



HIV/AIDS Workplace Policies and Programmes

For the Public and the Private Sector

International Symposium

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Foreword

Despite all prevention efforts, the HIV/AIDS epidemic is continuing to spread and take its toll, especially in Sub-Saharan Africa, but also in other regions of the world.

New approaches need to be found in order to reach broader sections of the population. Addressing HIV/AIDS at the workplace has proved effective in preventing the spread of HIV and reaching those who need treatment.

The private sector has moved quickly to implement workplace policies for its staff. As one example of international cooperation in this area, GTZ has supported private companies in the Democratic Republic of Congo, South Africa, Namibia, Tanzania, Zambia and Mozambique on behalf of the German Government. In 2002, GTZ introduced a workplace policy for its 11,000 staff employed worldwide.

The public sector, as a major employer in most countries, needs to follow suit. The conference in Dar-Es-Salaam provided an opportunity for the exchange of experts between the private and public sectors.

We hope that the recommendations from the meeting will be helpful for those who want to embark upon this new challenge.

On behalf of all the co-organisers



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Background to the Conference

The results achieved by the best and most professionally run WPPs have been dramatic on all counts. In May 2003, an International Symposium organised by GTZ in collaboration with ILO, the World Bank and Georgetown University, USA and held in Berlin, Germany, focused on HIV/AIDS workplace programmes for the private sector. The sector was mainly represented by large-scale multinational corporations such as Heineken, Daimler Chrysler, BMW and Volkswagen – all of which have strong presences in Sub-Saharan Africa where the HIV/AIDS crisis is most acute.

These corporations employ thousands of people of varying degrees of skill in several regions of the world. Like all other commercial organisations located in high HIV/AIDS prevalence areas, their activities, output, productivity, planning and profitability have been adversely affected as a direct consequence of the HIV/AIDS epidemic in their areas of operation.

The companies reported that the adverse impact of the disease was not confined to quantifiable parameters. Whilst the costs of absenteeism, high staff turnover, prolonged sick leave - and the loss of expertise, productivity and profits could be calculated, it was much more difficult to put a monetary value to low morale, depression, fear and the sense of helplessness that HIV/AIDS induces.

These negative ripples, company representatives said, fan out from work-places to reach all shores of the communities around them. Few environments are more poisonous to the health of business than that which is produced by the multiple effects of HIV/AIDS.

Many of these corporations had become convinced that unless they engaged actively, within their own spheres of control, to fight the spread of the illness and mollify its effects on their workers, their families and their communities, their businesses would flounder. The cost of doing nothing far outstripped the cost of doing something.



Group picture of the delegates during the Dar es Salaam Symposium

They teamed up with specialised local and international agencies like GTZ and ILO to map out Work Place Policies and Programmes (WPPs). Fortunately, implementation of WPPs was made more feasible because of the global reduction in the costs of both preventative measures (such as providing information, counselling, testing and condoms) and treatment (care, de-stigmatisation and antiretroviral drugs).

The results achieved by the best and most professionally run WPPs have been dramatic on all counts. New infection rates have been drastically reduced; communication leading to safer life styles has been very effective; the number of people asking for voluntary testing has shot up; there has been a culture change in the way both the victims and the disease is viewed; treatment is prolonging life thus enabling victims to make provisions for their families; morale has improved and workers and their families feel more secure about the future.

On the commercial side, this has translated into higher productivity, better quality of output, a more pleasant working environment, a genuine feeling of corporate responsibility and an increase in profitability.

The clear conclusion from the Berlin Seminar was that WPPs were essential in HIV/AIDS prevalent areas and that they worked not only within the work place itself but also in the communities surrounding the work place. The benefits, both from commercial and humane standpoints far outweighed the costs of installing WPPs.

It was also clear that the lead taken by the private sector had given it a degree of expertise in planning and implementing WPPs. The question therefore was whether or not these strategies could be modified, adapted and scaled-up to be profitably applied to the public sector. If this could be done, then given the vast size of the public sector in developing regions – especially Africa – the battle against the disease could move up two or three gears.

Could a public-private symbiosis in the fight against HIV/AIDS prove as effective as it has been in other fields of activity?

It was against this background that the decision was taken to hold an exploratory international symposium on the impact of HIV/AIDS related WPPs in the public sector.



Panel, from left: Keith Hansen (World Bank), Dr Sabine Beckmann (ILO), Peter Conze (GTZ), Dr Bernhard Liese (Georgetown University), Johanna Knöss (GTZ)

GTZ – together with its cooperation partners from the 1st Symposium in Berlin – the ILO, the World Bank and Georgetown University organised the two-day conference, which was held at Dar es Salaam, the capital city of Tanzania.

A total of 120 delegates including the two Vice-Ministers from Tanzania, representatives from eight African countries and from the Philippines and Paraguay attended the meeting.

The aim was to ascertain the multiple roles the public sector plays in developing countries, to assess the impact of HIV/AIDS on the sector's performance and explore the sector's potential as a powerful force against the spread of the epidemic.

