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PAPER ON THE IMPACT OF HIV/AIDS ON PUBLIC SECTOR HUMAN RESOURCES IN AFRICA

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**THE IMPACT OF HIV/AIDS ON
PUBLIC SECTOR HUMAN RESOURCES IN AFRICA**

by Odette Ramsingh and Ogochukwu I. Nzewi*

ABSTRACT

The public service is the biggest single employer in most of the African countries. In South Africa the public service is the single biggest employer, employing 1.037 million public servants in approximately 140 government departments at national and provincial level. The majority of departments and public servants (70%) are at provincial level and deal with service delivery at grass roots level.¹ It follows that a very high number of the country's population are also dependants of public servants. The impact of HIV/AIDS on the public service work force will therefore be closely intertwined with the fate of society at large. The main burden in dealing with the impact of the HIV/AIDS will fall on the African public services. In order for the public services to be successful, the impact of the pandemic on its own employees will have to be managed. The paper will explore its response to the challenge and examine whether current workplace policy frameworks are adequate to meet the challenge of HIV/AIDS in the public service.

1. INTRODUCTION

1.1 Background

There continues to be global concern for the apparent relentless scourge of HIV/AIDS. In the last two decades the unleashing of the HIV/AIDS pandemic in Africa became yet another development challenge to a continent already plagued with a plethora of challenges going into the twenty first century. The peculiar political and socio-economic landscape of Africa with its tribal based wars, dictatorships and poverty makes this all the more challenging.

Africa is struggling to cope with the devastating impacts on the functioning of societies. There is also an impending crisis projected in the macro economy of Africa. The AIDS/HIV pandemic also places heavy costs on business through increased medical aid claims, life and disability insurance, increased absenteeism due to ill health, funeral attendance or the need to care for the sick family members, loss of skilled workers and the increased cost of recruiting and training replacement workers, reduced job performance due to disability, etc². It also impacts negatively on international competitiveness, deter domestic and foreign investment and is a potential threat to security in the region.

Southern Africa, has been at the epicenter of the HIV/AIDS pandemic. By the end of 2002 it was estimated that HIV/AIDS had already claimed more than 1 million lives in a dozen or

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¹ Department of Public Service and Administration, South African Public Service: 2004

² UNAIDS: Turning a crisis into an opportunity: Strategies for Scaling Up the National Response to the HIV/AIDS Pandemic in Lesotho. 2003 p 206

so countries in this part of Africa. This pandemic together with the food crisis in southern Africa is further deepening poverty and malnutrition.

However, it must be noted that within these visible shortcomings, there have been stirrings of engagement for change. Growing awareness and recognition of the need to tackle the pandemic head on. Countries such as Uganda and Senegal are held up as countries who may have turned the tide against this scourge.

1.2 Approach adopted

This paper looks at a management and practical way of repositioning the public service for the HIV/AIDS challenge. It offers, if you must, a management approach to identify and deal with the challenge in an inward and outward looking manner. I have approached the paper from a human resource angle, based on analysis of literature. It does not challenge the HIV/AIDS programmes and health plans of countries, except to the extent that those programs take a direct human resources thrust. This does not mean that policies and legislation that provide foundation for the mitigation of the HR risk will not be looked at.

The management of HIV/AIDS in the work place, whether in the public or private sectors, is essentially a human resource management activity. It affects human resource practitioners through their responsibilities of establishing and maintaining HIV/AIDS programmes / strategies and also impacts on the human resource management responsibilities of line function managers in the execution of their day to day managerial tasks.

It will be important to mention at this introductory stage, that there will be a predisposition in this paper to the South African public service. As co-author of this paper, I am a senior manager within the South African public service and interact very closely with it. While this bias is acknowledged, it should not be misconstrued that this paper is premised on an official position, or on my official service capacity. This position as a public servant gives me the opportunity to be at the coalface of a challenging time, to be able to influence policy of our time and to look back and say I too walked that path.

The reason, however, for focus on South Africa is certainly not implausible as South Africa is regarded as a leader in Africa's economical and political development. Other African countries will be brought in as platforms for comparative scrutiny of the South African interventions in terms of HIV/AIDS in the continent. Such comparisons will also be instrumental in understanding the challenges, drawing the lessons learnt and developing a regional strategy.

The paper will plot a course for the HR approach by examining demographic backgrounds and various national responses to HIV/AIDS, especially as it relates to legislation, which gives lawful grounds for policies and programs. It will also examine the general work place strategies in terms of HIV/AIDS and particular public service HR strategies, and where these exist, the assessment of implementation.

The paper's response to the key question raised should assist in addressing:

- Challenges and the various ways to confront the loss of human resources in the public sector
- Address lessons learnt from the continent

- Identify possible strategies which may help countries and the public sector to face such a daunting problem

Ultimately, there should be a deeper understanding of the situation, learning must have taken place, and there should be a structuring of debate where attitudes and perceptions are continuously tested and changed.

1.3 Limitations

In terms of the availability of statistical data on HR impact of HIV/AIDS in the public service in Africa, there seems to be little available and reliable data. This may directly or indirectly be linked to the still existing stigma and discrimination in the work place. Whatever the case, statistics will be provided as reflection on issues and not necessarily for analytical purposes.

Data on HIV/AIDS initiatives in the work place in African countries tends not to be readily available. The lack of monitoring and evaluation of programmes and strategies further did not allow an informed critique of such programmes and strategies.

2. THE HIV/AIDS CHALLENGE

The devastation that disease alone has caused on Africa is underrated. For instance, Malaria is seen as having impacted on Africa by slowing economic growth by between 1.3% and 2.6% a year.³ This paper presupposes that the challenge of HIV/AIDS in Africa, can only be dealt with if Africa internalizes HIV/AIDS as an infectious disease crisis, especially when it is on record as being the continent with the highest HIV/AIDS infections. In other words the HIV/AIDS problem has to be identified and defined as what it is and not on perceived and unfounded premise. In arguing for this as a foundation for interventions, it is observed that societal labels and views on diseases can affect the actions and outcomes in tackling some diseases.⁴ A case in point being the crusade of Thomas Parran, the US Surgeon General under President Roosevelt to demystify syphilis and address it as a public health problem rather than as a moral issue.⁵

More than fifty years later, the emergence of HIV/AIDS, and the moral issues it raises have also raised the platform in terms of government engagement with the disease. Some authors argue that as yet some approaches to HIV/AIDS in Africa are poorly structured to the crisis because it has not yet been identified and dealt with as an infectious disease crisis.⁶ That is to say, the issue of prioritization is vital. This will involve political commitment, normalizing or mainstreaming HIV/AIDS into governance and leadership and government institutions, structures and systems. Subsequent discussions will also deal with responses, which can be construed as indicative of the primacy of HIV/AIDS in governance and leadership consciousness.

This section has attempted to establish the need for reorientation of perceptions and the prioritizing of this pandemic as well as its integration into the very fabrics of nation building as a precursor to this discussion. Examining some micro and macro concerns will approach

³ Zuma: 2003 cited in IDASA UNDP 2003

⁴ Kevin De Cock et al: 2002, *The Lancet* p. 67

⁵ Ibid

⁶ op cit

the challenges of HIV/AIDS in the African public service. First, an examination of Africa's peculiar challenges in confronting the pandemic will be looked at, and then the challenges in the micro environment of work place human resources will follow.

