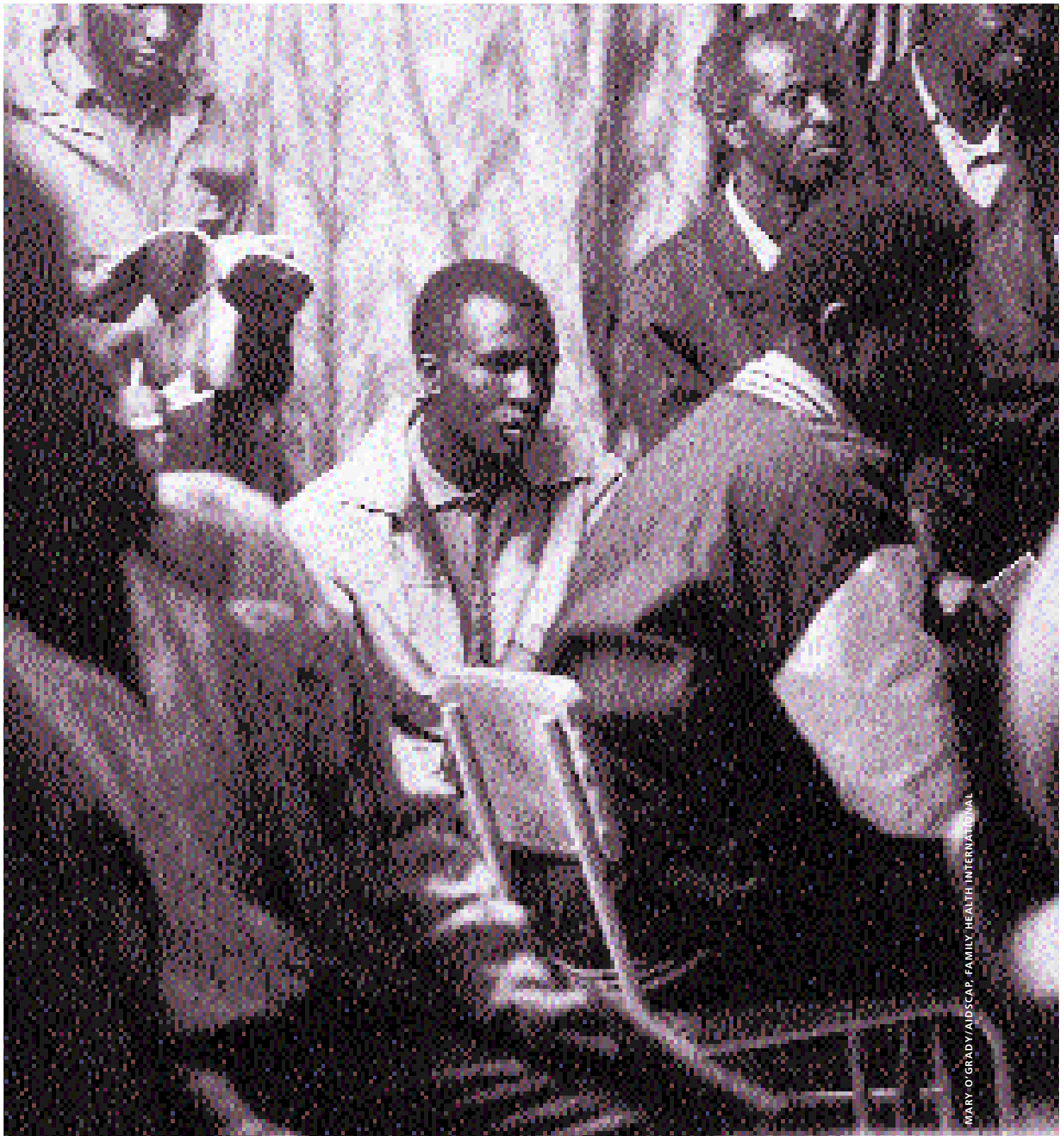


In the parlance of the private sector
itself, prevention remains to be “sold”
as a viable investment.