The Dar es Salaam Symposium was historic because this was the first time that such a high-powered international gathering had focussed the spotlight specifically on ways and means to combat the impact of HIV/AIDS in the public sector.

The following report is a condensed version of the deliberations and conclusions of the Dar es Salaam Symposium.

- A full list of participants and the programme is appended at the end of the report.
- The presentations are available on: www-hsd.worldbank.org/wpp2004
- For further information on the Berlin seminar, please refer to: www-hsd.worldbank.org/wppsymposium2003

The role of the Public Sector in African economies

“Economic growth is impossible when institutions are weak and public sector organisations are dysfunctional.”

Poverty and disease, specifically HIV/AIDS, are two sides of the same coin. Change one side – and inevitably the other side changes. The UN’s Millennium Goals – halve poverty and HIV/AIDS rates by 2015 – aim to tackle both simultaneously. The way out of the poverty trap is through accelerated economic growth.

But the lion’s share of national resources in most African countries today, said Malcolm F. McPherson of Harvard University on the opening day of the conference, goes towards simply trying to hold the frontline against the impact of the destructive twins – poverty and ill-health. Very little – if any at all – is left over with which to grow the economy and take the first steps to climb out of the poverty pit.

The New Partnership for African Development (NEPAD) has calculated that in order to meet the Millennium Goals set for 2015, the region will have to grow at an annual rate of seven percent. But World Bank data indicates that between 1980 and 2002, average real income per capita across the region declined by close to one percent per annum. (Although GDP rose by around three percent in 2002 and 2003, economists see this more as a blip rather than the beginning of sustained positive growth.)

In order to achieve the ambitious target of a seven percent growth – the absolute minimum required to meet Millennium Goals – investment will have to rise from its current regional average of 20 percent to 35 percent and productivity will also have to increase considerably for real growth to register.

“Where will the additional investment be found?” asks McPherson. It will not come from governments or their agencies, as their finances are already grossly overextended. Donor aid is not designed for rapid economic growth nor is it likely to double over the next few years. This means that new investment can only come from foreign and domestic investors.

McPherson argues that most investment sectors attractive to foreigners – oil, minerals and tourist facilities – are already being financed and it is unlikely that these investments will double or quadruple in the foreseeable future.

Local investors, at present, seem reluctant to invest domestically and prefer to transfer their funds abroad. “As experience from other regions has shown, foreign investors will not risk their resources while locals hold back,” adds McPherson.

If governments cannot mobilise additional resources and donors will not provide them, then economic growth can only accelerate if the local private sector provides the additional resources required. But all companies, local and foreign, will not expand their operations unless they are convinced of future growth prospects. This is where the malign influence of the AIDS epidemic in Africa is most keenly felt.

McPherson warns, “HIV/AIDS truncates decision makers horizons and reduces income as productivity declines.” The higher the prevalence rates, the lower are expectations of future growth. In such situations, investments decline rather than increase.

Is there a way out of this doom-laden scenario? NEPAD believes, optimistically, that if donors add an extra 10 percent of GDP to the current African average savings rate of around 20 percent, foreign and local investors can fill the breach and raise investment rates to the target of 35 percent.

But additional investment into Africa can only be made attractive if reforms in key areas of governance are carried out. Principal among these is the creation of a competent, well-managed public sector. “Economic growth is impossible when institutions are weak and public sector organisations are dysfunctional,” says McPherson.

Robust economic growth that expands business activity and raises the living standards of the general population will not materialise unless the public sector can be considerably strengthened.



In Africa, unfortunately, public sector capacities (human, organisational, institutional and financial) are weak as a result of three decades of partial reform, limited public resources and over-stretched development agendas. In high HIV prevalence countries, these capacities are in fact, declining.

In this situation, argues McPherson, "Private companies have two options. They can stand aside or they can become constructively engaged. The former will result in the further erosion of public sector capacities thereby undermining growth and development. The latter provides an opportunity for boosting public sector capacities in ways that support rapid economic growth. Standing aside is a dead-end strategy; whereas business sector engagement with the public sector offers the potential for large mutual benefits."

Some headway in constructing public-private partnerships has already been made in several areas of the economy but the shadow of HIV/AIDS continues to undermine the performance of the public sector.

Nevertheless, an encouraging sign has been the realisation that public-private partnerships need to be extended to the battle against HIV/AIDS.

Examples include: *The Cabinda Gulf Oil Company in Angola, which has worked with local government to screen blood and Chevron-Exaco, which has helped to staff DOTS clinics also in Angola. *GTZ, which designed and implemented a WPP for the Mbeya Cement Company in Tanzania has extended its services to the Mbeya district itself. *The Kahama Mining Corporation of Tanzania has engaged local government and NGOs to improve local infrastructure such as housing, schooling, health facilities and water supply. *Volkswagen

South Africa which has worked with GTZ to implement a comprehensive workplace programme now expects to use its experience to contribute to public sector initiatives.

Other private sector organisations which have gained invaluable WPP experience and which are keen to pass this on to the public sector include Daimler Chrysler, BMW, Anglo American, Debswana and Heineken.

