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From the Editor

This month's focus in **AAAO** on the various contexts for interaction on the issue of AIDS, certainly points to the fact that there remains much to learn - and teach - about the epidemic and its impacts on communities, government, business and the workplace. Two important events on the 2004 AIDS calendar must surely be an HIV/AIDS Workplace Symposium organised by Wits University at the end of June, and a pre-conference session hosted by the International AIDS Economists Network (IAEN) scheduled to be held in Bangkok just before the International AIDS 2004 Conference in July. Find information on both of these events in this month's newsletter.



Don't forget to visit the **AIDS Analysis Africa Online** website at www.redribbon.co.za for archived articles, statistics and reports on HIV/AIDS in sub-Saharan Africa.

Gillian

Gillian Núr Samuels

Editor: AIDS Analysis Africa Online

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June 29th and 30th 2004, School of Public and Development Management (P&DM), University of the Witwatersrand, 2 St David's Place, Parktown, Johannesburg

¹ Research Facilitator, Idasa: Governance and AIDS Programme

Treating AIDS at work: is it working?

By Gavin George

In South Africa, companies have adopted a multi-pronged approach to confront the challenges and threats that the HIV/AIDS epidemic poses to them. The provision of anti-retroviral therapy (ART) to infected employees is the latest arrow added to an ever-expanding quiver.



The provision of ART to infected employees is not a cheap option for companies, but it has been proven that 'the more you treat the more money you save.' This was the title of an article in the business report which highlighted the fact that it was in the interests of the company to treat infected employees earlier rather than later when they were likely to become AIDS-sick and therefore would be less productive.

Many large companies have conducted sero-prevalence tests on their workforce to determine the size of the challenge that HIV presents. There is a long-standing myth that it is only the unskilled and the semi-skilled workers who are infected with HIV. Recent studies have rebuked these notions and provided new insights into the magnitude the disease is having on the South African working population.

T-systems, a technology company which only employs skilled workers, publicly announced that 7.2% of employees tested were infected with HIV. Heineken, which makes anti-retroviral treatment available to its 6000 staff in its African operations, and their immediate dependants, believes that in the absence of their treatment programme, 20% of its senior management in Africa would have died in seven years as a result of AIDS related illnesses.

Anglo American is one of the companies, in South Africa at the forefront of combating HIV/AIDS. With a total workforce in excess of 100 000 and prevalence in the region of 30%, the company had little choice but to implement sound policies and programmes aimed at mitigating the impact of HIV/AIDS on the company. The cornerstone of Anglo American's strategy is to encourage the adoption of a healthy lifestyle by the employees.

The roll-out of anti-retrovirals started in 2003 in partnership with health services provider Aurum Health Research. At the end of 2003 the company had approximately 1000 employees receiving anti-retroviral treatment and a further 3000 on the wellness programme. Since the inception of the programme 8% of the infected workforce declined treatment from the wellness programme, 10% dropped out after starting while 97% have gone back to work. It has been reported that approximately 90% of the workers on treatment adhered to the treatment regime, while 89% of patients have shown good viral suppression, and experienced an immune system recovery and weight gain. The underlying point is that these are workers who are still employed and working.

The expected cost of providing anti-retroviral therapy to the estimated 30 000 HIV-infected workers was in the region of R10 620 per patient. However, the initial costs in the first year for the provision of ART would cost the company R29 294 per patient per year. Despite the costs, Anglo American is committed to fighting the epidemic and have committed a further R30 million from the Anglo American Chairman's Fund to fight the pandemic over the next three years.

Old Mutual, employer of a skilled workforce of 16 000 have a HIV prevalence rate in the region of 5%². Members of the Old Mutual Staff Medical Aid Fund and Service Staff members (Grade 17) who have no medical aid membership, who test positive are encouraged to join the HIV/AIDS Disease Management Programme in order to access the HIV benefit. Participation in this programme is voluntary.

Old Mutual Healthcare has developed a HIV/AIDS Disease Management Programme to educate members, assist them in managing their medical aid benefits and to contain the medical costs resulting from the treatment of HIV/AIDS. An annual chronic medication limit is available to members on the programme.

