Assessment of Private Sector HIV/AIDS Policies and Activities in Tanzania

Dr. Steven Forsythe
Director of Planning and Finance, HIV/AIDS
POLICY Project/The Futures Group International

"…majority of the private sector leadership is still quite ignorant about the economic impact AIDS is likely to bring on the business community if serious preventative measures are not taken against the disease."[1]

"Studies in the area of business and agriculture are still limited, but show costs in terms of reduced labour time and increased medical and burial costs. In the area of education, a model developed by UNAIDS and UNICEF in 2000 shows how the rapidly increasing mortality rates in teachers have led to discontinuity in teaching, with many pupils losing or having a change in their teachers. Finally, the studies in health demonstrate that the health system is being stretched by the need to care for people with AIDS, and there is a large gap in funding to meet the full needs of a scaled-up care and prevention programme."[2]

[1] J.K. Nguma. NGO's Private Sector and Community Responses to HIV/AIDS in Tanzania. 6-10 December, 1998.
[2] UNAIDS and Economic Commission for Africa. AIDS in Africa: Country by Country. September 2000.

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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
AMREF	African Medical Research Foundation
ARV	Antiretrovirals
DAC	District AIDS Coordinators
GDP	Gross Domestic Product
HAART	Highly Active Antiretroviral Therapy
HIV	Human Immunodeficiency Virus
IEC	Information, Education and Communication
NAAB	National AIDS Advisory Board
NACP	National AIDS Control Programme
NGO	Non-Governmental Organization
OTTU	Organization of Tanzanian Trade Unions
PLHA	People Living with HIV/AIDS
TACAIDS	Tanzania Commission for HIV/AIDS
USAID	United States Agency for International Development

Executive Summary

The following internal report to USAID summarizes the observations and recommendations regarding potential assistance to Tanzanian organizations regarding HIV/AIDS Workplace policies. While the emphasis of this report is on workplace policies, there are also observations regarding HIV/AIDS workplace interventions.

During the 10 day consultancy conducted by Dr. Steven Forsythe, 30 individuals with 19 organizations were interviewed. These 19 organizations included 4 NGOs, 4 international organizations, 4 companies, 3 governmental organizations, 3 business associations, and 1 university.

The following were the key findings from these interviews:

- Tanzania's private sector is deeply concerned about the impact of HIV/AIDS. As a result, there appears to be a strong desire to develop corporate policies that reflect the importance of HIV/AIDS and its potential impact.

- Certain sectors of the Tanzanian economy appeared to be particularly vulnerable to HIV/AIDS. The key industries appear to be transport, mining and tourism.

- Current corporate policies on HIV/AIDS are either nonexistent or are poorly implemented. This appears to be particularly the case in regards to pre-employment testing. There is a need for effective workplace policies to assure that care is available, prevention programs become operational and policies are consistent.

- A small number of large companies have a written corporate policy on HIV/AIDS (copies of the corporate policies were collected from Brook Bond, Standard Chartered, and Tanzania Breweries Ltd). However, these policies were generally developed with great difficulty, without outside assistance and over a long period of time (2 years).

- Three business associations appear to be well placed to provide assistance to companies that are developing their corporate policies on HIV/AIDS. These business associations are: The Private Sector Foundation, The Tanzania Chamber of Commerce and The Confederation of Tanzanian Industries. (While Tanzania's Business Council on HIV/AIDS provides significant support in the form of IEC campaigns, it is not recommended as a business organization for promoting workplace policies.) The next step for USAID should be to explore opportunities to support one or more of these three business associations so they can improve and expand HIV/AIDS corporate policies.

- There is a need for data to create awareness regarding the impact of HIV/AIDS on the Tanzanian economy generally, and in particular sectors of the economy. It is recommended that USAID support data collection that focuses on the sectors of transport, mining and tourism.

- Government policies could be instrumental in encouraging workplace policies that can benefit employees with HIV. For example, one business noted that it was

hoping to create a fund for offering HIV/AIDS care to its employees, but existing government taxation policies were limiting the company's ability to pursue this. Therefore it is proposed that USAID support a policy assessment that identifies ways in which government policies in Tanzania can be made more supportive of business efforts to effectively respond to the HIV/AIDS epidemic.