There are many other examples scattered over the region in which public-private programmes are working to promote HIV/AIDS prevention and mitigation.

However, despite the pivotal role that the public sector plays in African countries and despite the fact that a robust public sector is essential for African economic growth, thus far, no African country has produced any mechanism to protect this sector from the ravages of HIV/AIDS. It is therefore ironic that governments which actively promote WPPs in the private sector do not have workplace policies for their own employees. The seminar in Dar es Salaam was the first high-level international meeting to address this vital issue.

In summary, the conference heard, for Africa to begin to break out of its cycle of poverty and start to roll back HIV/AIDS, it needs rapid economic growth. To achieve this, it requires a robust and efficient public sector but this sector is extremely vulnerable to the very ills it is trying to combat.

The importance of the Public Sector in Africa

In order to combat the spread of AIDS and mitigate its effects, you need a strong public sector to generate growth and provide services; yet the prevalence of HIV/AIDS is weakening the public sector, severely crippling growth and wrecking havoc with the provision of services.

As in other developing regions, the public sector is the largest employer of labour in Africa. It is also the most important – and often the only – provider of services for many sectors. The public sector is essential in the provision of education, health services and agricultural support. Its role is crucial in the construction, maintenance and upgrading of national infrastructure – roads, railways, ports, airports, etc. The public sector maintains law and order, administers the legal system, is the main broadcaster of information and entertainment and is the largest provider of social services.

On average, 60 percent of the working population formally employed is to be found in the public sector. This sector employs the full spectrum of the national labour force, ranging from unskilled workers to highly qualified officials.

Collectively, the public sector is the largest conduit of skill, information and technology transfer. It is the main source of training and technical development at most levels.

In Africa, the role of the public sector is not confined to quantifiable tasks and duties. Hussein A. Mwinyi, the Deputy Minister of Health, Tanzania, gave delegates this definition of the concept of work. He said: “Here in Tanzania, we have a saying in Kiswahili - 'Kazi ni Maisha'. This means 'Work is life'. The workplace is more than a place of work. The workplace gives us our purpose in life, it gives us our identities, it provides us with the means of achievement, it opens us to new possibilities, it provides us with friends and colleagues, it is the foundry where we forge a better tomorrow for ourselves and our children; it is also, of course, our means of livelihood.”

The workplace, especially within the public sector, also plays another vital role in Africa. It is the point of interaction between tradition and modernity. Thus it is the most potent crucible of change. Ripples from the workplace spread out to reach the farthest corners of the nation state.

The public sector typically also employs a cross-section of a country's ethnic mix. It thus acts as a cohesive force ministering to the common needs of its diverse populations.

Experience has shown that countries with well-developed public sectors rarely fragment into civil strife; on the other hand, whenever the public sector is weak and disjointed, political instability is not far behind. Zimbabwe is a case in point. When it possessed one of the best-developed public sectors in Africa, it was one of Africa's great success stories; when the public sector began to disintegrate; its economy and social cohesion began to unravel.

As the largest employer in most African countries, the public sector's influence extends far beyond its circle of employees. Significant proportions of the workforce are the principal breadwinners of an extended family system. Salaries not only pay for day to day needs of the employees, they support parents, grandparents, siblings and other kith and kin – with the line often extending deep into rural heartlands.

It is this family support that frees children to go to school and allows school-leavers to train as teachers, administrators, doctors, nurses and so on.

When one public sector employee loses his or her job, or is unable to perform it because of illness or dies prematurely, the change in circumstance is environmental in its impact. The loss of income can, and often does, plunge the extended family into dependency, often ruins the educational prospects of children and cuts short professional training ambitions. It has been said – not without justification – that when one person loses his job, is ill or dies, the country loses three nurses, two teachers and one doctor. It also means that several people who might otherwise have become productive members of society instead end up as dependants



scratching out a subsistence living on the margins. It is clear therefore that in regions such as Africa, the importance of the public sector extends far beyond its economic and administrative functions.

We have already seen, in the preceding section, that the rapid acceleration of economic growth as called for by NEPAD cannot be achieved without a robust and efficient public sector working in tandem with the private sector. We have seen above how the public sector is crucial in several other ways: as a bridge between tradition and modernity, as a conduit of new ideas and techniques, as a national cohesive force and as 'capital' to allow the creation of the skilled and professional workforce that Africa so desperately needs.

"Work is life," said Mwinyi. "Anything which threatens our workplace threatens much more than a means of income". Unfortunately, it is Africa's public sector that has been hardest hit by the impact of the AIDS epidemic. The public sector is being stretched well beyond its limits by the effects of the disease. It has to cope not only with the loss of trained and skilled personnel as a result of the disease, but it is also forced to spread its already meagre financial, human and organisational resources very thin to provide essential services. Sectors such as education, health care and social services, essential both for economic growth and the fight against HIV/AIDS are themselves reeling from the impact of the disease.

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If the public sector is viewed as a giant company employing hundreds of thousands of people and providing services to millions, then it remains one of the few large-scale organisations without a dedicated anti HIV/AIDS workplace policy. This, quite clearly, is an alarming, if not catastrophic deficiency.

