



Public Service HIV/AIDS Indaba III

12-15 October 2003

Report





Report on the Public Service Aids Indaba III

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Public Service HIV/AIDS Indaba III Summary

Background

The HIV/AIDS epidemic presents a major challenge for South Africa and if not dealt with appropriately, threatens to reverse all victories achieved by this country since the inception of a democratic dispensation in 1994. As the single biggest employer in South Africa with nearly 1,1 million public servants employed by approximately 140 government departments at national and provincial level, the Public Service has a crucial role to play in mitigating the impact of HIV/AIDS as part of its overall focus on the health and well-being of its members. Large numbers of people are also direct dependants of public servants and as a result, the fate of society as a whole is closely intertwined with the health and well-being of public servants.

Recognising the seriousness of HIV/AIDS and its impact on South Africa, Minister Geraldine Fraser-Moleketi initiated the Impact and Action Project in January 2000, in order to mitigate the impact of HIV/AIDS on the Public Service and to ensure that the Public Service would be able to sustain a quality service, despite the progression of the HIV/AIDS pandemic.

In consultation with stakeholders, the Department of Public Service and Administration (DPSA) developed a Policy Framework to guide departments on the minimum requirements to effectively manage HIV/AIDS in the workplace and to ensure a co-ordinated Public Service response.

To give effect to this Policy Framework, the Public Service Regulations 2001 were amended on 21 June 2002 under Section 41 of the Public Service Act 1994.

Impact and action project

The Impact and Action Project was designed as a comprehensive plan for managing HIV/AIDS in the Public Service and consists of three phases.

Phase 1 of the Project entailed an impact study aimed at establishing the magnitude of the pandemic and its impact on the Public Service from a workplace and service delivery perspective.

The first Public Service AIDS Indaba was held in October 2001 and played a critical role in shaping the second phase of the project.

Phase 2 involved the development of a comprehensive programme of action, focusing on mitigating the impact of HIV/AIDS on the Public Service. This included a policy and legislation review, the development of a Public Service Workplace Policy Framework (Minimum Standards), development of proposals aimed at providing better health care and pension benefits for public servants and their families, and training strategies and programmes.

Achievements emanating from Phase 2 were:

- The development of the Public Service Policy Framework
- The development of a workplace manual entitled Managing HIV/AIDS in the Workplace: A Guide for Government Departments.

- The development of improved employee benefits which include funeral benefits, orphan's pension, restructuring spouse pension and extension of the definition of 'spouse'.
- The development and implementation of a communication strategy to support initiatives aimed at mitigating the impact of HIV/AIDS on the Public Service. The strategy includes the Ambush Theatre, (who demonstrated their role play activities at the opening session), and a Health Channel on the Internet.

The second Public Service AIDS Indaba was held in October 2002 and focused on capacity development to ensure proper implementation of the minimum requirements as stated in the Policy Framework, and for the sharing of experiences in managing the impact of HIV/AIDS on the Public Service.

Phase 3, currently in process, is focused on facilitating the implementation of the policies and systems developed in Phase 2, and supporting departments as they develop and implement their workplace policies and programmes.

Public Service Aids Indaba III

The Public Service HIV/AIDS Indaba, now in its third year, has become an annual event, hosted by the Department of Public Service and Administration. The Indaba provides an opportunity for national and provincial departments to exchange ideas, review their strategies and take stock of what has been achieved. Departments are also able to identify appropriate interventions and plan for future activities in a structured way.

The event this year was held at Birchwood Conference Centre, Boksburg, Gauteng, from 12 to 15 October 2003, and was attended by a record number of delegates drawn from 140 government de-

partments at national and provincial level. Amongst those targeted were Senior Managers tasked with HIV/AIDS responsibilities, HIV/AIDS Co-ordinators, Special Programme Officers, Employee Assistance Practitioners, Human Resource Managers and Peer Educators.

Objectives

The key objectives of this year's Indaba were to:

- develop capacity to mitigate the impact of HIV/AIDS on Human Resources in the Public Service;
- to explore strategies on sustaining service delivery in the face of the HIV/AIDS epidemic; and
- to share best practice on mitigating the impact of HIV/AIDS, focusing on high impact/cost effective strategies.

Through learning and capacity enhancement, it was also the aim of the Indaba to contribute to accelerated and improved implementation of the Public Service workplace HIV/AIDS programmes and help to eliminate the threats posed by the HIV/AIDS epidemic, to development and social progress in South Africa.

A Proposed Learning Session

As a proposed learning session, the Public Service AIDS Indaba III focused on two broad themes, namely, Managing in the Context of HIV/AIDS, and Accelerated Implementation of the Public Service HIV/AIDS Workplace Programmes.

The Programme

The opening session on Day 1 included:

- The Keynote Address by Minister Geraldine Fraser-Moleketi

- The Guest Speaker, Dr Franklyn Lisk, Director of the ILO Global Programme on HIV/AIDS and the World of Work
- A personal account of an employee's experiences with the Public Service HIV/AIDS Workplace Programme
- A cocktail dinner and entertainment.

Presentations on Day 2 included:

- The Current Public Service Policy Framework for Sustained Service Delivery in the Context of HIV/AIDS
- HIV/AIDS Strategy
- Benefiting from a Workplace Strategy
- Addressing HIV/AIDS Stigma in the Workplace
- Care and Support for Employees
- From Policy to Programme
- Practical Strategies on Mainstreaming HIV/AIDS

Day 3 consisted of five parallel workshops which dealt with the following topics:

- Unpacking the Minimum Standards
- HIV Testing in the Workplace
- Training and Capacity Development
- Monitoring and Evaluation
- Moving from Policy to Implementation
- Interdepartmental Co-ordination

The proceedings concluded on Day 4 with a presentation on the HIV/AIDS Capacity Audit in the Public Service, report backs from the various workshops, and the way forward.

One of the highlights of the proceedings was a fringe workshop which was arranged so that stakeholders could have an opportunity, as a special interest group, to interact with the guest speaker from the International Labour Organisation (ILO),



“The epidemic affects social and economic life in ways that we have never seen before. And if nothing is done to control its spread and contain its impact, the result could be a huge humanitarian disaster with dire economic and social consequences.”

Franklyn Lisk

Dr Franklyn Lisk, Director: HIV/AIDS and the World of Work. The topic was Private-Public Partnerships in dealing with HIV/AIDS in the Workplace and this interactive session was attended by representatives of government, as employer, the private sector, labour organisations and local government.

Aim of the Workshop Sessions

The workshop sessions were designed to equip participants with the skills needed in order to implement the HIV/AIDS programmes within departments. The sessions were aimed at:

- Providing relevant information in all the areas covered.
- Developing a deepened understanding of the requirements and analysing gaps in the regulations and current guidelines in the Minimum Standards for managing HIV/AIDS in the Public Service.
- Making recommendations for further development of relevant guidelines and possible revision of the Minimum Standards.
- Identifying capacity and training needs and a plan for capacity building in order to implement workplace HIV/AIDS programmes.
- Sharing good practice models
- Basic project management skills.
- Developing and implementing action plans.
- Acquiring and using necessary human and financial resources.

