ORIGINAL ARTICLE

Understanding the response of large South African companies to HIV/AIDS

D Dickinson, M Stevens

ABSTRACT

This paper provides a framework analysing the response of South African companies to HIV/AIDS. Drawing on three case studies of companies, each with over 20 000 South African-based employees, we identify six 'drivers' that influence corporate behaviour regarding HIV/AIDS: legal requirements, voluntary regulation, business costs, social pressures, visibility of the disease, and individuals within companies. We suggest that costs calculations, while possibly underestimating indirect and macro-implications, are not key in driving company responses to HIV/AIDS. The law and voluntary regulation have influenced, but not determined, the response of companies to HIV/AIDS. Social pressures on companies are of importance, but the scale and complexity of need in South Africa has seen the deflecting of this driver. Of greater reference in determining responses has been the social pressure of other companies' responses. The general visibility of the AIDS epidemic is also a significant factor in explaining companies' responses to HIV/AIDS. Moreover, the visibility of HIV/AIDS within companies has influenced the responses of often relatively weak, internal agents who have been attempting to drive companies' HIV/AIDS programmes.

We conclude that external drivers – legal requirements, economic performance, and social pressures – have framed corporate responses to HIV/AIDS to a degree, but have generally been weak. Moreover, there has been relatively little synergy between these external drivers and the internal drivers – voluntary regulation, visibility, and company HIV/AIDS 'champions' – that could propel companies into pro-active, bold responses to HIV/AIDS.

Keywords: companies, HIV response, South Africa.

RÉSUMÉ

Cette communication met à disposition un cadre qui analyse la réponse des sociétés sud-africaines au VIH/SIDA. En tirant sur trois études de cas de ces sociétés, chacune ayant 20 000 employés vivant en Afrique du Sud, nous identifions six conducteurs qui influencent le comportement de corporation par rapport au VIH/SIDA: des dispositions réglementaires, un règlement volontaire, des coûts d'affaires, des pressions sociales, une visibilité de la maladie et des individus au sein des sociétés.

Nous suggérons que les calculs de coûts, entre temps les implications indirectes et macros sont peut-être sous-estimées, ne sont pas prioritaires pour diriger les réponses des sociétés au VIH/SIDA. La loi et le règlement volontaire ont influencé, et non pas déterminé, la réponse des sociétés. Les pressions sociales sur les sociétés ont plus d'importance, mais l'ampleur et la complexité du besoin en Afrique du Sud a détourné ce conducteur. La pression sociale des réponses des autres sociétés fut une référence importante qui a déterminé la réponse. La visibilité générale de l'épidémie du SIDA est également un facteur important dans l'explication des réponses de sociétés au VIH/SIDA. D'autant plus que la visibilité du VIH/SIDA au sein des sociétés a influencé les réponses des agents, souvent relativement faibles, qui ont essayé de diriger les programmes de VIH/SIDA dans les sociétés.

Nous tirons la conclusion que les conducteurs externes – les dispositions réglementaires, la performance économique et les pressions sociales – ont encadré les réponses des corporations au VIH/SIDA à un certain degré, mais ils ont été généralement faibles. De plus, il y a eu une synergie relativement petite entre les conducteurs externes et les conducteurs internes – le règlement volontaire, la visibilité et les 'champions' du VIH/SIDA dans la société qui pourraient propulser les sociétés vers des réponses pro-actives et audacieuses au VIH/SIDA.

Mots clés: sociétés, réponses au VIH, l'Afrique du Sud.

David Dickinson is senior lecturer in industrial relations at the Graduate School of Business Administration, University of the Witwatersrand. He has conducted extensive research on South African companies' responses to HIV/AIDS and is currently focusing on workplace peer educators.

Marion Stevens completed this work while working as a project manager and senior researcher at the Centre for Health Policy at the University of the Witwatersrand. She has worked in the areas of HIV/AIDS in the workplace and women's health.

