of each company.

3.6.2 Permission from formal gatekeepers

Permission to conduct the study was requested from the two life insurance companies before the data collection commenced. Verbal approvals from the CEO of Company A and the General Marketing Manager of Company B were given to the researcher to conduct the study as well as copies of the written HIV/AIDS workplace policies.

3.7 SUMMARY

In this chapter, the research methods and design with which the research was conducted were explained. Ways used to collect data in both the development process and the policy content analyses of the two companies were also described. Issues related to the validity and reliability of data collected were also mentioned. Details of the analysis and interpretation of data are presented in Chapter 4.

CHAPTER 4

PRESENTATION AND DISCUSSION OF DATA

4.1 INTRODUCTION

In chapter 4 of the research report, key findings, their analysis and their interpretation are presented.

4.2 CHARACTERISTICS OF THE SAMPLE

Data about the process of the development of the HIV policies were collected via questionnaires from respondents across the hierarchical level of the company in collaboration with the Human Resource Section of the specific company. The profiles of respondents appear in Table 4 below.

Table 4: Profile of the respondents

Position within the company	Company A	Company B
Human resource manager	1	1
Human resource officer/s	1	1
Manager/s	1	3
Customer service officer	1	2
Administrative assistants	1	2
Receptionist	1	1
TOTAL	6	10

A total of ten questionnaires were given to each of the two life insurance companies and sixteen of these questionnaires were returned, of which, six were from Company A and ten from Company B. The information from the sixteen questionnaires assisted the researcher in establishing whether the policy development process was in line with the 2001 ILO Code. Data about the content of the HIV/AIDS policies were analysed and checked against the international guidelines of the 2001 ILO code of practice.

4.3 DISCUSSION OF FINDINGS

4.3.1 The development process of the two HIV/AIDS workplace policies

i) Analysis of the development process based on the ILO checklist for planning and developing a workplace policy

The steps listed below and as discussed in chapter 2, were used as framework in the questionnaire (Annexure A) to explore whether the processes that were followed in developing HIV policies were according to international norms:

- *Step 1: Acknowledge that HIV/AIDS is a workplace issue*

In the first question, respondents were asked to indicate why their companies thought of developing HIV/AIDS policies. In the questionnaire, both answers which included HIV/AIDS is an issue; prevent and manage HIV/AIDS; protect HIV positive employees and avoid stigma and discrimination were all relevant. From Company A, only one of the respondents indicated all four answers to be relevant and two mentioned two of the four answers. The other three respondents each indicated one answer as correct. As for Company B, none of the respondents indicated all four answers to be correct. One of the respondents

indicated two answers to be correct and nine of them only indicated one answer on the questionnaire. In this question, all answers were relevant to the question as indicated by ILO and also in the existing company policies. Since both companies' respondents mentioned one or more correct answers, one can conclude that they were aware of the epidemic, and believed that it needed to be managed in the workplace. However, none of Company B's respondents could give more than one correct answer as the policy was generically developed in South Africa and therefore they might not have been consulted during the development process. It is therefore, important that both companies make sure that the purpose of developing policies be communicated to employees either by calling a special meeting or via regular staff meetings and also during orientation of new employees.

- *Step 2: Secure management's support and identify potential champions*

Respondents were asked to indicate whether management in their respective companies supported the ILO policy development process and if yes, to indicate who supported the process. For Company A, all six respondents indicated that the process was supported by management. While from the ten respondents in Company B, six respondents indicated that management supported the process, only one respondent indicated that there was no support from management, and three did not answer the question.

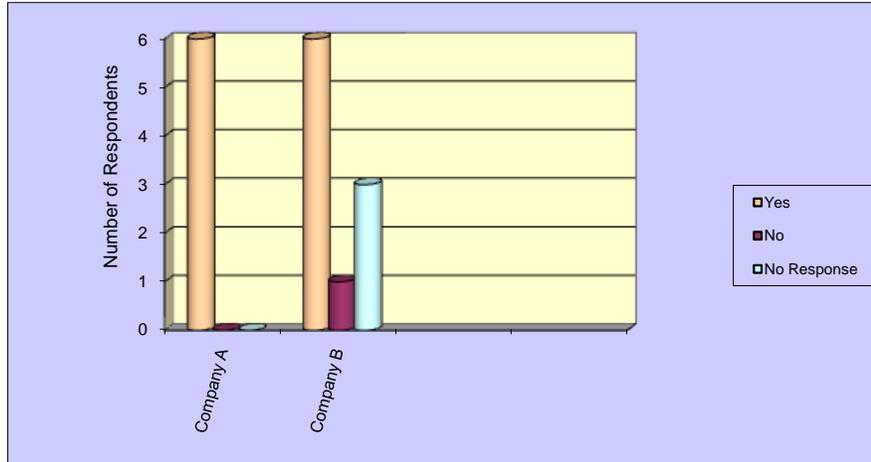


Figure 4: Support from management on the policy development process

From the above findings and as depicted in Figure 4 it is clear that Company A's respondents are aware of their management's support during the development process of the existing workplace policies. As for Company B, four of the respondents could not answer the questions correctly due to their low positions in the company and therefore might not have some background as to how the policy was developed since it was originally developed in South Africa. It is crucial to ensure that the support of leadership is there, as they will provide ongoing support and future resource allocation for the implementation of the HIV/AIDS activities.