Introduction

The following assessment was performed by Dr. Steven Forsythe (Director of Planning and Finance, HIV/AIDS Programs, Policy Project/The Futures Group International) between March 14-22, 2002. The assessment was designed to involve interviewing a select group of Tanzanian organizations that have worked in the field of HIV/AIDS workplace policies and programs. The intent of this initial assessment is to provide preliminary guidance regarding ways in which USAID could continue to play a constructive roll in the development of workplace HIV/AIDS policies. Appendix A contains a list of individuals that were interviewed, their affiliations and phone numbers.

This assessment was not intended to be a comprehensive analysis of HIV/AIDS workplace issues in Tanzania, as this would require a much longer period of data collection and analysis.

Tanzania's Economy

Tanzania's economy has incurred significant growth since the country's departure from socialism. In 1994, for example, the country's real growth rate was less than 1.5% and inflation was running at 35.5%. However, by the year 2000 Tanzania's real growth rate was approaching 5% and the inflation rate had declined to only 6%.[3] This represents a significant and positive change of direction for Tanzania. This accomplishment is even more amazing given the poor economic performance of neighboring African countries during that same time period.

The largest component of the country's economy remains agriculture, comprising 45% of Tanzania's economy. Agriculture has remained a relatively constant portion of the Tanzanian economy throughout the 1990s. The next largest industries are financial and business services (13.7% of GDP), trade, hotels and restaurants (12.4% of GDP) and public administration (10.3%).

The export economy in Tanzania has changed dramatically throughout the 1990s. Coffee was the most significant export in Tanzania throughout the first half of the decade, but this was overwhelmingly replaced by gold in 1999. Gold production has been the fastest growing export throughout the decade, followed by diamonds. The growing importance of mining in the Tanzanian economy, however, is viewed as a mixed blessing. While bringing in significant resources from abroad and providing employment, mining also poses significant risks for workers, including the risk of becoming infected with, and spreading, HIV/AIDS.

HIV/AIDS in Tanzania

The first acknowledged cases of AIDS were diagnosed in the Kagera region of Tanzania in 1983. HIV/AIDS was initially seen as a health issue, and the initial response was from the Ministry of Health (MOH) . In 1985 the MOH formed an HIV/AIDS technical committee to advise on the diagnosis, treatment and prevention of the disease. This lead to the inception of Tanzania's National AIDS Control

[3] The Planning Commission of Tanzania. The Economic Survey, 2000. June 2001.

Program (NACP). The NACP subsequently established District AIDS Coordinators (DACs) in every district in the country.

In addition, the National AIDS Advisory Board (NAAB) was established in 1999, and later the Tanzania Commission for HIV/AIDS (TACAIDS) was established on December 1 (World AIDS Day), 2000. TACAIDS was formed by the President and became legally established in November, 2001.

As the epidemic grew, it was realized that HIV/AIDS was not only a health problem but a wider development problem. As more sectors realized the importance of the disease in their workplaces and its effect on their development processes, more actors joined to fight the epidemic. In addition, there are a significant number of non-governmental organizations (NGOs) in nearly every district that are playing important roles in combating the HIV/AIDS pandemic.

It is estimated that there are approximately 2 million adults (15-49 years old) infected with HIV in Tanzania in 2001.[4] This is expected to rise as it is not clear that prevalence is declining. HIV prevalence estimates range from 10-15 percent. While the prevalence of HIV may be stabilizing, the estimated number of AIDS cases continues to rise. By 2002, it is projected that there will be 184,000 new AIDS cases, and 177,000 new AIDS deaths. In other words, it is estimated that there will be 3,400 AIDS deaths per week throughout 2002 (about 500 deaths per day)[5].

The Social and Economic Impact of HIV/AIDS

> *"A model developed by UNAIDS and UNICEF in 2000 shows that, of around 4 million primary school students, 49,000 children would have lost a teacher to AIDS in 1999."*[6]

In addition to the impact that HIV/AIDS is expected to have on morbidity and mortality, it is also likely to leave a profound social and economic impact on Tanzania. For example, the total cost of caring for PLHAs is likely to rise as more individuals become ill and die. While the exact cost of treating someone with HIV/AIDS has not recently been updated, an earlier analysis indicated that the cost of treating an adult in Tanzania with AIDS is $295, while the cost of treating a child with AIDS is $190.[7] This cost is overwhelming in a country that spends only $10 per capita on health care.[8]