Correspondence to: David Dickinson. E-mail: dickinson.d@wbs.wits.ac.za

Understanding the response of large South African companies to HIV/AIDS

Introduction

This paper provides a framework for conceptualising the response of large South African companies to HIV/AIDS. There is a substantial body of work on the impact of HIV/AIDS on companies (Barnett & Whiteside, 2002; Clarke & Strachan, 2000; ILO, 2001; Rosen, Simon, Thea & Vincent, 2000; UNAIDS, 2000; Whiteside & Sunter, 2000), along with surveys (Dickinson & Innes, 2004; Sabcoha, 2002; Sabcoha, 2004; Stevens, Weiner & Mapolisa, 2003) and occasional in-depth studies on how companies are responding to HIV/AIDS (Department of Health, 1999; Dickinson, 2003; UNAIDS, 2002). The initial response of business to HIV/AIDS has been slow (Dickinson, 2004), but this now appears to be accelerating. There is also a considerable body of literature on why companies *should* respond to HIV/AIDS. Less work has been done in explaining *why* companies respond and why they respond in the ways that they do (Stevens, 2001). To date, there has been no attempt to provide an overall framework in which the reasons why companies respond, the interaction of these reasons or 'drivers' with the corporate environment, and the resulting form or nature of the actual responses are explained.

How these drivers of corporate behaviour emerge in the form of concrete responses in particular companies can only be understood with an appreciation of the corporate environment or context within which these drivers must operate. We believe this is an important point; understanding why companies respond in particular ways empowers stakeholders within and beyond the company. It enables us to move from being frustrated when achievements fall short of our ideals to becoming agents who understand what is possible and can help to achieve those possibilities.

Contrary to what is frequently presented, we suggest that the cost-benefit analyses used to calculate the financial impact of HIV/AIDS – while possibly understating indirect and macro-implications – are not key in driving company responses to HIV/AIDS. The law and voluntary regulation have influenced, but not determined, the response of companies to HIV/AIDS. Social pressures on companies to respond to the epidemic are of importance, but the scale and complexity of need in South Africa has often seen these downplayed or deflected. Of greater reference in determining responses has been what other companies are doing; a dynamic that helps explain both the slow reaction of companies to the epidemic and the current acceleration in their responses. The weak collective organisation of business in South Africa additionally helps to explain the fragmented nature of companies' response to the epidemic. The limited visibility of the AIDS epidemic is also important in explaining the response of companies to HIV/AIDS. Moreover, the visibility of HIV/AIDS within companies has influenced the responses of, generally weak, internal agents who have attempted to drive company responses.

Methodology

This paper is based on three case studies of large South African corporations in the chemical, IT, and health care sectors, each with over 20 000 domestically based employees. The companies, representing a convenience sample, were researched between 2001 and 2004. A total of some 280 in-depth interviews were conducted.[1] Interviewees ranged from shop floor workers to senior managers. We also interviewed trade union officials and occupational health professionals attached to the companies. Special attention was paid to employees, at all levels, who were in some way contributing to the company's response to HIV/AIDS. Informed consent was obtained and detailed notes were taken during the interviews, which we wrote up as soon as possible after the event. Interviewees were assured of anonymity. In addition to conducting interviews, we observed and participated in a number of meetings, workshops and presentations relating to the companies' responses to HIV/AIDS. Research access was negotiated with companies with the understanding that they would receive feedback on our research. In line with the agreements reached, we have not named the companies in this paper.

The fieldwork generated a huge amount of qualitative data which have been analysed and synthesised for a number of research reports and publications. For the purpose of this paper, we drew on the raw data as well as earlier synthesis. In this paper we concentrate on painting the broad outlines of what we have observed. Access to the findings of a number of surveys on the corporate response to HIV/AIDS, including two in which we were centrally involved,[2] have provided a useful, broader check on the qualitative findings drawn from our case studies.

In reviewing these data we looked for common patterns and themes which led us to conceptualise and attempt to answer the following questions:

- What drives the response of companies to HIV/AIDS?
- How do these response 'drivers' interact with the corporate environment?
- What are the key features of the corporate response to HIV/AIDS?

Understanding the response of large South African companies to HIV/AIDS

We identify a number of key drivers – factors that influence companies to respond to HIV/AIDS. These are:

- Legal requirements.
- Best practice codes[3] and processes of regulatory reporting that may be necessary for some processes (such as public listing) or seen as desirable in terms of public image and investor confidence.
- The business case for responding, in which the relative costs of responding or not responding can, with sufficient managerial capacity and information, be weighed up.
- Social pressures that are being brought to bear on companies. While this links to the issue of reporting, it is far broader and, given the extent of the HIV/AIDS epidemic, involves the relationships between business and almost all other major social actors, as well as the pressures that are exerted on business by the response or non-response of other businesses.
- The visibility, or lack thereof, of the disease, which is a product both of the biological nature of HIV and AIDS and the social and economic divisions within companies.
- Individuals who take responsibility for the company's response to HIV/AIDS.