2.1 Africa's Challenge

There is little doubt as to the challenges that Africa faces in the present world milieu. This especially with the globalization and rationalization trends that are proliferating globally. Not too long ago the world political and economic balance tended towards a dependency theorist tilt of Keynesian,⁷ views of protectionist theories, harnessed by national subordination of poor countries and exploitation by rich nations. However, with the emergence of new economies of the East (Asian Tigers), models of regional integration for global relevance have begun to emerge. Growth triangles of ASEAN countries⁸ have created state initiative and private entrepreneurship in countries like Malaysia, Indonesia and Singapore. These eastern trends have further set the pace for the internalization of the need for "collective self reliance".⁹ These developments only go to mirror the image of the decrepitude of the African scenario. For instance 34 of the world's least developed countries are in Africa, the aggravation of poverty continues with about 300 million Africans living on less than US\$1 a day.¹⁰

While there is need for global response to Africa's crisis developments such as wars, and the devastation of disease, it is premised in this discourse that despite global support and interventions, a total commitment to fighting Africa's problems can be best broached by Africans themselves. This is because, Africans are in the unique position to philosophically and ideally face problems given their own peculiar social and political environment. The HIV/AIDS crisis will therefore require an approach, where prioritization and ownership of the HIV/AIDS pandemic becomes a reality in Africa. This will however, not take away the genuine economic, social/cultural and political challenges that will always pose a barrier to progress in combating the HIV/AIDS pandemic. Some of these are unpackaged subsequently.

Good Governance and Political imperatives

The beginning of the twenty first century brought African leaders into a new alliance for change. Conceived and gestated over a period of three years, the OAU metamorphosed into the AU at the Durban Summit of 2002. In a quest to be part of a rapidly globalising world, the African Union moved from a political organization aimed at independence of member states (in terms of it's forerunner), to an organization aimed at the socio economic integration and development of Africa for political unity.

The issue of leadership in Africa is still a volatile and unpredictable one. Whereas growth and development is largely a factor of the political will of leaders to engage with core development drives, African leadership is still grappling with dictatorships, coups and attempted coups and inconsistencies. The NEPAD initiative is premised on an approach of good governance, regional integration and development as the bridge to entering the world

⁷ Andress 2002:4; Amsden 2003:33

⁸ Ravenhill John. 2001. *APEC and the construction of Pacific Regionalism*. United Kingdom: Cambridge University Press.

⁹ Laszlo Ervin, Krtzman Joel and Bhattacharya AK. 1981. RCDC (regional cooperation among developing countries: the new imperative of development in the 1980s. New York: Pergamon Press. p 16

¹⁰ NEPAD 2002. Annual report : towards Claiming the 21st century. p25

economy as a significant and equal player.¹¹ One major route to achieving this goal of good governance for Africa, will be the African Peer Review Mechanism (APRM), which is Africa's "own instrument for sharing experiences, promoting mutual learning and fostering adoption of good governance and successful development practices."¹² The UNDP Zimbabwe Human Development report¹³ defined good governance as ensuring " *that political, social and economic priorities are based on broad consensus in society and that the voice of the poorest and the most vulnerable are heard in decision-making over the allocation of resources*"

The Human Development Report of SADC, provide the five separate points which give basis to good governance as being political, institutional, economic, social and gender.¹⁴ It is also plausible that to achieve success in upholding these precepts there is need for a healthy life, good information and educational systems and the access of all peoples to national resources. In the light of this, Africa's epidemiological terrain in terms of HIV/AIDS shows that the devastation of AIDS, both future and present should be factored into issues of governance and development. This is so because despite having 10% of the world's population, epidemiological demographic shows that in 2001 Africa accounted for over two-thirds of the worlds people living with HIV/AIDS.¹⁵

It is therefore curiously interesting that a new thrust in giving context and meaning to "good governance" was unveiled by the Institute for Democracy in South Africa (IDASA) at the Southern African regional governance and AIDS forum. This new model indicated that HIV/AIDS analyses and responses should be located with the realm of good governance.¹⁶ This archetype gives new meaning to the definition of and indicators for good governance, in which HIV/AIDS is viewed as being within the ambits of what is considered good governance. It is also a relevant pointer to the importance of national prioritization.

Leadership Commitment and Will

Sensitizing African political and business leaders on the need for prioritization of HIV/AIDS issues seems to be a tedious endeavor. National response to the pandemic still remains vague and ambiguous, especially in terms of legislation and policy. This will be discussed subsequently. In Nigeria for instance, political parties did not endorse HIV/AIDS as no party reflected HIV/AIDS related issues in their manifestos or the urgency of tackling the matter.¹⁷ This can be a considerable setback in national response when considering the sustainability of HIV/AIDS interventions. In South Africa's private sector, there seems to be a new trend in measured at shifting the burden of HIV/AIDS economic implications.¹⁸ While this should not be misconstrued as lack of leadership commitment, it reflects some of the underlying concerns that political and business leaderships face in dealing with the virus and the reluctance for full engagement with the disease.

¹¹ Ibid, p 3

¹² po cit p 11

¹³ cited in Idasa/UNDP. 2003. Aids and governance in Southern Africa: emerging theories and perspectives. IDASA/UNDP. p 2

¹⁴ ibid

¹⁵ Kevin De Cock et al 2002. Shadow on the Continent: public health and HIV/AIDS in Africa in the 21st century in the Lancet. Vol 360.p 68

¹⁶ Idasa/ UNDP op cit p 1

¹⁷ Jerome Onome Mafeni and. Oluwole A. Fajemisin 2003 HIV/AIDS in Nigeria, situation response and prospects: key issues . Policy Project, Nigeria p 4

¹⁸ Sydney Rosen and Jonathan Simon 2003, Shifting the burden: the provate sector's response to the AIDS epidemic in Africa. 81 (2) p131.

To elaborate further, the slow pace of national interventions especially in the area of legislation casts a shadow on the level of commitment of leadership and national governments to engage with the pandemic, when laws that should be a guide to policies and programmes are not in place. For instance UNAIDS reports that about 40% of countries including half the countries in sub Saharan Africa have not yet adopted anti-discriminatory legislation to protect people living with HIV/AIDS.

Mainstreaming HIV/AIDS

Mainstreaming will involve adopting HIV/AIDS related issues into the strategic, operational or programmatic planning or policies of all sector structures and institutions in the short, medium and long term as well as in the day to day running of organisations and sectors. Mainstreaming HIV/AIDS will also entail a multi-sectoral approach to the pandemic. Already some countries like Nigeria (HIV/AIDS Emergency Action Plan: 2001)¹⁹ Uganda (National AIDS Strategic Framework: 1998)²⁰, Malawi (National AIDS Strategic Framework for HIV/AIDS: 2000-2004);²¹ have policies, which aim at adopting a multi-sectoral approach with partnerships across the board from civil society, religious organisations, businesses and non-governmental organisations. However, the weaknesses in monitoring and evaluation of the implementation of these policies and the dearth in reliable data and research on the nature and impacts of these interventions have resulted in inadequate assessment of how mainstreamed HIV/AIDS is in the public and private sectors.