Goldfields have confirmed that they will begin rolling out ART to their infected workforce in 2004. With a fair percentage of its 50 000 employees infected with HIV, Goldfields have decided to develop

² This according to a sero-prevalence study conducted in 2002 in which 67% of the workforce participated.

an in-house HIV/AIDS management programme. Goldfields have identified the training of health care personnel as key to the success of the programme. The willingness of health care personnel to take responsibility of an individual patient's treatment, a total commitment to confidentiality and the ability to counsel in an appropriate manner is paramount. Goldfields regard the cost of training in-house care personnel as a human resource investment.

Almost all of these companies concur, a robust voluntary counselling and testing (VCT) programme must drive the process. As Anglo American has found, they are putting out proverbial fires because the take-up rate from the VCT programmes is very small. This is especially relevant in Anglo Platinum where employees are falling ill with opportunistic diseases, being admitted into hospital, finding out their status, and only then going onto ART. At this late stage the company has already lost productivity because of the time that the employee has spent in hospital. One of the driving factors behind ART programmes is the ability to maintain a healthy workforce and keep employees productive. Therefore, the VCT programme must be pushed to the extent that the large majority of the workforce knows their status and knows that their status – negative or positive – can be managed. Only when this is achieved will a company's ART programme be operating optimally.

Besides the issue of take-up, companies are facing further hurdles in rolling out ART. One of those obstacles is undoubtedly the cost, even though there are long-term financial benefits for a company. A further issue relates to adherence. It is imperative that patients adhere to their treatment regimes, and anything below a 95% adherence could result in the resistance to drugs, rendering treatment ineffective. However, in much the same way as people lapse on their antibiotics or their pain tablets once the illness or pain has (seemingly) passed, so too do patients on ART fail to take their pills. Once they start feeling better and the opportunistic illness which they may have suffered has dissipated, they could stop taking the medication.

The other issues that companies may have to contend with, is the problem of drug-sharing and drug-selling. Not all companies are able to offer drugs to dependants, and one can only imagine the emotional anguish that healthy HIV positive employees must endure when they go home to AIDS-sick spouses. The will to share these drugs with loved ones is understandable. However, medical research has shown that sharing and hence straying from the strict treatment dosages and regimens, make treatment ineffective. The other problem, albeit less documented, is the case of employees, on receiving the drugs, selling it on the 'black market'.

Certainly the need to supply ART to infected employees is a pressing one. Companies, albeit only a few, have begun to assess and recognise that ART is a cost-effective option. However, there are obstacles. This article does not try to provide a comprehensive list of these obstacles, but attempts to emphasise some of the key issues relating to ART as many companies continue to consider this as an option in managing HIV/AIDS in the workplace:

- Anti-retroviral therapy is a complex method of treating HIV/AIDS.
- Careful monitoring of treatment compliance is required.
- A high degree of adherence to therapy is needed.
- Education and support of patients are critical.
- Many disease management providers are inexperienced in HIV therapy and require clinical support from experts.
- Outcomes analysis allows for better financial and clinical risk management.

Those companies who have taken that step and who are now providing ART to those employees who are HIV infected must be applauded. But more than this, their experiences provide other companies with the context to learn and acquire the knowledge and skills needed to make more informed decisions about rolling out ART in their own company.

Gavin George is a research fellow attached to the Health Economics and AIDS Research Department (HEARD) of the University of KwaZulu-Natal in Durban.

No time for complacency on AIDS amongst SME's

By Yazeed Kamaldien

"Small and medium companies need to realise that HIV/AIDS will affect them and they must implement workplace programmes to manage the disease."

Gillian Samuels, an HIV/AIDS information consultant with Metropolitan financial services, addressed small business owners at a black economic empowerment conference at the Nasrec exhibition complex recently. She said the business owners "do not recognise the threat of AIDS". "They believe responding to AIDS is expensive, so they remain apathetic and disempowered. This is very short-sighted and could cost them millions in lost revenue and profit as they lose valuable staff," said Samuels. "AIDS results in lost opportunities, low productivity, decreased competitiveness, low morale at work and increased absenteeism. This affects the operations of any business and its profitability."



The Metropolitan-dti conference focusing on Black Economic Empowerment and the SMME sector was held at the Nasrec Exhibition Centre in Johannesburg on 26 and 27 May 2004.

Samuels offered small business owners practical tips on how to respond to the HIV/AIDS impact. "Even if only one person at your company is infected with HIV, it's still a big percentage of your workforce to lose. There are solutions. You can tap into your local clinic and get free help from them. They offer free counselling and testing for HIV," said Samuels. "The national health department also offers free information about HIV/AIDS. Call organisations that offer free assistance. And you can get together as companies to bargain for solutions that may cost money."