> *"In 1996, 50% of beds at Muhumbili Medical Centre, Dar es Salaam were occupied by those with AIDS-related illnesses."*[9]

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[4] UNAIDS estimates are slightly more conservative, with an estimate that 1.2 million adults (15-49) were infected with HIV at the end of 1999 on the mainland and an additional 1,034 people were living with HIV in Zanzibar.
[5] Based on AIDS Impact Model analysis using NACP and UNAIDS data.
[6] UNICEF. The Progress of Nations: Background Paper. New York, 2000.
[7] Mrope RA. Situation Analysis Workshop on HIV/AIDS/STDs in Tanzania. 25-29 August, 1997.
[8] World Health Organization (2001). World Health Report: 2001. Geneva, Switzerland.
[9] Outwater A. The Socioeconomic Impact of AIDS on Women in Tanzania. In Long, LD, Ankrah EM, editors. Women's Experience with HIV/AIDS: an International Perspective, New York, NY, Columbia University Press, 1996.

Defining how the social health impacts of HIV/AIDS translate into macroeconomic impact is challenging. An earlystudy by John Cuddington concluded that per capita income could either increase or decresase as a result of HIV/AIDS.[10] However, a more recent analysis indicates that HIV/AIDS will cause a significant 0.7% annual lost in GDP growth.[11]

AIDS and Tanzania's Workforce[12]

Currently only fragmented information regarding the impact of HIV/AIDS on the private sector exists. Most of the assessments that do exist on this subject are considered proprietary (and therefore are only available to managers at the specific company where the evaluation was performed). The evaluations that have been performed have been used either to create awareness (e.g., determining the potential income loss that a company might incur as a result of HIV/AIDS) or for making management decisions (including termination of sick employees). Most of this information, has been collected unscientifically, and therefore, a careful interpretation and use of the data for making policy decisions is required.

> *"In fact, it has been estimated that by the year 2010 the size of the work force will be only 80 per cent of what it would be without AIDS, while the mean age of the working population (15-64) will fall, in the with-AIDS scenario, from 32 years to 29 years by 2010, and to 28 years by 2020, versus about 31 years without-AIDS scenario."*[13]

One of the most striking characteristics of HIV/AIDS is that it predominantly affects adults in the most productive age range within the population. This is particularly a problem in Tanzania, where most workplaces are heavily labor-intensive, workers are generally young and the prevalence of HIV is extremely high. There are a number of ways through which businesses would be impacted by HIV/AIDS

i) ***Loss of Labor*****:** Most businesses in Tanzania are labor–intensive. Because adults between the ages of 15 and 49 are more likely to be infected by HIV/AIDS, most businesses in Tanzania are likely to lose at least some of their labor to AIDS. This can be particularly difficult for businesses that lose their managers to HIV/AIDS, as managers are often the most difficult employees to replace.

ii) ***Declining productivity:*** As a significant number of workers become ill, their level of sick time increases. Concurrently, as family members of employees fall ill, those employees are likely to spend increasing amounts of time attending funerals and caring for loved ones at home. Such absenteeism is likely to result in less time spent in production, reliance on inexperienced

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[10] Cuddington John (1993). Modelling the Macroeconomic Effects of AIDS with an Application to Tanzania. World Bank Economic Review, 7, 2: 173-189.

[11] UNAIDS and Economic Commission for Africa. AIDS in Africa: Country by Country. September 2000.

[12] The following section is from "HIV/AIDS at Workplaces in Tanzania" by Phare Mujinja, November 2001.

[13] International Labour Organization. The Impact of HIV/AIDS on the Productive Labour Force in Tanzania. 1995.

temporary labor, overworking of the remaining laborers, and a potentially inefficient combination of the remaining labor with available equipment.

iii) ***Increased Cost*****:** As some workers become unable to work and others die, recruitment and retraining becomes inevitable, creating more costs to business. Among infected workers, opportunistic infections have to be treated as a potentially significant cost. With the eventual availability of antiretrovirals, the medical costs for businesses to provide care to infected workers is likely to become even more substantial.

