

# **HIV/AIDS and the Private Sector in Namibia: Getting the Small Businesses On Board**

by

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“Business not only has a responsibility to act, but an opportunity to play a crucial role in the global fight against the HIV/AIDS epidemic, particularly in their own workplace. In many countries workplace awareness and prevention programs will be the only source of accurate information employees will have about HIV/AIDS. Company leadership in distributing condoms, providing voluntary counselling and testing, and access to care and treatment sends a strong message to other sectors.”

Richard C. Holbrooke,  
President & CEO,  
Global Business Coalition on HIV/AIDS

## 1. Global and Regional Status of HIV/AIDS

At the end of 2001, UNAIDS figures reported that 40 million people were living with HIV and 5 million had been newly infected. HIV/AIDS affects mainly adults, who are the most creative and productive members of society and by the end of 2001, adults accounted for 80% of the deaths. Despite great efforts globally, to curb the spread of HIV/AIDS, increasing numbers of people particularly in the developing world are infected. HIV/AIDS is leading to the emergence of other diseases, such as tuberculosis (TB), which places increasing pressures on the health infrastructure and reduces the gains made over many years of health programmes.

Sub-Saharan Africa is the region that is worst affected by the disease, constituting 70% of people living with HIV/AIDS in the world. Approximately 3.5 million Africans became newly infected at the end of 2001, bringing the total number of adults and children living with HIV/AIDS in the region to 28.5 million (UNAIDS, 2002). Given that the ability to provide prevention and care is more limited in sub-Saharan Africa, HIV/AIDS poses to be a serious developmental challenge. Life expectancies will be reduced in many countries and according to the US Bureau of Census, in 2010, eight to 31 years of life will have been lost to the countries most affected by HIV/AIDS (see Table 1). Countries in sub-Saharan Africa will be most affected, where life expectancies will have fallen most severely in Namibia, Zimbabwe and Botswana. In Senegal and Uganda, there are hopeful signs that the disease can be controlled but in order for this to become a reality in other countries, more resources and greater commitment is essential.

**Table 1 Estimated Life Expectancy, 2010**

	<b>Without AIDS</b>	<b>With AIDS</b>
Botswana	66.3	37.8
Cote d'Ivoire	61.8	46.7
Kenya	69.2	43.7
Namibia	70.1	38.9
South Africa	68.2	48.0
Zambia	60.1	37.8
Zimbabwe	69.5	38.8
Brazil	75.5	67.7
Honduras	73.4	59.7
Thailand	75.1	72.9

Source: World Population Report, 1998

Central America and the Caribbean also face a serious epidemic, with the number of infections on the rise. At the end of 1999, 360, 000 people were infected and by the end of 2001, 420,000 were infected. In Asia, there are significant variations in terms of the level of infection between countries. Of the estimated 6.5 million people living with HIV/AIDS in South and South East Asia at the end of 2001, India is estimated to account for 66% of the people living with the virus.

The Southern African region continues to be hard hit with HIV/AIDS. Table 2 shows that in most of the countries, the prevalence rates in adults increased from 1999 to 2001. Lesotho, Swaziland and Zimbabwe have seen increases in prevalence from 20% to more than 30%. Botswana still has the highest prevalence rate of 38.8% whereas Mozambique and Malawi reported prevalence rates of 13% and 15% respectively, which are relatively low when compared with other countries.

**Table 2 HIV Prevalence (%) in Adults, 15-49 at the end of 1999 and 2001**

	<b>End of 1999</b>	<b>End of 2001</b>
Botswana	35.8	38.8
Lesotho	23.6	31.0
Malawi	16.0	15.0
Mozambique	13.2	13.0
Namibia	19.5	22.5
South Africa	19.9	20.1
Swaziland	25.3	33.4
Zambia	20.0	21.5
Zimbabwe	25.1	33.7

Source UNAIDS, 2000 & 2002

There was the hope that the epidemic in Southern Africa had reached a peak and would begin to plateau but this has not been the case. Prevalence rates for pregnant women in urban areas of countries, such as Botswana are increasing from a median HIV prevalence of 38.5% in 1997 to 44.9% in 2001 and in Zimbabwe, the HIV prevalence rose from 29% in 1997 to 35% in 2000 (UNAIDS, 2002).