- *Step 3: Appoint a representative HIV/AIDS task team.*

In order to respond to this step, a question was asked about whether a representative HIV/AIDS Committee team was established to drive the process of developing the policy. All six respondents from Company A indicated that a committee was established for the policy development process and mentioned that the members included top and middle management, Human Resource Department, lower levels of staff and others being the public relations. As for Company B, from the ten respondents, five of them indicated that the committee was established, while three mentioned that no committee team was established, and two did not answer the question. From the response one would conclude that the two respondents were not aware of the Committee and the members who were on the team during the development of the policy.

However, none of the respondents from either of the companies mentioned that PLWHAs were included in the committee. The involvement of PLWHAs in policy development is very critical as they have a lot to share with management and other committee members. It could also be concluded that due to stigma and discrimination in companies, HIV positive persons might not have been involved in the development process. In addition, management needs to look at the other two respondents who indicated that no committee was established, as this can be due to the fact that some employees might not be aware of the committee's existence.

- *Step 4: Gather relevant information.*

Respondents were also asked to indicate which national and international laws were used as references during the drafting of their policies. Five respondents from Company A mentioned that the Namibia National Code on HIV/AIDS was used as a reference, while only one respondent indicated that the Labour Act and Constitution were followed. As for Company B, six respondents answered that the Namibia National Code on HIV/AIDS was used, and three indicated the ILO Code of Practice, while one respondent mentioned that the Labour Act and Constitution were used as references.

Table 5: National and International laws used as references for drafting HIV/AIDS policies

Laws/guidelines used as reference	Number of Respondents indicating guideline/s used (more than one reason could be given)	
	Company A (N=6)	Company B (N=10)
ILO Code of Practice on HIV/AIDS in the World of Work	0	3
SADC Code of Good Practice on HIV/AIDS	0	0
Namibia National Code on HIV/AIDS and Employment	5	6
Labour Act and the Constitution	1	1
Others	0	0

Even though the respondents did not select all answers, as they were all relevant to the question, one can conclude that they are aware of the legal laws available that companies could use to come up with HIV/AIDS policies. Even though respondents did not indicate the ILO Code of Practice as a guideline followed, the majority of the respondents from both

companies indicated the Namibian National Code on HIV/AIDS and Employment, which is actually based on the SADC Code and ILO Code of Practice.

- *Step 5: Reach consensus on key elements and drafting of an HIV/AIDS workplace policy.*

With regards to steps five and six in the development process, the researcher wanted to establish whether the respondents had knowledge of the contents of their policies and not necessarily whether consensus was reached during the development process. The researcher asked respondents to indicate whether their companies have services for managing and treating sick employees. This question was asked to find out whether the companies' employees had access to primary health care services in their workplaces when they got sick.

All six respondents from Company A mentioned that the company has services for its sick employees. As for Company B, six out of ten respondents indicated that there were no services for managing and treating sick employees, while four of the respondents mentioned that there were services available. It is therefore crucial for companies to ensure that employees are aware of the services available, and this could be done through circulating memos about the services available and also during orientation of new employees. These types of services could provide more information on issues related to HIV/AIDS in the workplace.

In question eight, respondents were asked to indicate which of the ILO Code of Practice's key principles are covered in their policies. All answers in the questionnaire were applicable and they included elements relating to employment criteria, benefits and treatments of HIV

infected and affected employees as well as workplace prevention. For Company A, two of the respondents mentioned two answers to apply to the question and three respondents only mentioned one answer from the choice provided, and one respondent did not answer the question. From Company B's ten respondents, eight indicated one principle which is elements related to benefits and treatment of HIV infected and affected employees and one respondent mentioned elements related to workplace prevention from ILO's key principles as covered in their policies, and only one of the respondents did not answer the question.

Respondents were also asked to indicate the components of the Namibian National Code on HIV/AIDS in Employment covered by their policies. The choices such as education awareness and prevention; job access and job status; workplace testing and confidentiality; managing illness and job security; protection against victimization; occupational benefits and risk management; first aid and compensation; are all components of the National Code on HIV/AIDS in Employment. From Company A's six respondents, one respondent included seven of the above mentioned components while three of the respondents only named two answers and one respondent only mentioned one. At Company B, eight respondents indicated only one component as covered by their policy. From these eight respondents, five respondents mentioned the education awareness and prevention component while three of them indicated workplace testing and confidentiality, managing illness and job security and risk management, first aid and compensation respectively, Two of the respondents did not answer the question.

From the responses provided by the respondents, it could be concluded that respondents have little knowledge about the contents of their policies. During the document analysis, most

components asked in the questionnaire were included in the policy and in line with the ILO Code of Practice and the Namibian Code on HIV/AIDS in employment. There is an need to sensitize employees to the content of the policies and also have easy access to the documents for reference.

- *Step 7: Establish a process of consultation*

During the development process of an HIV/AIDS workplace policy, there is a need to share the first draft with all employees in the company for their review and inputs. In order to establish whether this step was done, question ten asked the respondents whether they were aware of such consultations with employees to provide inputs on the draft policy.

In this question, the answers provided were that there was a need to circulate the draft policy within the company, explain it to all levels of staff, provide opportunity to discuss the draft and review the draft based on the inputs from the staff members. All these answers indicated, were applicable to the question. In their responses, Company A's six respondents, four of the respondents mentioned that an explanation of the policy to all levels of staff in the company was needed and of these four respondents, one of them indicated a second choice which is the review of the policy based on inputs from staff members. For the other two respondents, one of them mentioned one answer which was the circulation of the draft policy within the company while the other one mentioned that none of the answers provided were applicable. As for respondents from Company B, six of the respondents indicated one answer to be correct which is an explanation of the policy to all levels of staff in the company is necessary. And two of the respondents selected the review of the policy based on the inputs from staff members. The other two respondent each indicated that there a need to provide an

opportunity to discuss the policy and circulation of the draft policy within the company respectively.