Small business owners attending the two-day conference on 26 and 27 May said they hadn't thought about the impact of HIV/AIDS on their productivity. Dineo Thomo from Benoni, the owner of a catering and cleaning services company employs five people.

"I realise that I will need to help my employees if they have HIV. We don't have a programme at the moment, but it's scary what the disease can do to our staff and business," said Thomo. "I am thinking about getting my staff together, even with friends and family, to learn more about HIV/AIDS. We need to know how to deal with it."

Building constructor Elliot Makhobo employs 10 people and said:

"My children need to inherit a healthy company". I think I need to have a plan that will save my company from falling apart. I want to learn more about HIV/AIDS", said Makhobo.

The conference focused on empowering black business to tender for large contracts and prepare for growth. It was organised by the department of trade and industry and Metropolitan.

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SABCOHA offers a solution to HIV/AIDS in workplace

By Yazeed Kamaldien

While the World Economic Forum reports that only six per cent of companies around the world have an HIV/AIDS workplace programme, a South African business coalition is aiming to change the situation locally. On May 27th South African Business Coalition on HIV/AIDS (SABCOHA) launched a workplace toolkit to assist companies to set up an HIV/AIDS policy and offer employees treatment for HIV/AIDS. SABCOHA's chief executive Brad Mears said 85 per cent of South Africa's small and medium-sized companies do not have a structured approach to HIV/AIDS.

"This toolkit offers a management plan that can be implemented. It's one part of what we aim to do. We also want to get involved with companies to secure funding for their programmes," said Mears. "We don't want to get caught up in politics, but just look at what has to be done. If a company needs anti-retroviral treatment we want to help secure that too."

The toolkit contains a 15-minute video about HIV-positive people, information postcards and a workplace policy. The World Economic Forum's global health initiative director Kate Taylor said that businesses around the world have not been responding well the HIV/AIDS internally.

"Businesses are not doing enough. People spend so much time at work and it's an opportunity to do something about HIV/AIDS," said Taylor. But even with policies many employees are still not ready to find out their HIV status and get treatment.

Financial services company Metropolitan has implemented a HIV/AIDS workplace programme that offers assistance to its employees. Its AIDS Solutions manager Desiree Daniels said the company offered free HIV testing, counselling and anti-retroviral treatment, "but fewer than 30 of an estimated 600 HIV-positive people have signed up for help".

Anglo American's medical specialist Brian Brink said the company has 1 300 employees on anti-retroviral treatment though. "Thirty per cent of them could have been dead if they were not on treatment, but most of them are at work. Businesses have to have policies in place and ensure employees that they will not be fired if they have HIV," said Brink.

Abdia Naidoo who runs an HIV/AIDS education service for businesses said "beautiful policies are not enough if they fall flat". "It's the first step but you can't have a hit and run approach. You need to give employees as much information as possible so they will change their sexual behaviour if it's risky or seek help if they have HIV," said Naidoo.

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For more information about the SABCOHA HIV/AIDS toolkit, call (011) 880 4821 or email tracey@sabcoha.co.za.



Mr Gaby Magomolo, chairman of the Board of Governors of SABCOHA (left) with Mr Brad Mears, CEO for SABCOHA at the Johannesburg launch of the SABCOHA toolkit for the workplace.

Multi-sectoral partnerships to meet the challenges of access to treatment

By Mary Caesar³

Is the South African National AIDS Council (SANAC) a useful mechanism for facilitating partnerships to meet the challenges of access to care?⁴

South Africa is in the throes of an AIDS epidemic. There are an increasing number of formal and informal reports of ill persons or of those who have died of AIDS-related illnesses. While prevention is an important strategy, an AIDS epidemic of this magnitude requires a shift in priorities with treatment occupying a more central focus. Like everything about HIV/AIDS, treatment requires multi-layered actions by a variety of actors and multi-sectoral partnerships have enormous potential to achieve this to allow for greater access to treatment. This article examines whether the South African National AIDS Council (SANAC)⁵ is an appropriate institution to facilitate effective multi-sectoral partnerships that will expedite access to treatment.