Co-ordination of national responses

There are needful questions, which pose a challenge to this concept of mainstreaming that must be answered for effectively mainstreaming HIV/AIDS into all sectors. What will be the relationships between the various sectors? How best can these partnerships be managed and what will be the best management approach? What will be the institutional and human capacities needed to manage the technical skills and planning tools needed for such an approach? What will be the implementation structures for multi sectoral policies? In other words, how will government co-ordinate this multisectoral web of interactions?

The Ugandan HIV/AIDS partnership²² has a multisectoral model hinged at the co-ordination of the various sector programmes with a broad representation of all possible stakeholders from the international community to PLWHA organisations, the private sector, international and national NGOs and faith based organisations to the public sector. To manage this technical working co-ordination entity effectively the partnership structured itself into a partnership committee, a set of self co-ordinating committees, a partnership forum and a partnership fund.

However, the challenge of co-ordination and implementation in terms of the structural challenges are still rife. For instance in Nigeria the national co-ordinating body the National Action Committee on AIDS (NACA), is situated in the Presidency,²³ while in Malawi, the National AIDS Control Programme (NACP) operates from the Ministry of Health and

¹⁹ Federal Republic of Nigeria: National Action Committee on AIDS 2001; HIV/AIDS emergency Action Plan as cited in Jerome Onome Mafeni and. Oluwole A. Fajemisin 2003

²⁰ Uganda: National HIV/AIDS strategic framework 1998.

²¹ Government of Malawi: The National Strategic Framework for HIV/AIDS 2000- 2004.

²² Uganda: Terms of Reference for the Ugandan HIV/AIDS Partnership 2002. p 1

²³ Jerome Onome Mafeni and Oluwole A. Fajemisin 2003 HIV/AIDS in Nigeria, situation response and prospects: key issues. Policy Project, Nigeria p 12

Population.²⁴ Whereas the in Nigeria, the non-definition of roles between the Federal Health Ministry and the NACAP brings up structural challenges in implementation. For instance, confusion in roles in Nigeria has resulted in a stale mate in passing the bill for a statutory body to co-ordinate the country's response due to multiple and duplicated bills from the NACA and the Federal Ministry of Health. However, whether, the institutional placement of the Malawian NACP makes for better administration of the multisectoral approach cannot be determined as there are no identifiable impact and effectiveness indicators and clear monitoring and evaluation mechanisms.

Sustainability and Financial infrastructure

Financing in Uganda, Malawi and Nigeria is still largely based on donors and bilateral and multilateral development partners. In Malawi for instance it is estimated that 95% of funding for HIV/AIDS is largely from donors.²⁵ It will be largely unrealistic to expect the government to fund the heavy costs associated with HIV/AIDS interventions. However, internal financing arrangements and agreements have also to be explored. Difficulties in appropriating HIV/AIDS activities in budgetary submissions make this all the more challenging.

Other challenges to tackling HIV/AIDS and it's impact in the public service holistically will have to do with the general poor infrastructural levels in the countries, issues of poor public health care systems, especially when approached as an infectious disease emergency which will require a public health model of VCT, PMTCT, and prophylaxis. The near chaotic state of primary health care in Africa put enormous pressure on the response capacity and capabilities of African countries. This makes core HIV/AIDS clinical interventions like free and accessible Sexually Transmitted Disease (STD) treatments, voluntary counseling and testing a basic struggle. Institution capacity to tackle the epidemic is also a serious consideration as is the absence of clear monitoring and evaluation mechanisms for policies.

2.2 The Human Resource Challenge

HIV/AIDS is a development problem. The estimations of the impact of the pandemic in terms of its toll on human capital is adverse. The uniqueness of HIV/AIDS in terms of its main mode of transmission makes it more volatile than other diseases like Malaria and even the deadly Ebola virus. This deadly silent mode of transmission through sex as well as it's long spanned incubation also exposes more people to the disease over time. For instance, it is estimated that in most affected countries, half of all 15 year olds alive will eventually die of the disease, even if infection rates go down in the next few years.²⁶

²⁴ Government of Malawi: The National Strategic Framework for HIV/AIDS 2000- 2004.

²⁵ *ibid*

²⁶ Abdoulie Janneh 2001 How UNDP sees AIDS in Africa, in AIDS/AFRICA July/ August 2001 Issue 398

The impact of HIV/AIDS from a human resource perspective has both policy as well as capacity challenges. Appropriate human resource strategies must be developed by human resource management components whilst human resource capacity in crucial areas of service delivery will have to be maintained.

The rising threat of HIV/AIDS on Africa's work force has been one of concern to government and employers of labor. In South Africa for instance it is estimated that about 5.3 million South Africans were HIV positive by the end of 2002, and increase from the comparable estimate of 4.74 million in 2001.²⁷ ILO fact sheets²⁸ surmises that in Malawi between the years 1990 and 2000, deaths among public service workers increased ten fold, as a result, unfilled vacancies in national ministries of education, health, agriculture and water development stand at over 50%. There have been ideally a number of descriptive and explorative studies that have been done which give us a fair estimation on statistics on the socio-economic impact of HIV/AIDS in the work force due to ill health and death. There is no doubt as to the magnitude of the problem that faces Africa in terms of the pandemic, however, the problem that faces Africa will be the issue of how to engage with the pandemic, to mitigate the risks involved.

The Public Service

All over the world, the public service is perceived as the biggest employer of labor. Africa's peculiar political and economic landscape lends to this fact. With little foreign direct

²⁷ AIDS policy research center: 2002

²⁸ www.ilo.org/public

investment, weak infrastructural and capital base to support big and small businesses, the private sector remains the secondary employer of labor. South Africa's public service employs about 1,037 million public servants in approximately 140 government departments at national and provincial level.²⁹

The public service is hinged on its position as the backbone of state administration. It is responsible for the implementation of the legislative, judicial and executive mandates of government. Globalization has catalyzed the adoption of changes and reform strategies, which are prevalent in parts of the developing world, like the neo-liberal paradigm of the New Public Management.³⁰ Moving and embracing a rapidly globalising world for Africa will entail the capacitating of public officials through the acquisition of skills and knowledge.