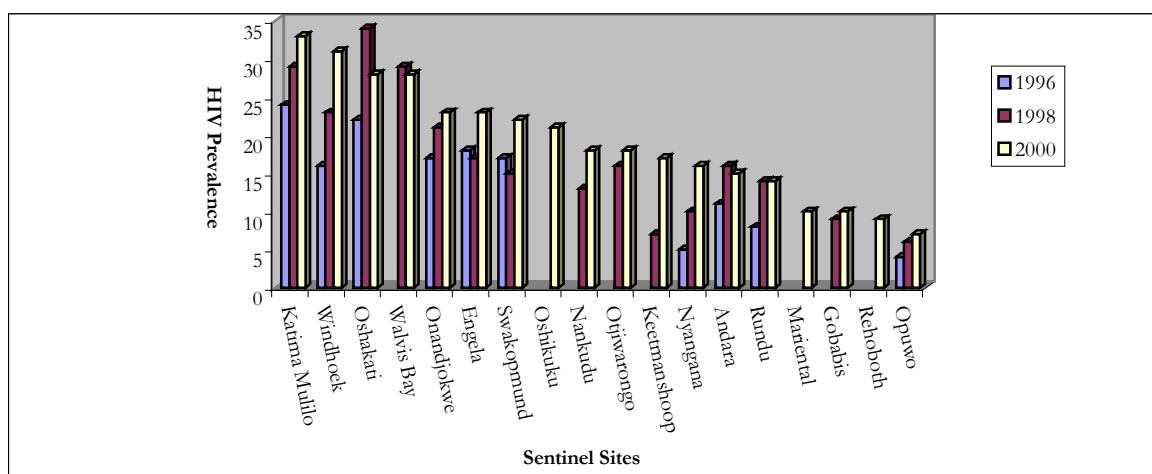
## **2. HIV/AIDS in Namibia**

HIV/AIDS is the most serious public health problem, with hospitalisations and deaths from HIV/AIDS ranking first. In 2000, in addition to the 7,368 reported hospitalisations due to HIV/AIDS, hospitalisations from other illnesses, such as TB

and pneumonia also increased and this places serious pressure on the health infrastructure. The reported number of deaths from AIDS was 3,388 in 2000 and this brings the total number of reported deaths to 12,067 since the beginning of the epidemic. AIDS accounted for 28% of all reported deaths in 2000. From a regional perspective, the rates of HIV cases, hospitalisations and deaths vary considerably. In 2000, the Khomas and Oshana regions report the highest number of HIV cases, 4,399 and 2,912 respectively whereas the Khomas and the Omusati regions have the highest number of hospitalisations. In 2000, the reported deaths account for 18% and 22% in Oshana and Omusati respectively (Ministry of Health and Social Services, 2001a).

From 1996 to 2000, the prevalence rate among pregnant women increased in the sentinel sites, with the highest prevalence in Katimo Mulilo (33%), Windhoek (31%) and Oshakati (28%). Figure 1 depicts that three more sentinel sites have been added, Oshikuku, Mariental and Rehoboth. HIV prevalence has increased in 11 out of the 15 sentinel sites, excluding the three new additional sites. In 4 sites, the HIV prevalence ranged from 7% to 10%, which is relatively low when compared with other sites. Even though the prevalence is high in Oshakati, it has declined from 34% in 1998 to 28% in 2000 and several reasons have been posed. This includes statistical variation, people migrating from the area or the partial decentralization of services from hospitals to clinics. The latter reason was ruled out because an additional survey was undertaken at the clinics and the HIV prevalence was 27.3%, which compared well with 28.4% that was reported at the hospitals (Ministry of Health and Social Services, 2001b).

