

Surveillance study reveals Eskom's success in managing HIV/AIDS in the workplace

South African energy parastatal – Eskom – supplies over 95% of South Africa's electricity needs and over 50% of the electricity needs of the African continent. With a total workforce of over 3000 employees spread across the country, Eskom saw the need to initiate programmes for the prevention, education and management of HIV/AIDS in 1988. In the mid-1990s, an impact assessment was commissioned, which projected a 26% HIV prevalence rate in ten years, in the absence of intervention. It also stated that the 550 to 600 new AIDS cases a year within the organisation would add R275 to R300 million to the cost of business annually. The company's response to AIDS was therefore not only seen as a moral and socially responsible action, but a business necessity. HIV/AIDS management was therefore elevated to the status of strategic priority, with all initiatives undertaken receiving the full support of top management.

Two committees were formed to deal with this issue. The strategic committee dealt with the impact of HIV/AIDS on the organisation and its employees, and developed strategies to manage the effects. The operational committee was in charge of education, awareness, care and support to infected and affected employees and families. Today the programme consists of prevention and awareness, voluntary counselling and testing (VCT), care and support, immune modulating therapy and anti-retroviral therapies (which are being case-managed). Under prevention and awareness, proven methods have been implemented, which include over 1200 peer educators and experiential theatre. Employees watch a monthly "soap opera" that addresses subjects ranging from human rights violations to community stigma, followed by peer educators facilitating the message

and engaging debate. This method of communication has proven to be extremely successful. From a management perspective, electronic media is showing very positive results. A great deal of information and advice on aspects such as what to do when someone discloses their HIV status to you, or what the law says about discrimination, is available at the touch of a button on Eskom's intranet site.

Eskom's stated mission is a commitment to managing the impact of HIV/AIDS through integrated response strategies, which aim at empowering people and enhancing the sustainability of the business. Response strategies include:

- Self-awareness "know your status"
- Addressing the policies and practices such as recruitment, promotion, remuneration, benefits and procurement, that are impacted by the disease
- Identification of high risk areas
- Education and training initiatives beyond awareness
- Care and support of HIV positive employees, including the treatment of TB, sexually transmitted diseases and other opportunistic infections
- Information management
- Communication of the surveillance study, the economic impact analysis and the response strategies to all employees in the organisation, in a structured way.

Where testing is concerned, Eskom contributes to the costs of VCT. Care and support includes psycho-socio support and access to antiretroviral therapy under Eskom's medical scheme through approved HIV clinicians and TB monitoring.

Eskom is also involved in corporate responsibility programmes that deal with the development of an AIDS

vaccine. The organisation has donated over R100 million to the South African AIDS Vaccine Initiative (SAAVI), a presidential lead programme of the South African Medical Research Council (MRC). This initiative makes Eskom the largest corporate contributor to HIV vaccine development in the world. Set up by Eskom and the South African government to develop and test an affordable, effective and locally relevant preventative HIV vaccine for Southern Africa, SAAVI has grown into a global leader and now co-ordinates the activities of approximately 175 people involved in scientific development, clinical trials, immunological assessment, ethical protocols and community education activities. Eskom has also invested R6 million over 3 years into the Foundation for Professional Development (FPD), an organisation that trains and develops primary care level medical professionals and managers on all aspect of HIV healthcare. To date, 5 200 health workers have been trained through this programme.

Eskom's strategy for the management and prevention of HIV/AIDS within its communities has been enhanced by collaboration with organisations such as the South African Business Coalition on HIV/AIDS (SABCOHA), Global Business Coalition (GBC), World Economic Forum and participation in the Global Fund through delegates of the private sector for HIV/AIDS, Tuberculosis (TB) and malaria.

Following Eskom's voluntary surveillance study conducted in 1999 – the first ever to be conducted by a corporate internationally, a follow up survey was conducted in 2003, the results of which have just been released. Ms Mpho Letlape,

Successfully managing HIV/AIDS in the workplace through a balanced and integrated program



Managing Director Human Resources spearheading the HIV/AIDS programme, provides the following insight into the methodology and findings of this important initiative.