Recommendations Arising Out of the Discussions

During the four days a strong emphasis was placed by presenters and participants, on the need for:

- Increased buy-in and commitment from senior management in addressing the problems of HIV/AIDS in the workplace. For example, increased budget allocation for training and capacity building, attendance by senior managers at committee meetings, co-operating with Employee Assistance Programme (EAP) managers, and selected participation in the actual programmes. In other words, senior managers should be seen to be involved, caring and supportive.
- Discreet Voluntary Counselling and Testing (VCT). It was common cause among the delegates that discretion and confidentiality were prerequisites for VCT and that more people would come forth if they didn't fear disclosure which might result in stigma and discrimination.
- Provision of treatment. It was stated by several delegates that it was futile to go for VCT unless it could be followed-up with treatment and care for those who tested positive. It was also felt that employees living with HIV/AIDS should have access to treatment, care and support.
- The elimination of stigma and discrimination is still a major deterrent to disclosing one's HIV-positive status and drastic steps are needed in order to bring about a change in the negative attitudes that most people still have in regard to people living with HIV/AIDS.

Report of the Proceedings

This report aims to capture the essence and main themes emerging from the plenary inputs, workshops and discussions that took place over the four days of the Indaba. The plenary sessions were chaired by Ms Thuli Radebe, Manager: Learning & Knowledge Management, DPSA, and Ms Dipsy Mereeotlhe, Manager: SMS - DPSA. After the interactive workshop sessions and plenary presentations, Ms Dikeledi Tsukudu, Senior Manager: HIV/AIDS - DPSA, drew the proceedings to a close with a summary of the events and next steps.



Opening Session Day One

Opening Session Background and Purpose

Mr Alvin Rapea, Acting Director-General - DPSA

Mr Alvin Rapea, Acting Director-General, DPSA, opened the proceedings and welcomed the delegates. He gave a brief background of the Impact and Action Project and the Collective Agreement of the Public Service Co-ordinating Bargaining Council (PSCBC) which was signed in 2001, relating to the management of HIV/AIDS in the workplace.

He said that since the launch of the Impact and Action Project in 2000, a number of resolutions have been adopted and these include -

- A Public Service Workplace Policy Framework which guides departments on the minimum requirements for the effective management of HIV/AIDS in the workplace.
- The development of a workplace manual called "Managing HIV/AIDS in the Workplace: A Guide for Government Departments", which gives practical guidance and information on how to respond to the threat of HIV/AIDS in the workplace.
- The introduction of improved employee benefits that include funeral benefits, orphans' benefits, and extension of the definition of 'spouse'.
- Developments with regard to the restructuring of medical assistance in the Public Service.
- The development and implementation of a communication strategy to support initiatives aimed at mitigating the impact of HIV/AIDS on the Public Service.

Now in the third phase of the project, the focus is on implementation of the policies that were developed in Phase 2. The focus of this year's Indaba was to offer support to departments in managing in the context of HIV/AIDS and accelerating implementation of their workplace programmes.

Personal Experiences with The Public Service HIV/AIDS Workplace Programme

Ms Thami Maroga, National Intelligence Agency (NIA)

Ms Thami Maroga of the National Intelligence Agency gave an account of how she has learned to live positively with HIV/AIDS and how the HIV/AIDS programme in her workplace has been so supportive.

In NIA, the Employee Assistance Programmes take a holistic approach, embracing body, mind, and spirit, and psychological, pastoral, medical and social services are available on site. She revealed how the disclosure of her status to the HIV/AIDS co-ordinator at work, coupled with a positive attitude, has had a reme-

dial effect on her ailments. She stressed, though, that for the whole notion of self disclosure to take root, the environment at the workplace must be conducive.

Ms Maroga said that in coming to terms with her HIV status, all the negative emotions such as anger, guilt, fear and panic, were replaced by love, freedom, forgiveness and respect.

She urged youth to take up the call from Nelson Mandela to embark on a revolutionary struggle against HIV/AIDS.

She said it was important for people who were HIV-positive to disclose their status so that they could benefit from assistance and support in the workplace.

Guest Speaker

Dr Franklyn Lisk, Director: ILO Global Programme on HIV/AIDS and the World of Work

Dr Franklyn Lisk, Director of the ILO Programme on HIV/AIDS and the World of Work, commended the South African Government on being one of the few in the world to come up with a manual to tackle HIV/AIDS in the workplace. He also found it very commendable the way the Ministry of Public Service and Administration is providing leadership in the fight against HIV/AIDS in the Public Service and beyond.

Dr Lisk shared the experience of the ILO with respect to managing HIV/AIDS in the workplace and the response of the ILO to the global challenge of HIV/AIDS in the world of work. He stressed the importance of how state and private sector should work together to provide a comprehensive HIV/AIDS service, including treatment, care and social services, especially in situations where adequate facilities are not immediately available.

The key principles of the ILO Code of Practice on HIV/AIDS, very similar to those of South Africa, are as follows:

A workplace issue

HIV/AIDS is a workplace issue because it affects the workforce, and because the workplace can play a vital role in limiting the spread and effects of the epidemic.

Non-discrimination

There should be no discrimination or stigma against workers on the basis of real or perceived HIV stigma. In this regard it is important to create an awareness that casual contact at the workplace carries no risk of infection.

Gender equality -

Increased equal gender relations and the empowerment of women are vital to preventing the spread of HIV infection and helping people manage its impact.

Healthy work environment -

The workplace should minimise occupational risk and be adapted to the health and capabilities of workers.

Social dialogue -

A successful HIV/AIDS policy and programme needs co-operation and trust between employers, workers and governments.

No screening for purposes of employment -

Testing for HIV at the workplace should be carried out as specified in the Code. It should be voluntary and confidential, and never used to screen job applicants or employees.

Confidentiality -

Access to personal data, including a worker's HIV status should be bound by the rules of confidentiality set out in existing ILO instruments.

Continuing the employment relationship -

Workers with HIV-related illnesses should be able to work for as long as medically fit in appropriate conditions.

Prevention -

The social partners are in a unique position to promote prevention efforts through information, education and support for behaviour change.

Care and support -

Workers are entitled to affordable health services and to benefits from statutory and occupational schemes.

Looking at the impact of HIV/AIDS in the workplace and on the economy as a whole, Dr Lisk said that HIV/AIDS affects and reduces the supply of labour and undermines the livelihood of millions of workers world-wide and those who depend on them. The loss of skills and experience in the workplace threatens productivity and diminishes the capacity of national economies, public and private enterprises to produce and deliver goods and services on a sustainable basis.

Fundamental principles and rights at work are undermined through stigma and discrimination against those infected and affected by the epidemic. The well-being of future generations of working people is threatened by AIDS, and children are orphaned or forced to leave school to care for sick family members, or to work as child labourers, often in unsafe and dangerous jobs.

The elderly are forced back into working life to provide for themselves and their orphaned grandchildren. The death of workers today and reduced opportunities for workers tomorrow, impoverishes the stock of human capital and the capacity of nations, both to cope with HIV/AIDS and to move beyond it. Decades of gains in de-



“ we are in a more difficult position than at the start. But the enemy stands there, stronger than ever before. His powers appear to have grown. He has taken on an aspect of invincibility. ... ”

velopment, training, skills and education are being lost forever.

The epidemic affects social and economic life in ways that we have never seen before. Dr Lisk concludes with the sombre warning that if nothing is done to control the spread of HIV/AIDS and contain its impact, the result could be a huge humanitarian disaster with dire economic and social consequences.

Keynote Address

Ms Geraldine Fraser-Moleketi, Minister for Public Service and Administration

Minister Geraldine Fraser-Moleketi commenced her keynote address with the words of Bertolt Brecht's award winning poem, "To a Waverer".

“ we are in a more difficult position than at the start. But the enemy stands there, stronger than ever before. His powers appear to have grown. He has taken on an aspect of invincibility. ... ”

The Minister sent several strong messages to the delegates. She stressed the point that government departments should not simply make HIV/AIDS just another issue on the agenda but need to work meaningfully to implement programmes that will mitigate the effects of the pandemic and apply maximum effort towards making HIV/AIDS programmes a reality.