**Figure 1 HIV Prevalence in Pregnant Women at Different Sentinel Sites, 1996-2000**



Source: Ministry of Health and Social Services, 2001b

Prevention is an important component of any HIV/AIDS strategy and is more effective as part of a comprehensive intervention. Countries such as Uganda,

Cambodia and Senegal had successful programmes because governments were vocal when it came to HIV/AIDS, led the interventions and ensured that human and financial resources were in place (UNAIDS, 2002). In terms of prevention strategies in Namibia, various information and education materials were developed and translated into various local languages. The number of free condoms distributed through family planning services and other health services and additional distribution points (including other Government sectors, NGOs and private companies) increased from 8.7 million in 1998 to 14.1% in 1999 (Ministry of Health and Social Services, 2001a). However, prevention programmes that are flexible and adapt to the developments in the epidemic need to be intensified.

### **3. The Private Sector and HIV/AIDS**

Productivity and profitability are issues of major concern to companies. HIV/AIDS weakens economic activity by squeezing productivity, adding costs, diverting productive resources and eroding the skills base. It is often argued that where the skills levels are low, it will be easy to replace low skilled labour compared with highly skilled labour. However, it is important to bear in mind that even with low skilled labour, a company will still incur replacement costs because it will take time to train and gain confidence in the new worker. In addition, as households divert their financial resources to caring for sick members, market demand for products and services can shrink.

Productivity will be affected in terms of increased absenteeism, organisational disruption and the loss of skills and institutional memory. Rising staff turnover, loss of skills, loss of tacit knowledge and declining morale will result in disorganisation within the organisation. Invisible costs such as decreasing morale and loss of institutional knowledge are difficult to measure but will affect productivity. A study in several Southern African countries has estimated that the combined impact of AIDS-related absenteeism, productivity declines, health-care expenditures, and recruitment and training expenses could cut profits by at least 6-8% (UNAIDS, 2002).

HIV/AIDS will increase costs in a number of ways, which will directly impact current and future profit margins. The demand for recruitment and training will rise as a result of increased staff turnover and loss of skills. In order for companies to cope they will need to examine options, such as the employment of extra labour, multi-skilling, succession strategies and extensive human resource monitoring. Company life insurance premiums and pension fund commitments will rise as a result of early retirement or death. This will be problematic in companies where the benefits are more comprehensive. In situations where healthcare is provided, the costs will increase with rising HIV/AIDS rates. The provision of health care is not only a cost but is also an investment in that sicknesses and absenteeism can be prevented or limited. Health care is important in countries where public health care provision is limited and private health care is expensive (UNAIDS, The Prince of Wales Business Leaders Forum and The Global Business Council on HIV & AIDS, 2000;

Phororo, 2000). Funeral costs are high where a company provides such assistance to employees. The extent to which companies are affected by HIV/AIDS will depend on the nature of the company or sector, the nature of the labour market and the policies initiated by the company.

It has been argued that inaction or complacency towards combating HIV/AIDS is more expensive in the long run, therefore companies should be forward thinking and embark upon education and prevention and healthcare provision. Research undertaken in several businesses in Kenya revealed that total losses due to HIV/AIDS among employees were estimated to reach 20% of profits by 2005 for some businesses. In contrast, comprehensive programmes for three companies were likely to cost 2% or less of business profits by 2005 (Pramualratana and Rau, undated). It would therefore make sense for companies to develop HIV/AIDS programmes early because delays in responding to the disease will tend to greatly increase the related costs as HIV prevalence rates rise. Information on the extent to which companies will be affected as a result of inaction is not readily available since companies are unwilling to reveal confidential information on economic impact and prevalence rates.

