

HIV Counselling and Testing in the context of comprehensive care

The launch of Government's National HIV Counselling and Testing Campaign has thrown the spotlight on this type of activity in general. While there's no question regarding the vital nature of widespread HIV testing, a campaign of this size and ambition does highlight certain issues which merit discussion.

Aid for AIDS first started providing HIV Counselling and Testing (HCT) services in 2004. At the time, it was in response to a call from a small number of businesses who were beginning to recognise there may be a need for their workforce to know their HIV status. It has taken a relatively long period of time for companies to fully understand the true impact of the disease in terms of revenue loss facilitated by absenteeism, a high turnover of staff, the costs associated with retraining new staff and presenteeism. In 2010, the level of understanding regarding these issues has improved dramatically. A number of corporations now comprehend the gravity of the inescapable issues facing them on this score. Certain industries stand out in terms of their meaningful efforts at tackling the effects of HIV on their workforce. These include mining and other industrial sectors. There is still a great need however, to inform, consult with and advise such companies on how best to approach these challenges. The outcome must always be to improve the health of the employee, to provide them with psychological and social support and ultimately, to limit the company's exposure to risk from lost productivity and onerous recruitment costs.

In the early days of HCT, obtaining the result of the test was seen to be the most important activity. This view has changed. Testing is no longer viewed merely as a diagnosis strategy, but is based on the individual's need to know their HIV status for the purpose of changing their behaviour. HCT provides HIV-positive individuals with the opportunity to take care of their health so as to slow down the progression of the disease as well as

to take precautions in order to reduce the risk of transmission. For HIV-negative individuals, HCT alleviates anxiety and increases awareness of their vulnerability to infection and hence the need for behavioural change.

In order to make any meaningful impact on the course of the disease, the approach by a company must be holistic. It cannot focus solely on the provision of HCT services in the hopes that employees will come forward for testing. *Aid for AIDS'* experience in this regard is extensive. Since first starting to offer HCT services, we have tested around 130,000 employees in industries ranging from mining to manufacturing.

In 2008, *Aid for AIDS* was contracted by a large mining house to provide HCT and wellness screening. This resulted in a series of campaigns taking place at all of the sites in North West Province, Mpumalanga and Gauteng. These wellness campaigns resulted in unprecedented numbers of employees coming forward for testing. The final figures were close to 12,000, representing almost 100% participation by employees. This experience and that of the previous 11 years, consolidated our strategy not only in terms of HCT, but also in terms of the overall management of HIV/AIDS. It has led us to the belief that the only way to make a meaningful and positive change in the course of HIV/AIDS, is for businesses to adopt a comprehensive approach in this regard.

This comprehensive "model" starts with an employer's need to ascertain what the impact of HIV will be on the business over the span of the next 5 to 15 years. In carrying out a **financial impact assessment** one must take into account issues such as lost productivity, absenteeism, presenteeism, the cost of recruitment and training and finally disability.

The next critical step involves **education and awareness**. In preparation for the HCT process, the best course of action is for an employer is to stipulate that initial training and education sessions are compulsory for all

employees to attend. This will motivate the greatest possible number of employees to want to know their status and to understand the critical nature of this information. It also ensures that no staff member feels conspicuous for wanting to know more about HIV/AIDS as it will not be possible for their colleagues to single them out. The educational presentations and material must include information about the disease and how to prevent infection. Employees must be encouraged at all times to know their status and be aware of the fact that they need to be tested regularly.

Another important aspect of education with regards to HIV management in the workplace, is the appointment of Peer Educators within a company. This can prove to be critical in terms of maintaining an ongoing culture of care for the employee's wellbeing and trust between management and staff. These Peer Educators need to be equipped with sufficient educational material and point of care information in order to really assist employees should they require help or information. Properly prepared and trusted Peer Educators have been shown to provide valuable outcomes to a campaign.

The approach to HCT requires to be vigorous and there is a need to **mobilise employees** to come forward for testing, ideally, within the framework of a wellness campaign. The sensitisation and mobilisation programme is critical to the success of mass turnouts during the HCT campaigns. Large employee participation leads to significant numbers being tested and even more employees being able to recognise their status. Along with these efforts, the mobilisation programme provides employees with the understanding that their employer can be trusted, is sensitive to their circumstances and is committed to providing sustained assistance to those employees living with HIV. Once this message is received, employees are comfortable to test and to enrol on the care and treatment programmes provided via the company funded treatment programme. The outcome of the HCT campaign is very often determined by the success of the employee mobilisation programme.

The next logical step is the rolling out of the actual **HCT campaign**. This requires an enormous amount of project management to ensure a successful process. The clinical staff performing the pre and post test counselling as well as the testing, must be of a high calibre. They should be expert on all aspects of HIV/AIDS, be able to conduct the counselling in a sensitive and knowledgeable way and have the clinical to carry out the testing appropriately. The importance of maintaining accurate records in terms of how many employees get tested, their contact and medical aid details (if applicable) and what their individual results are, cannot be over emphasized.

The benefits of HCT for the company are:

Assesses the prevalence of HIV and the associated risk for a specific group.

- Enables the company to implement appropriate HIV interventions as well as to plan for the future.
- By knowing their status, employees will be able to receive the appropriate treatment and support to keep them healthy and at work.
- Encourages employees who test negative to stay negative.

HIV Counselling and Testing can be an extremely expensive pursuit if the campaign does not achieve its objectives. The objectives have to be to get as many employees to come forward as possible and to maximise enrolment onto a disease management programme for those testing positive in order to receive care and treatment. Clearly the issue of confidentiality is also a key success factor. If employees feel comfortable to come forward and get tested the throughput increases dramatically. A trust relationship between the employer/employee should at all times be encouraged.

Once an employee has been tested positive via the HCT programme the testing nurse should immediately at the point of post test counselling **pre-register the patient onto their disease management programme** (as

appropriate). It is the ideal point of enrolment. It has been proven that employees who are not committed to enrolment immediately have, for various reasons, second thoughts (distrust of the process, confidentiality issues etc) and end up not enrolling for care and treatment via the disease management programme.

It is also vital to perform follow up testing so as to catch any employees who may have fallen through the net due to absenteeism or any other reasons that they may have missed the initial campaign.

Conclusion

Breaking through the barriers of stigma and fear in order to achieve a workforce who are eager to participate regularly in HCT, would be a huge step towards managing the spread of the disease. As vital as this is, it must be seen in the context of a more holistic, comprehensive strategy which needs to be employed. In short this comprehensive approach is an ongoing range of interventions which seeks to inform, to educate, to sensitise, to mobilise and to encourage maximum participation by employees in company funded HIV disease management efforts. The programme requires to be ongoing in nature because prevalence ratios change within population profiles and an employee who may not be HIV+ today may be positive in three months' time. All of these interventions are corralled into a process which continues to encourage HIV+ employees and scheme beneficiaries to register for care and treatment via the employer / medical schemes disease management programme (DMP).

The desired outcome is that 100% of all HIV+ employees are all being managed via the DMP. In this way the employer and the medical scheme benefits from the perspective of significantly lowered costs relating to the disease via fewer HIV related hospital admissions. Properly managed and stable HIV+ patients / employees are more productive, happier and represent far less burden in terms of absenteeism and disability.