The Minister informed delegates that:

- Apart from the National Strategic Plan for South Africa 2000-2005, for Prevention, Care and Support, work is being finalised by a task team, set up by the Minister of Health, based on a Cabinet recommendation to deepen the programme.
- Workers with HIV-related illnesses should be able to work for as long as they were medically fit, in appropriate conditions.
- This conference was deemed a learning session and it was hoped that everyone present, whether from government as employer, or organised labour, or private sector partners outside of government, would maximise the learnings, would go back and reflect on the power that lies in more than one million public servants reaching almost every corner of South Africa, showing that as a country of survivors, we can strive to lift the challenges and overcome them.

The Minister touched on issues of non-discrimination, gender equality, wellness in a healthy environment, partnership, and a common goal, commenting on the similarity between the guide for government departments produced by the DPSA for managing HIV/AIDS in the workplace, and the ILO Code of Practice on HIV/AIDS and the World of Work. There were similarities too, with regard to confidentiality, ill health and absenteeism,

“Whom do we still count on? Are we just left over, thrown out of the living stream? Shall we remain behind understanding no one and understood by none? Have we got to be lucky? This you ask. Expect no other answer than your own.”

—*Bertolt Brecht 1935*

which were mentioned by Dr Lisk, affirmation that the DPSA is well on track in accordance with international standards in addressing HIV/AIDS.

The Minister urged delegates to focus over the next few days on benefiting from a comprehensive workplace strategy and ways to address the issue of HIV/AIDS stigma and discrimination in the workplace.

On the issue of social dialogue she made it clear that whilst it was necessary in mitigating the effects of HIV/AIDS, government would not tolerate any civil disobedience in tackling the issue.

On the issue of screening for purposes of exclusion, the Minister clarified the recent remarks of the Minister of Defence which were published in a local newspaper. She stated that the remarks were nothing new but were in response to a question from a foreign journalist and that the Minister of Defence was referring to the way things have always been in the Defence Force.

The Minister pointed out that screening is also a requirement for United Nations peacekeeping forces and that testing HIV-positive is not the only reason for possible exclusion. She said that physical strength and health are among some of the critical aspects by which new recruits are assessed, to ensure that they will be able to withstand the rigours of their responsibilities. She said that new recruits could also be excluded for diabetes and other diseases, or defects such as poor eyesight or poor hearing, and this is covered under the Act that governs the SANDF.

And finally, the Minister implored people not to be waverers but to face up to the challenges with the rigour required.

This concluded the opening session and delegates were invited to enjoy a cocktail dinner and entertainment.



Plenary Day Two

The Current Public Service Policy Framework for Sustained Service Delivery in The Context of HIV/AIDS

Beryl Rankin, Senior Manager, Remuneration and Conditions of Service, DPSA

Ms Rankin gave a detailed account of the current Public Service policy framework for sustained service delivery in the context of HIV/AIDS. She outlined some of the achievements made in terms of providing equitable, cost effective and sustainable employee benefits, as provided for in *Managing HIV/AIDS in the Workplace: A Guide for Government Departments*.

The principles of the work environment support effective service delivery and take employees' circumstances into account, including HIV/AIDS. Employees should be able to access the macro benefits and maximise these benefits to their advantage.

These macro benefits apply to -

- working hours,
- leave benefits,
- management of sick leave,
- medical assistance, and
- pension benefits

A challenge still exists with regard to the management of incapacity leave and a uniform and clear policy is needed. Incapacity is rarely if ever properly investigated and managed.

As a solution to the problem, the DPSA has developed a Management Policy and Procedure on Incapacity Leave and Ill-Health Retirements for Public Service Employees, referred to as the Management Policy and after consultation with the respective employment sectors, the Management Policy was adopted by the MPSA.

A 12-month pilot study has been initiated at three sites, to determine the effectiveness of the policy as a management tool. The sites are South African Police

Services (SAPS), Correctional Services, and Free State Province. Roll-out to the rest of the Public Service to commence in July 2004

Medical and pension benefits are being restructured to cater for the needs of the new prevailing circumstances.

Ms Rankin concluded her address by saying that:

- The Public Service core benefit structure is generous and supportive of employees affected by HIV/AIDS.
- Remaining challenges are to urgently reform the medical assistance system and deal with issues causing delays in pension payments.
- The overall cost of conditions of service has the potential to squeeze out service delivery if not properly managed.
- Departments and employees are urged to manage benefits appropriately and prevent abuse.
- Some useful information is available on the www.gepf.co.za website.

From Policy to Programme Implementation: Good Practice Model

Mr Luyanda Mlonzi, Eastern Cape Transport and Public Works

Mr Mlonzi commented that the Department of Roads and Public Works in the Eastern Cape adopted and launched its HIV/AIDS policy document in 2002 following the establishment of a multisectoral provincial AIDS Council in 2001. A departmental HIV/AIDS Committee was formed and became the driving force in the implementation and management of HIV/AIDS programmes in the department.

The mandate of the committee was to -

- establish inclusive and representative HIV/AIDS task teams;
- continuously develop and implement HIV/AIDS awareness programmes;
- conduct education and training;
- promote condom distribution and use; and
- conduct an information campaign.

The department currently has 35 trained peer educators, 8 HIV/AIDS co-ordinators, and six counsellors.

Future plans are in the pipeline to -

- improve training of HIV/AIDS counsellors ;
- translate HIV/AIDS Workplace Management Policy to languages that are commonly used in the department;
- establish a fully functioning Wellness Centre within the department;
- amend the department's procurement and contract documents in order comply with the workplace policy on HIV/AIDS;

- amend the Department of Public Works' General Conditions of Contract;
- include project management and facilitation skills in the training modules of HIV/AIDS co-ordinators and peer educators; and
- ensure alignment and linkages between complementary functions (EAP and Occupational Health and Safety).

Mr Mlonzi highlighted some of the challenges facing the department, such as budget constraints, cultural barriers and age barriers.

He listed the critical factors for success as being participation of stakeholders, senior management support, political will, and co-operation at regional level.

Case Study: Benefiting from a Comprehensive Workplace Strategy

Lt. Col. Engelbrecht, HIV/AIDS Programme Manager, South African National Defence Force (SANDF)

Lt. Col. Engelbrecht gave a detailed account of the programme and activities undertaken by the South African National Defence Force in combating HIV/AIDS. He spoke about the impact of HIV and gave an overview of the HIV Programme of the Department of Defence (DOD) which includes -

- Prevention of Discrimination and Victimisation
- Communication, Co-ordination and Co-operation
- Monitoring, Research and Development
- Training and Capacity Development

- Care and Support
- Prevention and Education

Lieutenant Engelbrecht spoke about the high susceptibility in the military to HIV/AIDS, and the impact on the SANDF. He also explained the impact of the military environment on the HIV infected soldier,

who is subject to -

- a hostile operational environment;
- disease prevalence;
- environmental exposure;
- high levels of emotional and physical stress;
- compromised access to care;
- compromised access to clean water;
- inadequate nutrition; and
- possible re-infection.

Apart from a comprehensive training programme which includes training provision for South African Police Services (SAPS), Correctional Services, Department of Foreign Affairs (DFA) and regional militaries, the long list of achievements was summarised as follows:

- In the last year and a half, about 40 000 people in the SANDF have been directly involved in HIV/AIDS prevention programmes.
- 71% of all SANDF members have been exposed to the Beyond Awareness Campaign - Masibambisane - which is the primary campaign of the DOD in the fight against HIV/AIDS.
- Two KAP Studies (Knowledge, Attitudes and Practices) have indicated a positive improvement in almost all the constructs measured but specifically in attitudes towards condom use and attitudes towards HIV positive co-workers.