The following sections are structured around these six drivers, their interaction with the corporate environment and the resulting response. This is summarised in Table 1.

Legal requirements

The legal framework that drives company responses to HIV/AIDS has emerged from post-1994 legislation that promotes human rights. While emphasis on human rights has been strong, the main focus of this movement regarding HIV/AIDS has largely been outside of the workplace. The key legal battleground has been the provision of antiretroviral drugs through the public sector.[4] We also note that, in regard to the workplace, law on HIV/AIDS is fragmented. There is no single piece of legislation governing HIV/AIDS and the workplace: the Nedlac/Department *Code of Good Practice* (2000) has to be read in conjunction with eight relevant pieces of legislation,[5] as well as the Constitution.

This raft of legislation applies to everybody within a company, but different stakeholders regard it from different perspectives. Management of large companies are keen to ensure compliance with the law, but that does not mean – given a belief in free market principles and aversion to regulation – that legal obligations are welcomed. Rather, law is evaluated within the context of business imperatives. Where law and profits clash, resources are expended in finding loopholes by which the law can be bypassed, but not broken, and business continued in an uninterrupted manner. Depending on the strength of countervailing social forces and their ability to utilise laws to their advantage, these strategies succeed to a greater or lesser extent.[6]

Laws relating to HIV/AIDS at work have been subjected to the same response within companies. The right to conduct HIV testing was contested in the late 1990s and early 2000s. Companies, while aware of the legal limits placed on discrimination against HIV-positive employees, wanted to establish and reduce their risk through an accurate mapping of HIV prevalence within their organisations. Unions saw this as a vehicle for discrimination and effectively blocked such moves.

The limited impact of the law as a driver of corporate responses to HIV/AIDS is further restricted by the hidden form of HIV/AIDS in the workplace (an issue we explore below) and the weak penetration of law into lower levels of the company. In short, because few employees admit openly that they are positive and because compulsory testing has been blocked, managers do not have to know what the law says they can or cannot do. This explains, in part, why company HIV/AIDS policies, many of which are collations of relevant legal provisions, rarely need to be consulted.

TABLE 1. THE DRIVERS, CORPORATE CONTEXT AND CORPORATE RESPONSES TO HIV/AIDS			
Response drivers	**Features of response drivers**	**Corporate context**	**Nature of corporate responses to HIV/AIDS**
Legal requirements	• Strong human rights culture • HIV/AIDS rights focus on civil society • HIV/AIDS legal framework is fragmented	• Ideological differences over free market v. regulation • Formal compliance • Informal discrimination channels • Confusion (e.g. testing, confidentiality) • Weak union (watchdog) pressure	• Superficial legal compliance • View of need to respond as externally imposed • Uncertainty
Voluntary regulation	• Social reporting and accountability • Range of voluntary 'best practice' guides for policies	• Policy does not require active programmes • Weak union (watchdog) pressure • King II report • International regulatory obligations	• Conformity in line with anticipated requirements
Business case	• Uncertainty • Lack of reliable measurement • Threat to pension/health/insurance benefits • Cost-benefit of response neutral to positive	• Global competition and transformation leads to responses to immediate challenges (strategic overload) • Rapid and continued restructuring leads to organisational instability • Bio-medical threat off the corporate 'radar' • Social distance	• Lack of strategic priority/integration • Financial case a 'fig leaf' for a wider set of considerations • Under-resourced
Social pressures	• AIDS as a national crisis • Ambiguous messages from national government • Corporate social investment/ responsibility • Linkages between workforce and community • 'Follow-my-leader' (of other corporate responses)	• Reactive approach to post-1994 political environment • CSI geared towards national profile rather than local need • Fear of responsibility overload • Weak collective business organisations	• Limited role in national plan • Weak links to communities • Self-limiting/reinforcing dynamics
Visibility	• HIV/AIDS hidden as a result of long incubation, fear and social distance • Successful programmes raise visibility • Weak advocacy from unions, churches and academia	• Job insecurity adds to fear • Range of visibilities along: – socio-economic/race: social distance slows visibility of disease to decision-making structures – industry (risk factors) – region (epidemic's geography) – occupational role	• Reactive • Slow and fragmented response
Internal agents (individuals)	• Power to make decisions (local and company-wide) • Exposure to disease (work and communities) • 'Social consciousness'	• Exposed individuals generally in junior/less powerful positions • Task overload	• Weak (driving from below) • Fragmented (company geography) • New agents