In a recent Commonwealth technical workshop on reducing the impact of HIV/AIDS on human resources in the public sector in Nairobi in 2002, Michael Gillibrand of the Commonwealth Secretariat's Governance and Institutional Development Division (GIDD) stated that, "*Almost all the current HIV/AIDS programs concentrate on public health aspects of the pandemic, with little or no attention paid to the implication of the loss of national human resources, in particular to the capacities of the public sector to deliver essential services.*"³¹ The implication of this is the threat to the sustainability of essential public services. This loss of capacity may also impact negatively on Africa in achieving the United Nation's millennium development goals, such as poverty eradication, improvement

²⁹ Department of Public Service and Administration, South African Public Service: 2004

³⁰ Common 1998:440

³¹ Guyana Chronicle June 12 2002

in maternal health and reduction in child mortality. These are targets, which have been already identified as a challenge according to NEPAD due to other factors such as poverty.³²

Infection rates in the public service: perceptions of facts

According to a report by the Department of Social Development and the Center for the Study of AIDS, University of Pretoria, it is estimated that just over 10% of South African public servants may currently be living with HIV/AIDS. Rates of infection among managerial and supervisory staff are projected to reach 10% by 2005. In terms of the report it is possible that up to 25% of public servants may have died of HIV/AIDS by 2012.³³

The infection rates in the public service should be seen in the context of the population that it serves. Various figures have been published regarding the infection rate in South Africa. Debate continues on the accuracy of these figures. In order to illustrate the seriousness of the infection rate in South Africa, however, the following figures are quoted from a report by the AIDS Policy Research Center at the University of California San Francisco, published in June 2002:

- “UNAIDS estimated that at the end of 2001, HIV prevalence among adults ages 15 to 49 was 20.1 percent. Commissioned by the Nelson Mandela Foundation and conducted by South Africa's Human Sciences Research Council (HSRC), the survey found 11.4 percent of South Africans were living with HIV/AIDS at the end of 2002.
- The South African Health Department estimated that 5.3 million South Africans were HIV-positive at the end of 2002, an increase from the comparable 2001 estimate of 4.74 million.
- The 2002 HSRC national survey estimated that 4.5 million South Africans were living with HIV/AIDS at the end of 2002.
- Researchers from the University of Cape Town's Center for Actuarial Research put this figure at 6.6 million.”³⁴

It is clear therefore that South Africa like most of sub-Saharan Africa is faced with a huge challenge in dealing with the impact of HIV/AIDS. The main burden in dealing with the impact of HIV/AIDS will fall on the South African Public Service. In order for the Public Service to be successful, the impact of the pandemic on its own employees will have to be managed.

Some service delivery Challenges

³²NEPAD annual report 2002 24

³³ Population, HIV/AIDS and Development: A resource document, p 59

³⁴ HIV/AIDS in South Africa, 2002, p.5

The domain of the public service encompasses the administration of policies and the delivery of services. It is generally understood that the demand for services is never commensurate with the available resources, hence the development and implementation of policies aimed at bringing quality service delivery to the most number of people at the least cost possible. This mandate demands a high level of technical and management skills. Add this to the dynamism of the world as well as the rapid rate of globalization, which has brought in its wake considerable paradigmatic shifts that surround the study, and practice of public administration.

Most relevant are reforms that center on policy and service delivery, hinged especially to the growing pressure on governments for a more efficient human resource base and service delivery outcomes. As a result, development in the public service domain has given rise to numerous reforms associated with the generic administration functions and service delivery strategies. The problem here however, is that the overall toll of HIV/AIDS on the work force will bring more burden on the capacities and finances of states than ever before. Some core service delivery areas that may hold detrimental potentials to overall development are summarized.

- **Housing**

Providing housing to the population remains one of the main challenges facing the public service. Planning for the secure housing of young people displaced from their families as a result of HIV/AIDS is essential. The impact of HIV/AIDS in the housing sector may specifically be evident in a reduction of labourers and artisans.

- **Education**

The Education sector is in the unique position of providing training to all public servants, and even the private sector and is often the largest employer in government.³⁵

This ability to maintain bureaucratic support and administrative structures will be affected as employees get ill and die. The pandemic will most certainly have an impact on teachers and therefore also on the manner in which schools are able to function and the quality of the education. HIV/AIDS will also have an impact on the lives of learners and their ability to learn.

The main challenges facing the Education sector are as follows:

- Ensuring that school children remain uninfected as they grow up.
- Protecting the quality and quantity of education in the face of teacher mortality, absenteeism and supply shortages.³⁶

- **Health**

As with other departments, the Department of Health will have to deal with the fundamental question of how to maintain the quality of health services, cope with increasing demands placed by HIV/AIDS and simultaneously deal with the loss of staff.

The Department is already experiencing greater demands due to HIV/AIDS. The challenge is to meet these demands whilst not compromising services provided to people with other illnesses and needs.³⁷

³⁵ National Academy of public Administration/USAID 2003

³⁶ Population, HIV/AIDS and Development: A resource document, p 70

³⁷ Population, HIV/AIDS and Development: A resource document, p 71

- **Criminal Justice**

A major challenge will be to ensure that visible policing is maintained. Crime rates may increase and the pressure on the criminal justice system will have to be managed in the face of staff losses to the pandemic.

- **Agriculture**

The Agriculture sector is faced with a number of challenges emanating from human resource losses to the pandemic:

- The ability to maintain adequate food supplies for all sectors of the population.
- The provision of food support for home-based care projects and child-headed households.
- The protections of agricultural labour and land rights.³⁸

Human Resource Policy Challenge

The impact of reductions in the economically active population of African countries will have to be managed by employers. HIV/AIDS in the workplace can only be appropriately managed if human resource management strategies and capacity are put in place. From a human resource management perspective it is important that AIDS education and prevention programmes must receive solid and sustained support and become more rigorous and strategic. Active and ongoing management support is therefore required.

³⁸ Population, HIV/AIDS and Development: A resource document, p 73

In highly unionized public services it would be beneficial from a Human Resource perspective if partnerships with unions could be forged in order to develop a common vision of how to address the impact of HIV/AIDS on employees.

A core responsibility of human resource practitioners is the development of HIV/AIDS policies and programmes. These policies must be critically evaluated on a regular basis. In order for this to be achieved, sufficient human resource practitioners possessing appropriate skills must be in place.³⁹

Departments / agencies in the public service do not function in isolation. Transfers between departments / agencies are commonplace and departments depend on each other in meeting their service delivery mandates. Human resource strategies focusing on HIV/AIDS can therefore not be managed in isolation. High-level coordination of human resource activities is required if HIV/AIDS strategies are to succeed.

The human resource management dilemma

Response in research as it has to do with development of suggestions about the impact of HIV/AIDS on the broader processes of government is quite recent.⁴⁰ Despite this, there has been reasonable growth in research on the impact and management of HIV/AIDS in the private sector. It is suggested that based on the multi sectoral model which implies partnerships, some best practices from the private sector in establishing a comprehensive AIDS management program can set the tone for engagement in the public sector.

³⁹ Managing HIV/AIDS in the Workplace, 2002, p. 17

⁴⁰ Mattes in IDASA/UNPD 2003:77

Despite the concrete differences in goals in the public and private sector, one core commonality is the importance of matching policy outcomes to policy objectives and the human resource capacity needed to achieve this. Research trends on HIV/AIDS impact in the work force focus largely on the economic impacts of the disease in relation to disease progression.⁴¹ Needless to say, although most scholars focus on the economics of disease progression, the costs of the impact of HIV/AIDS should also be measured in psychological as well as socio-political terms, like the delivery of government services to the people.⁴²

Moreover, in the domain of the public service the economic impact of HIV/AIDS is not far removed from costs to service delivery and the management of public institutions. For instance it is presupposed that disease progression and eventual death may greatly undermine the technical and administrative support base needed for optimum implementation, monitoring and evaluation of government policy in Africa. Although these are still mostly presuppositions as there is yet no concrete research to support these assertions, the logical basis for such hypothetical stance should not be taken lightly.