#### **4. The Private Sector and its Involvement in HIV/AIDS in Namibia**

Even though the private sector still continues to believe that HIV/AIDS is not their responsibility, since 2000, some activity concerning the involvement of the private sector in HIV/AIDS has been ongoing. Some companies have developed HIV/AIDS policies, others have embarked on programmes and large companies, such as Namdeb, Nampower, parastatals and some of the commercial banks have scaled up their programmes. Namdeb and Nampower have undertaken saliva tests among their staff to determine the prevalence levels, so that they can plan better with regards to medical aid benefits, insurance and succession planning. These companies have taken a commendable step, which it is hoped that other companies will emulate. Nampower had a potential sample of 830 employees and Board of Directors and from that, 507 (62%) individuals participated in the survey and 72 (14%) tested HIV positive (Nampower Press Release, 2002). In the case of Namdeb, 52% of employees on duty in various sites participated in anonymous saliva tests and 6.9% of the sampled workforce were found to be HIV positive (Institute of Public Policy and Research, 2002; Staff Writer, 2001). Even though the prevalence rate was lower than the national average, Namdeb still saw that it was imperative to launch the Eluwa Project, which aims to develop and implement a broad HIV/AIDS & Life Threatening Disease Policy, and a clear strategy to manage the impact of the disease at all Namdeb operations.

AIDS Care Trust of Namibia (ACT) has led HIV/AIDS workplace intervention programmes with a number of businesses, including Nampower, Namwater, Namlife, Standard Bank and Bank Windhoek. The activities have included facilitating

supervisor support of peer educators and training peer educators. Presentations on topics such as the economic impact and legal implications of HIV/AIDS were delivered to the senior management of Meatco and Ohltaver List Group and managers of small enterprises in the north of Namibia to get buy-in on HIV/AIDS issues (AIDS Care Trust of Namibia, 2002). Telecom established a corporate social welfare department to promote HIV/AIDS awareness and education programmes, which subsequently resulted in an HIV/AIDS policy and 15 HIV/AIDS counsellors were trained. In addition, it has a clinic on site where employees can get information and treatment for sexually transmitted diseases.

The Namibia Chamber of Commerce and Industry (NCCI) spearheaded a number of initiatives for the private sector, which made companies realise that HIV/AIDS is a serious challenge. These initiatives are as follows:

An HIV/AIDS Assessment Study in the Private Sector was commissioned by the Namibia Chamber of Commerce and Industry to take stock of the involvement of the private sector in HIV/AIDS activities. The study examined to what extent business owners and managers perceived HIV/AIDS as a threat to their operations and how the disease would affect them. Two hundred and sixty one interviews were conducted in both large and small companies in the informal and formal sectors of 7 regional towns. The study revealed that more than half (63%) of the respondents from private sector companies perceived HIV/AIDS as a threat to their activities. The majority of respondents (57%) who were interviewed mentioned that they had no programmes and only 39% of the respondents, mainly representing large companies indicated that they had HIV/AIDS programmes in place, which comprised mainly condom distribution (Phororo and Mohamed, 2001).

An advocacy film entitled *Managing AIDS* was launched by the Namibian Chamber of Commerce and Industry and it depicts the impacts of HIV/AIDS in Namibia, with recommendations for private sector action. In addition, the video is a training, awareness and decision-making tool for corporate Namibia, demonstrating why HIV/AIDS is a business issue.

The Chamber pre-launched the Namibia Business Coalition on AIDS (NABCOA), which was formed by the business community. The first members are Olthaver and List Group of Companies, Barloworld Namibia, Namdeb, BP Namibia, City of Windhoek, Sanlam Namibia and Bank Windhoek. NABCOA will be an independent body from the Chamber and membership will be voluntary. The Coalition will undertake a number of activities, including to coordinate and facilitate the activities of businesses to pool their resources and skills to best address HIV/AIDS, to devise a strategy for small and medium sized enterprises, to be the national clearinghouse of information and to be a forum for advocacy and lobbying (NCCI, 2002).