Delegates at the conference were unanimous in calling for an urgent plan of action to rectify the situation.

How Workplace Programmes function

The public sector touches everybody at some time or the other. It is this point of tangent that holds so much promise in the fight against AIDS. If changes of behaviour can be built into the conduct of the public sector and its point of congruence with the wider society, the march of HIV/AIDS can be stopped and eventually rolled back.

Workplace policies, in the context of HIV/AIDS, have evolved over the past few years with lessons being learnt from experience and successful programmes replicated and deepened. The lead was taken by large multinational corporations, most of which had built-in social corporate responsibility clauses. WPPs were often designed and implemented by specialised agencies such as GTZ, which were able to provide cost-benefit analysis.



The International Labour Organisation (ILO) moved the process forward by increasing the scope of public-private partnerships in the fight against HIV/AIDS. The ILO's Code of Practice on HIV/AIDS and the World of Work has been translated into 26 languages and the ILO's guide on workplace policies is the cornerstone of most private sector WPPs.

The Global Business Coalition Against HIV/AIDS is a good example of the private sector's commitment to workplace policies. This has become a powerful platform for business talking to business. It has set the standards for business policies on pre-employment procedures, HIV testing and non-discrimination measures.

However, the spurt of WPPs in the private sector has left the public sector lagging far behind. Franklyn Lisk, Director of ILO's Programme on HIV/AIDS and the World of Work warned delegates at the Dar es Salaam conference that such a situation was potentially dangerous.

"With the cost of antiretroviral drugs now greatly reduced and more and more companies able to offer treatment to their workers, the disparity in term of survival between employees in the private sector and other workers could trigger social disruption and conflict," he said.

It is essential for governments to establish public sector WPPs as a matter of national priority and to involve trade unions and other workers' groups in drawing up policies.

"States have the responsibility to protect their investment in human capital on which so much has been spent and on which so much of the future depends," says Lisk.

The ILO's tripartite approach – involving government, employers and workers simultaneously – puts it in an ideal position to bring the various players together in hammering out public sector WPPs.

So far, however, while some African ministries have drafted workplace policies, none has actually moved towards implementation. For many years, ministries concentrated their fight against HIV/AIDS on other, external target groups but did not think of themselves as a potential target group.

Uganda, which has already taken the lead in many aspects of this battle against AIDS, has completed a workplace policy for the Ministry of Education. South Africa will now test a large number of teachers to get a clearer picture of the AIDS burden within this profession.

What are the essential elements of a workplace policy?

WPPs have three main aims: (1) to prevent the spread of HIV/AIDS; (2) to provide care and treatment for those who fall victim and (3) to make provisions for the families of victims.

(1) Preventing the spread of HIV/AIDS. This involves alerting and sensitising the workforce to the dangers of AIDS. It may take the form of laying to rest rumours, overcoming superstitions, allaying fears regarding sexuality, virility and fertility and providing clear information on preventative measures such as the use of condoms, abstinence and faithfulness. It also involves the provision of sufficient quantities of condoms and easy access to them.

The second strand of prevention is detection. This has always proved a difficult area to deal with effectively. The workforce has to be provided with motives to encourage them to come forward for voluntary testing and counselling. Strict confidentiality, guaranteed job security, health insurance and the possibility of treatment are powerful inducements to encourage voluntary testing.

(2) Providing care and treatment. Treatment against the HIV virus and other opportunistic diseases using a cocktail of medications or combined drugs is usually provided in clinics and dispensaries and is funded by the respective employers. In cases where treatment is not available in the vicinity, some companies have established treatment centres of their own.



(3) Insurance Provisions. Private companies have used a variety of insurance schemes to cover death and sickness payments for their employees. This allows workers to make provisions for their families in case of death or disablement. It is also probably the strongest inducement for workers to submit to voluntary testing.

As we have seen elsewhere in this report, WPPs in the private sector have proved powerful tools in the fight against HIV/AIDS. By providing an accurate picture of the rate of infection and at the same time putting in place mechanisms that prevent the further spread of the disease, workplace programmes have been winning the war against the epidemic.

However, one must not lose sight of the fact that in the private sector, WPPs are the exception rather than the rule. The World Economic Forum carried out an Executive Opinion Survey of 7,789 firms in 103 countries on the impact of HIV/AIDS on their business. The conclusions are sobering. Most companies have poor information on which to assess the actual risks to their businesses and most companies have not developed policies to contain the business risks of this epidemic. However, the majority of companies are willing to play an integral part in a broader societal response to the epidemic.



Out of 216 organisations in Kenya, Uganda, Tanzania and Zambia, only 39 percent had a policy although 71 percent believed that employees had died from AIDS. 75 percent of the companies surveyed did not know the prevalence rates although 11 percent estimated prevalence at less than five percent.

Therefore, although well-organised WPPs are winning the war against HIV/AIDS within their own spheres of control, these are few and far between even in the private sector. The impact of these policies is therefore very limited in scale and their influence in the wider society is negligible.