The demand for treatment is high. It is estimated that 5.3 million⁶ people are HIV positive (15.6%⁷) and therefore, as many are expected to progress to AIDS at some point or another. However, 742

³ Mary Caesar is the research facilitator in the Governance and AIDS Programme of the Institute for Democracy in South Africa (IDASA). The Governance and AIDS Programme investigates the implications of HIV/AIDS for democratic consolidation and assists with the development of a strategic vision amongst political leaders for effective management of the HIV/AIDS epidemic.

⁴ This paper is based on a presentation prepared by Ms Ann Strode for the 2003 International Conference on HIV/AIDS in Africa, Kenya. It covers only a small part of a forthcoming publication by Strode (2004) entitled "Understanding the institutional dynamics of South African response to the HIV/AIDS pandemic". Idasa (Governance and AIDS Programme), 2004.

⁵ This research was conducted before the new Council, convened during 2004, was constituted and is based on the first SANAC.

519 people are estimated to have AIDS currently (i.e. having entered Stage 4 of infection)⁸ and thus in need of some form of treatment or support. The kind of treatment envisaged is a comprehensive, continuum of services required by persons living with HIV/AIDS. These include⁹:

- medical needs, such as treatment for opportunistic infections and anti-retroviral treatment;
- psychological needs, such as emotional support and care for the carers;
- social and economic needs, such as freedom from stigma and access to welfare services;
- childcare and care of orphans including access to education;
- protection and promotion of human rights, including non-discrimination, fair labour practices and treatment-related information.

In an assessment of the health system in preparation of the roll-out of public health treatment programme, it was found that many health facilities are not ready to commence a comprehensive treatment programme citing a shortage of trained health professionals and lack of infrastructure.¹⁰ Government can do only so much and a public health treatment programme should be seen as but one aspect of a treatment intervention which should be supplemented by the private sector. One can therefore conclude that some form of multi-sectoral partnership is essential to ensure the success of a treatment programme.

Best practice indicates that a multi-sectoral response to HIV/AIDS can be the most effective way of dealing with the many challenges of the epidemic. In the case of treatment, this type of response recognizes the centrality of the health sector. However, it allows for the inclusion of other public sectors (such as social welfare, justice and labour) and a range of governance actors (government, business, non-governmental, community and faith-based organisations) to respond to the non-health impacts of AIDS. A distinct advantage is the increased number of human and financial resources that become available to respond to the multiplicity of needs and demands.¹¹

This kind of partnership requires effective forms of representation, coordination and management, effectively the role of a National AIDS Council (NAC).¹² SANAC is a broad-based government, business and civil society partnership. It provides a forum at which a wide range of role-players can meet and interact around HIV and AIDS issues. Of particular importance is that it brings together a number of sectors and roleplayers, such as the departments of agriculture and finance as well as civil society sectors such as sport and celebrities, that to date have contributed very little in the way of advocating for South Africa's response to HIV/AIDS.

The founding document outlining the functions and structure of SANAC¹³ is the 2000 – 2005 HIV/AIDS Strategic Plan which states, among others, that the role of SANAC includes:

- advising government on HIV and AIDS policy;
- advocating for the effective involvement of sectors and organizations in implementing programmes and strategies;
- creating and strengthening partnerships for an expanded response amongst all sectors.

Organisationally, the SANAC structure includes a secretariat (now based outside any government department), a plenary, an executive and five technical task teams to assist the plenary.

SANAC has 34 persons, 16 (or 49%) from government (these include cabinet ministers, the deputy CEO of Government Information Services and the chairpersons of the parliamentary Portfolio Committee on Health and Select Committee on Social Service) and 17 from various sectors of civil society (including faith-based, human and legal rights, women, people living with HIV/AIDS

6 Department of Health (2002). *Summary Report: National HIV and syphilis antenatal sero-prevalence survey in South Africa*. www.gov.za May 2004

7 Shisana, O. Dr. et al. *Nelson Mandela / HSRC Study of HIV/AIDS: South African National HIV Prevalence, Behavioral Risks and Mass Media Household Survey, 2002*. HSRC <http://www.hsrcpublishers.co.za/index.html?hiv.html%7Econtent> May 2004

8 Strand, Dr. P, Strode A and Matlosa, Dr. K *HIV/AIDS and Electoral Processes in South Africa: Exploring the Impacts*. Idasa. Forthcoming.