Since the majority of respondents only indicated one answer as correct, it is clear that the respondents might not have been consulted during the drafting of the policy. According to the 2001 ILO Code there are guidelines that need to be followed before finalizing a workplace policy, which include explaining the contents of the draft policy to employees for discussion and to get their input. Then the draft policy must be reviewed based on the input from all parties involved before being implemented. To ensure ownership of the policy, employees need to be involved from the initial until the finalization phase.

- *Step 8: Popularize and implement the policy*

Respondents were asked to indicate whether they knew how human resource department ensured that the staff members were aware of the policy and understood the contents. In Company A, two respondents indicated two answers and one mentioned accessible media and the policy being displayed in public areas. The other respondent stated that copies were provided to managers and employees and awareness and education on the policy was held in the company. Four of the respondents only mentioned one way that the policy was popularized within their company was accessible media development and holding awareness and education meeting on the policy respectively. For Company B, all ten respondents indicated one option from the answers provided as correct. The different options selected were the development of the accessible media on the policy (four respondents), and the other four mentioned that copies of the policy were provided to all managers and employees, and two of the respondents mentioned that the policy was displayed in public places.

It is concluded that respondents from both companies have knowledge of how the policies were distributed in their companies. This clearly shows that the two companies' management made sure that the employees were aware of the existence of the policies. However, the companies should be sure to popularise the policies, for all levels of staff to understand the contents of these policies and make them more appealing to all employees.

- *Step 9: Monitoring and evaluating the policy*

Lastly respondents were asked to indicate how often their policies were being reviewed. Four respondents from Company A mentioned that the policy is reviewed on an annual basis and only two respondents indicated otherwise.

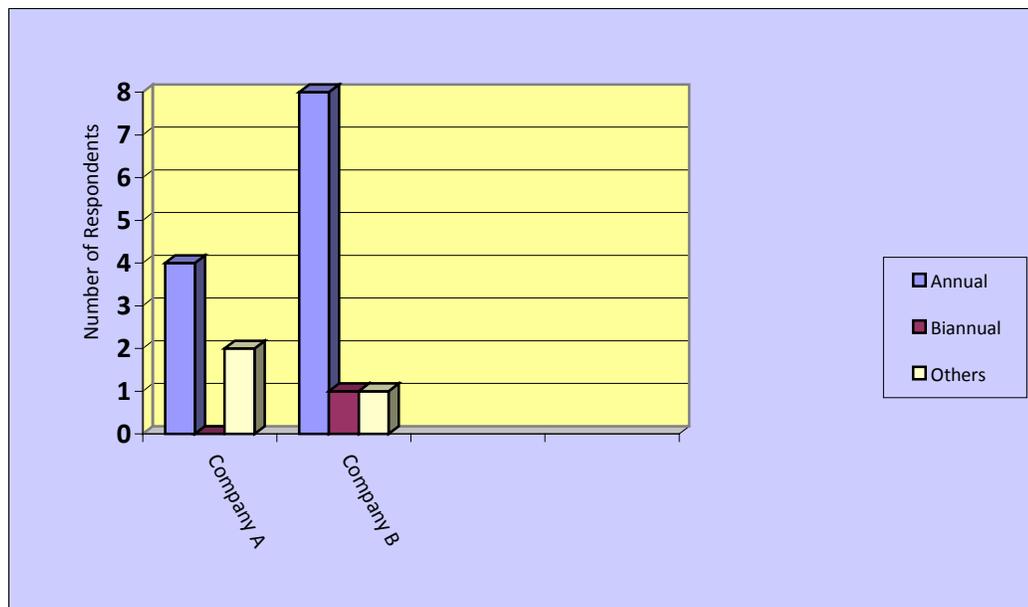


Figure 5: How often the HIV/AIDS policy is reviewed

Moreover, the majority of respondents from Company B indicated that their policy was reviewed annually, while one mentioned that the review was done biannually, and one

respondent mentioned other amounts of time and specified that the policy was reviewed when necessary. From the responses provided it was evident that respondents were familiar with the review period of their policies. However, there was still a need to communicate the review period to all staff members in each company, as two respondents from each company indicated that their policies were reviewed biannually and when required. Finally, because knowledge of and experience in HIV/AIDS, and the costs of prevention and care, are always changing, an effective policy needs to be reviewed regularly to keep pace with those changes (Rau, 2002:40). It is therefore advisable for a policy to be reviewed on an annual basis or when necessary to identify gaps and make changes where necessary. According to ILO Code of Practice the policy needs to be reviewed on an annual basis.

ii) Summary of the policy planning and the development process

It is evident based on the information obtained from the questionnaires that most respondents were aware of the existence of their respective policies as well as some of the contents of the policies. All successful HIV/AIDS policies address issues of concern to employers and employees alike. In most cases employers spend time writing policies that end up in files sitting on shelves. It is therefore, critical that organizations ensure that HIV/AIDS policies are communicated to employees from the development to the implementation phase.

The findings from this analysis would be compared with the secondary data findings to establish whether both findings are related. This would also help the researcher to determine whether the respondents were aware of the existence of their workplace policies.

4.3.2 Compliance of the HIV/AIDS Policies with the ILO Code of Practice

Company A's HIV/AIDS Policy was developed in 1999 and has been implemented since its development. Company B's policy was established in South Africa, and the company still used it although it was in the process of developing its local workplace policy.

i) *Analysis of written HIV/AIDS workplace policies of Company A and Company B*

The researcher examined the contents of the two workplace policies to determine whether all or some of the ILO principles are included. Table 7 below gives a summary of the findings from the two workplace policies.