Premature death leads to a number of other additional costs for a business. First, many businesses make contributions to the funerals of deceased employees. Next, businesses often incur other additional costs, such as death benefits, which are paid out to the family of the affected worker. Finally premature death requires that companies pay out retirement benefits early to their employees. Such increased costs could ultimately affect the profit levels of the affected businesses.

iv) ***Reducing business growth*****:** In addition to the impact of HIV/AIDS on the labor supply, HIV/AIDS can also affect the demand for goods and services. As members of Tanzanian society become sick and die, more money will be diverted to health care and funerals, and less will be available for non-health consumption. This "demand side effect" of HIV/AIDS can be potentially devastating, especially for companies that market their products to the young or that offer luxury items.

iv) ***Indirect factors:*** In businesses where workers are becoming ill and dying, there is likely to be a declining employee morale. The "survivors" are likely to be overworked and to suffer emotionally from the loss of their colleagues Because of ignorance, workers may fear that their infected co-workers may present a risk to them.

"Generally it can be assumed that most of the organisations will lose between 0.5-1.5 per cent of its labour power through AIDS related deaths."[14]

While workplaces interventions alone cannot end the spread of HIV/AIDS in a community, an approach that includes the public and the private sectors is needed due to the nature of the problem. Like other communities, workplaces have structured institutions that can encourage behavior change.

Different lessons have been learned from countries in Africa that have established workplace interventions. These are:

- By offering prevention interventions, workplaces can mitigate and protect their staff and profits from the impact of HIV/AIDS.
- Major human and financial costs are not required to initiate and sustain HIV/AIDS prevention interventions and related policies. Interventions could be managed by the existing administrative structures.

[14] International Labour Organization. The Impact of HIV/AIDS on the Productive Labour Force in Tanzania. 1995.

- Employees accept HIV/AIDS prevention interventions. They are eager to be educated and respond positively to other behavioral change interventions
- Workers learn counseling skills fast.

The above lessons reflect the potentiality of workplaces as one of the main sites for HIV/AIDS prevention interventions. Many entrepreneurs, managers, educated and skilled employees, who are not easily replaced, have already died. The impact has also been incurred by their families and in their communities where their contributions are equally important.

Methodology

A number of data sources and collection techniques were used. Different published and unpublished documents were reviewed. A number of key informants were identified and interviewed. As illustrated in Appendix A, 30 individuals with 19 organizations were interviewed. These 19 organizations included 4 NGOs, 4 international organizations, 4 companies, 3 governmental organizations, 3 business associations and 1 university.

Primary data to assess the socio-economic impact of HIV/AIDS at Tanzanian workplaces is extremely limited. However, this analysis includes an assessment of a study recently completed for The POLICY Project and USAID/Tanzania by Phare Mujinja. This assessment included interviews with leaders from 9 businesses in Tanzania. Mujinja's study found that businesses were initially reticent to share information with researchers with whom they were not familiar. However, through a slow process of introduction, it was finally possible to obtain information from the relevant managers at the nine selected businesses.

Results

Key Industries

While ideally any program would cover a large number of industries, the reality is that there are a limited number of resources and it is necessary to focus these resources on those industries where the greatest impact could be achieved.

One key factor in targeting industries for interventions is prevalence studies. However, few prevalence studies have been conducted in Tanzania and many of these are outdated. For example, a study of hotel workers in Dar es Salaam found a prevalence of HIV of 10.2% in 1989 and a prevalence of 11.1% by 1991.[15] Another study of bar and restaurant workers tested in 1990 found a prevalence of 11.3% among men and 45% among women.[16] An analysis of truck drivers in Dar es Salaam

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[15] Pallangyo K; Omar B; Haakanson A; Mwakagile D; Palsson K; Mhalu F; Biberfeld G. (1991) The Prevalence Of Sexually Transmitted Diseases (STD) Including HIV In A Cohort Of Hotel Workers In Dar Es Salaam. International Conference on HIV/AIDS. Jun 16-21;7(1):351 (abstract no. M.C.3214).

[16] Mhalu F; Hirji K; Ijumba P; Shao J; Mbena E; Mwakagile D; Akim C; Senge P; Mpenezya H; Bredberge-Raden U; et al.A cross-sectional study of a program for HIV infection control among public house workers. J Acquir Immune Defic Syndr. 1991;4(3):290-6.

found prevalence in 1993 of 11.4%.[17] Employees in factories in Mwanza were tested for HIV between 1991 and 1996 revealing that 10.5% of men and 15.3% of women were infected with HIV.[18] Finally, a prevalence study of police officers in Dar es Salaam between 1994 and 1998 found a prevalence of 13.3% among men and 18% among women.[19]

In the interviews conducted, the most frequently cited sectors of the economy identified as being vulnerable to HIV/AIDS were transport, mining and tourism. Transport is a sector that has traditionally been emphasized by donors and NGOs, as truck drivers in particular are at high risk due to their long period of time away from home. Transport is also particularly relevant, as it currently accounts for 4.9% of Tanzania's GDP[20], but is linked to nearly all aspects of the Tanzanian economy.