MARY O'GRADY/AIDSCAP. FAMILY HEALTH INTERNATIONAL

DRIVERS FOR THE NATIONAL EMPLOYMENT COUNCIL FOR THE TRANSPORT OPERATING INDUSTRIES (NECTOI) PARTICIPATE IN AN AIDSCAP WORKPLACE-BASED HIV PREVENTION PROJECT IN HARARE, ZIMBABWE.

ENGAGING THE PRIVATE SECTOR IN HIV/AIDS PREVENTION

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ENGAGING THE PRIVATE SECTOR IN HIV/AIDS PREVENTION

INTRODUCTION

While there have been numerous warnings about the potential impact of HIV/AIDS on business operations and profits, most companies in developing countries have been slow to respond to the pandemic. Only a small proportion of companies have implemented and sustained prevention programmes for their employees. Those that have developed workplace prevention programmes have not been strong advocates for similar efforts among their peers. Most business managers have not felt compelled to introduce HIV/AIDS prevention programmes in the workplace, especially as governments, nongovernmental organizations (NGOs) and international donors have taken the lead in responding to the epidemic and have only weakly engaged the commercial private sector as equitable partners.

Some members of the business community have responded to HIV/AIDS, but often in a passive way and without clear linkages to national programmes or strategies. They have agreed to let NGOs and government groups create prevention programmes within workplaces, and many business owners or managers have made in-kind contributions by releasing select employees for peer education training and all employees for

occasional education sessions. In Brazil, all employers must provide time for workers to attend health education classes. Business coalitions on AIDS have emerged in several countries—Thailand, Botswana and the United States, for example—and have provided a sense of direction for companies.

In order to help bridge the gap between the commercial private sector on the one side, and HIV/AIDS prevention activists on the other side, the AIDS Control and Prevention (AIDSCAP) Project of Family Health International (FHI) developed a resource for engaging businesses more fully in prevention. Known as the Private Sector AIDS Policy (PSAP) package, it offers a comprehensive set of tools for gauging the financial cost of HIV/AIDS to business profits, developing workplace prevention programmes, and designing HIV/AIDS policies for businesses.

BACKGROUND

In the late 1980s and early 1990s, most business managers felt that HIV/AIDS would pass them by or that they could cope by rapidly replacing workers who became ill or died. A few companies provided employees with basic information on the disease, but the vast majority of companies

avoided the issue altogether by insisting that the epidemic was a health not a business problem, or that employees were responsible for their own behaviour. Fewer than a third of the workplace HIV/AIDS-prevention projects were funded primarily by the companies involved.¹

Several factors converged in the mid-1990s to bring the private sector more intensely into HIV/AIDS-prevention efforts. First was the recognition among companies themselves that the epidemic threatened the welfare of their employees and thus also affected profits.² By this time, in several high-prevalence countries in eastern and southern Africa, large companies dependent on skilled labour became very aware that AIDS was affecting their ability to do business. Barclay's Bank of Zambia, for example, lost many of its senior managers by the mid-1990s and considered closing some branch locations. A 1994 survey of companies in the Zambian capital of Lusaka and the central industrial region of the Copperbelt noted that nearly 70 per cent of companies experienced declines in productivity or difficulties in recruiting appropriately skilled staff because of HIV/AIDS.³ Transportation companies in Uganda and Zimbabwe found that productivity and safety suffered as employees with long experience became ill and died and were replaced with less experienced staff. Even companies that relied on employees without sophisticated technical or managerial skills, such as flower exporters in Kenya, found that the quality of operations and general productivity were undermined by absenteeism and increases in staff turnover. To overcome labour shortages and disruptions resulting from AIDS illnesses among workers, large-scale farmers in southern Africa have considered replacing labourers with mechanical equipment.⁴

“The overall effect of the epidemic on all [South African] businesses will be shattering.”

DEANE MOORE, AN ACTUARY WITH METROPOLITAN LIFE ASSURANCE COMPANY, 1998

Second, workers' organizations, human rights groups and many NGOs were concerned that workers were being tested for HIV, often without counselling or prior consent and their contracts were terminated if the test was positive. Insurance companies screened prospective clients for life insurance coverage—often without informed consent and frequently in conjunction with pre-employment physical examinations. As these cases came to light, AIDS activists demanded that businesses become more accountable by adopting internal policies that outlined acceptable practices.