- There is increased voluntary disclosure of people with HIV in the workplace.
- An increasing number of PLWA (People Living with HIV/AIDS) support groups are being initiated.
- There are approximately 45 VCT-capable centres throughout the department, country-wide.
- More than 40% of members of SANDF are aware of the HIV status.
- There is increased health care worker support and understanding within the organisation.
- Attempts have been made to manage HIV/AIDS in as comprehensive a way as possible and this has put the department in a position where it is just about ready for the anti-retroviral roll-out through the National Government Programme.

In response to questions put to Lt. Col. Engelbrecht, he stated that:

- Regarding screening, nobody is excluded from the Labour Regulations. However, SANDF was given a dispensation in terms of screening and any organisation requiring such dispensation would have to apply for a special exemption.
- HIV/AIDS is incorporated into the core functions and core duties of the department's health service. The 55 plus members who have duties specific to HIV/AIDS are health care workers, doctors, social workers and managers. So for most of them, HIV/AIDS is an added on function as part of their daily duties.
- In terms of discrimination in the Defence Force, and employees' needs being taken care of, SANDF is part of the National Roll-Out Plan for Anti-Retrovirals and SANDF will be rolling out from 1 April 2004. Every member gets the same health care in the organisation. Problems are still encountered today in national health structures but programmes have been put in place to

counter the problems and this includes grievance procedures.

- The recent withdrawal by the US Defence Force of funding to defence forces in Africa does not affect funding for health training. That component has not been withdrawn so there is funding for health training.
- With regard testing, there are two kinds of employees in the Department of Defence. Those who fall under the Public Service Act (PSA) and those who fall under the Defence Act. The PSA employees are not submitted to health evaluations or testing and so in those cases, the legislation is fully complied with. Those employed according to the Defence Act are subject to all the health tests, including HIV.

Once a person is in the military and then becomes positive they are retained and cared for by the military, free of charge but we try to limit their exposure to environments that can be detrimental to their health. Retraining and reskilling is given so that those persons are not adversely affected by their work environment.

A Focus on Addressing HIV/AIDS Stigma in the Workplace

Ms Ndivhuwo Masindi and Mr Peter Busse, on behalf of Siyam 'Kela.

Ms Masindi was assisted in her presentation by Mr Peter Busse who has been living with HIV/AIDS for the last 18 years and is therefore well acquainted with the meaning of stigma. He described the identity of stigma as being 'spoiled', 'polluted', 'dirty identity', 'considered deviant', and explained that this is based on social construction of undesirable difference. As a result of stigma, discrimination is likely to follow.

Ms Masindi explained that across the world, it has been found that stigma is a

major barrier in successfully combating HIV/AIDS. However, there is a lack of conceptual understanding and methodological tools for measuring stigma. With this in mind, the Siyam 'kela Project was initiated in an effort to pave the way in stigma mitigation. Three sectors are involved, namely People Living with HIV/AIDS (PLHA), faith based leaders, and representatives from national government departments.

The Project has been designed to explore HIV-related stigma as an aspect of the HIV/AIDS epidemic which is having a profoundly negative effect on the response to people living with and or affected by HIV/AIDS.

Ms Masindi stated that:

- Through this project, assistance is given to programmes to mainstream the mitigation of HIV/AIDS through the development of tools designed to monitor and evaluate efforts in reducing HIV/AIDS stigma.
- The Project also aims to develop indicators for measuring stigma.
- Stigma originates from fear and moral judgement.
- The characteristics of stigma can be described as -
 - complex, diverse and dynamic,
 - a collective social process,
 - producing and reproducing social relations of power, hierarchy and exclusion,
 - layered on existing stigma,
 - transforming difference into inequality, and
 - having a legitimising element that produces acceptance and internalisation.

- Diseases that are stigmatised are those that are incurable, contagious, disfiguring or associated with stigmatised behaviour.

Siyam 'kela is a joint project of the POLICY Project, South Africa, Centre for the Study of AIDS, University of Pretoria, USAID, and the Chief Directorate: HIV/AIDS & TB, Department of Health. Recommendations drawn from the findings to inform practice in the workplace will be disseminated to all relevant stakeholders by World AIDS Day 2003.

Further information can be obtained in the Literature Review report on Measuring HIV/AIDS-Related Stigma, available from the POLICY Project at polproj@mweb.co.za or ndivhuwo.masindi@up.ac.za.

Case Study: Care and Support for Employees Infected and Affected by HIV/AIDS

Assistant Commissioner Caroline Nomoyi, SAPS

Assistant Commissioner Caroline Nomoyi presented a case study on the care and support of employees infected and affected by HIV/AIDS. She reported that in response to the HIV/AIDS pandemic, SAPS engaged in a comprehensive five-year strategic framework (2000 - 2005) with a budget allocation of R10 million.

Voluntary counselling and testing was led by Safety and Security Minister Charles Ngqakula, National Commissioner Jack Selebe, and other senior officers.

Some of the many challenges in providing effective care and support services were seen to be -

- stigma and discrimination;
- non-awareness of one's status;
- fear of rejection;

- non-access to care and support services;
- stereotyping of who should render care and support services; and
- the need for psycho-social support.

Both infected and affected members are encouraged to join HIV/AIDS support groups. Those infected are also persuaded to be peer educators as this was seen to encourage other employees to disclose their HIV/AIDS status.

Future plans include getting more committed commanders and managers on board, scaling up current initiatives, and encouraging colleagues to be more sensitive. Commanders are urged to work with infected members in an effort to reach zero tolerance of stigma and discrimination.

SAPS has a budget of R10 million to fight this pandemic. There is also a modest Widows and Orphans Fund which supports families of late members of the force.

HIV/AIDS Strategy

Dr Rose Mulumba, Director: National Directorate HIV/AIDS and STIs, Department of Health

Dr Rose Mulumba presented a case study on HIV/AIDS in South Africa, including the current response and future prospects for the Department of Health (DOH) in coping with HIV/AIDS.

Whilst the epidemic is beginning to stabilise and there have been impressive gains amongst the youth, there is still a worrying trend in the adult population, hence an even greater need for workplace programmes.

Prevention is a strong part of the Department of Health strategy and this



message is being conveyed to youth in life skills programmes through the Department of Education.

Dr Mulumba said that in providing treatment, care and support over the years, many lessons have been learnt and shortcomings realised, particularly in the follow up of patients in the health sector and the role of communities, mobilising them and tapping into community resources.

Current activities in the DOH include -

- treatment of TB and other opportunistic infections;
- home based care, with 892 projects currently running together with the Department of Social Development;
- step down facilities, a well-noted effort in the context of the continuum of care,
- joint initiatives with Departments of Agriculture, Health, and Social Development in addressing poverty alleviation and food security; and
- a strong emphasis on positive living.

Dr Mulumba pointed out that:

There has been a significant growth in the scale of the various interventions, with an unprecedented resource allocation and a current budget of R3.3 billion.

The response to the pandemic has grown from prevention to intervention and will soon include anti-retroviral drugs. However, it should be understood that access and uptake are two different things and even though interventions are put in place, there is no guarantee that people will come forward and use the intervention.

South Africa is one of the leaders in AIDS research and its AIDS vaccine will soon go on trial in South Africa and USA.

Dr Mulumba said that between 4.7 and 5.3 million people in South Africa are infected with HIV and the Department of Health sees itself playing a key role in

keeping the remaining 40 million people HIV-negative; hence the importance of workplace programmes and other interventions concerning prevention.