The private sector still needs to be more actively involved in the national response to HIV/AIDS. Interventions on an ad-hoc basis are not the solution but more sustainable initiatives are essential. The development of HIV/AIDS policies is not an end in itself, but the beginning of a long road in the fight against HIV/AIDS. Policies

need to be implemented and complemented with other activities in order to be effective. However, the reluctance for companies to become more involved could be attributed to the fact that their profit margins or productivity levels have not been significantly affected. Unfortunately, information from institutional audits undertaken by companies, which would provide a detailed picture on the impact of HIV/AIDS on company profits and their operations is not available. This information would convince companies on the need for them to take action in the fight against HIV/AIDS. Some companies are still reluctant to get involved in HIV/AIDS activities because they feel that none of their staff are infected and therefore HIV/AIDS is not a threat. This boils down to denial, which is still endemic in many companies, particularly the small ones. Therefore it is not surprising that many of the small companies are still lagging behind when it comes to doing anything about HIV/AIDS. Inevitably, it is the large companies that are undertaking extensive and wider-reaching activities because they have access to better resources.

## **5. HIV/AIDS and Small Businesses in Namibia**

Generally, small businesses tend not to be active in the fight against HIV/AIDS. This can be attributed to a number of reasons including the fact that businesses underestimate the impact of HIV/AIDS on the workforce, with universal ignorance of the real impact of the disease. There is no cohesive response to the epidemic with businesses taking their own decisions on what they will or will not do. In addition, small companies do not have the resources, particularly to establish HIV/AIDS programmes. According to a survey undertaken for the South African Business Coalition on HIV/AIDS, awareness and education programmes were the most prevalent, even though 75% of the small companies had not embarked on any programme (Beresford, 2002).

Many of these small and labour-intensive companies operate in the informal sector, which tends to employ far more people than the public or formal sectors. These enterprises usually rely on one or a few operators therefore when a worker gets infected with HIV, falls ill and eventually dies, it can be very difficult for them to continue to survive. Workers in the informal sector usually lack income security, health insurance and other benefits and hardly enjoy labour law protection. Women often represent the majority of those in informal work and become even more vulnerable to the economic effects of HIV/AIDS (UNAIDS, 2002).

In Namibia, the situation is no different, small businesses are the major source of employment and incomes and provide some form of employment and incomes for close to 160,000 people. This represents about a third of the nation's workforce (Republic of Namibia, 1997). The activities of small businesses range from the informal, unregistered sector and the formally established businesses. The informal sector consists of all unlicensed economic activities and is characterised by small units, with very little capital available. The major activity of small businesses in the informal sector comprises retailing (50%), catering (30%), trade and services (15%) and manufacturing (5%). The vast majority of these businesses are one-person

operations but the manufacturing ones usually employ three to four people and incomes are low (Republic of Namibia, 1997). The implications of the death of the owner, who is also the sole employee, could have a serious impact on the dependents. The multiplier effects cannot be ignored because in some cases, the only source of income is threatened. Long before the breadwinner dies, an HIV-related illness will affect the household resources and income. Unlike many other illnesses, the breadwinner will not recover but periods of illness will increase in frequency, duration and severity, requiring more care until ultimately the person dies. The funeral demands additional resources and the dependents will have to see how to cope (Whiteside, 2002; World Bank, 2001; Phororo, 2002). Given that the majority of informal entrepreneurs are pushed into business rather than being attracted to it means that they are barely making ends meet, therefore in some instances, HIV/AIDS may worsen poverty. Thus, small businesses cannot be neglected when it comes to HIV/AIDS awareness, training and being part of prevention programmes.