Third, both international donors and governments sought to diversify and expand funding for HIV/AIDS prevention. Businesses were identified as potential financial allies in national prevention and care efforts.

Fourth, the search for communication approaches that could sustain behaviour changes gained momentum. Basic information programmes no longer met the needs of most people, but prevention activists had yet to design ways to address changing needs. Condom social marketing enjoyed general success during the 1990s, and its example drew attention to commercial marketing approaches that could be applied to other aspects of prevention. It was also recognized that the private sector regularly applied behaviour

change approaches in its advertising and marketing and that these skills could be applied to help stem the HIV/AIDS pandemic.

The AIDSCAP Project, with funding from the United States Agency for International Development (USAID), and a few other HIV/AIDS prevention groups, conducted several qualitative surveys with business managers and worker representatives to better understand their attitudes and motivations. In addition, AIDSCAP sought to better understand the productivity and economic impact of HIV/AIDS on companies. Economic impact studies were undertaken in Kenya, Botswana, Zimbabwe, Thailand and the Dominican Republic.

HIV/AIDS AND BUSINESSES: FINDINGS FROM STUDIES

Economic Impact In Kenya several businesses found that absenteeism due to HIV and AIDS-related illnesses and medical and death benefits were the major costs to be expected. For some businesses, total losses from HIV/AIDS among employees were estimated to reach as high as 20 per cent of profits by the year 2005. In contrast, comprehensive prevention programmes—including education, sexually transmitted infection (STI) treatment and condom distribution—for these companies were likely to cost 2 per cent or less of business profits by the year 2005.⁵ The Botswana Business Coalition estimates that HIV/AIDS cost businesses in that country about 0.7 per cent of profits in 1998, but that the impact will climb to 12 per cent by the year 2002. For struggling economies and individual businesses—both large and small—the impact on profitability and productivity is high and growing.

SIDEBAR 1

Losses to businesses from HIV/AIDS

Increased Expenditures

- Health care costs
- Burial benefits
- Recruitment
- Pension benefits (?)

Reduced Revenues

- HIV absenteeism
 - AIDS absenteeism
 - Funeral attendance
 - Lost productivity during recruitment
 - Lost productivity during training
 - Lost productivity following training (and prior to being fully productive)
-

Not all industries are affected equally by HIV/AIDS. The transportation, mining, tourism and financial sectors tend to be harder hit. However, no sector is immune from the pandemic's impact.

The costs of HIV/AIDS to businesses fall into two broad categories: increased expenditures and reduced revenues. Absenteeism tends to be the greatest cost, followed by health care costs and declines in productivity as experienced workers become ill and die and new workers are brought on but require days, weeks or months to become fully productive.

As HIV/AIDS affects individuals and companies, others feel the economic ripples. National revenues are likely to drop. The ability of suppliers to deliver goods on time may be affected. Consumers gradually shift their buying patterns to medical care and drugs—some studies have found that up to 50 per cent of income may be used this way when a family member develops

full-blown AIDS. Some scholars have suggested that cash crop production may decline as family farmers shift to basic food crops. In some countries, HIV rates among soldiers are 20 to 40 per cent, raising fears about the stability and effectiveness of military forces. Finally, any increase in costs of doing business makes it more difficult to remain competitive locally, nationally and globally.

In part because HIV/AIDS has emerged relatively slowly in most regions, most businesses have not kept close track of trends in absenteeism or health-benefit costs. Thus, they have not developed either an individual business or sector-wide view of the direct and indirect economic impact of the epidemic. One result of the absence of specific and clear data is that businesses are reluctant to invest in prevention programmes, which may not offer returns for long periods of time. While more work is necessary in order to demonstrate the cost-effectiveness of prevention efforts, a study of two businesses in Bangkok, Thailand, which ran peer education and condom distribution programmes, found that benefits almost always exceeded costs. Programmes that were 50 per cent effective yielded benefits five times greater than the costs; programmes that were only 25 per cent effective had benefits two and a half times greater than the costs. In Kenya one study found that costs of running prevention programmes were only half the benefits gained.