HIV/AIDS has been given high priority in Eskom since 1995, and is considered a key performance area of the company, along with core competencies such as the provision of electricity at the lowest possible price, transmission, etc. In order for senior management to effectively direct strategy for the management of the pandemic within the organisation, a good knowledge of the current situation is required so that they may understand the extent of the challenges faced. The prevalence study of 1999 highlighted key areas that required focus, and the need was identified to conduct a follow up study in 2003, to gauge the impact of strategies adopted in 1999. The 2003 study was therefore authorised as a corporate project and positioned at board level as a direct responsibility of Human Resources Managing Director – Ms Mpho Letlape. A project team was established to ensure proper representation from all the divisions of Eskom. To ensure accuracy in the findings, all variables had to be kept as close as possible to the 1999 study, and so the Medical Research Council (MRC) – which conducted the 1999 study – was reappointed in 2003. The study adopted a linked anonymous cross sectional study design, which means it called for voluntary participation and was anonymous. Participants were asked to fill in a biographical data questionnaire containing questions such as ‘how old are you?’ ‘Where are you located?’ ‘What is your base line knowledge of HIV/AIDS and sexual behaviours?’ Etc. A barcode identity on each questionnaire corresponded to a barcode on the saliva sample obtained from each participant. To ensure the study accurately reflected Eskom as a macro and gave the most probable picture, a certain amount of representatives needed to be drawn

from fixed age and race groupings across 31 business operations – representing the vast geographical operational area of Eskom.

The findings

A total of 6 350 volunteers took part in the study. The highest rate of infection was seen in KwaZulu Natal, and the lowest in the Western Cape. This result correlates closely to the national statistic. Results per age group showed that younger females between the ages of 20 and 29 had the highest prevalence levels, in contrast to the results for males, which showed highest prevalence in the 40–44 age category. The main challenge with regards to job category remains in the semiskilled environment, although there are infections through all levels of employment. The findings suggest that while not exclusive, prevention strategies need to be more focussed on certain groupings. It is important to note that the disease infects and affects all races.

Living circumstances were shown to present a strong causal link to infection as the highest risk is still evident in employees residing in a single sex accommodation environment. In fact, the risk to employees living in single sex accommodation is double that of employees that own their own homes.

The prevalence amongst participants who engaged in sex with a non-regular partner was 19%, versus 10% for those that did not. 59% of all participants recognised that sex with a non-regular partner presented the highest risk for infection yet a discrepancy is still evident between this knowledge and the action taken – individuals still seem to subscribe to the disbelief that it won't happen to them.

Successes

In 1999 Eskom's prevalence rate was 8.9%. The 2003 follow up study revealed a prevalence of 10.7%, representing a marginal increase, which compares favourably to the conservative prediction that predicted

13.5% prevalence by 2003 in 1999. This is particularly significant when one considers that due to the provision of ARVs, many of the employees infected prior to 1999 are still working, meaning that the level of new infections has decreased considerably. Eskom's prevention and management strategy is therefore proving to be very successful, and the importance of balanced intervention is well understood.

The way forward

Based on the findings of the 2003 study, the focus will now be on getting those that are not taking up treatment, to do so. This will be done by addressing the stigma that still exists in some communities. Access to first class treatment is available and employees must be made aware of the benefits thereof and the fact that the process starts with “knowing” one's status. The strategic focus will be on education and enhanced care and support to drive the importance of VCT. Employee access to equitable disease programmes through medical aids will also be communicated. Eskom has learnt that early intervention is still the best mechanism of prevention and the support of top management is paramount to the success of such initiatives. Letlape concludes that the biggest challenge faced in managing HIV/AIDS is to stay abreast of the environment. “Ten years ago, the only message was death because drugs were the domain of the very rich. However, today the message is totally different. Due to the ever changing nature of the disease, it is important to be able to change with the times and to match the appropriateness of the messages we put out,” she says.

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