Table 6: A summary of the companies' policy components in relation to the ILO principles

ILO Principle	Company A	Company B	Comments
General Statement			
<i>Recognition of HIV/AIDS as a workplace issue</i>	- It gave an overview of why the policy was developed especially employees affected by the epidemic.	- It gave reasons that the policy was developed to ensure a conducive work environment for its employees - Compliance with the relevant legislative requirements would be ensured during the annual review process.	In the general introduction both companies mentioned the importance of having workplace policies. However, reference to national and international laws is lacking in Company A. Company A was silent on national laws and guidelines such as the Constitution, Namibian Labour Act, and National Code of HIV/AIDS in employment as well as the National Policy on HIV/AIDS.
Policy Framework and General Principles			
<i>Non-discrimination</i>	- No discrimination against those infected	- Employees with HIV/AIDS would be treated equally as other employees	Both policies indicated that HIV positive employees were treated with respect and dignity.
<i>Gender equality</i>	- There was no provision made for gender issues in the policy.	- The company was silent on gender issues and HIV/AIDS in the workplace.	Both companies had not mentioned anything on gender equality in their policies, even though statistics show that women are more vulnerable as they bear the burden of the epidemic.

ILO Principle	Company A	Company B	Comments
<i>Healthy work environment</i>	<ul style="list-style-type: none"> - Ensuring a safe working environment by protecting the physical, emotional health and wellbeing of all employees 	<ul style="list-style-type: none"> - Committed to ensure and maintain a safe and healthy working environment for all employees 	The companies are committed to ensure that the work environment is healthy and safe for employees
<i>Social dialogue</i>	<ul style="list-style-type: none"> - No mention of the involvement of employees infected and affected by HIV/AIDS. 	<ul style="list-style-type: none"> - Policy also silent on the involvement of PLWHAs 	The greater involvement of PLWHAs is crucial as well as cooperation between employers and employees to ensure the successful implementation of a HIV/AIDS workplace policy.
<i>Screening for purposes of exclusion from employment or work processes</i>	<ul style="list-style-type: none"> - The company rejects testing as a prerequisite for employment, training or promotion 	<ul style="list-style-type: none"> - No HIV testing would be conducted for employment purposes 	Both companies promotes voluntary counseling and testing for its employees
<i>Confidentiality</i>	<ul style="list-style-type: none"> - It encouraged voluntary counselling and testing - It further indicated that confidentially would be maintained. - But silent on national and local laws. 	<ul style="list-style-type: none"> - The policy indicated that respect be given to employee's right of confidentiality. - Employees not obliged to disclose their HIV status to the company. 	The two companies recognized the sensitive of HIV/AIDS and indicate that employees' privacy will be respected.
<i>Continuation of employment relationship</i>	<ul style="list-style-type: none"> - The company's HIV positive employees would continue working if medically fit - If unfit to conduct duties an alternative position would be thought for the employee 	<ul style="list-style-type: none"> - HIV positive employees would not be dismissed because of their HIV status - HIV positive employees who are unable to perform their jobs would be given other jobs based on the written recommendations from the doctor 	Both companies are clear on this issue and they stress that no employee would be dismissed or denied alternative employment position on the basis of his/her HIV status\
<i>Prevention</i>	<ul style="list-style-type: none"> - Provision of AIDS education to all employees during induction. 	<ul style="list-style-type: none"> - Provision of information on HIV/AIDS through training workshops and electronic media. - Provision of basic HIV/AIDS information during group orientation sessions 	Company A did not indicate other preventative measures to support behaviour change such as condom provisions. It also did not mention training on HIV/AIDS related matters

<i>ILO Principle</i>	Company A	Company B	Comments
<i>Care and support</i>	- Provision of assistance to employees infected to remain at work longer	- Treatment of incapacitated employees due to HIV/AIDS in accordance with the provisions of the labour relations Act.	Company A did not clearly indicate the support to employee's families No mention of ARV provision for both companies
Implementation and Monitoring			
<i>Monitoring, communication and review</i>	- Provision is not made on how often the policy would be reviewed - No indication on how it would be communicated to all employees	- The policy would be reviewed on an annual basis - But not clear on how it would be communicated to employees	Both companies needed to indicate how the revised policy will be communicated to all levels of employees An HIV/AIDS Committee could be established which would be responsible for implementing HIV/AIDS-related activities
<i>Budget and finance</i>	- There was no indication of how the workplace policy would be financed	- The budget and financing of the policy was mentioned	A budget for the policies needed to be established but in most cases some activities could be carried out at no cost

- *General Statement*

According to ILO/AIDS ([Sa]: 2) a policy has to begin with a general statement or introduction that relates the HIV/AIDS Policy to the local context and existing business practices. Some of the issues to mention in this section are the recognition that HIV/AIDS is a workplace issue. The policy has to comply with the existing national laws on discrimination, working conditions, safety and health and the ILO Code of Practice.

The policy for Insurance Company A began with an introduction that gives an overview of why the policy was developed. The company further mentioned the purpose of this policy, especially with the employees who were affected by the epidemic. However the policy was silent on its compliance with national and local laws. Even though information on discrimination is stated in the policy, the company did not clearly refer to the local existing laws on discrimination, working conditions, safety and health e.g. the Namibian Labour Act

or the Constitution as well as the Guidelines for Implementation of National Code on HIV/AIDS in Employment.