Successful WPPs in the public sector however, can have a profound impact on the wider society because of the various roles this sector plays in national life. Workers spend most of their waking hours in the workplace; it is sometimes the only source of income, services and information; it is the source of social norms, behaviour models and peer pressure. Not least in importance is the cultural leadership role this sector enjoys. Changes in attitudes and behaviour can be reinforced through leading by example, setting moral parameters and enacting specific legislation. This aspect has become crucial in the light of the latest findings by UNAIDS.

More women than men are now falling victim to the HIV/AIDS epidemic – with the figure for Africa at an alarming 57 percent. The ramifications of this in terms of birth rates, infant and maternal mortality, child rearing, agricultural output and social and cultural life are very grim. The vast majority of women in Africa, according to UNAIDS, have little or no control over their sexual lives and a large number become infected during their first sexual encounter, usually with a much older man.

It is obvious therefore that a seismic change in behaviour patterns, especially from men, is essential if the looming catastrophe is to be avoided. It is equally obvious that such major behaviour shifts cannot be left to the whims of individuals but must be given a hard edge through legislation and employment policies.

This is where the public sector can really come into its own. The public sector touches everybody at some time or the other. It is this point of tangent, whether fleeting or more intimate, that holds so much promise in the fight against AIDS. If changes of behaviour can be built into the conduct of the public sector and its point of congruence with the wider society, the march of HIV/AIDS can be stopped and eventually rolled back.

The question is how to go about planning, designing, financing and implementing workplace policies in the public sector.

Organising Workplace policies and programmes for the public sector

It is clear that if the commitment is there, there is sufficient local and international expertise and ingenuity to make public sector workplace policies and programmes work.

Although there is little debate that workplace policies and programmes in the public sector constitute the next logical step in the battle against HIV/AIDS and its attendant ills, there seems to be little clear agreement on how to go about designing and implementing them.

This is a largely uncharted territory. There are hardly any role models in the public sector to draw on. However, the expertise gained by the private sector in this regard is a good starting point. Sabine Beckmann, Senior Technical Specialist, ILO Programme on HIV/AIDS and the World of Work, told delegates at the Dar es Salaam conference that since it was in the interest of both the private and the public sectors to find solutions to the large productivity losses and to mitigate the socio-economic impact due to HIV/AIDS, private-public partnerships pointed the way forward.

However, she cautioned against a one-size-fits-all attitude and pointed out that several conflicting interests have to be resolved for a workplace policy to function effectively. As the private sector has found, several obstacles have to be overcome before an appropriate model can be designed. For example, while the focus of trade unions is on the rights of workers, the focus of management and shareholders is on the profitability of the enterprise.

In the private sector, she reminded delegates, “the proper business of business is business.” If one were to take the ‘assembly line’ analogy, then it is essential that in administering the workplace programme, there is minimum disruption to the smooth running of the ‘line’. Companies that fail to turn a profit face scaling down and eventual closure. This is not good for the economy, the workers or the broader fight against HIV/AIDS.

“Workplace policies should not compromise the ability of companies to function efficiently and profitably; rather they should enhance efficiency and the long-term profitability of enterprises,” said GTZ’s Head of Africa Department, Peter Conze.

This is exactly what is happening, said Johanna Knoess from the BACKUP Initiative, GTZ. A growing number of companies around the world are discovering that in fact, workplace policies are good for morale, for retaining and improving human resource quality, for more efficient use of labour and capital –



and for profits. Even in countries with high rates of unemployment, it pays companies to try and hold on to their existing workforce by providing treatment to those that needed it rather than opt to rehire from the labour pool.

Bergis Schmidt-Ehry, GTZ Tanzania, elaborated on this theme. He said that as a result of GTZ's long history in HIV/AIDS prevention, the organisation had been able to construct several models which were cost effective, delivered the required productivity and safeguarded profitability. The German organisation had collaborated with several multinational companies, such as Volkswagen, Daimler-Chrysler, Heineken, Lafarge Tanzania and others to design and implement such workplace policies. All these companies, Schmidt-Ehry said, had found out that the cost of doing nothing was far greater than the cost of doing something positive.

GTZ, which employs around 11,000 staff around the world, now has a comprehensive workplace policy in place for all its employees. In implementing this policy, the organisation has learnt valuable lessons - for example that the national insurance coverage for HIV/AIDS related healthcare costs in Kenya had been insufficient and that it needed an independent scheme to cover these costs. GTZ developed a pilot project for a solidarity fund to pay for care contracted out to an independent hospital. The success of this approach has encouraged the organisation to replicate the system throughout its operations.

Although different companies tend to adopt different WPP approaches, all are based on three main models:

- (1) Complete coverage of employee and dependents. This involves terms of employment and provision of ARVs to employees as well as dependents.
- (2) Complete coverage of employee only – terms of employment and provision of ARVs to employee only. Dependents have to seek care and treatment from other sources.
- (3) Partial coverage of employee – terms of employment only. Care and treatment of employee and dependents are provided, where available, by public services.

The question is whether the policies and programme outlined above can be applied, with modifications, to the public sector. What are the similarities and differences between the two sectors?