The Assessment Study in the Private Sector undertaken by Phororo and Mohamed (2001) revealed some very interesting findings on small companies in the informal sector. The majority (82%) of the respondents from private companies mentioned that they employed 1 to 20 employees. The majority of these companies were in the informal sector, with the exception of the ones in Windhoek, which were companies in the formal sector and 49% of them employed more than 100 employees. Most (57%) of these small companies did not have any AIDS programmes in place and the reasons they alluded to were as follows:

HIV/AIDS was not the company's responsibility,

Lack of financial resources,

HIV/AIDS was a sensitive issue,

Companies were newly established,

Lack of information on how HIV/AIDS would affect company operations,

Condoms could be readily sourced from the Ministry of Health and Social Services or hospitals,

Current HIV/AIDS initiatives were adequate,

Lack of time to be engaged in HIV/AIDS activities, and

Head offices were in South Africa and decisions were centrally made.

Other than the financial and time constraints, which prevented companies from being involved in HIV/AIDS and the lack of evidence to prove to the businesses how they would be affected, respondents did not see HIV/AIDS as their problem. In addition, they felt that since HIV/AIDS impinges upon the sexual behaviour of

employees, which is a personal issue, they were not in a position to do anything. Interestingly, the businesses still perceived HIV/AIDS as a threat to their operations and felt that there was a need for training of peer educators, counsellors and employees, which should be undertaken in indigenous languages. More information and materials, such as posters and condoms, counselling, guidance on initiating programmes and funds were required.

Given that small businesses play such an important role in Namibia and are also vulnerable to HIV/AIDS, they cannot afford to be unresponsive and complacent in addressing HIV/AIDS issues. Since they are constrained by the factors mentioned above, it is essential that they get on board to meet the challenge of HIV/AIDS. Comprehensive information and support should be targeted to them.

## **6. How can Small Businesses become involved in HIV/AIDS activities?**

Several initiatives have been undertaken to involve the small companies in the fight against HIV/AIDS. ILO works with workers in the informal sector and the assistance takes various forms, namely training for AIDS prevention and social protection measures, business awareness programmes for sex workers and the 'Start and Improve your Business' programme, which integrates HIV/AIDS into training (UNAIDS, 2002). However given that the informal sector consists of numerous companies, it would not make economic sense to have individual programmes in each of the companies. The costs of establishing a comprehensive programme that consists of a number of components are high hence companies should be looking for opportunities to collaborate so that their costs can be minimized. A number of options that have evolved include business partnerships based on collaboration, alliances and networks or companies in one sector joining forces to address HIV/AIDS.

Networking can take the form of the establishment of a business coalition on HIV/AIDS where businesses pool resources and help each other to respond better to the crises in their workplaces and communities. At the global level, the Global Business Council was established in 1997. The Council has a membership of 32 companies, which aims to assist businesses combat AIDS in a number of ways, including protecting and supporting workers, harnessing their strengths to make existing programmes more effective and using their leadership and advocacy for AIDS causes. The members support the Council and also receives funding from a number of institutions such as the Open Society Institute, United Nations Foundation, Bill and Melinda Gates Foundation and the UNAIDS Secretariat (UNAIDS, 2002).

At the country level, coalitions have been established that perform similar activities to the Global Business Council. Thailand, Zambia, Uganda, South Africa and Botswana have established business coalitions on HIV/AIDS. The *Thailand Business Coalition on AIDS* (TBCA) was established in 1993 as a link between the

private and public sector. It provides technical and managerial assistance to prevent HIV transmission in the workplace, reduces discrimination and supports fair employment practices. It has also assisted in the development of other business coalitions. Closer to home, nearly 20 major South African companies formed the *South African Business Coalition on HIV/AIDS (SABCOHA)* and aim to unite their efforts to fight against AIDS. Metropolitan in partnership with SABCOHA have developed an AIDS web portal, which provides businesses and other institutions with accurate information on HIV/AIDS (SABCOHA, undated). Five companies started the *Botswana Business Coalition on AIDS (BBCA)* and it advocates for greater business action in the fight against HIV/AIDS. The BBCA promotes workplace HIV/AIDS policies, informs business about the latest developments in the epidemic and represents business interests on HIV/AIDS with leading organisations and the public sector. The BBCA has a full-time coordinator and members pay an annual fee.