Other challenges include -

- the provision of anti-retroviral drugs which will require a massive amount of trained staff, together with a change of attitude amongst health workers to make the provision of health care more efficient.
- slowing down progression to AIDS and maintaining a good quality of life by boosting the immune system;
- the provision of nutritional support and food security; and
- DOH to fast-track research in and application of Indigenous Knowledge Systems through partnership with the Medical Research Council.

Responding to a question on Traditional Leaders, Dr Mulumba explained that the Department of Health has entered into a partnership with Traditional Leaders for the treatment of sexually transmitted infections (STIs) and Tuberculosis (TB). Some traditional healers are even dispensing medication for DOTS (Directly Observed Treatment Short-course). She added that South Africa will soon introduce a tool kit for health workers who deal with HIV/AIDS patients, in an effort to reduce stigma and discrimination.

Practical Strategies on Mainstreaming HIV/AIDS

Mr Lemma Merid, Regional Project for HIV & Development - UNDP/ UNOPS (United Nations Development Program / United Nations Office for Project Services)

In his presentation on mainstreaming HIV/AIDS, Mr Merid stressed the need for a radical change in the way people do business and implement policies in order to combat HIV/AIDS.

He spoke about the magnitude and grave adverse effects of HIV/AIDS, and the achievements that have been made in countries like Senegal, Uganda and Zambia. He looked at possible ways to reverse the tide in Southern Africa and DPSA's role in these efforts.

Mainstreaming the issue of HIV/AIDS is a deliberate and strategic initiative or effort to reach the broader social goal of preventing HIV and mitigating the impact of AIDS on society. This process would entail integrating HIV in developing policies and programmes at macro, meso, and micro levels across all development stakeholders.

With more than one million staff members under its umbrella, Mr Merid sees DPSA well placed to play an important role in managing HIV/AIDS in the public sector, addressing issues such as -

- effecting an absence of discrimination against HIV-positive people;
- creating opportunities for VCT in a discreet manner;
- arranging orientation in HIV programmes for new employees;
- performance evaluation and incentives in consideration of contributions to HIV control at the workplace and within the community;
- the concept of specialist staff to be turned more towards multi-tasking;
- preventing the hoarding of labour in key areas;
- ensuring that there is gender equity in training, recruitment and promotion;
- reviewing the organisation of the national AIDS organ;
- improving the database on morbidity, mortality and ghost workers;

- keeping family units intact when staff are relocated;
- making access to condoms more discreet and less costly; and
- encouraging data collection and research for a better understanding of the patterns of the pandemic.

HIV/AIDS Capacity Audit in The Public Service

Ndivhuwo Chauke, Specialist: Employment Practice and HIV/AIDS Management - DPSA

Ms Chauke gave a background to the project that DPSA is about to embark on, namely the HIV/AIDS Capacity Audit in the Public Service. The Capacity Audit forms part of the third phase of the Impact and Action Project which was launched in 2000.

Ms Chauke explained that the first phase of the Impact and Action Project was an impact assessment and the findings from that study formed the basis of DPSA's response in moving to the second phase.

The second phase involved the policy development, including medical aid reform and policy reviews and many of the systems arising therefrom have already been put in place.

The third phase, currently in process, is the implementation phase which focuses on providing support to departments as they implement their policies and programmes. As part of this activity, a capacity audit is being undertaken which will serve as an entry point for the implementation phase and to support the implementation strategy.

To assist with the Capacity Audit, five role players are already on board, namely -

- DPSA, Impact and Action Project
- South African Management Development Institute (SAMDI)
- Department of Social Development, National Population Unit
- Department of Health, Interdepartmental Support Programme
- Interdepartmental Committee on HIV/AIDS

The project will run over a six-month period with the exact time frame still to be determined, and as the need arises, other stakeholders will come on board.

The purpose of this capacity audit is to assess the HIV/AIDS capacity needs of the Public Service and to make recommendations on how to meet the needs within the present context. At the conclusion of the audit, a concrete plan of action will be drawn up to meet the identified needs of departments as well as the needs of individual public servants.

The Capacity Audit will serve to -

- identify and evaluate the HIV/AIDS capacity building initiatives carried out to date;
- assess HIV/AIDS training needs of the Public Service in relation to providing effective HIV/AIDS workplace programmes;
- identify best-practice initiatives; and
- make recommendations for further action and support in relation to HIV/AIDS.

Ms Chauke made a plea to delegates, as the people who will be planning and implementing the programmes, to give their maximum support in carrying out the Capacity Audit in the Public Service.



Plenary Day Three

Unpacking The Minimum Standards

Facilitators: Ms Ndivhuwo Chauke, Impact & Action Project, DPSA, and Mr Niko Knigge, Interdepartmental Support Programme, Department of Health

The purpose of this workshop was to unpack the Minimum Standards and assist participants to gain a deepened understanding of the requirements of the Public Service regulations on HIV/AIDS.

Ms Chauke explained that the Public Service Regulations were amended with effect from 21 June 2002 to include Minimum Standards for departmental HIV/AIDS programmes. These regulations are mandatory for the Public Service and include issues such as non-discrimination, HIV testing, confidentiality and disclosure, a health promotion programme, and monitoring and evaluation.

Listening to the various inputs from the participants, there was a general feeling that whilst there are structures and policies in place, the element of implementation is still lacking. There also seems to be some confusion as to the various roles that should be played and exactly what it is that people should be doing, particularly at the level of senior managers and HIV/AIDS co-ordinators.

In order to comply with the Minimum Standards, departments are required to -

- introduce education, awareness and prevention programmes, focusing on HIV/AIDS and other STIs. These activities are meant to be introduced into the workplace and where possible, extended to family members;
- create mechanisms to encourage openness, acceptance, care and support for HIV-positive employees;
- designate a member of senior management to champion the programme;
- allocate adequate human resources and form partnerships;
- allocate sufficient budget to carry out the programmes;
- establish an HIV/AIDS Committee for departments, with representation of all stakeholders including union representatives;
- ensure that committees are in place, clarify their exact roles, and encourage committee members to regularly attend the meetings;
- ensure that programmes include an effective internal communication strategies;
- identify units or employees at high risk of contracting HIV and related life threatening diseases, and take reasonable steps to reduce the risk;
- provide post-exposure prophylaxis for employees and assist employees to access compensation if they get exposed to HIV on duty;
- ensure that policies and practises within government departments do not discriminate against employees; (this is an area that departments seem to be doing well in);

- promote voluntary counselling and testing and where possible, promote access thereof;
- ensure that information on employees' HIV status is treated as confidential; and
- come up with mechanisms for monitoring and evaluating workplace programmes.

Responding to the various challenges that were raised, the workshop made the following recommendations:

- Roles and responsibilities need to be clarified, e.g. the role of the committee, the role of HIV co-ordinators, the role of peer educators and the role of senior managers.
- Guidelines are needed for dealing with stigma in the workplace.
- Senior managers need to become more involved.
- The criteria for the selection of HIV co-ordinators/EAP practitioners need to be clearly defined.
- The lack of budget for proper programme implementation needs to be addressed.
- Current wellness programmes/EAP programmes need to be reviewed and guidelines developed.
- DPSA to see that structures are in place to ensure implementation of programmes.
- Issues of training of peer educators/counsellors to be given attention.
- Since senior managers have other responsibilities it may be necessary to appoint an HIV/AIDS co-ordinator to carry out HIV/AIDS programmes in the workplace. However, senior managers should champion HIV/AIDS programmes and get the message across to senior levels.

- HIV/AIDS is but part of the larger component of the occupational health in the workplace and the two functions should be integrated rather than separated.