Mining was also emphasized by respondents, as this sector is becoming increasingly important in Tanzania, both in terms of employing large numbers of workers and providing a significant amount of Tanzania's foreign exchange. Recent changes in Tanzanian law have allowed foreign businesses to invest in Tanzanian mines. While mining and quarrying only accounted for 1.5% of GDP in 2000, this is a significant increase from 1990, when it only accounted for 0.9% of GDP.[21] Furthermore, the future growth in Tanzanian mines is expected to be significant. As already mentioned, gold mining now represents the largest component of Tanzania's export economy.

Finally, earnings from tourism have increased dramatically, from $65 million in 1990 to $739 million in 2000.[22] The number of tourists coming to Tanzania has increased more than 3 times, from 153,000 in 1990 to 502,000 in 2002. Trade, hotels and restaurants accounted for 12.4% of Tanzania's GDP in the year 2000. The tourism sector puts workers at risk, as employees are mobile and exposed to a large number of partners (both heterosexual and homosexual).

HIV/AIDS Policies in the Workplace

The law regarding the protection of People Living with HIV/AIDS (PLHAs) in the workforce appears to be rather ambiguous. What is clear is that some employees are being discriminated against based on their HIV status. Employers interviewed readily admitted that employees were being sacked when their HIV status became known.

A key legal issue that arose during interviews concerns mandatory HIV testing. Despite the fact that this practice is prohibited by Tanzania's HIV/AIDS Policy, it is

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[17] Henry, K. (1995) Workplace Prevention Programs Promote Behaviour Change in Tanzania. AIDSCaptions, 11, 1, 18-21.

[18] Senkoro KP; Boerma JT; Klokke AH; Ngwezhemi JZ; Muro AS; Gabone R; Bordgorf MW (2000). HIV Incidence and HIV Associated Mortality in a Cohort of Factory Workers and Their Spouses in Tanzania, 1991 through 1996. Journal of Acquired Immune Deficiency Syndrome, 23(2): 194-202.

[19] Bakari M; Lyamuya E; Mugusi F; Aris E; Chale S; Magao P; Jossiah R; Janabi M. Swai A; Pallangyo N; Sandrstrom E; Mhalu F; Bibereld G; Pallangyo K. The Prevalence And Incidence Of HIV-1 Infection And Syphilis In A Cohort Of Police Officers In Dar Es Salaam, Tanzania: A Potential Population For HIV Vaccine Trials. AIDS, 14(3): 313-320.

[20] The Planning Commission of Tanzania. The Economic Survey, 2000. June 2001.

[21] The Planning Commission of Tanzania. The Economic Survey, 2000. June 2001.

[22] The Planning Commission of Tanzania. The Economic Survey, 2000. June 2001.

also regularly ignored. Tanzania's National HIV/AIDS Policy is not legally binding, which is one reason why an HIV/AIDS law is being developed. One legal justification for testing by employers is Tanzania's 1963 Infectious Disease Ordinance, which allows employers to confirm the health of employees prior to their employment.

> *"HIV infection shall not be ground for discrimination in relation to education, employment, health and any other social services. Pre-employment HIV screening shall not be required. For persons already employed, HIV/AIDS screening, whether direct or indirect, shall not be required."*[23]

Standard Chartered, despite having an otherwise excellent workplace policy, admitted that it tests all Tanzanian employees for HIV prior to employment. There were also unconfirmed reports that Tanzania Breweries Limited (TBL) (a subsidiary of South African Breweries) tests its employees every 3 to 6 months. Again this negative policy exists despite an otherwise successful HIV/AIDS program.

Health insurance is another area of contention for managers. For example, CRDB, a Tanzanian bank, is considering self-insuring for employees with certain illnesses (including HIV/AIDS), since the bank insists that none of the insurers cover employees who are infected with HIV. The proposed scheme would involve an initial contribution by the company and recurrent payments by the employees and the company. This fund would cover a number of currently uninsured health services (including the provision of HAART for HIV-infected employees). It appears, however, that such a scheme might be made infeasible by the government, which would tax such benefits and may require that the fund be exhausted over the course of the year.