The public sector, unlike the private sector, is not profit oriented; however, like the private sector, it is results oriented in that it is required to provide quantifiable services. Like the private sector, its ability to deliver services should not be compromised by the implementation of workplace policies.

Rolf Korte, senior health expert, likened the public sector to a giant firm delivering essential services. It is imperative therefore, he says, that its own 'assembly line' continue to function without undue disruption and without over-straining its financial resources. Hence public sector WPPs have to be designed in such a way that time taken off by staff for training and other related activities must be made good. This can be done in a variety of ways – for example, by a system of rotation so that gaps created by WPP activities can be filled by other staff working during their holidays or overtime.

A similar approach can be taken to fill gaps created by illnesses and absences. A system of 'understudying' key personnel, for example head teachers, matrons, police superintendents, army brass, civil servants, administrative officials and so on could ensure continuity in providing services. (In Malawi and Zambia, some important ministries have been unable to fill between 30 and 50 percent of vacancies created as a result of HIV/AIDS attrition.)

WPPs will have to be specifically tailored for different ministries and departments. For example, in Tanzania, the foreign ministry is largely urban based and recruited from high academic achievers; the agricultural ministry on the other hand is located in far-flung areas of the country and is largely rural in character.

Apart from these technical problems, the public sector would also need to increase its managerial and organisational capacity in order to cope with the larger and more complex workload.

The ILO has suggested that at least one private partner and one public organisation collaborate to optimise the allocation of resources towards a mutual goal – to combat the epidemic.



The private sector could bring its managerial and auditing skills to the public sector. Newspaper editors, television and radio producers, for example, could work with various public sector organisations in creating more effective information campaigns. Professional persuaders in the advertising world could employ their specialised skills in bringing about behavioural and cultural changes.

Trade unions, whether at the sectoral, national or international levels have a vital role to play in designing workplace policies and working out modalities for their implementation. Andrew Kailembo, General Secretary of the International Confederation of Free Trade Unions (ICFTU) Africa division told delegates at the symposium that ICFTU – AFRO had 15 million members across the continent and that it was working hard to “fight against this pandemic” affecting the cream of Africa’s workforce. The organisation, Kailembo said, was delivering education and information on AIDS related issues through its trained shop stewards and its Manual for Shop Stewards on HIV/AIDS in the Workplace was published in English and French although Portuguese and Kiswahili language versions would soon be produced.

Globalisation and new technologies, added the trade union leader, facilitate horizontal communications and cooperation, making the international trade union movement a powerful force in forcing

through legislative, operational and cultural changes at the workplace.

The concept of Co-investment, said the ILO’s Sabine Beckmann – in which private companies engage with Country Co-ordinating Mechanisms, government departments, NGOs and other players on a national level to combat HIV/AIDS – has been eagerly supported by a number of large international firms such as Anglo-American, Chevron Texaco, DaimlerChrysler, Eskom, Heineken, Lafarge, Pfizer and Tata Steel (India).

These companies are already committed to expanding their WPPs into the larger communities. They could form partnerships with the public sectors in designing insurance coverage, capacity building and even take on some managerial and organisational roles.

While the need for comprehensive WPPs for the public sector has never been more urgent, it became clear during the symposium that planning, designing and implementing such policies is a complex and expensive exercise.

However, it was also clear that if the commitment is there, there is sufficient local and international expertise and ingenuity to make such policies work. As we shall see in the next section, considerable funding from a wide variety of sources is also available for this purpose.

Funding workplace policies and programmes in the public sector

Although the financing of public sector WPPs appears at first glance to be daunting, in reality there are sufficient mechanisms, both monetary and organisational, to enable countries to embark on comprehensive workplace policies and programmes almost immediately.

“While we have all agreed that public sector WPPs are crucial in this battle against the AIDS epidemic,” said GTZ’s Assia Brandrup-Lukanow, “the question is who will foot the bill?” And the bill, as we have seen from the previous section, will be substantial even in purely financial terms.

As things stand, most African countries allocate a very low percentage of the national GDP to the social sectors. On average, only three percent goes to health and around four percent to education. Since most Sub-Saharan GDPs are already very small in comparative monetary terms, the actual amounts allocated for social services are often tiny.

This means that most national public sectors are struggling to provide even basic essential services. How will they obtain the additional revenues needed for effective workplace policies?

Fortunately, says Keith Hansen, Manager of the World Bank’s AIDS Campaign Team for Africa, a window of opportunity now exists – substantial sums from a variety of sources have now become available.

The UN’s Global Fund, which was set in 2000 by G8 countries to fight AIDS, TB and malaria (GFATM) aims to raise \$10 billion annually – although the pot currently stands at around \$1.5 billion. The World Bank’s Multi-country AIDS Programme (MAP) has allocated \$1 billion for national projects in Africa. United States President, George Bush, has pledged \$15 billion over five years to fight AIDS. Other funding sources include the Gates Foundation and grants from developed countries.