Managers' Views The results of qualitative surveys have confirmed that business managers are not comfortable with the topic of HIV/AIDS. Managers argued that sexuality is an individual matter and determining the costs of HIV/AIDS

and benefits of prevention is difficult and imprecise. They also felt that public health is not the purview of most businesses.

Managers in Brazil said that the peak of the epidemic had passed, that earlier predictions of substantial economic costs due to HIV/AIDS had not been borne out, and that other health issues were of greater importance in terms of productivity. In Zimbabwe, most managers knew that the epidemic remained explosive and that it affected their workforces, but they remained sceptical that prevention education had altered or could alter sexual behaviour. Business managers and union officials in Kenya have been increasingly concerned about the likely impact of the epidemic, but have had little experience in developing workplace prevention programmes, and there is little tangible evidence of their efficacy. None the less, several managers in Kenya and Zimbabwe reported that they would continue supporting condom distribution within the workplace, even if external funding ended. Recently, insurance companies in several African countries have noted a decrease in the purchase of life insurance policies as workers refuse to be tested or to report the results of the HIV tests required by the insurance industry.

Changes in national and global economic conditions are affecting many companies, which also influences their responses to the epidemic. Parastatals in particular are downsizing and, as one manager of a transport company in Zimbabwe noted, "Frankly, AIDS fits with our need to shed workers."⁴ Not only is HIV/AIDS fortuitous for some companies amid pressures to reduce labour costs, but downsizing has reduced some of the urgency to maintain or replace workers.²

For managers, HIV/AIDS prevention has increasingly come to mean preventing the employment of people living with HIV/AIDS (PLHA). This attitude seems to pervade much of the thinking of business managers in Asia and Latin America. Although managers unanimously denied that their companies practiced pre-employment testing, HIV screening as a part of a pre-employment physical exam or as a requisite for higher levels of life insurance coverage was noted by activists inside and outside companies. These activists also reported pressure from senior management or the medical department to report “suspicious” symptoms.

In Zimbabwe and South Africa, financial officers are concerned about how to prevent pension funds and other benefit schemes from being depleted by premature retirements and deaths due to AIDS. Various approaches are now being used. One is “counselling” of employees known (or thought) to be HIV-positive to persuade them to retire. In most companies an early retiree no longer receives medical aid and loses life insurance benefits. Moreover, some managers are finding that once PLHA retire, whether they are sick or not, they often die within a short period of time and their spouses often die shortly thereafter; therefore, pension benefits are not drawn for very long. These pension funds had been set up with a schedule of contributions based on projections that retirees would draw benefits for more years than do employees retiring early because of AIDS. Thus, managers from a few companies reported that despite initial concerns that AIDS would deplete their pension funds, their funds are now even “healthier” than anticipated.

Managers in all the countries said that HIV/AIDS was a public health issue and prevention was the responsibility of individuals, governments and NGOs. Notably, in Zimbabwe and Brazil managers felt that the taxes they paid constituted sufficient contributions to national prevention efforts. They argued that paying for prevention activities within their companies was not their responsibility and that asking them to do so would be a form of double taxation. However, they also felt that the government-sponsored prevention programmes suffered from a lack of urgency in conveying the threat of HIV/AIDS and a lack of fiscal and operational transparency.

Other and more recent studies in southern Africa have documented an impressive array of workplace prevention initiatives.⁶ However, the depth and breadth of corporate involvement in HIV/AIDS prevention remains modest.

PRIVATE SECTOR AIDS POLICY (PSAP) PACKAGE

The PSAP package was developed to address many of the business community’s concerns about mounting HIV/AIDS-prevention programmes in the workplace.⁷ The designers sought to create a tool that would be useful to businesses themselves in the development or expansion of AIDS prevention policies and programmes in the workplace. The tool could also be used by organizations—NGOs, unions and national AIDS programmes—working with business management in the development of workplace prevention initiatives.

The kit built upon effective lessons from both international development and HIV/AIDS prevention. It promotes

participatory processes for programme development, encourages clear communication between management and the workforce, focuses on effective and sustainable approaches to HIV/AIDS prevention and recognizes the ethical and business needs of a workplace-based prevention programme. At the same time, the designers of the PSAP package recognized that existing models could not be implanted into diverse communities; flexibility and adaptation of the policy and programme guidelines to fit individual situations was encouraged.