However, we should not assume that decisions influenced by employees' HIV status are not being made on a day-to-day basis within companies. They are, but external advocacy groups find it difficult to bring the law to bear on 'everyday acts of discrimination'. The agents best placed for such engagements are shop stewards and union organisers. But in regard to HIV/AIDS, they have had little training, limited time, already crowded agendas and, frequently, their own moral uncertainties on the disease (Mapolisa & Stevens, 2003).[7]

Thus, while law has played a major role within the wider national response to HIV/AIDS, within the workplace there has been a more limited impact. In the context of widespread 'silence' over HIV/AIDS, the legal framework has resulted in a reactive, rather than pro-active strategic approach, below which everyday decisions – good or bad – are taken at operational level.

Voluntary regulation

Voluntary regulation can be seen as a 'halfway house' between legally enforced regulations and an unregulated free market economy. Here companies agree to abide by principles that take into account concerns beyond short-term profit maximisation for shareholders. In the context of HIV/AIDS, voluntary regulation can take the form of abiding by one of the range of codes of good practice on offer, or subscription to one of the corporate reporting frameworks available. However, in terms of how such voluntary regulation drives corporate response to HIV/AIDS, we note a number of factors operating in contrary directions.

The general drive towards corporate good governance in South Africa has, notably with the King II Report (2002), provided important expectations for listed companies' responses to HIV/AIDS. In addition to this domestic impulse, companies with international scope experience a range of pressures to confirm to good governance and sustainable practices emanating from regulatory expectations in other parts of the world. One of the most important international self-regulatory bodies, the Global Reporting Initiative (GRI) (2003), recently chose to develop its HIV/AIDS reporting guidelines in South Africa. How this initiative will be utilised by local companies is not yet clear, though Fakier (2004) suggests that it may remain largely limited to publicly listed and/or global companies.

Against these moves towards voluntary regulation, we can note that such codes of good practice or reporting mechanisms are often limited in their scope. This occurs for two reasons. Firstly, by the nature of voluntary regulation as a 'halfway house' between legislation and a *laissez faire* approach, there are limits to what can be expected.[8] Thus, within the process of developing the GRI guidelines there was a need to strike a pragmatic balance between what would be *ideal* from the point of view of ensuring an effective corporate response to HIV/AIDS, versus the level of obligation that was likely to be *acceptable* to the majority of companies that could choose to ignore it or set up a rival, weaker, voluntary standard. Secondly, such codes and guidelines are a poor basis for a pro-active response if stakeholders are weak and have limited ability to apply pressure.

To date the role of voluntary regulation in driving company responses to HIV/AIDS has been limited. This is instructive, given the advanced stage of the epidemic. We believe that voluntary regulation will only move beyond minimum conformity if there is strong management and union understanding and involvement in such processes.

The business case

The business case would seem to be the most obvious driver in prompting a corporate response to HIV/AIDS, but this is not, in fact, correct. While there are strong theoretical arguments as to why HIV/AIDS will impact on companies' bottom line (Rosen *et al.*, 2000; Whiteside & Sunter, 2000), this has not always been easy to demonstrate within the framework of cost-benefit analysis for specific firms.

Cost-benefit analysis requires reliable information since the core process involves quantifying a risk and comparing it with the costs of alternatives. Such calculations face two sets of uncertainties: the prevalence within a workforce and the financial implications of this. In the absence of compulsory testing, even the most successful anonymous prevalence survey or VCT programme generally falls short of 100% uptake, leaving a margin of error given the unknown bias of the untested group. This uncertainty is compounded by the difficulty of accurately estimating the costs of infection for the business. While some elements of this, such as employee benefits, are easily quantifiable, other elements, such as the impact on productivity, are not. Moreover, these less tangible costs are unlikely to exhibit linear relationships with prevalence.[9]

Where there is some certainty, as with employee benefits, action has tended to be decisive, with changes in pensions, risk benefits, and health insurance to limit potential company liability.[10] In some cases this has been done prior to HIV/AIDS even appearing on the corporate horizon because of more demanding shareholder requirements arising from unrelated obligations. These actions then appear to have proved their worth when such schemes were re-reviewed in the light of companies' estimated HIV prevalence. In other cases, these changes appear to have been made deliberately with regards to HIV/AIDS. Company exposure to the impact of HIV/AIDS on employee benefits is, additionally, influenced by the extent to which employees enjoy these. This variation in social protection is most noticeable regarding health insurance, where lower-paid workers cannot afford the premiums.[11] These workers do not constitute a risk (for the company) that needs to be included on the cost side of any calculation regarding employee benefits.