Funding mechanisms like the GFATM and the World Bank' MAP provide opportunities to at least cover the initial costs of developing functioning models of WPPs for the public sector and providing for treatment and care until such time as preventive measures will have hopefully had effect.

However, despite the ready availability of funding, the take-up has been "disappointingly slow," according to Keith Hansen. There have hardly been any requests for funds to set up WPPs. The few requests submitted have come from business coalitions. Hansen warned that unless the funds were utilised, donors would be reluctant to continue to add to their contributions. "There is plenty of money – please start using it," he urged delegates. "Use it or lose it is the message," he emphasised.

Countries present at the conference were encouraged to take advantage of the technical assistance offered by agencies like the GTZ in the preparation, costing and drafting of proposals. Keith Hansen confirmed that this process would be supported by the Multi-country AIDS Programme of the World Bank, and that it was legitimate to allocate part of the funds to the technical assistance required.

The ILO's Sabine Beckmann said that the Co-Investment concept had been created to tap into funding sources and suggested that a Public-Public approach be explored. Economies of scale would apply in the purchasing of equipment and medication. The public sectors of various countries would also be able to use the mechanism to exchange information, data and organisational strategies.

In virtually all countries, civil servants are covered by health insurance schemes. The public sector, as a major purchaser of insurance services, could well be in a position to set conditions or negotiate additional coverage by the respective insurance companies for a small additional outlay. Several public sectors working in tandem could reap the benefits of scale and drive down insurance costs.



Nevertheless, there will be additional costs arising from the preventive and outreach activities, as well as from the training and sensitisation of staff, with the respective replacement costs. These costs could be met by rearranging budgetary allocations and utilising the various global funds now available.

In summary, although the financing of public sector WPPs appears at first glance to be daunting, in reality there are sufficient mechanisms, both monetary and organisational, to enable countries to embark on comprehensive workplace policies and programmes almost immediately.

Conclusions

Delegates at the Dar es Salaam conference agreed unanimously that poverty and diseases, specifically HIV/AIDS, were two sides of the same coin and that both have to be tackled simultaneously. They agreed that the role of the public sector was pivotal to both efforts but that the public sector itself was under severe attack from the epidemic.

It was therefore a matter of the utmost urgency that measures be put in place to halt the further degradation of the public sector. The most promising approach is through Workplace Policies and Programmes, which are already proving their worth in the private sector.

Public sector WPPs throw up a number of challenges and obstacles but also provide considerable opportunities to finally begin to push back the march of HIV/AIDS. For this approach to work, it is essential to involve all ministries at the highest level, form partnerships with the private sector and create public-public synergies.

Although the task is daunting, there is sufficient national and international expertise to begin constructing public sector WPPs almost immediately, especially as an unprecedented flow of resources is currently available from a variety of sources.

Recommendations

National delegates promised to take the message back to their home countries and strongly urge their governments to embark on public sector workplace programmes.

As a first step, it was recommended that national governments call upon the expertise of agencies like GTZ to draw up plans and projections and work out costings.

Funding mechanisms, like the World Bank's MAP, were being underused in this regard and there was a danger that if the take-up of funding did not improve, donors would be reluctant to continue adding to their contributions. Therefore, it was essential for national governments to move quickly and form partnerships with specialised agencies.

Countries like the Philippines and Paraguay, where the incidence of HIV/AIDS is still relatively low, were urged to institute public sector WPPs without delay to prevent the sort of crisis now gripping most of Sub-Saharan Africa.

National delegations were also urged to improve the collection and processing of relevant data and to form national and international networks.

Delegates were encouraged to find ways and means of adapting WPPs for the informal sector, which, in developing countries, constitutes the largest and most varied workforce.



Next steps

In summary, the challenge was identified as:
“The epidemic is still outpacing the action”.

Recommended next steps included:

- Produce evidence for informed policy
- Survey of WPP of public employees (Labour, Education, Health)
- Propose Ministerial conference
- Place WPP on the agenda of international fora and regional bodies
- Identify country champions
- Create dialogue and exchange of experience – national, regional and international
- Follow up with GTZ offices as facilitators in pilot countries
- Follow-up symposium in 2005

Abbreviations

ACCA	AIDS-Control in Companies in Africa, a GTZ supported regional project on behalf of BMZ
BACKUP Initiative	Building Alliances – Creating Knowledge – Updating Partners in the fight against HIV/AIDS, Tb and Malaria
BMZ	Bundesministerium für wirtschaftliche Zusammenarbeit und Entwicklung (German Federal Ministry for Economic Cooperation and Development)
DOTS	Directly Observed Treatment Short Course
GBC	Global Business Coalition against AIDS
GDP	Gross Domestic Product
GFATM	Global Fund to fight against AIDS, Tuberculosis and Malaria
GTZ	Gesellschaft für technische Zusammenarbeit
ICP	International Cooperation and Programmes
ICFTU	International Confederation of Free Trade Unions
ILO	International Labour Organisation
MAP	Multi-Country AIDS Programme
NEPAD	New Partnership for African Development
NGOs	Non Governmental Organisations
WB	World Bank
WEF	World Economic Forum
WPP	Workplace Policies and Programmes