As for the policy of Company B, it began with a preamble and gives the reasons why the policy was developed. It further indicated that the policy was established to ensure a conducive work environment for its employees. The policy also referred to existing laws like the Constitution and the Employment Equity Act.

- *Policy Framework and General Principles*

In this section of the policy, companies needed to ensure that their policies have some general principles that would be a basis for specific provisions. Moreover, companies should indicate the issue of discrimination and that HIV/AIDS would be treated like any other illness that might affect the employees. In addition the company needed to indicate its commitment to maintaining a safe and healthy work environment for all employees.

Company A explained the company's position in terms of ensuring a safe working environment by protecting the physical and emotional health and well-being of all employees in the workplace. It further indicated its commitment in terms of HIV/AIDS in the company, stressing that employment was provided to employees with physical disabilities including HIV/AIDS. Company B's HIV/AIDS Policy strived to ensure a safe working environment for all employees. The company further explained its position in preventing unfair discrimination, stigmatization and prejudice against employees living with HIV. The policy maintained that HIV/AIDS-positive employees would be treated with dignity, compassion and respect.

- *Specific Provisions*

Companies need to ensure that they make provisions in the following areas: (i) the protection of the rights of those affected by HIV/AIDS, (ii) prevention through information, education and training, and (iii) care and support for workers and their families.

Company A focused more on employees that were infected but not much on those who were affected by the epidemic. The company in its policy explained how HIV/AIDS positive employees should be treated to ensure productivity and avoid morale disruption. For Company B, the emphasis was that both present and future employees may not be refused employment on the basis of their HIV status. However, like company A, the company was silent on activities for those that are affected by the epidemic.

- 1) **Stigma, Discrimination and Rights**

Under this provision, companies needed to indicate the rights of infected employees by protecting them from discrimination, victimization and harassment. Company A explained that employees who were HIV positive would continue working for the company if deemed medically fit and if they meet acceptable standards. The policy also stated that the employees affected should be treated with empathy just like any other terminally ill employees who have health conditions other than HIV/AIDS. The company further stressed the importance of not discriminating against HIV/AIDS-positive employees and emphasizes that all employees be treated equally irrespective of their HIV and or medical/health status.

Moreover, in case an employee was no longer fit to conduct his/her duties, that employee would be placed in an alternative position where the employee was able to function well and also the work schedule would be adjusted in order to provide more convenient circumstances for the employee. Lastly, the policy indicated that the company would ensure continued employment to all employees infected with HIV/AIDS for as long as their condition allows, provided that they are not a threat to their own safety and that of others.

Company B's HIV/AIDS Policy explained that employees living with HIV/AIDS would be managed in the same way as other employees with life threatening illnesses. It further explained that these employees are expected to meet the same performance requirements that apply to other employees with reasonable accommodation where necessary. At the same time Company B's policy mentioned that an employee could not be dismissed because of the HIV status. Therefore, employees living with HIV would be retained in their positions as long as they meet job requirements. It further explained that employees who were incapacitated as a result of HIV/AIDS would be treated accordingly and be transferred to another department based on the written recommendations from the doctor.

- *Testing and Confidentiality*

Under this provision, companies needed to indicate the rejection of HIV testing as a prerequisite for recruitment, access to training or promotion. The issue of promoting voluntary counseling and testing needs to be mentioned here as well as the recognition of sensitive issues surrounding HIV/AIDS and the handling of employees' private matters confidentially. The Company A policy was clear on the issue of testing for HIV/AIDS. It rejected testing as a prerequisite for employment but encourages voluntary testing at the

employee's cost. The policy further explained that confidentiality would be maintained in case the company was aware of an employee's HIV/AIDS status. It also stated that professional counseling services would be offered to HIV positive employees which were available to all employees through its Employee Assistance Programme.

Company B also shared the same notion that respect should be given to employees' right to confidentiality and that they would not conduct HIV tests for employment purposes. The policy further mentioned that employees were not obliged to disclose their HIV status to the company, and only the diagnosing doctor could inform the company with the employee's written permission or consent.

2) Awareness Raising and Education

The ILO explains that education and information are vital components of an AIDS prevention programme. Therefore, it is important to ensure that employees are informed on the prevention of the spread of disease through informed and responsible behaviour and condom distribution within the workplace community.

Company A's policy indicated that it would provide AIDS education for all its employees during the induction to help them better understand HIV/AIDS. It was however, silent on prevention and measures to support behaviour change in terms of condom provision to employees in the company. The policy did not indicate whether training and other HIV/AIDS-related workshops and education are provided to employees.

Company B's HIV/AIDS Policy clearly mentioned that equitable practices must be exercised when dealing with employees living with HIV or AIDS. The policy mentioned that the 3-year-strategy details long and short-term goals to manage the impact in the workplace. The policy also explained that information on HIV/AIDS would be provided to employees through training, workshops, industrial theater, guest speaker programmes and electronic media. It further explained that all new employees would receive basic information on HIV/AIDS during group orientation sessions.

3) Care and Support for Workers and their families

According to the ILO, it is in the interest of both enterprise and employees if infected individuals are assisted to remain at work as long as possible. Company A explained that it was important to ensure that the employees who were infected were assisted to remain at work as long as possible. The company stated in its policy that employees who were infected by the epidemic would be treated with empathy, and assistance would be provided accordingly. Moreover, the policy mentioned that the employee who was absent from work for an extended period of time as a result of the illness is entitled to sick leave and his /her position would be reserved until such a time that he/she was fit to return to work. The policy did not clearly indicate the support to employees' families as well as advice and health education in terms of positive healthy living, nutritional information and stress management and counseling.