### **6.1. The Namibia Business Coalition on AIDS**

The Namibia Business Coalition on AIDS (NABCOA), which was recently pre-launched is one option through which small businesses can benefit. It is gratifying to note that one of the aims of the Coalition is to develop a strategy for small and medium sized enterprises. The coalition could be an umbrella organisation, which provides a common front for businesses to jointly react to the national response towards HIV/AIDS. The Business Coalition as currently structured comprises members who are actively addressing HIV/AIDS but does not preclude those who are less active and those who are not doing anything. The active companies would assume the responsibility of ensuring that the Coalition works. Members would pay membership fees, since that is what would sustain the activities of the Coalition.

However, in order for the coalition to be effective, it would have to have its own Secretariat, so that it can focus solely on HIV/AIDS issues as is the case with the TBCA, which has established a fully staffed, full-time organization that addresses businesses and HIV/AIDS (Pramualratana and Rau, undated). The roles of the Coalition would have to be clearly spelt out so that it is not seen as an implementing agency and competing with its members. The Coalition could play a coordinating role for HIV/AIDS activities in the private sector. Tasks of the Coalition could include the development and updating of a database that would assist in informing members and other organisations on HIV/AIDS activities in the private sector. The Coalition could assist in the creation of AIDS supportive environments by providing HIV/AIDS education and prevention seminars, promoting the adoption of appropriate HIV/AIDS workplace policies, providing accurate information on HIV/AIDS, advocacy, documenting best practises and adopting a referral system. The Coalition could speak on behalf of the businesses in one voice when it comes to specific issues and to mobilize resources (RedRibbon, 2002; UNAIDS, The Global Business Council on HIV & AIDS, and the Prince of Wales Business Leaders Forum, 2000).

The development of a targeted programme for the small businesses can be worked in conjunction with the Indigenous People's Business Council and other representatives of small businesses to determine how they can become actively involved in HIV/AIDS. The adoption of appropriate HIV/AIDS workplace policies is crucial for the small businesses given the limited working capital that constrains wider responses. At present, there is no body that specifically caters to the needs of small businesses when it comes to HIV/AIDS.

## **6.2. The Establishment of Sector Specific Groups**

The establishment of sector specific groups, such as companies in the transport or retail sector coming together to jointly address HIV/AIDS issues is another way of bringing small businesses on board. However, there would have to be a company that takes the lead and coordinates the activities of the group. The specific company would not be implementing any activities, but rather would identify other companies that have expertise in HIV/AIDS awareness and prevention training, counselling, peer education, social marketing of condoms or other activities to assist its members. The member companies would have to pay a fee to ensure that the leading company (Secretariat) can undertake activities on behalf of the other businesses.

Collaboration can lead to cost sharing between businesses and the company implementing the comprehensive programme. Since the small businesses have financial constraints, they could make in-kind contributions, which includes allowing employees to attend prevention education sessions during business hours and covering the salaries of peer educators during training (Pramualratana and Rau, undated; UNAIDS, The Global Business Council on HIV & AIDS and The Prince of Wales Business Leaders Forum, 2000).

## **6.3. Incorporating Small Businesses into Existing Comprehensive HIV/AIDS Programmes**

Since each small business cannot afford to develop its own comprehensive programme, the programmes in other large companies could be extended to include the small businesses. In cases, where the larger companies are doing business with the smaller ones or are sub-contracting work to them would provide good rationale to take them on board. For example, Namdeb's Eluwa project in Oranjemund has extended to include all Namibian mines, parastatals and private companies. The Chamber of Mines of Namibia with its Occupational Health Education and Awareness Programme (OHEAP) has expanded to all interested non mining companies and is currently operational at all of the major mines, the Namibian Ports Authority and several fishing companies. The OHEAP programme often does combined trainings with small businesses in small towns or accommodates businesses, which are unable to pay for such programmes. This approach is

highly advantageous for small businesses because they have access to a number of services such as:

*Counselling Services*, which allows for the owners or employees of companies, who might be infected with HIV to have access to ongoing counselling.