The kit includes basic information on the epidemic for managers who want to become more familiar with HIV/AIDS. It allows users to consider economic, policy, human relations and programme development aspects of HIV/AIDS in the workplace. Designed for use as a stand-alone product, it is a tool that a human relations manager or a financial officer could pick up and selectively consult for issues that are likely to fall within the spectrum of their responsibilities.

The PSAP kit offers detailed guidelines on developing or expanding prevention education, condom promotion and sexually transmitted disease treatment programmes. It also provides examples of workplace policies and methods for developing those policies in order to guide both workers and supervisors if and when situations related to HIV/AIDS arise. Two spreadsheets are included that allow individual businesses to assess the potential impact of HIV/AIDS on profits and the cost of mounting or expanding a prevention programme in the workplace.

A set of 17 case studies, all based on actual companies in Africa, illustrates the diversity of business responses to the epidemic. Finally, the kit includes detailed notes for facilitators to work with business managers in two different settings. For use at a business luncheon or as a part of an introductory workshop on prevention in the workplace, one set of notes provides a quick introduction to HIV/AIDS and businesses. The second set of notes is designed for use at a one-day or two-day training event, with participants from businesses gaining insight into how to work with the spreadsheets, develop workplace HIV/AIDS policies or design a comprehensive workplace prevention programme. Handouts and sample overheads for use in presentations accompany the facilitator materials.

The PSAP package was developed in response to the needs and gaps noted by business managers, worker representatives and NGOs. Initial data collection began in 1994, and the kit was completed and printed in 1996. Designed primarily for target audiences in Africa, the PSAP kit also has been used in Asia, Latin America and the United States. More than 400 copies of the package were distributed to AIDSCAP offices in Africa, to numerous AIDS service organizations in Africa, Latin America and the Caribbean and Asia, and to national AIDS control programmes in Africa. An additional 500 copies were made available to UNAIDS for distribution to global offices and networks.

Funding for development and distribution of the PSAP package was provided by the Africa Bureau of USAID.

The Use of PSAP in HIV/AIDS Prevention

As an educational tool designed to sensitize and inform businesses about HIV/AIDS prevention, the PSAP kit has had its greatest appeal among NGOs seeking to work with and motivate businesses. NGOs in countries as diverse as South Africa, Honduras, Brazil, Kenya, Tanzania and Nepal have used components of the kit for specific purposes. A draft version of the kit provided a model for a Tanzanian national trade union to develop its own training materials. The policy component of PSAP has been of great interest to NGOs because it provides core policies, examples of what several companies have done and suggestions for policy development. Requests for the materials have continued for more than four years, from individual businesses, business coalitions, unions and international donor agencies. At least one state government in the United States has used the materials and 100 copies have been distributed to U.S. embassies and multinational corporations in Africa by the U.S. Department of Commerce.

In Kenya, both policy and programme components of the kit were successfully used to assist ten large-sized and medium-sized companies over a period of 18 months. By the time this support ended, most companies had HIV/AIDS policies in place and were committed to sustaining their prevention programmes.

Several NGOs in Nigeria, Tanzania, Zimbabwe and Brazil have recognized that the PSAP kit is designed to appeal to business managers and represents a potentially useful marketing tool. One NGO in Kenya did attempt to market its HIV/AIDS prevention

services, using the PSAP materials to demonstrate its expertise to business clients. Although there was some initial interest from companies, the NGO was unable to sustain its efforts while waiting for businesses to actually buy into its services.

It was initially expected that there would be a large demand for and interest in PSAP. In reality, the interest has been slower to emerge, but has remained consistent. Among the reasons cited by the limited number of businesses that have been exposed to the kit but are not using it are: (1) waiting for direction and policy guidance from government or a parent company; (2) financial information is too fragmented to create an accurate picture of the impact of HIV/AIDS; (3) waiting for senior management's interest or mandate; and, (4) have own processes for developing policies.

The designers of PSAP did have business users in mind, but it was intended that the materials reach companies through private-sector associations, national AIDS control programmes or NGOs. One weakness in the distribution plan was not carefully targeting key potential users—chambers of commerce and management institutes were largely bypassed.