Both company A's and company B's policies mentioned that in the case that an employee was no longer fit to work, management would take all the necessary steps and try to ensure that the employee was involved in the whole process. Furthermore, both policies did not

mention any support in terms of providing antiretroviral drugs to infected employees or referral to appropriate medical services for further management.

- *Implementation and Monitoring*

Since the HIV epidemic is evolving so rapidly, companies have to ensure that the impact of the policy is monitored and reviewed as necessary. Company A's policy was silent on how the policy would be evaluated to ensure its effectiveness. It was also not clear how often the policy would be reviewed and revised and communicated to the employees. The involvement of its employees in the process was also not clear. In regard to Company B, the policy explained that it would be reviewed annually to ensure that it complied with the relevant legislative requirements, but it was also not clear how the policy would be communicated to its employees.

- *Budget and Finance*

The ILO explains that companies should make an effort to establish a budget for HIV/AIDS activities, and that many interventions can be put in place at little or no cost. Both company A and B did not indicate the budget or finance in their policies.

ii) Summary of written policies analysis

The two companies recognized HIV/AIDS as a workplace issue and developed their policies in order to ensure that their employees are protected from the epidemic. The development process of the two policies involved consulting different existing policies and guidelines. The overall components of the two policies were in accordance with the ILO Code of Practice but a few additions still need to be made in the next review.

4.3.3 Findings from the analysis and compliance with the ILO Code of Practice

The study revealed that employees from both Companies A and B were aware of the existence of these HIV/AIDS Policy and to some extent know some of the contents. Most of the two policies' components were in line and comply with the key principles of the ILO Code of Practice, the Namibia National Code on HIV/AIDS in Employment as well as the Namibian Constitution. Some findings from the questionnaire analysis on the policy components questions are similar to the two companies' written policy components.

4.4 SUMMARY

In chapter 4, the findings from both the questionnaires and the written policy documents were compared with the ILO Code of Practice and discussed. The recommendations for addressing these findings, as well as the limitations of the study, would be discussed in Chapter 5.

CHAPTER 5

FINDINGS, RECOMMENDATIONS, LIMITATIONS AND SUMMARY

5.1 INTRODUCTION

The last part of the report is dedicated to summarizing the key findings in line with the study objectives and the recommendations drawn from these findings. The chapter also indicates the limitations and a summary, as well as a list of references used during the study.

5.2 FINDINGS

The overall study findings were based on the two objectives of the study which were:

- To determine the development process of the HIV/AIDS workplace policies in the selected life insurance companies.
- To compare the contents of the policies' compliance with the 2001 ILO Code of Practice in the World of Work.
- To provide recommendations on how to develop HIV/AIDS workplace policies to the two life insurance companies

The findings revealed that the companies involved in the study mobilized resources and other activities to improve their HIV/AIDS workplace policies and programmes. Some of the positive findings were:

- A significant number of respondents had a sense of understanding regarding the HIV/AIDS in general and the existence of the workplace policies in their respective companies.

- The findings also revealed that the two companies recognized HIV/AIDS as a problem in their workplaces and have thus far made efforts to ensure that their employees were aware of the effects and impact of the epidemic on companies and individual employees.
- Lastly, the findings were that various components of the two policies are in line with the ILO Code of Conduct's key principles.

In addition, the findings revealed some shortcomings that the two companies needed to take into account and they are as follows:

- Involvement of PLWHAs as part of the policy development process. For companies that have HIV positive employees who have disclosed their HIV status, it would be useful to let them be part and parcel of the process, as this would help reduce stigma and discrimination for those infected and affected by the epidemic. According to Stellenbosch University and The POLICY Project (2004:18) and the Greater Involvement of People Living with HIV/AIDS (2001 GIPA Principle), HIV positive employees have been successfully and effectively recruited, trained and employed to assist with development, design and implementation of HIV/AIDS policies and programs.
- Inclusion of HIV/AIDS awareness and education as a component in both policies
- Inclusion of monitoring and review of a workplace policy especially for Company A.
- Indication of the budget and finance allocation for the workplace policy and other HIV/AIDS-related activities.

5.3 RECOMMENDATIONS ON THE DEVELOPMENT PROCESS OF HIV/AIDS WORKPLACE POLICIES

On the basis of the above-mentioned findings, the following recommendations are made:

i) Involvement of PLWHAs

The involvement of PLWHAs, if they agree, is very important in the process of developing and monitoring of HIV/AIDS-related policies at all levels. When HIV/AIDS Committees are established, they should be representative and include HIV positive employees, if willing and available to participate in such committees.

ii) Policy components

- *Awareness and education:* It is important that Company A seek to prevent its employees from becoming infected through giving education and training to employees, provision of both female and male condoms and also addressing the causes of HIV/AIDS. There is also a need to recognize that employees are part of the community where in most cases transmission occurs and interventions need to primarily be focused at the community level with the involvement of employees.

- *Implementation and Monitoring:* The majority of respondents in Company A mentioned that the policy was reviewed on an annual basis, but the written document itself does not indicate that. Therefore, management has to ensure that this is included in the planned future review and communicated to all employees

accordingly. Since HIV/AIDS evolves so rapidly, it is crucial that companies monitor the impact of their policies and revise them when necessary.

- *Budget and Finance:* Even though many HIV/AIDS activities could be put in place with or without costs, the companies need to ensure that they allocate funds for HIV/AIDS activities. Since both companies did not indicate how they finance their activities, it will be helpful for them to mention budgetary provision for HIV/AIDS policies and other related activities.

iii) ***Recommendations for future studies on the same topic***

In light of the fact that studies on the development process of HIV/AIDS workplace policies in the companies have not been done, further studies should be undertaken on a wider scale in order to:

- Establish how workplace policies are developed as well as their compliance with the ILO Code of Practice and the national laws and guidelines.
- Evaluate the implementation and the effectiveness of HIV/AIDS workplace policies in companies.