Report Back from Workshop Sessions

HIV Testing In The Workplace

Facilitators: Ms Kerry Saloner, HIV/AIDS Consultant and Ms Debbie Macintosh, BMW

The focus in this workshop was on giving participants a clear understanding of VCT and its purpose in a comprehensive HIV/AIDS programme, and to become more equipped with the required skills and knowledge in order to implement or facilitate the implementation of a comprehensive VCT programme.

Whilst VCT might be a small aspect of a department's HIV/AIDS programme, it is in fact a gateway to prevention, care and treatment, and VCT is the point at which prevention and care meet. In fact, prevention and care are inextricable elements of an effective response.

Conditions that need to be in place in order to carry out VCT are -

- policy and funding for VCT services,
- support from HIV/AIDS manager,
- private and accessible space,
- quality training programmes,
- reliable HIV testing,
- clinical care for opportunistic infections,
- effective pre- and post-HIV/AIDS test counselling,
- ongoing psychological support, and
- appropriate referral systems.

In carrying out pre-test counselling there needs to be an element of trust. The counsellor needs to explore the risk level of behaviour and the level of awareness. Disclosure of results should not be done under duress.

In post-test counselling the counsellor must explain the results and clarify how HIV is transmitted, the possibility of re-infection / co-infection / double infection (2 types of HIV with 30 sub-types), the need for disclosure to partner, and how to live positively with HIV/AIDS.

Whilst the ELISA testing system gives people time to digest what could happen to them, they might get nervous during the waiting period and not return to collect the results. Rapid tests, on the other hand, ensure results collection although the psychological impact could be enormous.

In terms of increasing the number of people who go for VCT, it is clear that more people would volunteer if they knew it could be done discreetly.

Recommendations:

The workshop recommended that DPSA should give clear guidelines to departments on how VCT should be carried out. HIV/AIDS programme managers and/or co-ordinators should -

- ensure effective management of HIV workplace programmes and policy;
- drive the ongoing process;
- initiate policy and programmes, if none exist, in conjunction with HR or the policy development division;
- represent the department at the Provincial Forum and liaise between top management and grassroots employees; and
- establish a departmental AIDS committee.



Training and Capacity Development

Facilitator: Mr Leon Roets, Vista University

This workshop looked at mainstreaming HIV/AIDS through training programmes, and building the capacity of government departments and other stakeholders to manage HIV/AIDS in different environments.

The Capacity Building Project in DPSA is currently looking at the issue of training and will soon be making recommendations with regard to people who can offer appropriate training.

Some of the issues and questions raised in the workshop were as follows:

- Department of Labour's top 20 priorities and training area does not include HIV/AIDS. Why not?
- How different are learning outcomes from specific outcomes?
- It is important to secure not only buy-in but also implementation of policy co-ordination at management level in order to reinforce implementation.
- Consideration should be given to the Equality and Prevention of Unfair Discrimination Act of 2000. The Department of Justice provides training on the Act.
- There is not enough management support of HIV/AIDS programmes.
- There is no blueprint for solutions. Structural issues vary, depending on the organisational culture.

Recommendations:

The workshop recommended that -

- DPSA should do a study on the SMS response to the call of HIV/AIDS as a national / international emergency / priority.

- HIV/AIDS should be put in inter-departmental plans as one of the top priorities, e.g. specific HIV/AIDS objective to be part of management.
- HIV/AIDS training courses should be mainstreamed in the department, and be part of a comprehensive HR programme;
- training should be pitched at different levels;
- emphasis should be placed on competencies rather than simply imparting knowledge;
- training should be part of performance management;
- case studies should be used as an evaluation tool;
- there should be a standardised body to train HIV/AIDS co-ordinators as some of the training organisations are not accredited or regulated; and
- HIV/AIDS should be among the top three priorities.

Moving from Policy to Programme Implementation

Facilitator: Ms Kitty Barrett-Grant, POLICY Project

The purpose of this workshop was to assist departments in moving their HIV/AIDS policies into programmes and achieving effective programme implementation.

The workshop looked at the key policy elements that must be included when planning programmes, elements that are informed by policy frameworks such as -

- Managing HIV/AIDS in the Workplace: A Guide For Government Departments
- Public Service Regulation of 2002: Minimum Standards for HIV/AIDS Programmes
- Codes of Good Practice – LRA / ILO/ Nedlac

Participants engaged in a pre-planning exercise of defining their goals in terms of HIV/AIDS policy, making sure that the goals were relevant and geared towards mitigating the impact that HIV will have in the work environment.

They were advised that in planning programmes it is important to be guided by terms such as goals, objectives, activities, time frames, budget, and indicators, thereby ensuring that none of the necessary elements are omitted.

In order to reduce stigma and ensure a non-discriminatory work environment, emphasis should be placed on education at all levels in the workplace, a review of HR policies, and a concerted effort should be made to break the stigmatisation associated with HIV/AIDS.

Other important elements to be considered for inclusion when planning programmes are:

- education with regard to preventing new infections and re-infection;
- providing treatment, care and support through Employee Assistance Programmes;
- reducing occupational exposure;
- buy-in from management as a key challenge;
- getting commitment to the programmes from HIV/AIDS co-ordinators and committees;
- obtaining adequate budgets from management for implementation of programmes;
- delegating responsibility so that the work is spread more evenly; and
- methods of ensuring that senior managers take the issue of HIV/AIDS more seriously, as is seen by their counterparts in the private sector.

With regard to compensation measures, all employees, as well as HR and LR, need to know what procedures are in place and how to report occupational injuries.

It was pointed out that when an occupational injury occurs which could lead to possible HIV/AIDS infection, immediate testing should be done, followed by prophylaxis and re-testing after a window period.

Key challenges were seen as the need to obtain -

- buy-in from management,
- commitment from HIV/AIDS co-ordinators and committees,
- increased budget allocation for HIV/AIDS programmes, and
- creating a strong awareness and interest amongst HR divisions.

It was recommended by the group that -

- 1% of a directorate's budget should be allocated to HIV/AIDS programmes; and
- Committee members should be people who have an interest in and are passionate about dealing with the issue of HIV/AIDS.

Monitoring and Evaluation (M&E)

Facilitators: Ms Engela Roos & Dr Leighton McDonald, QALSA SA - Metropolitan & Ms Pebetse Maleka & Mr Shaun Samuels - GTZ

The objective of this workshop was to give an overall understanding of the importance of monitoring and evaluation of HIV/AIDS programmes in the workplace, and to understand the need for effective M&E in order to ensure compliance and establish accountability.

The workshop also served as an opportunity for sharing information and learning from the private sector regarding practical instruments, processes, experiences, problems, issues and/or constraints in monitoring and implementing programmes.

It was explained by the presenters that M&E should take place in regard to -

- governance, i.e. leadership, management, etc;
- workplace plans to allow proper execution;
- awareness and prevention, i.e. condom distribution, training activities, VCT, etc.
- treatment, care and support, i.e. injuries on duty;
- opportunistic infections;
- wellness programmes;
- anti-retroviral treatment;
- education to families and communities;
- counselling;
- support groups; and
- home based care and terminal care.

Some important aspects for carrying out effective M&E were identified as:

- The use of performance indicators, with benchmarks against which to measure achievements.
- Gathering baseline data, which is essential but is often unavailable. Sources of data need to be identified, as well as who should be collecting the data, which should be done at structured intervals.
- Feedback from the monitoring and evaluation to indicate what worked well, what went wrong, and how to correct or improve the programmes.



Recommendations emanating from the workshop were to -

- establish a learning network with the private sector, specifically focusing on monitoring and evaluation; and
- include in senior managers' performance contracts, an HIV/AIDS performance component.