The ability to 'fix' potential company risks around employee benefits impacts on the overall calculation of cost-benefit by a company and contributes to the neutral to slightly positive results that such calculations often produce. In this respect, the business case is not a particularly strong driver. This has mixed implications. It provides a degree of reassurance to managers that the financial impact of AIDS is not the nightmare scenario that is sometimes painted. But, having taken AIDS seriously enough to commission such research, they would like to be able to demonstrate that they are mounting an appropriate response to audiences less concerned with the bottom line. The result is that the available calculations on the economic impact of HIV/AIDS on the company's operations are used as a 'fig leaf' to justify the sound financial sense of their response – which is, in fact, being mounted for other, no less real, reasons.

Understanding the actual role that the business case has had in South African companies' responses to HIV/AIDS is instructive in that it highlights that the corporate context cannot be reduced to a set of accounts. Below the formal rationality of the company as a profit-maximising entity, we also need to take into account other (social, political and psychological) facets. Thus, the business rationale for responding to HIV/AIDS, while an important component in understanding the current set of responses, is not, in itself, of overriding importance. Rather, within a longer perspective on the HIV/AIDS epidemic, business calculations are used to legitimate responses within the company. Given the undoubted importance of profit generation this explains why many company responses to HIV/AIDS remain (despite publicity to the contrary) largely marginal to their core strategic priorities and that those tasked with mounting the response to HIV/AIDS receive praise and commendations but limited resources.

Social pressures

The social crisis that HIV/AIDS presents to South Africa as a nation has generated pressures for companies to respond. A national crisis requires all social actors to respond, yet this need has been hidden by the ambiguous messages emanating from key elements of the State (Schneider & Stein, 2001) – the only structure with the mandate and scope to co-ordinate a national response to the epidemic. This has been unfortunate, leaving other social actors largely without guidance. However, this can only partly explain the reactive response of business to HIV/AIDS.

The failure of the State to lead an effective, national multi-stakeholder response to HIV/AIDS did not mean that business had its hands tied regarding internal or external responses to HIV/AIDS. Far from it. As the key sector in society with discretionary resources that can be brought to bear on social problems, business had a vehicle to respond, through corporate social responsibility (CSR),[12] to the HIV/AIDS epidemic, outside of government co-ordination. Moreover, since employees live in communities (many of them impoverished) CSR presents an opportunity not only to project a response to HIV/AIDS beyond the company, but also to build alliances with workers and communities. However, the building of such company-workforce-community alliances around HIV/AIDS has been limited.

This is the result of a number of factors. Firstly CSR is generally marginal within companies. While a necessary obligation, there is an increasingly open articulation that such activity is not 'core business'. One outcome of such a view is the outsourcing of CSR to professional companies that handle a budget provided by the company. Such an approach can undoubtedly increase the professionalism of CSR, but it is hardly an approach by which a company can, through its employees, build alliances with surrounding communities around responses to HIV/AIDS.

Secondly, the role of CSR is ambiguous since it is not only about responding to social need, but also about creating a positive image of the company and its role in society. These two objectives are not necessarily contradictory, but in practice frequently are. Thirdly, for those managers who seek to move beyond CSR as image, the practicalities of tackling poverty and HIV/AIDS directly through their company's CSR *is* complex. Beyond the relative simplicity of company hierarchies, impoverished communities present fluid and turbulent social structures that make partnerships difficult. Moreover, even if these complexities can be navigated, the sheer size of the sea of poverty which is encountered on such a journey is potentially overwhelming. The *responsibility* part of CSR suddenly looks like a liability that will sink any corporate ship. In the context of an AIDS epidemic fuelled by poverty, there appears no secure breakwater separating calm shallows from a deep rolling ocean.

A final 'social' pressure – one that, in our view, has been more significant than either the needs of a national crisis or the response opportunities that CSR presents – is the self-reinforcing response of the broader business community: that is, the degree to which individual companies have taken their cue from each other in gauging what is an appropriate response to HIV/AIDS. Despite an entrepreneurial ideology to the contrary, business is generally cautious and a (default) 'strategy' of following others has been as applicable to corporate HIV/AIDS responses as it has been to core business activities. The importance of this self-reinforcing approach has been all the more evident given weak collective business responses to HIV/AIDS.[13] This self-reinforcing referencing over HIV/AIDS has contributed both to corporate South Africa's slow start in responding to HIV/AIDS and also to the current response acceleration: initial inaction justified further inaction, current action prompts further action.