*Holding Workshops on STD's/HIV/AIDS*, which would sensitise employees and managers. Awareness raising at management level is very crucial because management commitment is key to effective HIV/AIDS prevention and care programmes. In many instances, managers delegate awareness raising to those in lower positions, which ends up being problematic. HIV/AIDS needs to be advocated as a management issue in the workplace and must illustrate the financial cost of HIV/AIDS to their operations and the cost of investing in HIV/AIDS prevention and care. These aspects need to be identified for the businesses or sectors and where possible they should be quantified.

*Peer education programmes*, even in these small companies, which might employ one or two people other than the owner of the business, is still an important topic because these people come from communities and can be actively involved in HIV/AIDS activities at that level. These sessions should be held in indigenous languages.

*HIV/AIDS Workplace policies* protect employees from being discriminated against and dismissed when he/she might be found to be HIV positive or when they are absent from work for prolonged time periods. Employees need to be protected even in a business, which employs one other employee. Mechanisms are needed to protect the HIV positive employee but at the same time not jeopardizing the survival of the business.

*Social marketing of condoms* means that companies would be able to access condoms from one central location for their employees. The correct use of condoms is an issue that is stressed during workshops and counselling sessions.

A comprehensive programme can include a project that reaches out to the community, bearing in mind that when an individual is infected or affected, there will be multiplier effects in the community. STD/HIV/AIDS workshops can therefore be offered to sex workers, domestic workers and teenagers or other groups.

Rather than extending such a programme to small businesses at no cost, it would be important for the businesses to pay a fee. Where goods or services are rendered at no cost, it results in the users not valuing what they are getting, so in order to avoid such a situation from arising a fee would have to be calculated.

However, in order for whatever structure that is developed to be effective in assisting the small businesses to be active in the fight against HIV/AIDS, it means that the business owners would have to be convinced that HIV/AIDS is a threat to their business operations and be willing and committed to play their part. These above-mentioned structures are not mutually exclusive but can jointly exist to get the

small businesses on board but it is crucial that at the apex, the Business Coalition would coordinate the HIV/AIDS activities in the private sector.

## 7. Conclusions

HIV/AIDS continues to be a development challenge that affects all sectors of the Namibian economy. With HIV prevalence increasing in pregnant women in most sentinel sites indicates that the fight against HIV/AIDS must continue with more targeted action. The private sector cannot afford to be complacent because HIV/AIDS affects labour and will set back economic and social progress. Given that private sector involvement in HIV/AIDS is low, awareness raising and sensitisation on a regular basis is a prerequisite to address issues of denial and ignorance. Studies are required to provide evidence on how profit margins will be affected and this will require institutional audits to be undertaken. Information that is confidential, such as prevalence rates, absenteeism, sick leaves, costs and revenues will have to be disclosed and that could prove to be challenging.

Small businesses need to come on board as far as HIV/AIDS is concerned. Not only do these businesses provide employment and income to a third of the country's workforce but are also vulnerable in that they depend on few workers, lack income security and health insurance. In the event that the owner, who is the sole employee and could also be the breadwinner, gets infected with HIV and falls sick and eventually dies, this could have drastic consequences. The multiplier effects are far reaching on the family and poverty can be worsened. However, the involvement of small businesses means that they must be committed and play their part because it is only when there is unity and a common understanding that HIV/AIDS affects both, large and small companies that HIV/AIDS can be effectively addressed. HIV/AIDS is a private sector problem. The following three options have been suggested on how small businesses can become more active in the fight against HIV/AIDS:

The establishment of a Namibia Business Coalition on HIV/AIDS;

The establishment of Sector Specific Groupings; and

Incorporating Small Businesses into Existing Comprehensive HIV/AIDS Programmes.

These options are not mutually exclusive and can co-exist but with the understanding that the Coalition in addition to getting small businesses on board would among other tasks, coordinate HIV/AIDS activities in the private sector.

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