9 <http://www.fhi.org/en/HIVAIDS/FactSheets/carsupp.htm>

10 *Operational Plan for Comprehensive HIV and AIDS Care, Management and Treatment for South Africa*. 2003 www.gov.za May 2004

11 *National and sector HIV/AIDS policies in member states of SADC Policy Project (2002)*

12 *The HIV/AIDS and Human Rights International Guidelines*, issued by the Office of the United Nations High Commissioner for Human Rights and UNAIDS, endorse this multi-sectoral approach stating in Guideline 1 that "States should establish an effective national framework for their response to HIV/AIDS which ensures a coordinated, participatory, transparent and accountable approach, integrating HIV/AIDS policy and programme responsibilities, across all branches of government."

13 *The first SANAC was established in 2000 and their term of office ended in February 2003. The new Council was established during 2004.*

(PLWHA), media, labour, business, traditional healers, traditional leaders, hospitality, celebrities, sport, disabled people, NGOs, youth, local government, private sector, civil-military alliance and sector ministries. The Men's Forum has been established as the 17th sector).¹⁴ The Deputy President is the chairperson of SANAC.¹⁵

The partnership reflects high level government support with the representation of at least 14 government ministers (i.e. 49 %) and two members of parliament¹⁶. This position has advantages and disadvantages and in the context of access to treatment, the latter has been the dominant experience thus far. Some of the problems experienced as a result of this skewed nature of representation include firstly, SANAC meetings become a forum for government to report on their activities. Secondly, other sectors are unable to take on responsibility within SANAC and thirdly, SANAC's functioning is inefficient as the cabinet ministers seldom attend meetings and are often not in a position to take on additional work. This form of representation calls into question the very essence of multi-sectoralism and the shared responsibility embodied in the principles of such an approach.

While representation presented certain problems in the previous SANAC, the latter also did not do too well with managing participation of the members at meetings and in processes between meetings. Of the civil society representatives confirmed that SANAC does not have a democratic culture and there is concern that there was an unofficial sense that it would be inappropriate to criticise government policy within SANAC – creating a culture of silence and acquiescence.¹⁷ Additional factors contributing to this largely undemocratic culture were the organisation and structure of the meetings. NGO representative on SANAC reported that the agenda for SANAC meetings were always pre-determined and sectors could not input into this process.¹⁸ Furthermore the agenda would only be made available on the day of the meeting which prevents the sector representatives from obtaining mandates or even consulting their constituencies on the issues being discussed.¹⁹

The implications for access to treatment are that there is no time of place for the voices advocating for access to treatment, and in particular anti-retroviral treatment, to be heard and that government's views on this issue continue to remain the dominant view. This kind of partnership does not allow for participation of non-members and no official mechanism exists to facilitate such participation. Whilst one may argue that sectoral representatives should be used more effectively, these people are over-committed volunteers and there is no process or funding for sectoral consultations²⁰. In addition, poor management of the partnership and participation of representatives can present huge barriers for issues related to access to treatment.

National AIDS Councils are a useful mechanism for driving a multi-sectoral response to the HIV and AIDS epidemic and in particular, in respect of treatment. The previous SANAC did not fare too well and one can only hope that the new one will learn from past mistakes. The sad reality is that the ones who suffer are those who have AIDS and are in dire need of treatment.

International AIDS and Economic Network (IAEN) Pre-Conference for policymakers and economists

By Arnab Acharya and Steven Forsythe

9 – 10 July 2004, Sofitel Central Plaza Hotel, Bangkok

The International AIDS and Economics Network (IAEN) will sponsor a pre-conference meeting of economists and policymakers prior to the XV International AIDS Conference in Bangkok.



14 www.unaids.org/nationalresponse/result.asp May 2004

15 HIV/AIDS/STD Strategic Plan for South Africa, 2000 – 2005 <http://www.doh.gov.za/docs/policy-f.html> May 2004

16 www.unaids.org/nationalresponse/result.asp May 2004

17 Strobe, A. "Understanding the institutional dynamics of South African response to the HIV/AIDS pandemic" *Idasa*. Forthcoming.

18 Strobe, A. "Understanding the institutional dynamics of South African response to the HIV/AIDS pandemic" *Idasa*. Forthcoming.

19 Strobe, A. "Understanding the institutional dynamics of South African response to the HIV/AIDS pandemic" *Idasa*. Forthcoming.