Practical workplace challenges

Disease progression in HIV/AIDS is staged in four phases:

- Infection stage
- The incubation years
- The HIV morbidity years
- Death

⁴¹ Whiteside and Sunter 2000: 98; Rosen et al 2000:300

⁴² AIDS /AFRICA: 2001

This period from infection to illness and death is important in focusing management interventions. It is believed that this incubation periods in the West will be about 10years, while in Africa it is estimated at between six to eight years.⁴³ With anti retroviral treatment and good nutrition among other factors, life expectancy is expected to increase. With these issues in mind one will dare to suggest that a well administered intervention by management in the work place which target these stages in disease progression is necessary in developing an HIV/AIDS operational plan along with prevention programs.

Based on these areas broad areas of disease progression, the impact of HIV/AIDS on the public service will result in the following practical challenges:

- **Morbidity and absenteeism**

Infected employees will utilize more sick leave resulting in disruptions within their work environments. Increases in deaths will lead to increased absenteeism as employees attend funerals for family members, friends and colleagues.

- **Mortality or retirement**

The loss of an employee requires an appropriate replacement to be appointed and trained.

- **Staff morale**

The fear of infection and death with resulting increased suspicion of others as well as resistance to take on additional responsibilities for sick colleagues may have a negative effect on staff morale.

- **Costs**

The public service will feel the impact of increased financial implications in terms of employee benefits.⁴⁴

- **Providing services in remote areas**

Services in remote areas and disadvantaged communities will be vulnerable to absenteeism or deaths among staff due to shortages of skilled staff and resource constraints.

⁴³ Whiteside and Sunter 2000:9

⁴⁴ Managing HIV/AIDS in the Workplace, 2002, p. 15

3. Response strategies

Strategies will be discussed by first looking at some broad based national interventions based on legislations and policies, with an elaboration of the South African context. Response will then be narrowed down to strategies that impact directly of human resources management. Two areas of focus will be the Employee Assistance Programmes (EPA) and the subject of mentoring.

3.1 National Response to HIV /AIDS: Legislative and policy overview

The first policy intervention in Nigeria was in 1997 adopted under the Ministry of Health with a focus largely based on prevention. It however took the country four years to initiate an HIV/AIDS Emergency Action Plan (HEAP) in 2001. The action plan had two broad goals: the creation of an enabling environment for HIV/AIDS interventions and an intervention to control the spread, that is to say prevention (National Action Committee on AIDS 2001; HIV/AIDS emergency Action Plan). When Nigeria was still recording its first official HIV/AIDS case in 1986, the Ugandan experience indicates an earlier involvement in the fight against HIV/AIDS in the 1986 inauguration of the National AIDS Control Program (NACP). Later in the 1990s Uganda adopted a multi-sectoral approach with the Uganda AIDS Commission in 1992 and the National HIV/AIDS strategic framework in 1998. Malawi's fight against AIDS began earnestly with the publishing of its national strategic framework for HIV/AIDS in 1999 and the National AIDS control program. Finally, one major challenge that Nigeria faces in its fight against HIV/AIDS is that of late timing. The country's beginning intervention is but a few years old, today there are over 3.5 million Nigerians living with the virus. This is a far cry from Uganda although Malawi's governmental intervention is still recent.

The UNAIDS progress report indicated that about 40 percent of countries, including half of countries in sub-Saharan Africa, have not yet adopted anti-discriminatory legislation to protect people. There is no legislation on HIV/AIDS in Nigeria. Despite ad hoc committees in parliament on HIV/AIDS, no bill has been passed yet. However in 2003, the 1997 policy was reviewed with a more comprehensive and multi sectoral approach to interventions. This policy becomes the framework for developing specific sectoral policies, in terms of

prevention, care and support for people living with and affected by HIV/AIDS and HIV/AIDS impact mitigation through treatment programmes and rights and legislations along this line.⁴⁵ The Federal Ministry of Health also signed a tripartite agreement with labour unions and employers of labour to negotiate an HIV/AIDS work place policy, hopefully to be launched in 2004. In 2001, Malawi issued a comprehensive policy in HIV/AIDS in the work place, aimed at protection of rights of workers, detailed guidelines and confidentiality, as well as benefits and dismissal grievances. Although Uganda has success in reducing its prevalence rate to 5%, there is no coherent policy or law that protect PLWA in the work force. Almost twenty years since government's first intervention, PLWAs still suffer discrimination.

In South Africa, the National Minister for Public Service and Administration through the Department of Public Service and Administration is responsible for the formulation of human resource management policy directives, including those dealing with employee assistance programmes. Recognising the impact of HIV/AIDS on South Africa and the Public Service, the Minister initiated an Impact and Action Project in January 2000, which is aimed at ensuring that the Public Service is able to sustain a quality service in spite of the progression of the AIDS pandemic.

In consultation with stakeholders the Department of Public Service and Administration has 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 Minister has amended the Public Service Regulations, 2001, to ensure the proper management of HIV/AIDS in the workplace. The policy framework is aimed at ensuring that the working environment supports effective and efficient service delivery, while as far as reasonably possible, taking employees' personal circumstances, including disability, HIV/AIDS and other health conditions into account.

South Africa like in other African countries, such as Nigeria (National Action Committee on AIDS: NACA) and Malawi (National AIDS control Programme NACP), has various structures/bodies that have been established to coordinate the response to HIV/AIDS. The South African National AIDS Council is the highest HIV/AIDS advisory body set up to, amongst others, advise government HIV/AIDS/STD policy, advocate the involvement of sectors and organizations in implementing programmes and strategies and to recommend appropriate research. There is also the Interdepartmental Committee on HIV/AIDS. This committee of national department representatives was established in 1998 and meets monthly. Its goals include the development of HIV/AIDS workplace policies and programmes in all departments, advocating for the allocation of financial resources to HIV/AIDS, and capacity building and support amongst departments. Finally, the Provincial HIV/AIDS structures bring together representatives from provincial departments to support the development of integrated HIV/AIDS policies and programmes.⁴⁶

The enactment of laws and legislations creates an enabling environment for HIV/AIDS interventions from all sectors. It is upon these laws that sector relevant policies that govern a whole management approach to HIV/AIDS in the work place can thrive.

3.2 The public service response

⁴⁵ Federal Government of Nigeria 2003. The National HIV/AIDS Policy

⁴⁶ Managing HIV/AIDS in the Workplace, 2002, p. 28 – 30

Given the challenges and the expected impact of HIV/AIDS on the public service, the following approach has been adopted in the South African public service:

- Various government HIV/AIDS structures have been established to manage the response to HIV/AIDS. These structures fulfill different functions aimed at building an effective Public Service HIV/AIDS workplace response.
- National policy setting minimum requirements to be met by Government Departments/Agencies has been formulated and regulated.
- Guidelines have been developed at national level to assist Departments/Agencies to implement in-house programmes and policies to manage the impact of HIV/AIDS.
- Individual Departments are putting in place policies and programmes in line with the national norms and standards.