The actual practice of CSR around HIV/AIDS means that business has relatively weak links to surrounding communities. In combination with businesses' weak collective structures, this helps explain the fragmented nature of the corporate response to HIV/AIDS. What has been done has been done on a company basis – there are few examples of active sectoral or regional initiatives to co-ordinate activity across companies and surrounding communities. This has meant each company largely re-inventing the wheel as it embarks on the difficult process of organising an effective response to HIV/AIDS. It has meant that larger companies with greater capacity have moved noticeably faster than smaller companies, and that companies have viewed the vast sea of poverty around them from the limitations of their own resources, rather than with the strength of the entire business community.

Visibility

The limited visibility of HIV/AIDS appears to be critical in explaining the response of companies to the disease. Given the long incubation period of the virus, an approach driven by visibility is reactive, lagging behind the actual spread of the epidemic. In addition to general delay, there are clear variations in visibility between economic sectors. Where the risk factors of a particular workforce have been higher, and where medical surveillance has been in place, these industries have responded earlier, as, for example, with large mining companies. Given the geographic pattern of prevalence across South Africa, visibility is also – for the moment – influenced by location. The visibility of HIV/AIDS has been further obscured by social factors: notably, the fear that surrounds a stigmatised disease and 'social distance' within companies.

Within the corporate context visibility has been reduced by the fears of workers that they will be discriminated against should they be HIV-positive. In the context of downsizings – a process undergone by most South African companies in recent history – this fear is intensified. In one large company with an ongoing process of retrenchments that we researched, workers were reluctant to take advantage of the company's wellness programme that offered blood sugar tests (for purposes unrelated to HIV). Despite assurances of confidentiality, they felt that should there be something wrong with their health, they would find themselves on the next list of job cuts.

There are also systemic features of the corporate environment that affect visibility. Social distance between management and workers, as a result of class, race and gender, has had an important role in obscuring the view of company decision-makers as to the impact of the disease.

Thus, visibility has been an important driver in companies' responses to HIV/AIDS. It is the lack of visibility to key sections of management that helps to explain the generally slow and reactive nature of this response. As the epidemic becomes more obvious, we see a greater response by companies. However, for various reasons, the epidemic became visible earlier to some than to others. This helps explain variation in company responses between sectors and, to a lesser degree, between regions. Considering the visibility of HIV/AIDS in relation to occupational role also helps us to understand the nature of responses that have occurred within companies, an issue discussed in the next section.

Internal agents

The role of individuals in driving the response of South African companies to HIV/AIDS is enormous. It would be nice if it were not so; things would certainly have moved a lot faster if the dangers that AIDS poses had been picked up by corporate strategy makers, responses formulated by directors and senior managers, and the necessary structures put in place. But the reality of many company responses is one of individuals battling against a corporate 'system' that at times seems to be part of the problem and not the solution. Of course, along with the other drivers identified, these individuals have, in a number of companies, succeeded in getting AIDS to be taken seriously. Once this is achieved, things can accelerate and the company's HIV/AIDS programmes be professionalised – but the 'amateur' origins of many company responses are important in explaining the particular path that is followed.

In line with arguments already outlined above, in the general absence of strategic responses from senior management, those who have responded to HIV/AIDS in the workplace are generally employees who, because of their occupational role or social position, have been exposed to the disease and who have personal characteristics of compassion or social citizenship. These characteristics are not exclusive – anyone can open their eyes and anyone can empathise. But those more likely to have done this within the AIDS epidemic appear to be relatively junior, frequently black, managers (usually with HR portfolios), nurses and administrators. Such HIV/AIDS 'champions' have relatively limited power within large companies. Financial and production management positions are generally more influential in deciding company priorities. While some have driven the issue up through the company to the attention of strategic decision makers, others have focused on what can be achieved in their areas of responsibility and influence. Such actions are frequently hampered by a lack of resources, by limited capacity, and by the fact that they have to be juggled with an already full workload. Nevertheless, such locally based responses to HIV/AIDS are often creative, well positioned, and effective.