20 It is reported however by UNAIDS, that sectoral summits were conducted during 2001 to develop sectoral plans and that these plans were being reviewed. www.unaids.org/nationalresponse/result.asp May 2004

The IAEN (www.iaen.org) is an international organisation, composed of more than 8 000 economists and policymakers worldwide. Following on our successful pre-conference meetings at the International HIV/AIDS Conferences in Durban and Barcelona, we are planning to hold the 3rd pre-conference meeting of the IAEN. The pre-conference will be held on the 9th and 10th of July 2004 in the Sofitel Central Plaza, Bangkok Thailand.

The pre-conference is being held to discuss papers on AIDS and economics written by authors from around the world. The authors have been selected, through a highly competitive process, to present papers and discuss issues relevant to economists and policymakers. This year we will have six distinct sessions:

1. The economics of anti-retrovirals in developing countries
2. HIV/AIDS and workplaces in developing countries
3. The economics of behavior change
4. The economics of children being orphaned by HIV/AIDS
5. Costing and cost-effectiveness
6. The economic impact of HIV/AIDS

There will be 15 presentations following on the themes listed. **As space at the meeting is limited, delegates are required to inform the organizers of their attendance by contacting Lissa Smith at e.smith@tfgi.com.**

Arnab Acharya and Steven Forsythe **are attached to the POLICY Project.**

Wits University HIV/AIDS in The Workplace Research Symposium

June 29th and 30th 2004, School of Public and Development Management (P&DM), University of the Witwatersrand, 2 St David's Place, Parktown, Johannesburg

Members of Wits' Schools of Business, Economics, Law, Public Health and Social Sciences have organised an interdisciplinary *HIV/AIDS in the Workplace* Research Symposium. The Symposium aims to provide an opportunity for researchers from all academic disciplines and practitioners conducting 'action research' in work environments to present and discuss their work on HIV/AIDS in the workplace.



Research Papers

In addition to three 'key note' plenary presentations, thirty original research papers will be presented in a number of parallel sessions. Papers are grouped into topics and there will be opportunity for questions and discussion following paper presentations.

Paper sessions include:

- Corporate Responses to HIV/AIDS in South Africa
- Modeling and Cost Analysis in South African Workplaces
- Stigma in the Workplace
- Small and Medium Enterprises and HIV/AIDS
- Nursing and HIV/AIDS
- Corporate Reporting and Best Practice Guides for HIV/AIDS
- The Atypical Workplace
- Stakeholder Involvement
- Voluntary Counselling and Testing

Round Tables

Two sets of Round Table discussions will take place during the symposium. These will consist of a panel of experts who will raise and respond to issues from the audience within the discussion topic.

These forums will provide a more informal environment within which important issues can be explored.

Round Table sessions include:

- The Role of the Private Sector in Providing HIV/AIDS Treatment
- HIV/AIDS in the Mining Sector
- People Living Openly with HIV/AIDS in the Workplace
- HIV/AIDS in the Public Sector
- HIV/AIDS, Housing and Migration
- HIV/AIDS and Trade Unions
- HIV/AIDS in the Workplace and Research Ethics
- HIV/AIDS and Company reporting
- Health, women, work and HIV/AIDS

The Future of HIV/AIDS in the Workplace Research

The Symposium will provide a rigorous and intellectually stimulating environment for original and relevant research work on HIV/AIDS in the Workplace. The Symposium will also provide a structured set of sessions to allow researchers and all interested parties to discuss how this research field should be promoted and coordinated in the future. All inputs into this important debate are welcomed.

Details and Costs

- Corporate R600
- Standard R200
- Postgraduate students and unionists R100 (on production of membership/registration card)
- Presenters and contributors Free
- Scholarships for entrance only are available. Please go to website to find out more.

FOR MORE INFORMATION

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The Symposium is funded by the Wits AIDS Research Institute and the Carnegie Foundation. Assistance has also been provided by the Wits School of Public and Development Management, the Wits AIDS Law Project, the Wits Centre for Health Policy and the South African Labour Bulletin.

Gillian Samuels is a communication specialist attached to Metropolitan AIDS Solutions.

If you would like your contact details to be added to our mailing list for notification of the latest edition of *AIDS Analysis Africa Online* or news about upcoming events, please email aidssolutions@metropolitan.co.za or call +27 21 940 5883.

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