THE GREATER INVOLVEMENT OF PEOPLE WITH AIDS (GIPA)

GIPA is a UN-supported programme; this case study is from South Africa, where GIPA has a specific workplace focus.

"GIPA, which started in South Africa in 1997, follows three simple steps to break the silence over AIDS, overturn myths and help businesses design appropriate strategies.
Step 1: place individuals living with HIV/AIDS in key workplaces.
Step 2: let other workers know about their presence with the help of devices like workshops and road shows.
Step 3: make them central to the planning of a company strategy.

Giving AIDS/HIV a human face
Since the inception of the GIPA programme, eleven individuals have joined up. Two have died. The other nine are prime examples of living positively. They have been placed in working environments as diverse as mining companies, parastatal organizations, and UN departments.

A second group of GIPA ambassadors were being placed at the time of writing. One of their first tasks will be to give a human face to a disease so stigmatized and shrouded in mystery that ordinary people do not know what to expect. Placing articulate, open and often healthy HIV-positive people in workplaces can serve to shatter any number of myths.

A decade into the pandemic, conventional wisdom still dismisses AIDS as a black disease or a gay plague – something that does not happen to ordinary people. At the same time there is a belief that its contraction means instant death. Martin Vosloo, one of the best-known GIPA participants is keenly aware of how his very presence can alter stereotypes. A burly, bumptious, ruddy-cheeked artisan, Vosloo was placed in a firm called Eskom to work mostly with construction workers, but he also spent some months at their headquarters in the north of Johannesburg.

"Initially I was like an exhibition piece", he remembers. "I was the face of someone living with HIV and employees would come and take a look". After his time at head office he travelled to various sites giving talks on AIDS awareness and safe sex. He also gave support and advice to those workers who were already HIV-positive. "I think being a white, heterosexual man made these guys not believe I was HIV-positive. I mean, I weigh 130 kilos and I'm six feet tall. So I look very healthy."

Martin Vosloo was, with the benefit of hindsight, an ideal vehicle for getting the message across. He was infected by HIV in the course of a hard-living, hard-drinking lifestyle – experiences he shares when he persuades migrant site-workers against easy sex and not-so-cheap thrills.

Tackling prejudice in the workplace
In her office at Transnet in Johannesburg, Maria Ndlovu – the assistant manager of the parastatal body's Education for Aids Project and a GIPA participant – works to demystify AIDS. This is a mission given impetus by her own experience. "I was dying to talk to someone who was HIV-positive, to ask them "Is what I'm feeling HIV? But they were so silent, so gloomy, so sad. It was as if they were waiting for the electric chair." She is recalling her first visit to a support clinic at the HF Verwoerd hospital in Pretoria.

Caught in the crosswinds of myth, prejudice and denial, the other people at the clinic would not engage in the spirit of community she was looking for. The whites created a

psychological distance, "as if they were not part of us HIV-positive", and the blacks kept their replies to her curious questions curt and quick.

The GIPA programme has given Maria and the other participants a voice with which to cut through the silence by tackling prejudice at the workplace. This is important because one of the reasons for the silence is the fear of losing your job. Martin Vosloo came into GIPA after losing successive jobs because of his HIV status.

In her two years at Transnet, Maria has become integral to Transnet's response to the epidemic. She has used the company magazines and newsletter to let staff know she is there for them and gives talks and seminars every week. "I've been told that simply seeing me makes a difference." The GIPA participants also become a quietly effective "drop-in" counselling service for colleagues. This builds the kind of supportive working environment that encourages others to find out their HIV status and to manage their health.

A cleaner at Transnet got to know Maria and confided that her daughter was very ill – in and out of hospital and confined to bed. Her boyfriend had died of AIDS, yet the girl denied the disease. Maria visited their home and related her story. She told the young woman of her rape in 1996, the subsequent AIDS test and the cold realization that she was HIV-positive. "So am I" said the girl – a response that freed her mother from questioning her, and allowed her to care effectively for her daughter until her death a few months later.

The cost of AIDS to business
At the heart of GIPA is the idea that those individuals most intimately affected by HIV/AIDS should be shaping the response to it. The idea has been around since 1983, and at the Paris AIDS summit in 1994 forty-two countries formally accepted that GIPA was critical to an effective and ethical response to the epidemic.

In South Africa UNAIDS decided to implement what was called "the GIPA Workplace Model". This programme was the result of a strategic decision by the UN both to support President Thabo Mbeki's call for a partnership against HIV/AIDS and to break new ground by helping people living with it to become actively involved in areas not previously considered.

Workplaces seemed a good choice. Research was beginning to show just how severely business was being affected by the epidemic – with the heaviest costs coming from absenteeism, lost skills, training and recruitment, reduced work performance and lower productivity. While each of the participants has shaped the programme differently, there are common experiences. By their presence alone, they make people aware of the intense need for HIV/AIDS policies and encourage open contact with infected people."

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