As with health insurance, life insurance poses particular problems for companies in Tanzania. Since there is such a high level of stigma associated with possibly being HIV-infected, most employees refuse to pursue any life insurance policy that requires an HIV test. This can be particularly problematic if it limits the benefits that can be obtained by Tanzanian families who have members die of AIDS.

> *"…an insurance policy exceeding TShs1 million requires that the would-be-insured be screened. Evidence shows that most of those insured have contracted for policies which are below the above amount so as to avoid falling victims of the conditionality."*[24]

HIV/AIDS Prevention Interventions

In 1992, with assistance from USAID and other donors, AMREF, TACOSODE and OTTU began to launch seminars and workshops and eventually short lesson intervention programs in workplaces. While AMREF concentrated on the transport industry where truck-drivers were identified as a group at particularly high risk,

[23] Prime Minister's Office. National Policy on HIV/AIDS. November 2001.
[24] International Labour Organization. The Impact of HIV/AIDS on the Productive Labour Force in Tanzania. 1995.

OTTU concentrated in industries and other parastatal organizations, and TACOSODE focused on NGOs.

Most ongoing workplace activities being supported by donors in Tanzania are occurring through three nongovernmental organizations: PSI, AMREF and WAMATA. The focus of PSI activities is currently on condom distribution and basic IEC activities. Workplace condom distribution programs currently account for less than 10% of PSI's condom sales. AMREF currently focuses on a variety of peer education efforts. One of the primary areas of focus for AMREF involves encouraging VCT at worksites. Finally WAMATA is involved in a small number of sites.

In addition to these three programs carried out by NGOs, there is also the Tanzanian Business Coalition on HIV/AIDS, which attempts to coordinate and fundraise for various HIV/AIDS initiatives. While the chairman of this coalition (Franco Tramontano) has successfully carried out education campaigns on his own television station (DTV), the Coalition has generally not been successful at assuring the support of participating members.

HIV/AIDS Care Services

Care services in Tanzania remain fairly minimal. The Chamber of Commerce, for example, indicated that while there was a need for better care, there was also a tremendous concern among its members that the provision of drugs to employees could be potentially disastrous.

While in Kenya and Uganda there is an increasing demand for ARVs by employees and their unions, there is reportedly little pressure for businesses to provide ARVs to its employees. This may change, with the expansion of foreign investment in Tanzania. All of the respondents indicated that ARVs are not being provided by any employer in Tanzania. One exception was at the University of Muhimbili, where employees had pooled their money and were paying for ARVs for one employee (at a cost of TSh130,000 – TSh160,000 per month). Also CRDB was considering the development of a fund that could pay for HAART.

The issue of HAART is likely to raise particularly contentious issues. Most indigenous companies have neither the resources or the motivation to offer HAART to their employees. This is not the case, however, with multinationals. Companies such as Heineken, for example, have begun to offer HAART to their employees and the families of their employees in Africa. However, companies such as Coca-Cola have found that partial provision of HAART (in their case, to direct employees but not indirect employees) can create significant public relation problems.[25] Meanwhile, some African businesses, such as Anglo American, have initially supported the

[25] Riley J. (2002) AIDS Activists Rally against Coca-Cola's Refusal to Provide Treatment to Workers. NYC IndyMedia, April 16, 2002.

provision of HAART, but then subsequently have changed their mind.[26] This all may be leading to what has been referred to as "antiretroviral anarchy".[27]

Conclusion

This brief assessment for USAID involved interviewing 30 individuals with 19 organizations. The interviews revealed that Tanzania's private sector is deeply concerned about the economic impact of HIV/AIDS. As a result, there appears to be a strong desire to develop corporate policies that reflect the importance of HIV/AIDS and its potential impact. Certain sectors of the Tanzanian economy appeared to be particularly concerned regarding HIV/AIDS. The key industries appear to be transport, mining and tourism.

Current policies are inconsistent across a variety of industries, including issues such as pre-employment testing. There is a need for effective workplace policies in Tanzania to assure that care is available, prevention programs become operational and policies are consistent. A small number of large companies have a written corporate policy on HIV/AIDS (copies of the corporate policies were collected from Brook Bond, Standard Chartered, and Tanzania Breweries Ltd). However, these were generally completed with great difficulty, without outside assistance and over a long period of time (2 years).