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Eschborn, February 2005

Agenda

26th May, Wednesday, 6.00pm

- > Reception & Welcome Note:
Hady Riad, Development Officer, German Embassy

27th May, Thursday, 8.00am - 5.00pm

First session: 9.00am

- > Chair: Keith Hansen, World Bank
- > Welcome Address:
Dr. Bergis Schmidt-Ehry, GTZ, Tanzania [speech]
Dr. Assia Brandrup-Lukanow, GTZ Headquarters [speech]
- > Opening: Guest of Honour: Hon. William V. Lukuvi, Minister of State, Prime Minister's Office,

Key notes:

- > Franklyn Lisk, ILO: Technical cooperation with partners from the public & private sector
- > Malcolm McPherson; Harvard University: HIV/AIDS Workplace Policies and Programs for the Public and Private Sector [presentation]
- > Plenary Discussion
- > Rapporteur: Dr. Bernhard Liese, Georgetown University: Summary of the discussion

Working groups: (12.00 -13.00)

- > Working Group 1: Public sector (Education)
Input: J.B: Ssemakula, Ministry of Education, Uganda [presentation]
Facilitator: Elsa Meinzer, GTZ Uganda
- > Working Group 2: Public Sector (Health)
Input: Dr. Tesfamicael Ghebrehiwet, International Council of Nurses [presentation]
Facilitator: Dr. Emmanuel Malangalila, World Bank
- > Working Group 3: Public Sector (Public Sector Administration)
Input: Ndivhuwo Chauke, Department of Public Service & Administration, South Africa [presentation]
Input: Alan Leather, Public Services International [presentation]
Facilitator: Aziz Jardine, GTZ South Africa
- > Working Group 4: Private Sector
Input: Natalie Mayet, BMW SA
Input: Dr. Alex Govender, Volkswagen SA [presentation]
Facilitator: John Sikira, Unilever Tanzania (tbc)

Key components of the working groups: prevention, health & care, human resource management, monitoring and evaluation, community involvement, quality standards of comprehensive Workplace Programmes

- > Continued Working Groups: (14.00- 15.30)
Chair: Ines Lopez, UNAIDS (tbc)
- > Plenary: Feedback from the Working Groups (16.00 - 17.30)
- > Closure Day 1: Ms Rose Lugembe, Permanent Secretary, Prime Minister's Office and Chairperson of the GF-CCM

28th May, Friday, 8:30am - 5:00pm

- Chair: Peter Conze, GTZ (tbc)
- Rapporteur: Summary of the first day and Introduction to day 2
- Plenary presentations: Leveraging Public-Private Partnerships
- > GFATM / ILO Co-investment model: Dr. Sabine Beckmann [presentation] <LIMAP, World Bank: Keith Hansen [presentation]
- > BACKUP Initiative, GTZ - Johanna Knoess [presentation]
- > ACCA, GTZ: Erick Sichinga, Lafarge Tanzania [presentation]

Plenary discussion (10.00 - 10.30)

- Working Groups based on countries: Partnerships between the private and the public sector (11.00 - 13.00)
- > Working Group 1: Kenya [group report]
Input: Dr. Henri van den Hombergh [presentation] (NOTE: Large file, 6MB)
Facilitator: Ben Mshlila
- > Working Group 2: South Africa [group report]
Input: Josef Grimm [presentation]
Facilitator: N.N.
- > Working Group 3: Zambia [group report]
Input: Doris Kasambala
Facilitator: Thomas Gass
- > Working Group 4: Tanzania [group report]
Input: Dr. Temba [TACAIDS report] [TACAIDS background]
Facilitator: Dr. Brigitte Jordan-Harder

- > Working Group 5: Philippines [group report]
Input: Dr. Dulce Estrella-Gust [country paper]
[presentation]
Facilitator: Roderick Poblete
- > Working Group 6: Uganda [group presentation]
[group report]
Input: Catherine Barasa
Facilitator: Aggrey Kibenge
- > Working Group 7: Paraguay [group report]
Input: Ines Lopez / Dr. Victor Burt [country paper]
Facilitator: Cynthia Eguez
- > Working Group 8: D.R. Congo [group presentation]
[group report]
Input: Tania Tchissambou [presentation]
Facilitator: N.N

Key components of the working groups: Policies, strategic plans, tools, mobilization of partners; data collection, implementation; M&E, access to global finance; mainstreaming

Chair: Franklyn Lisk, ILO (tbc)

- > Plenary: Feedback from the Working Groups
- > Rapporteur: Dr. Bernhard Liese, Georgetown University - key themes of the WGs, suggestions, key issues
- > Plenary Discussion

Meeting of the Drafting Committee (15.45 - 16.15)

Facilitator: Dr. Rolf Korte

Chair: Dr. Rolf Korte, GTZ

- > Presentation of a consensus statement and steps forward
- > Plenary Discussion
- > Closing remarks by co-organisers
- > Closing Points: Hon. Dr. Hussen A. Mwinyi, Deputy Minister of Health, Tanzania

Participants

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