In further studies in this area, the study population should not only be confined to life insurance companies but to other private and public sector companies as well as this would be a means of encouraging companies to involve employees and other stakeholders in the development of their HIV/AIDS workplace policies.

Table 7: A summary of the Findings and Recommendations

Guidelines according to theoretical framework	Findings		Recommendations
	<i>Company A</i>	<i>Company B</i>	
<i>Awareness and education</i>	<p>The policy indicated that condom distribution as a preventative measure would be given to support behaviour change.</p> <p>But no indication of whether training and other HIV/AIDS related workshops were being provided to employees.</p>	<p>The policy explained that information on HIV/AIDS would be provided to employees through training, workshops.</p> <p>It also mentions that all new employees would receive basic information on HIV/AIDS during orientation.</p>	<ul style="list-style-type: none"> - It is important that Company A seek to prevent its employees from becoming infected through giving education and training to employees, provision of both female and male condoms and also addressing the causes of HIV/AIDS. - There is also a need to recognize that employees are part of the community where in most cases transmission occurs and interventions need to primarily be focused at the community level with the involvement of employees.
<i>Care and support</i>	<p>The policy did not clearly indicate the support to employee's families No mention of ARV provision</p>	<p>No mention of ARV provision for employees for HIV positive employees.</p>	<ul style="list-style-type: none"> - During the review of company A's policy, there was a need to mention the type of support for families of employees infected and affected by the epidemic - The provision of ARVs or facilitation of companies to assist employees to have access to ARVs should be clearly indicated in both policies.
<i>Implementation and monitoring</i>	<p>Some respondents mentioned that the policy is reviewed annually, but the policy itself does not indicate that</p>	<p>For Company B, the policy was to be reviewed on annual basis</p>	<ul style="list-style-type: none"> - The majority of respondents in Company A mentioned that the policy was reviewed on an annual basis, but the written document itself did not indicate that. - Therefore, management has to ensure that this was included in planned future reviews and communicated to all employees accordingly. - Since HIV/AIDS evolves so rapidly, it is crucial that companies monitor the impact of their policies and revise them when necessary.
<i>Budget and Finance:</i>	<p>No indication of how HIV/AIDS activities were financed.</p>	<p>Budget and finance of the workplace policy not mentioned</p>	<ul style="list-style-type: none"> - Allocation of funds for HIV/AIDS activities funds for HIV/AIDS activities. - There was a need to indicate budgetary provisions for HIV/AIDS policies and other related activities.

5.4 LIMITATIONS

The limitations of the study were as follow:

- The study only focused on two life insurance companies that were willing to participate and had written HIV/AIDS workplace policies in place.
- The primary limitation of this research was its generalizability, as it only reflects the information obtained from respondents and secondary data of the two life insurance companies who participated in the study. Therefore, the findings may not be generalizable to other life insurance companies who have or are in the process of developing their HIV/AIDS workplace policies. However, many of the issues in the findings that relate to the development process of the workplace policies might be referred to by other companies who plan to review or develop their workplace policies.

5.5 SUMMARY

Chapter 5 discussed the study findings from the data analysis presented in Chapter 4. These findings were presented and discussed based on the study objectives. From the findings, it can be summarized that the objectives of the study have been achieved as the two workplace policies are in compliance with the ILO Code of Practice to a certain extent. The few shortcomings have been identified and discussed. Attention needs to be given to referencing of national laws and guidelines on HIV/AIDS; involvement of PLWHAs, awareness and education as well as allocation of financial resources to HIV/AIDS related activities in both companies. Recommendations on the study findings were discussed as well as recommendations for future research on the same topic.

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APPENDICES

Appendix A: Sample of the Questionnaire

YEAR	2007
INTERVIEW NUMBER	

UNIVERSITY OF SOUTH AFRICA
DEPARTMENT OF HEALTH STUDIES
Masters of Arts in Public Health

RESEARCH ON
A Comparative Study of HIV/AIDS Workplace Policies: Looking at policies of two insurance companies in Namibia

I appreciate your willingness to be interviewed for this research project.

- Your involvement in this study is voluntary. You are not obliged to divulge information you would prefer to remain private and you may withdraw from the study at any time.
- The researcher will treat the information as confidential. You will not be identified in any document, including the interview transcripts and the research report, by your surname, first name or by any other information. You will be referred to in the documents under a code name. No one other than the researcher will be informed that you participated in this research.
- The research findings will be made available to you, should you request them. Should you have any questions about the research now and in future, you are welcome to contact the researcher.

Thank you for taking the time to answer questions in this questionnaire.