Despite the seriousness with which Tanzanian companies are taking HIV/AIDS, there remain a number of key obstacles that could hinder the implementation of nationwide policies and sustainable interventions at the workplace. The key barriers include:

- An insufficient awareness regarding the economic impact of HIV/AIDS on Tanzanian businesses;
- The lack of technical assistance that is available to businesses that are developing workplace policies, with the result that company policies are either developed over a longer period of time or are not developed at all;
- The lack of an AIDS Law which could be used to limit discrimination at the workplace, including mandatory testing;
- Government tax policies that make it more difficult for businesses to respond effectively to the HIV/AIDS crisis.

Recommendations

There is a need to create awareness regarding the impact of HIV/AIDS on the Tanzania's private sector. This analysis should focus on the sectors of transport, mining and tourism. USAID/Tanzania could assist greatly in creating awareness about the economic impact of HIV/AIDS on Tanzanian businesses. This could be done in collaboration with organizations such as ILO or POLICY, both of which have extensive experience conducting such analyses.

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[26] Schoofs M. (2002) Anglo American Reportedly Halts Feasibility Study of Project to Deliver Antiretroviral Drugs to African Employees. Wall Street Journal, April 16, 2002.
[27] Harries AD; Nyangulu DS; Hargreaves NJ; Kaluwa O; Salaniponi FM. (2001) Preventing Antiretroviral Anarchy in Sub-Saharan Africa. Lancet, 358: 410-414.

Next, a number of business associations appear to be well placed to provide assistance to companies that are developing their corporate policies on HIV/AIDS. These business associations are: The Private Sector Foundation, The Tanzania Chamber of Commerce and The Confederation of Tanzanian Industries. It is therefore recommended that USAID work in collaboration with one or more of these business associations in order to promote the development of sound and sustainable HIV/AIDS workplace policies in Tanzania.

Finally, this brief review found that government policies can be instrumental in encouraging workplace policies that can benefit employees with HIV. For example, one business noted that it was hoping to create a fund for offering HIV/AIDS care to its employees, but existing government taxation policies were limiting the company's ability to pursue this. Therefore it is proposed that USAID/Tanzania work closely with an organization that can assess existing government policies and work to advocate for changes in any policies that might hinder the ability of businesses to respond effectively to the epidemic.

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Appendix A: Individuals Interviewed

Name	Affiliation	Phone number
Jeffrey, Abdullah	AMREF	
Kouletio, Michelle	CARE/Tanzania	
Tunu Chale, Victoria	CRDB	
Khadija, Simba	CTI	0742-785356
Zuku, Adam	CTI	
Mhonda, Neema	CTI	
Tramantano, Franco	Dar es Salaam TeleVision	211-6341/8
Mohammed, Amina	Femina	
Fugelsang, Minu	Femina	74-2613174
Rutabanzibwa, Anthony	International Labour Organization	0741-337097
Mujinja, Phare	Muhumbili University	0744-271171
John, Claude	National AIDS Control Program	
Tungaraza, Maria	Policy/Tanzania	0741-403147
Gondwe, Charles	Policy/Tanzania	0744-370140
Humplick, Betty Jane	Policy/Tanzania	0741-238943
Mrutu, Dunston	Private Sector Foundation	0744-781078
Lyaruu, Gasto	PSI	0744-386234
Ng'Wanansabi, Deo	PSI	0741-339712
Mbaga, Caroline	Standard Chartered	2122160
Kiologwe-Costas, Vivienne	Standard Chartered	0741-771353
Mahon, Jacqueline	Swedish Development Corporation	0744-267924
Lupogo, Major General	TACAIDS	0744-313272
Gumasoon, Dr.	Tanzania Breweries Ltd	
Mifigi, Linda	Tanzania Chamber of Commerce	0741-409077
Misiba, Elvis	Tanzania Chamber of Commerce	0742-781373
Matiko, JM	Tanzanian Chamber of Commerce	0744-279778
Basstanie, Hilde	UNAIDS	0744-308797
Loughran, Lisbeth	USAID	2117537-43
Shuma, Onesmo	USAID	2117537-43
Timberlake, Janis	USAID	211-7537-43