While numerous organizations have referred to PSAP's importance as a policy and programme tool, they also find the volume of material in the kit somewhat overwhelming. As a how-to manual, PSAP is considered more detailed than many users and facilitators would desire. Elements of the materials have been extracted and adapted to make them locally relevant, and this seems to have been a useful strategy. Using PSAP as a whole does require time, first to absorb the material and then to

initiate a process to bring prevention to a workplace. Many NGOs and government agencies are too stretched to take on more work, although they may want to as well as see the need to work with the private sector.

Making PSAP a Full Tool for Engaging the Private Sector Initial use of the PSAP kit indicates that the materials offer a solid base for NGOs, unions and government agencies to build partnerships with the commercial private sector for HIV/AIDS prevention. The policy development component is being used and the outline for programme development offers a selection of interventions to fit most workplace situations. The structure of the kit, with an emphasis on documenting productivity and the financial costs of the epidemic at company level, has guided other studies. Likewise, the combination of programme and policy responses outlined in the PSAP kit has appealed to unions and workers' councils.

Two major lessons have emerged for more effective use of PSAP. The first is the need to add a component that will describe and document the effectiveness of HIV/AIDS prevention interventions. In addition to this new component, effective use of the PSAP kit will require some updating, notably of the company case studies. The second lesson is the need for a mechanism to transform PSAP from a passive learning tool into a tool for stimulating dialogue and proactive creation of HIV/AIDS-prevention interventions.

The additional component should document the cost and effectiveness of HIV/AIDS prevention interventions. Business managers from Brazil, Zimbabwe and Thailand—among other countries—have voiced concern and scepticism

about the many prevention efforts which, in their view, have not altered individual sexual behaviour, nor slowed the pace of the epidemic. Managers argue that they have already invested in HIV/AIDS prevention through their taxes, but have not seen sufficient evidence that either governmental or nongovernmental programmes have altered sexual behaviour or the course of the epidemic. They do not know how much prevention interventions cost, and thus cannot judge benefits against investments. Fortunately, health economists have started examining costs and comparing them with benefits gained from various interventions.

An increasing number of national and local programmes have demonstrated the effectiveness of HIV/AIDS prevention. Some of these prevention interventions have occurred within companies themselves. An intervention in Zimbabwe, for example, showed that worker-based peer education and condom distribution resulted in a one-third reduction in HIV incidence (rate of new infections in a population in a specific period of time, generally one year), compared with companies without peer education but with other interventions.⁴ This evidence needs to be compiled, synthesized and incorporated into PSAP. Cost-effectiveness analysis is desirable, but not absolutely necessary. Most company managers will be satisfied with a comparison between the cost of investing in prevention interventions and the potential savings accruing from that investment.

The second addition to making PSAP fully useful would be training local and national facilitators to work with companies on applying the policy and programme aspects of PSAP. Several options have been suggested for

expanding local capacity to use PSAP materials and processes with business. The options include the following:

- Start-up support to an existing or new commercial organization to apply commercial marketing principles to promoting HIV/AIDS prevention with the private sector.

Such an organization may be an employer federation, a union umbrella, a business alliance (such as the Thai Business Coalition) or a totally new business to serve other businesses. While the costs of supporting such a professional organization will vary by country and region, it is reasonable to suggest that a sub-regional team of three or four professionals could effectively function for about US\$200,000 per year—with those costs gradually being absorbed by businesses themselves through fee-for-service arrangements.

- Building the capacity of an existing NGO to professionally engage businesses on a fee-for service basis.

A long-term donor commitment to a NGO already involved in HIV/AIDS prevention can enable it to build capacity to market programme and policy design, implementation and monitoring. As business develops and fees are collected, the NGO's need for donor funds will decline. Either national or regional markets can be cultivated, depending on demand.

- Using consultants to work with government, business association, union and NGO groups to expand commitment to and work on HIV/AIDS prevention, including the analytical processes suggested by PSAP.

Either a series of short-term consultancies or longer-term placement can be used to

facilitate technical skill building in workplace HIV/AIDS prevention in various sectors and in the application of the PSAP process.

- Strengthening existing tripartite (government, worker and employer) groups, such as those that exist in South Africa and Zimbabwe, by using PSAP and other materials to focus on specific issues.