Inter-departmental Co-ordination (IDC)

Facilitators: Keneilwe Theo, Statistics South Africa, and Niko Knigge, Interdepartmental Support Programme, Department of Health

The objectives of this workshop were to examine what IDCs can do to help departments, brainstorm issues of committee management, and examine the status of monitoring and suggest ways that IDCs can assist.

Participants raised the following expectations:

To strengthen IDC networking

To strengthen working relationships at provincial and local level

To develop guidelines for provincial involvement

To find solutions to common problems

To share resources and best practice.

Common challenges were identified by the working groups as -

- non-participation of members from all departments in the province;
- lack of people appointed in a full-time capacity to HIV/AIDS projects/programmes;
- lack of commitment from senior management;
- inadequate budget allocation; and
- lack of decision-making capacity of members attending the IDC.

Recommendations to meet these challenges were to:

- Utilise an SMS from within to drive the process, and appoint a full-time HIV/AIDS Co-ordinator.
- Target SMS: Hold workshops for SMS (re-sensitisation), and adjust performance agreements.
- Lobby private sector funding combined with inter-departmentally allocated funds.
- Improve co-ordination.
- Increase HR & EAP dedicated budgets.
- Be creative.

It was further recommended that the IDC should -

- operate as an independent structure with links to DPSA;
- engage in a combined strategy of checklist and departmental visits; and
- develop some form of national guidelines for inter-departmental monitoring.

The workshop resolved that a task team be established to work on national standards for monitoring and these should be available by 1st April 2004.

It was requested that a report of the Public Service HIV/AIDS Indaba 2003, and all presentations and documents emanating from the proceedings, be made available to participants in electronic format.

It was further requested that DPSA should include an IDC workshop as an integral part of all future AIDS Indabas.

Summary and Way Forward

Ms Dikeledi Tsukudu, Senior Manager, HIV/AIDS - DPSA

In drawing the proceedings to a close, Ms Tsukudu clarified the rationale for some of the issues that appear in the Minimum Standards. She explained that -

- Each department must have an SMS to champion the cause of HIV/AIDS.
- The Public Finance Management Act dictates that there has to be representation on the Budget Committee from someone at senior managerial level.
- The Occupational Health and Safety Act states that the head of each department is accountable in ensuring that people under him/her are not exposed to health risks.
- The location of the Inter-departmental Committee needs to be in the DPSA at national level but at provincial level it could be in any department that is passionate about the HIV/AIDS issue.
- There is a need to be in touch with the Public Service Commission to report on how the HIV/AIDS Workplace Plans are proceeding.

In an interactive question and answer session, delegates raised some critical issues and recommendations, which are summarised as follows:

Capacity to implement

- DPSA needs to challenge departments to make HIV/AIDS issues part of the core business in government.
- DPSA should develop a plan for workplace programmes, together with costs, for submission to National Treasury.
- The Minimum Standards for Health and Safety in the Workplace need to be reviewed.

Inclusion of all stakeholders

- Labour and Business need to be included in cross-sectoral partnerships.

SMS commitment / capacity

- Learning sessions need to be arranged for senior managers.
- Minimum standards are needed for SMS involvement in HIV/AIDS workplace programmes.
- SMS involvement in HIV/AIDS needs to be monitored in workplace programmes.
- Management involvement needs to be strengthened and monitored in terms of implementation.
- DPSA should ensure that performance indicators for senior managers include:
 - HIV/AIDS management.
 - Overall clarity in terms of what has to be achieved.
 - Identifying senior managers who have already shown a commitment to HIV/AIDS programmes so that full advantage can be taken of their commitment.

Learning networks

- Take to task fly-by-night HIV/AIDS workshops and training sessions.
- Carefully choose the most beneficial workshops and training sessions to attend.
- DPSA to come up with minimum standards for training and development.
- There is a need for standardised training programmes for HIV/AIDS.

Human rights and legal rights issues

- A consultative meeting to be convened between human rights groups, DPSA, Department of Justice, Department of Health, UNAIDS and AIDS Legal Network, to work out a guide on all aspects of human and legal rights surrounding HIV/AIDS issues.
- HIV/AIDS issues should be included in the Labour Relations Act.

Closure

Ms Tsukudu informed delegates that they would all be receiving the report of the Public Service AIDS Indaba III, and encouraged them to circulate it widely amongst their colleagues in order to spread the learnings and maximise the benefit from this important event.

She thanked the presenters for their excellent inputs and also the delegates for their participation in the rich debates during the workshops and plenary sessions.

She expressed the hope that in future these kinds of conferences could look forward to a greater participation from partners in the public and private sector, in a shared programme, owned by all the stakeholders, and particularly from Labour who would be able to add much value to the proceedings.

Ms Tsukudu extended grateful thanks to the donors - GTZ, USAID, the POLICY Project, and the Department of Health - for their valuable support. Thanks, too, went to all the departments for their participation and support, and to the excellent work of the Project Team in ensuring the smooth and successful running of the Public Service AIDS Indaba III.



Report of the Contact Session

Led by Dr Franklyn Lisk Director: ILO Global Programme on HIV/AIDS and the World of Work

The contact session between labour, business and the ILO was arranged in order to take full advantage of Dr Lisk's presence in the country by having a more interactive session, following his keynote address at the opening of these proceedings.

The session was attended by representatives of government, as employer, the private sector, labour organisations and local government, and the discussion centred around how the state and the private sector can work together to provide a comprehensive HIV/AIDS service, including treatment and care.

Dr Lisk commented that on the international arena, very little was known about the significant contribution and programmes that have been put in place by the South African Government for addressing the epidemic in the context of the public service, which is not only operational but forms the basis for mobilising thousands of public servants, and in some cases their dependants, in addressing the epidemic. He added that the controversy surrounding the best way to deal with the AIDS pandemic occurred not only in South Africa but in many other countries around the world.

He remarked on the document brought out by the Department of Public Service and Administration called "Managing HIV/AIDS in the Workplace: A Guide for Government Departments", which is very similar to the guidelines recommended in the ILO Code of Practice, an international set of guidelines for managing HIV/AIDS in the world of work.

Some of the key principles in the ILO document include -

- recognising HIV/AIDS as a workplace issue,
- the principle of non-discrimination,
- gender equality,

- a healthy work environment,
- social dialogue,
- confidentiality,
- capacity enhancement and maintenance,
- prevention, care and support,
- continuation of employment,
- relationships, and
- the issue of testing.

Dr Lisk sees testing as a rather contentious issue which should be treated with the utmost caution. It should be voluntary, and accompanied by counselling. Like South Africa, the ILO does not endorse testing for the purpose of screening and excluding people from employment and benefits in the workplace.

It was stressed that the medical examination which recruits have to undergo to enter the South African Defence Force does not test exclusively for HIV/AIDS but looks at fitness with respect to a range of ailments including diseases like TB, poor eyesight, hearing, etc.

Dr Lisk commented on the importance of preserving the stock of human capital because replacing skills and experience is not an automatic process and takes considerable time. It is therefore a better alternative to preserve the existing skills base, especially scarce skills. Experience in developed countries shows that people who are infected with the HIV virus and who are subjected to timely treatment and intervention and support, including psycho-social support, can survive and lead a normal and productive life for a fairly long period of time.

Looking at the role of the state, Dr Lisk believes that:

- The state should see itself as an employer and take on its responsibility for developing and elaborating on the legal and policy framework that would guide the implementation of workplace policies and programmes.