Thus, individuals are an important driver in the corporate responses that we have seen to date in South Africa. They are important agents who deserve greater attention. However, we also need to recognise that responses driven in this way are generally weak, since they are being driven from below, and fragmented across the company's organisational and physical geography, with some strong local responses and other areas with only minimal activity.

Conclusion

The purpose of this paper has been to provide a framework in which the responses of South African companies to HIV/AIDS can be understood. The question addressed has not been why they *should* respond, but why they actually *have* responded. Addressing this question is only possible if we identify the 'drivers' responsible for putting HIV/AIDS on the corporate agenda *and* how these drivers are constrained or facilitated by the corporate environment. It is the outcome of these processes that explains companies' responses to HIV/AIDS. Such an analysis moves us beyond impassioned pleas for action, cynical accusations of failure, and facades of self-congratulation.

The evidence presented in this paper suggests that the business case is not the critical factor driving company responses to HIV/AIDS. While we note limitations to the cost-benefit analyses used in calculating the impact of HIV/AIDS, such calculations – producing a neutral or slight financial benefit – justify rather than drive the responses that have been mounted to date. While law and voluntary regulation have had some influence in shaping the response of companies to HIV/AIDS, these drivers have not been determining. Of some importance have been social pressures which are bearing on companies with increasing force. Nevertheless, we note that these pressures are often dissipated by the difficulties of companies responding to social need in a country overburdened with inequality and want. Given the generally inward looking nature of South African business, possibly the most significant external pressures on companies has been what other companies are doing; a dynamic that helps explain both the reaction of companies to the epidemic and the current acceleration in their responses; while the weak structures of organised business help explain the generally fragmented nature of the corporate response to HIV/AIDS. Finally, we pointed to the important role of visibility in explaining the response of companies and how this has linked to the responses of internal agents who have attempted to drive company responses from below.

At the risk of simplification, we can categorise the drivers discussed in this article as being external or internal to the company. The external drivers – legal requirements, economic performance,[14] and social pressures – have framed corporate responses to HIV/AIDS to a degree, but have generally been weak. The potential thrust of such drivers is greatly dissipated both before and as they enter into the corporate environment. Although their impact is important, they have not, on their own, generally had the force to achieve pro-active responses on the part of business.

The potential energy of these external drivers has been expended within the corporate environment precisely because of the weakness of internal drivers – voluntary regulation, limited visibility, and the nature of internal agents who have responded. There has been relatively little synergy between external and internal drivers that could have propelled companies into pro-active, even bold, responses to HIV/AIDS. This is important, because the response to date of companies to HIV/AIDS can be seen as sub-optimal in two crucial dimensions. Firstly, the response has been generally ineffective regarding prevention, treatment and care. Secondly, within the broader picture we have painted, it is clear that the HIV/AIDS epidemic is embedded within past legacies: consequently the situation, while daunting, presents an opportunity for business to re-position itself as an integral part of the new South Africa. There is limited evidence that business has taken this opportunity.

Acknowledgements

The research was funded by the European Union, UNAIDS/UNSRID, and through Wits University research grants.

Footnotes

[1]These were conducted in Gauteng, Free State, Mpumalanga, North West, KwaZulu-Natal, Eastern Cape, and Western Cape provinces. Some interviews were conducted by Siphelo Mapolisa of the Wits Centre for Health Policy.

[2]Stevens, Weiner & Mapolisa (2003) and Bendell (2003).

[3]The overlap between law and guidance is illustrated by the Nedlac/Department of Labour *Code of Good Practice on Key Aspects of HIV/AIDS and Employment* (2000), which while provided for in the Basic Conditions of Employment Act (Department of Labour, 1987) and which 'may be taken into account in applying or interpreting any employment law' (BCEA Amendment Bill, Department of Labour, 2000) is nevertheless a guide that employers can chose to utilise or not.

[4]This is not to ignore key interventions around HIV/AIDS and employment by organisations such as the AIDS Law Project – for example, the important case of 'A' v. South African Airways in 2000 (Aids Law Project 2000) – but to stress where attention has been focused.

[5]The Employment Equity Act (1998), the Labour Relations Act (1995), the Occupational Health and Safety Act (1993), the Mine Health and Safety Act (1996), the Compensation for Occupational Injuries and Diseases Act (1993), the Basic Conditions of Employment Act (1997), and the Medical Schemes Act (1998).

[6]The widespread 'casualisation' of labour, in large part an attempt to avoid legislated obligations regarding employment, is the most obvious example of such a process.