3.3 Human resources response strategy

A multisectoral approach it is presumed can also be associated with cross sectional partnerships. There have been successful management programs in the private sector that can be introduced into the public sector as best practices. In Africa, programmes like the Comprehensive AIDS management programme of Debswana Diamond Company in Botswana,⁴⁷ and the Shire Bus lines in Malawi⁴⁸ stand out. These interventions included comprehensive work place policy and collective bargaining agreements with employees to enforce key aspects of policy and treatment. Best practices from the private sector can be introduced to the public sector. The comprehensive AIDS management programmes like that of Debswana Diamond Company in Botswana is a point in case.

Rosen and Simon suggest that a model for basic management response strategies in the private sector can be on three major fronts, namely-

- Prevent new infections;
- Avoid or reduce the cost associated with existing and future infections; and
- Provide treatment and support for infected employees to extend their productive working lives and thus postpone the costs of infection.⁴⁹

Although the authors deal with HIV prevention and treatment programmes in business from the productive investment perspectives for business, this discourse will take it further to use two of these strategic responses as a model for managing the HIV/AIDS human resources challenge in the public sector. The focus will be on strategies based on bullets 1 and 3, above. To motivate this stand point, the second strategy as acknowledged by the authors themselves, is predicted as a possible future option for businesses so it will not be considered in the representation that is to

⁴⁷ National Academy of Public Administration/USAID: 2003

⁴⁸ University of California San Francisco: 2003

⁴⁹ Rosen et al 2000:300

follow. The following table attempts to present the interactions of management engagement using the two strategic responses for the already highlighted stages of disease progression to manage some of its impacts.

Disease progression	Impact on human resources	Strategic Response 1&2
Employee is infected	No impact at this stage	1. Prevent new infections: Voluntary counseling and Testing VCT; awareness programmes (e.g. condom distribution, issues on stigma and human rights)
Incubation Years	No significant impact at this stage	1.Prevent new infections: Awareness: nutrition, condom distribution, issues on stigma and human rights.
HIV/AIDS related sickness and morbidity	Absenteeism, low staff morale, reduced performance, attention of human resources on employee assistance programmes	2. Provide treatment and support for sick employees: Employee Assistance Programmes (EAP); treatment
Death	Loss of skill base; low performance, new recruit	

Adapted from Whiteside and Sunter 2000

Stigma and discrimination attached to the disease still hampers effectiveness at the infection stage. Early intervention strategies to prevent infections and possibly extend incubation periods through awareness on safer sex and nutrition are thus sometimes compromised. One of the main objectives of interventions at the morbidity stage is to prolong life, through treatment of opportunistic infections, nutrition. Rosen and Simon argue that interventions to prolong life amongst other things reduces the impact on the morale, motivation and concentration of the rest of the workforce having colleagues fall sick.⁵⁰ It also creates more time to develop other strategies like normalizing mentoring, training replacement employees and managing the resultant loss of work force skills.

For the purposes of this paper attention will be paid on the response based on treatment and support. In particular the Employee Assistance Programme and mentoring to address the loss of skills and institutional memory will be discussed.

Employee assistance programmes (EAPs)

⁵⁰ Rosen et al 2000:303

Cases of trauma such as HIV/AIDS infection are dealt with in many institutions, both in the public and private sectors, through Employee Assistance Programmes (EAPs). These programmes are supported or informed by HIV/AIDS programmes and policies. According to an article in Life Support, dated 28 January 2002, the terrorist attacks on New York and Washington, resulted in a greatly increased workload and prominent visibility for EAPs. EAP practitioners in the two cities, worked day and night for weeks providing grief support and trauma management services. The article indicated that the incidents of 11 September reinforced the value of having an EAP with strong trauma response capabilities, not only in the case of a major disaster, but also on a daily basis.⁵¹

- **Definition of employee assistance programmes**

According to the constitution of the Employee Assistance Professional Association of South Africa (EAPA), the EAP is defined as follows:

“A worksite-based programme designed to assist in the identification and resolution of productivity problems associated with employees impaired by personal concerns, including, but not limited to, health, marital, family, financial, alcohol, drug, legal, emotional, stress, or other personal concerns which may adversely affect employee job performance.”

EAP's deliver comprehensive, quality services to three target groups: the organization as a whole, supervisors, worker organization representatives and employees and their family members.

According to the EAPA, the specific core activities of EAPs include the following:

- Consultation and training to appropriate persons in the identification and resolution of job performance issues related to employees personal concerns and difficulties.
- Confidential, appropriate, relevant and timely problem assessment services.
- Appropriate and relevant referrals for diagnosis, treatment and assistance.
- The formation of linkages between the work-site EAP, community resources and individual practitioners who provide such services.
- Follow-up services for employees who utilize the services.

An article by Stanford Mamoshito Malatji in the SA Labour Bulletin of December 2000, indicate that the aim of EAP's is to develop South Africa's productive capacity by preventing the impact of such political, social and economic malaise on the individual, the organization and the economy.⁵²

- **The need for EAP's**

The impact of problems experienced by the individual, has serious consequences on the organization as it could manifest itself through behaviour such as increased absenteeism, tardiness, poor productivity and decision-making, damage to equipment, safety

⁵¹ Life Support, 28 January 2002

⁵² SA Labour Bulletin, December 2000

violations, increased attitude and behavioural difficulties, poor interpersonal relationships, family alienation, increased stress, and financial problems.

A factor, which has increasingly influenced the well being of employees and the economic viability of organizations, is the impact of HIV/AIDS. HIV/AIDS is a pandemic that has infected and affected all organizations in South Africa. Infected employees are constantly falling ill, which results in increasing numbers of absenteeism and loss of staff in the workplace. Infected and affected employees become non-productive as a result of a number of factors, such as depression, low morale and self-esteem. HIV/AIDS also poses threat to a healthy economic development in South Africa.

Other social factors, which have a negative impact on the economic growth of organizations, are factors such as excessive substance and alcohol consumption and abuse. Research has shown that employees that are substance or alcohol dependent could cost an extra quarter of his or her salary per year in terms of absenteeism, occupational accidents, and loss of productivity. Another factor that has serious economic influence on organizations is sexual and racial harassment in the workplace. Research has indicated that 76% of South African career women have been subjected to some form of sexual harassment in the workplace and most indicated that they would rather resign than make an issue out of it.

EAP's became popular in the United States in the 1950's as a tool for employers to assess employee problems arising from alcohol abuse and to provide a referral system for appropriate counseling and/or treatment. While alcohol-related problems may be the factor that instigated the development of EAP's, the programmes today, focus on assisting employees to deal with personal problems that may have a negative impact on their work performance, such as those mentioned above. It is a tool used by employers to deal in a practical way with employee problems. EAP's can assist the employer in reducing overhead costs through increased attendance and boosting morale and motivation. EAP's serve to improve the general health and well-being of employees, providing employers with a competitive edge in retaining and recruiting suitable employees. Some EAP interventions and strategies are reactive, addressing troubled employees. Other EAP's are proactive, offering education, life-skills training, promotion and awareness to ensure the prevention of problems.