Through existing structures and organizations, use PSAP materials to engage interested parties in key workplace prevention issues.

- Supporting a training institution to develop and offer courses relevant to the commercial private sector on HIV/AIDS prevention and mitigation of its effects.

Regional training organizations already exist, and some of them have long-term experience in either HIV/AIDS issues or commercial management training. Again, a fee-for-service arrangement for training courses provides a way to meet the costs of the training institution. With modifications, the framework and facilitator notes within the PSAP kit provide a solid foundation for mounting such a course.

BEST PRACTICE CRITERIA

Effectiveness In terms of its immediate objectives—to produce a set of materials for developing comprehensive HIV/AIDS prevention policies and programmes in the workplace—the PSAP kit was effective. It represents the most comprehensive body of materials for use by or with businesses in developing both workplace policies to deal with HIV/AIDS and workplace prevention interventions. In terms of longer-term objectives, use of the PSAP kit continues to expand, but not at the pace originally envisioned, nor with the level of

intensity and focus that either sustains pressure on businesses to adopt prevention initiatives for their employees or engages business managers in regular discussions about HIV/AIDS prevention.

Ethical Soundness Data collection was done with the clear understanding and approval of senior business managers of its eventual use in a set of materials for promoting workplace-based prevention interventions. Some participating managers asked that the name of their firms be disguised for proprietary reasons. Data collected for specific businesses was aggregated; data on individual employees was not collected. In several instances during data collection, the researchers were able to provide information to companies about the need for employee confidentiality, inform company managers about national or universal guidelines on employee HIV testing and contribute to internal discussions about company policies. The workplace policies section within the PSAP materials follows universal guidelines on testing, confidentiality of information about employees and provision of basic HIV/AIDS prevention services, as outlined by the World Health Organization's Global Programme on AIDS (WHO/GPA) and UNAIDS.

Relevance PSAP was designed at a time when there was strong focus on expanding national responses to the epidemic and creating mechanisms to link non-health sectors to national programmes. Much of that discussion focused on achieving a multisectoral public response, including ministries of finance, planning, transportation and agriculture, for example. Within a number of countries the discussion included incorporating the private sector in the national

response. Thus, the PSAP kit was—and remains—relevant to meeting a broad-based approach to HIV/AIDS. Further, bringing the commercial private sector into prevention efforts more fully offers opportunities to take advantage of some of the skills found in this sector, including creative marketing and logistics management.

Efficiency The development of the PSAP materials took longer and was more labour-intensive than was necessary. A too-extensive focus on initial background research slowed the development process, as did frequent reviews and revisions of the draft materials. However, the availability of the finished product means that other organizations do not have to start at the beginning and can focus on preparing country-specific or region-specific materials.

Sustainability The PSAP materials will remain relevant for at least a decade, with updates to the case studies and commentary on interventions. The processes outlined for developing workplace policies and prevention programmes and the technical material continue to be used and adapted by national, NGO and international programmes. In addition, PSAP has been used in ways that were not originally anticipated, including in the training of agricultural extension staff in Swaziland.

CONCLUSION

Commercial private-sector resources remain a tempting target for national HIV/AIDS-prevention efforts. To successfully draw upon the multiple resources of businesses, prevention needs to be convincingly presented and demonstrated. In the parlance of the private sector itself, preven-

tion remains to be “sold” as a viable investment. The PSAP kit is one tool for selling prevention to businesses. Most users (and potential users) have found this comprehensive resource too extensive for easy access. To take full advantage of the tool, local organizations are likely to need some support—either to facilitate movement through the PSAP process and materials or to build the technical and marketing skills needed to fully engage businesses.

Three areas of HIV/AIDS experience are particularly relevant for public health programme managers striving to engage business managers in prevention efforts. Condom social marketing provides insights into approaches for packaging messages and promoting products and ideas. The lessons learned from behaviour-change programmes—knowledge of audience and adaptation of programmes to meet their changing needs—can add specificity and relevance to contacts with business. And policy and economic analyses provide tools and methods for addressing current and future business concerns, ranging from the financial impact of HIV/AIDS to policy and regulatory issues such as employee HIV screening and benefits provision.

AUTHOR

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