Alexinah Muadinohamba
Student no: 3381-358-2

Instructions for completing the questionnaire:

- Please answer all questions by ticking or circling the correct answer/s
- There are more than one correct answers in some of the questions
- Please hand over the completed questionnaire to your Human Resource Manager

SECTION A: COMPANY INFORMATION

A1	Name of the company (<i>optional</i>)	
A2	Number of employees in the company (<i>to be completed by the Human Resource Manager</i>)	
A3	Date when the HIV/AIDS Policy was developed (<i>to be completed by the Human Resource Manager</i>)	
A4	Name (<i>optional</i>) and position of the respondent	

SECTION B: THE HIV/AIDS POLICY DEVELOPMENT AND IMPLEMENTATION PROCESS

B1	Why did the company think of developing an HIV/AIDS Policy?	B1A: HIV/AIDS is an issue B1B: Prevent and manage HIV/AIDS B1C: Protect HIV + employees B1D: Avoid stigma and discrimination B1E: Others (please specify) _____
B2	Did management support the process of developing the policy?	B2A: Yes B2B: No
B3	If yes, indicate who supported the process	B3A: Managing Director B3B: Deputy Managing Director B3C: Board members B3D: General managers B3E: Others (please specify) _____
B4	Was a representative HIV/AIDS Committee team established to drive the process of developing the policy?	B4A: Yes B4B: No
B5	If a committee was established, who were the members?	B5A: Top and middle management B5B: Human resource department B5C: Lower levels of staff B5D: People living with HIV and AIDS B5E: Others (please specify) _____
B6	Which national and international laws were used as references during the drafting of the policy?	B6A: ILO Code of Practice on HIV/AIDS B6B: SADC Code of Good Practice on HIV/AIDS B6C: Namibia National Code on HIV/AIDS B6D: Labour Act & the Constitution B6E: Others (please specify) _____
B7	Does the company have services for managing and treating sick employees? If yes, please specify.	B7A: Yes B7B: No _____
B8	Which of the ILO Code of Practice on HIV/AIDS and the World of work's key principles does the policy cover?	B8A: Elements relating to employment criteria B8B: Elements related to benefits and treatment of HIV infected and affected employees B8C: Elements related to workplace prevention
B9	Which components of the Namibian National Code on HIV/AIDS in Employment are covered by the company's policy?	B9A: Education awareness and prevention B9B: Job access and job status B9C: Workplace testing and confidentiality B9D: Managing illness and job security B9E: Protection against victimization B9F: Occupational benefits B9G: Risk management , First Aid and compensation

B10	How were the consultations with other staff members done for them to give their input to the draft policy?	B10A: Circulation of the draft policy within the company B10B: Explanation of the policy to all levels of staff in the company B10C: Provide opportunity to discuss the policy B10D: Review policy based on input from staff members B10E: Others (please specify) _____
B11	How did the Committee ensure that the staff members are aware of the policy and understand the contents?	B11A: Developed accessible media on the policy B11B: Displayed the policy in public places B11C: Provided copies of the policy to all managers and employees B11D: Held awareness and education on the policy B11E: Others (please specify) _____
B12	How often is the policy reviewed?	B12A: Annually B12B: Bi-annually B12C: Others (please specify): _____

Thank you for participating and taking time to answer these questions!

Appendix B: Sample letter of permission

P.O. Box 25919
Windhoek
N A M I B I A

February 01, 2007

Attention: Mr./Ms. X
Group Chief Executive Officer
P.O. Box X
Windhoek
Namibia

RE: Request for approval to conduct a research study at your institution

Dear Sir/Madam,

This project follows my registration at the University of South Africa (UNISA) for a Masters in Public Health (Dissertation with Limited Scope) for academic year 2007. I am required to conduct a research study on the institution/s of my choice in my area of interest, which is “HIV/AIDS in the workplace”. It is in this light that I request consent to conduct my research at your institution from March – April, 2007.

The title of my research is: **A Comparative Study of HIV/AIDS Workplace Policies: Looking at policies of two insurance companies in Namibia.** The research proposal provides an overview of the intended comparative study of HIV/AIDS policies and interventions at these institutions. The study would compare workplace HIV/AIDS policies and interventions through highlighting the development and execution of such policies. On the whole, the study proffers possible strategies that could improve the design and implementation of HIV/AIDS workplace policies and interventions.

Your institution's involvement in this study is voluntary, and you are not obliged to divulge information you would prefer to remain private. Furthermore, the information that your institution provides will be treated as confidential. The research findings will be made available to you should you request them.

Should you have any queries about the research, now and in future, you are welcome to contact me at the phone numbers below. Kindly respond by indicating your approval or disapproval for your institution to take part in the research study.

Sincerely,

Alexinah N. Muadinohamba
Student Number: 3381-358-2

Appendix C: Sample of participant consent form

M S A L E X I N A H N . M U A D I N O H A M B A
P . O . B O X 2 5 9 1 9 , W I N D H O E K , N A M I B I A
T E L E P H O N E : 0 6 1 - 2 4 3 2 6 8 (H) 0 8 1 - 1 2 4 - 0 3 3 0

Participant Consent Form

Research Title: *A Comparative Study of HIV/AIDS Workplace Policies: Looking at policies of two insurance companies in Namibia*

I appreciate your willingness to be interviewed for this research project.

-
- Your involvement in this study is voluntary, you are not obliged to divulge information you would prefer to remain private and you may withdraw from the study at any time.
 - The researcher will treat the information you provide as confidential. You will not be identified in any document, including the interview transcripts and the research report by your surname, first name or by any other information. You will be referred to in the documents under a code name. No one other than the researcher will be informed that you participated in this research.
 - The research may include risks to you, but these will be minimal and no different to those encountered by people on a daily basis. Every effort will be made to minimize possible risks.
 - The research findings will be made available to you should you request them. Should you have any queries about the research, now and in future you are welcome to contact the researcher at the above address.

I appreciate your willingness to be involved in this research project.

Thank you.

Alexinah N. Muadinohamba

Participant's Reply

(Please fill in and/send it back to the researcher at the above mentioned address)

I understand the contents of this document and agree to participate in this research.

Name of Company: _____ **Position in Company:** _____

Name of staff member: _____ **Signature:** _____

Date: _____ **Time:** _____