In establishing an EAP policy, the following should serve as guidelines:

- The EAP should focus on proactive intervention involving preventive measures, which seek to eliminate the cause(s) of the problem(s).
- Participation should be voluntary.
- Senior management should openly support the introduction and operation of the EAP.
- The organization should ensure that it is convenient for employees to use the EAP because it is recognized that this is the only way in which optimum uptake can be attained.
- It should be company policy to ensure confidentiality for those using the EAP. Employees should feel comfortable in acknowledging their problems and seeking assistance.
- The EAP should be used both for treating existing employee problems and as an educational tool, such as health promotion to help prevent particular problems arising.

- **Succession planning**

In order to inform human resource planning in a department it is necessary to obtain estimates of how many employees are infected and will become infected, when they will fall ill, what care they will need and when they will die. Making these conclusions are not easy but employers do collect vast amounts of data regarding their employees which can be used as starting point. These include sick leave, early retirements for health reasons, deaths in service and staff turnover.⁵³

Having established the impact on the organization, departments can start planning on how to ensure appropriate succession. In conducting succession planning departments:

- Determine what employee movement needs to occur.
- Focus on the management and development efforts of key employees.
- Links the human resource plan with the strategic and business plan.
- Forecasts the recruitment needs of the future.⁵⁴

- **Mentoring**

A strategy often used in succession planning is mentoring which is in many cases accompanied with the fast-tracking of employees. Mentoring is a tool that organizations can use to nurture and grow their people. It can be an informal practice or a formal program. Protégés observe, question, and explore. Mentors demonstrate, explain and model. The mentor's job is to promote intentional learning, which includes capacity building through methods such as instructing, coaching, providing experiences, modeling and advising.⁵⁵

Having established where crucial succession interventions need to be put in place, departments can initiate mentorship programmes to prepare selected employees and new recruits for their future roles.

Regulating the Human Resource Management Response

The public service consists of various departments or agencies. The need to coordinate a response to HIV/AIDS has already been discussed. In the South African public service the National Minister for Public Service and Administration has issued regulations that provides the framework for departmental responses to HIV/AIDS. In brief the regulations prescribes the following:

- Identifying and dealing with occupations where employees are at higher risk to be infected.
- Non-discrimination in the workplace.
- How to deal with HIV-testing.
- Confidentiality and disclosure.

⁵³ Managing HIV/AIDS in the Workplace, 2002, p. 58

⁵⁴ www.developingexecutives.com

⁵⁵ www.emt.org/userfiles/Resources/MentoringProgOperationsManual

- The establishment of HIV/AIDS programmes including health promotion programmes.
- The establishment of monitoring and evaluation mechanisms.

Guidelines

To assist with the implementation of the South African Public Service Regulations, the Department of Public Service and Administration has developed a Guide which provides practical guidance and information on how departments should respond to the threat of HIV/AIDS in the workplace and as such the Guide complements the Regulations. In essence the Guide is expected to assist departments in planning, developing, implementing and monitoring and evaluating workplace HIV/AIDS policies and programmes.

In brief the Guide provides for the following:

- Principles are laid down to guide a workplace response to HIV/AIDS.
- Introducing HIV/AIDS policy and planning.
- Guidance on the establishment of human resources, structures and partnerships to ensure effective HIV/AIDS response.
- The development of HIV/AIDS workplace policies and programmes.
- The development of HIV/AIDS and STI prevention programmes.
- Treatment, care and support to infected and affected employees.
- Capacity building within departments.
- Successful communication strategies.
- Monitoring and evaluation of programmes.

4. LESSONS LEARNED FROM THE AFRICAN EXPERIENCE

In concluding taking a broad look at some of the core fundamental areas for improvement in adopting a strategy for engagement will be necessary. Africa's approach as already highlighted has to be unique, with a broad based foundation of ownership of this unique crisis. These lessons should be a stepping stone for adopting change management strategies for reorientation in the African experience.

The most important lesson learned from the South African experience is that Government (and therefore the ruling party) must understand the full scope of the problem posed by HIV/AIDS for the Public Service. In the case of South Africa, Government at an early stage started to grapple with the impact of HIV/AIDS in the public service and therefore was in a position to direct the public service's response through national policy and guidelines. In implementing this policy, the following came to the fore as issues that impact on the success of the HIV/AIDS strategy:

4.1 Need for a coordinated approach

A decentralized public service as large as that of South Africa requires strong coordination and leadership from national government if a success is to be made of implementing strategies to effectively deal with the impact of HIV/AIDS. As in many areas of Africa, large portions of South Africa are underdeveloped and Government is faced with major challenges in dealing with poverty alleviation, infrastructure development and job creation. To compound this problem, provincial administrations in many instances do not have the skills and resources to meet these challenges.

Within the area of human resource management capacity problems are prevalent in many provincial departments. Employee assistance programmes are not necessarily accorded the same attention as basic personnel administration matters. A strong national framework with guidelines assists such departments in overcoming the capacity problems that may exist.

4.2 Need for continuous monitoring and evaluation

The continuous monitoring and evaluation of the implementation of programmes to deal with the impact of HIV/AIDS is important for the following reasons:

- Despite national policy initiatives and guidelines, departments may still be experiencing problems with implementation issues. Monitoring and evaluation will allow strategic intervention where required.
- National as well as departmental policies and programmes may contain deficiencies that will only be identified through thorough monitoring and evaluation.

As part of the monitoring and evaluation of HIV/AIDS programmes, a rapid assessment of HIV/AIDS programmes in the South African Public Service was done during July 2003 for the Interdepartmental Committee on HIV/AIDS. The focus of the assessment was national government departments.

The survey found the following:

- Strong departmental awareness programmes were evident accompanied by strong male condom distribution programmes.
- Voluntary counseling and testing programmes as well as care and support programmes were insufficiently established.
- Peer education programmes have been established in less than half of the departments involved.
- Whilst employee assistance programmes have been established in 78% of the departments involved, the proactive involvement and leadership of persons living with HIV/AIDS remains problematic.
- Only 44% of the departments involved reported that they have HIV/AIDS related services available to the family members of their staff whilst 37% report that they are involved with outreach work to the community.
- Only 50% of the departments involve have a dedicated budget allocation for HIV/AIDS programmes.⁵⁶

⁵⁶ Rapid Assessment of Departmental HIV/AIDS Programmes, 2003, pp 3 – 5

The findings in respect of national departments suggests that the regulations and guidelines issued by the Minister and Department for Public Service and Administration are being used as a basis for programme development and implementation. The slow progress made with the implementation of the programmes and in achieving full compliance with the Regulations is of concern.

What is more of concern, however, is the fact that the survey did not include provincial departments. The results of monitoring and evaluation exercises involving human resource practices have clearly indicated that provincial response to national policy initiatives have traditionally been a lot slower and more ineffective. Taking into consideration the fact that 70% of public servants are employed in the provinces and the slow progress at national level, serious questions could be raised about the readiness of the Public Service to deal with the impact of HIV/AIDS.

The Public Service Commission has activated a project to investigate the implementation of HIV/AIDS programmes and employee assistance programmes across the Public Service. The results of this project should provide more definitive answers to these questions and also allow a more in depth critique of the national policy initiatives that have been put in place.