- The state should also ensure that management and workers fully understand their respective rights and responsibilities as provided in the legal and policy framework.
- The state should meet its obligation in terms of mobilising political commitment and financial resources to support workplace policies and programmes.
- The commitment of the South African Government to addressing the epidemic is evident from the way the Ministry of Public Service and Administration has put in place policies and programmes, and the annual Public Service AIDS Indaba with its high level of support and participation.
- Having put in place policies and programmes, the state then needs to facilitate and co-ordinate initiatives and interventions that provide an enabling environment for implementing those workplace policies and programmes.
- There should be partnership between the state as an employer, and workers through trade unions and their representatives, and also partnership with private sector employers. Companies like Metropolitan Group, DaimlerChrysler, Ford South Africa, Anglo American, Old Mutual and so on, have already taken the initiative to implement HIV/AIDS policies in their own workplaces.

Dr Lisk noted that some of the private employers have begun to show some interest and even commitment to extending their programmes to the community and the informal economy, and he sees this as yet another challenge for the state.

A highly interactive discussion session followed Dr Lisk's presentation and some of the questions and comments are captured as follows:

Question: The Education Labour Relations Council has embarked on a national study to determine the HIV/AIDS prevalence rate amongst educators. How can the education sector go about getting as many educators as possible involved in the study and how can we put support systems in place for those who agree to voluntary testing?

Response: Recent studies have indicated that teachers in African countries are dying faster than the national education systems can produce them. UNESCO has undertaken a study on the Impact of HIV/AIDS on the Education Sector and these findings are available. The Human Sciences Research Council (HSRC) did a similar study which showed that the ILO guidelines on testing for HIV/AIDS positivity were being applied to the education sector.

Comment: People will not be keen to come forward for voluntary HIV/AIDS testing in the absence of a viable treatment policy, and without assurances that there will not be exclusion or discrimination following an HIV-positive result.

Response: It is true that voluntary testing significantly improves, once treatment has been made available. Although the cost of treatment is prohibitively high, the provision of generic drugs has significantly lowered the cost.

Question: What can government do to improve the nutrition of infected people at the grassroots?

Response: I am not aware of what is being done by the South African Government but nutritional supplement is an integral part of treatment. It is important to note that nutritional deficiency is not necessarily a monetary issue but could be from a resistance to change habits and lifestyles.

Comment: The South African Business Coalition on HIV/AIDS sees communities forming an integral part of any HIV/AIDS initiative and communities need to be capacitated to effectively carry out their programmes. However, it is important that there is financial accountability when dealing with communities.

Response: Private-public partnerships are crucial and need to be encouraged in all efforts to combat HIV/AIDS. Such partnerships add value and make a difference to programmes.

Question: Is there any country that has successfully dealt with stigma; and why is the African continent the most affected by HIV/AIDS?

Response: No country has been able to effectively deal with stigma as the issue involves understanding, changed attitudes, tolerance and compassion. The tolerance that was shown in South Africa after democratisation should be the same for people infected with HIV/AIDS.

Although there is a link between poverty and HIV/AIDS, the pandemic should not be seen as a disease of the poor because everybody is at risk. But the lack of health infrastructure in Africa means that HIV/AIDS opportunistic diseases are more prevalent. One finds that even in America, where the poorer states like Alabama and Mississippi have more HIV/AIDS deaths than the richer states like California and New York.

Whilst the African Union has seriously debated issues of HIV/AIDS, it is the responsibility of individual member states to implement resolutions that are taken.

The booklet on the ILO Code of Practice is available at the ILO offices in Pretoria.

Contact details are: iloaids@ilo.org, or www.ilo.org/aids



Annexure “A”

Acronyms

AIDS	- Acquired Immune Deficiency Syndrome
ART	- Anti-retroviral therapy
ARV	- Anti-retrovirals
DFA	- Department of Foreign Affairs
DOTS	- Directly Observed Treatment Short-course
DPISA	- Department of Public Service and Administration
EAP	- Employee Assistance Programme
HIV	- Human Immunodeficiency Virus
HR	- Human Resources
HSRC	- Human Sciences Research Council
IDC	- Inter-Departmental Committee
ILO	- International Labour Organisation
KAP	- Knowledge, Attitudes and Practices
M&E	- Monitoring and Evaluation
MPSA	- Ministry for Public Service and Administration
NIA	- National Intelligence Agency
PLWA	- Person living with HIV/AIDS
PSA	- Public Service Act
PSCBC	- Public Service Co-ordinating Bargaining Council
SAMDI	- South African Management Development Institute
SANDF	- South African National Defence Force
SAPS	- South African Police Services
SMS	- Senior Management Services
STD	- Sexually transmitted disease
STI	- Sexually transmitted infection
TB	- Tuberculosis
UNAIDS	- United Nations Programme on HIV/AIDS
UNDP	- United Nations Development Program
UNOPS	- United Nations Office for Project Services
USAID	- United States Agency for International Development
VCT	- Voluntary Counselling and Testing

Annexure “B”

Evaluation Feedback

On Aids Indaba III

Compiled by: Unit for Social Behaviour Studies in HIV/AIDS and Health Vista-UNISA

Introduction

The Department of Public Services and Administration (DPSA) compiled an evaluation form and it was distributed as part of the overall documents, which each delegate at the Indaba has received.

A total of 210 evaluation forms were returned and the following tables and descriptions will aim to capture the feedback.

Overall Impression of the Indaba

Two questions were asked to evaluate the organisation and support during the Indaba. Almost 90% of the respondents were positive towards the organising of the Indaba as indicated in Table 1. Only 12 persons disagreed with the statement.

Table 1: The Indaba was well organised?

No responses	Strongly agree	Agree	Disagree	Strongly disagree	Total
1	102	95	10	2	210

Table 2: The Indaba support staff was courteous?

0	1	2	3	4	Total
0	100	98	12	0	210

According to Table 2, less than 6% (5,7%) of the respondents disagreed that there was support from the staff organising the Indaba.



Presentations

Two questions were formulated to ask respondents to provide feedback on different presentations conducted during the Indaba.

Table 3 reflects on the presentations conducted during the first official day of the Indaba and respondents were asked to evaluate them together.

Table 3: Presentations on the 13th of October 2003

No responses	3
Excellent	94
Good	87
Average	26
Total	210

Most of the respondents did find the presentations on this day to be of great value to them.

Respondents were asked which presentation did they find the most useful during the whole Indaba and most of the respondents (85%) indicated that the South African Defence Force presentation was the most interesting one which focused on practical steps to move from policy into implementation. Other presentations listed by respondents include Voluntarily Counseling and Testing, Training and Capacity and the session on monitoring and evaluation.

Capacity Building Working Session

During the second day of the Indaba there was 5 capacity building training sessions on various areas of HIV/AIDS interventions. The following venues were allocated as follows:

Venue 1: Unpacking the Minimum Standards

Venue 2: HIV Testing in the Workplace

Venue 3: Training and Capacity Development

Venue 4: Monitoring and Evaluation

Venue 5: Moving from Policy to Programme Implementation

Each respondent was asked to assess the sessions, which they did attend. Most of the respondents did evaluate the training sessions as either excellent or good (an average of 82% of all respondents for all five sessions). Only an average of 20% of the respondents did find the sessions to be of average performance. Almost all of the respondents who have attended the session on Moving from Policy To Programme Implementation rated it as the highest positively rated.

Overall Rating

More than half of the respondents felt that their expectations about the Indaba were partially met (102 out of the 210 respondents), while 9% indicated that it was not at all met.

Contributions For Future Planning

Suggestions

- Specific sessions for SMS, Co-ordinators, Peer educators and Human Resource Managers need to be arranged.
- Allow people to send the topics to be discussed in the coming Indaba.
- Monitoring and evaluation need to be strengthened
- Report of the Indaba should be distributed timeously

Annexure “C”

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