During a Public Service HIV/AIDS Indaba participants identified the following as the major challenges that had to be overcome to ensure effective implementation of HIV/AIDS programmes:

- There must be a higher level of buy-in from management.
- HIV/AIDS co-ordinators and committees should be more committed.
- There should be increased budget allocation to HIV/AIDS programmes.
- Stronger awareness and interest should be created in Human Resource divisions.⁵⁷

The results of the project of the Public Service Commission should indicate what additional challenges must be addressed.

4.3 Linking of HIV/AIDS workplace programmes with HIV/AIDS and STI prevention programmes

An effective strategy to deal with the impact of HIV/AIDS in the workplace is to extend workplace programmes beyond merely planning for succession and providing employee assistance. The South African experience has shown that HIV/AIDS prevention campaigns are an important if not compulsory element in establishing an effective HIV/AIDS strategy.

4.4 Budgeting for the impact of HIV/AIDS

Many challenges are facing managers in dealing with the costs of HIV/AIDS. Posts have to be created for coordinators, programmes have to be funded and the indirect costs of HIV/AIDS have to be provided for. If not appropriately accommodated in the formal budget, HIV/AIDS initiatives may simply not receive the attention it deserves. This was clearly illustrated by the snap survey conducted at national departments in the South African public service.

4.5 Getting management on board

⁵⁷ Public Service HIV/AIDS Indaba Report, 2003, p 22

An unfortunate tendency amongst management is to ignore human resource management issues and to rather only focus on line function activities. In order to effectively deal with HIV/AIDS in the workplace, the buy-in of top management into the objectives and requirements of programmes is an absolute requirement.

5. RECOMMENDATIONS

The strategy that I will propose in this Chapter emanate to a large extent from the lessons that have already been learned. The Guidelines developed for the South African public service serves as a further point of departure. Circumstances at political and administrative level differ from country and the extent and format in which the proposed strategy could be applied will therefore also differ.

5.1 Establishing a governing framework for a response to HIV/AIDS

The need for a coordinated approach to deal with the impact of HIV/AIDS has been discussed at length in the Paper. In establishing a governing framework the following should be given attention.

- International guidelines

A number of international guidelines have been developed to guide the response of governments to HIV/AIDS. These include:

- The UNAIDS HIV/AIDS and Human Rights International Guidelines (1998).
- The SADC Code of Good Practice on HIV/AIDS and Employment (1997).
- The ILO Code of Practice on HIV/AIDS and the World of Work (2001).

- Laws of the country involved

Each country should possess a legal framework that guides the HIV/AIDS response of employers in the country. In South Africa, for example, HIV/AIDS strategies are informed by the Constitution, 1996, Labour Legislation, Equity Legislation and Legislation regulating medical schemes. In many instances guidelines and policies are issued to supplement these Laws. In the South African context for example, a Code of Good Practice on Key Aspects of HIV/AIDS and Employment was attached to both the Labour and Equity Legislation.

- Public Service Legislation and policy

The South African legislative and policy framework was discussed at length in this Paper. Establishing such a framework that obligates individual departments to act is of utmost importance. It plays a further important role of ensuring that minimum standards are laid down and abided by.

- Supplementing legislation with guidelines and best practice

Individual departments may not have capacity to implement the frameworks laid down by regulations and other forms of national policy. Providing guidelines that supplement national legislation and policy therefore plays an important role in accommodating

capacity problems. In addition it ensures that departmental specific responses to HIV/AIDS are not unnecessarily delayed. Governments in need of a framework for such guidelines could contact the South African Ministry for Public Service and Administration. The Guidelines are also available electronically at the following web address: www.dpsa.gov.za.

5.2 Establishing a workplace HIV/AIDS policy

Establishing a policy on HIV/AIDS provides a sound framework within which all responses can be situated. In developing such a policy relevant information must be taken into consideration such as-

- Minimum standards laid down by law.
- Leading practices.
- Technical expertise for legal advice.⁵⁸

The workplace policy should provide for matters such as:

- Non-discrimination.
- HIV testing.
- Confidentiality.
- Workplace Health and Safety.
- Workplace programmes focusing on education and awareness, prevention programmes and programmes to promote openness, acceptance and care for affected employees.
- Roles and responsibilities should be clearly indicated.
- Applying a monitoring and evaluation strategy.⁵⁹

5.3 Conducting impact assessments

In order to inform human resource planning in a department it is necessary to obtain estimates of how many employees are infected and will become infected, when they will fall ill, what care they will need and when they will die. Making these conclusions is not easy but employers do collect vast amounts of data regarding their employees, which can be used as starting point. These include sick leave, early retirements for health reasons, deaths in service and staff turnover.⁶⁰

5.4 Planning and budgeting

Departments need to determine at an early stage what resources are required (human and financial) to implement their HIV/AIDS programmes. Detailed costing should be done of the implications of the programmes and be included in departments' medium and long term strategic planning and budgeting processes. Both direct costs (awareness campaigns, increased benefits, increased recruitment) and indirect costs (reduction in productivity, absenteeism, workplace moral) should be taken into consideration.

⁵⁸ Managing HIV/AIDS in the Workplace, 2002, p. 50

⁵⁹ Managing HIV/AIDS in the Workplace, 2002, p. 52

⁶⁰ Managing HIV/AIDS in the Workplace, 2002, p. 58

5.5 HIV/AIDS monitoring and evaluation

Thee benefits of monitoring and evaluation HIV/AIDS programmes have been discussed in detail in this paper. Clear indicators must be formulated that will allow effective monitoring and evaluation. These indicators include time-frames, targets and goals.

6. CONCLUSION

Having traced the plethora of challenges that confront Africa, and having mapped out certain possible routes to engaging with the pandemic, it must be stressed that while none of these targets for engagement are new, what is emphatic in the approach of this paper is to bring forward the issues of African ownership for solution of her challenges and of solutions given her peculiar environment. It should be acknowledged at this juncture that although the Arican continent has made strides towards tighter regional integration and self help, she is a long way from the beginnings of change.

In proposing a human resource response, this paper took special exception to the Employee Assistance Programme (EAP) due to its unique reflection of the spirit of Africanness (Ubuntu), working together for change.

Africans should not forget therefore her early thriving communities based on traditional values of brotherhood and enduring cultures incomparable to any in the world. This we premise is one approach that will reduce stigma, as well as create a sense of ownership especially as Africa moves from the era of the infected to the affected. This is not to say that core strategic thinking in curbing the tide of deaths and infections will not suffice a comprehensive approach of involving all sectors and all tangents of the disease. Moreover, while recognizing strategies that will mitigate the impact of HIV/AIDS in the workplace, a holistic picture for engagement indicates that poverty and food shortages, gender based discrimination imbedded in various African indigenous cultures, as well as limited access to basic education are still some of the core response imperatives that will need ongoing interventions in Africa.

Finally, the philosophical undertone of this conclusion is intended to place value along side solutions. This means that while the search for solutions continue, where possible those African traditional values that define the African fighting spirit should be encouraged to rise above the fear and trepidation in any challenge. It is hoped that this paper has served to stimulate African minds to the need for collective commitment from the leadership to the led, to fully put our resources and our sense of oneness to deal with this pandemic.

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