[7]While shop stewards and officials are not absent from company responses to HIV/AIDS, it is instructive to see how these actors have frequently been overtaken by other employees both in promoting pro-active response to HIV/AIDS and in preventing HIV-related discrimination (see Section 3.6).

[8]The GRI (2003) guidelines give companies the option of reporting at three different levels:

- Level One (lowest): Answer 'yes' or 'no' to eight questions on company responses and provide a financial estimate of the impact of HIV/AIDS.
- Level Two: Report on 18 key performance indicators covering areas of corporate governance; measuring, monitoring and evaluation; HIV/AIDS management in the workplace; and the depth and quality of intervention programmes.
- Level Three (highest): Providing greater detail on the key performance indicators of Level Two.

[9]Thus, for example, a 2% HIV prevalence is likely to have twice the impact on productivity than 1%, but a 20% prevalence is likely to impact on productivity by *more* than a factor of 10 over the 2% rate. This will occur because, over a certain threshold, existing buffers and reserves that enable productivity to be maintained are overrun, leading to a debilitating set of interactions – such as limited capacity to train new capacity. Additionally, the macroeconomic picture is relevant here. Many companies have contingency plans for drawing in known skills, such as contacting former employees. These strategies might well be successful if conducted in isolation, but if prevalence is high in all local companies, simultaneous attempts to recruit in this way will have more limited success.

[10]By, for example, shifting retirement schemes from fixed benefit to fixed contributions structures.

[11]One company we researched maintained a corporate policy that all permanent employees must be members of a medical aid scheme. Yet in every workplace that we visited there were employees without medical aid cover. Sometimes this occurred by default – the employee simply didn't pay the required premiums; in other cases there were formal, local processes whereby, following means tests, employees could apply for exemption from this corporate requirement.

[12]Some companies prefer the term corporate social investment (CSI).

[13]This is not to ignore the contribution of the South African Business Coalition Against HIV/AIDS (Sabcoha). The difficulties of coordinating a collective business response to HIV/AIDS reflects the generally divided nature of organised business in South Africa.

[14]We categorise economic performance as external since, although many of the costs to business of HIV/AIDS arise internally, particularly through the impact on the workforce, the pressure that this causes is felt through the ability of companies to compete within domestic and global markets.

References

AIDS Law Project (2000). *Your victory is our victory: The case of 'A' v South African Airways*. Johannesburg: ALP, University of the Witwatersrand.

Barnett, T. & Whiteside, A. (2002). *AIDS in the twenty-first century: Disease and globalization*. Basingstoke: Palgrave/Macmillan.

Bendell, J. (2003). *Waking up to risk: corporate responses to HIV/AIDS in the workplace*. Geneva: UNSRID/UNAIDS.

Clarke, E & Strachan, K. (Eds) (2000). *Everybody's business: the enlightening truth about HIV/AIDS*. Cape Town: Metropolitan.

Department of Health, HIV/AIDS and STD Directorate (1999). *The Electricity Supply Commission of South Africa (Eskom): HIV/AIDS Best Practice Series*. Pretoria: Department of Health.

Department of Labour (1987). *Basic Conditions of Employment Act*. Pretoria: Government of South Africa.

Department of Labour (2000). *Basic Conditions of Employment Act Amendment Bill*. Pretoria: Government of South Africa.

Dickinson, D. (2003). Managing HIV/AIDS in the South African workplace: Just another duty? *South African Journal of Economic and Management Sciences*, 6(1), 25-49.

Dickinson, D. (2004). Corporate South Africa's response to HIV/AIDS: why so slow? *Journal of Southern African Studies*, 30(3), 627-650.

Dickinson, D. & Innes, D. (2004). Fronts or front-lines? HIV/AIDS and big business in South Africa. *Transformation*. 55, 28-54.

Fakier, A. (2004). The Global Reporting Initiative's HIV/AIDS Reporting Guidelines in South Africa: perceptions, uses and possible outcomes. *HIV/AIDS in the Workplace: Symposium Proceedings, University of the Witwatersrand* (pp. 87-108). Johannesburg: Centre for Health Policy.

International Labour Organisation (ILO) (2001). *An ILO Code of Practice on HIV/AIDS and the World of Work*. Geneva: ILO.

Global Reporting Initiative (GRI) (2003). *Reporting Guidance on HIV/AIDS: A GRI Resource Document (Pilot Edition)*. Amsterdam: GRI.

King, M. (2002). *King Report on Corporate Governance for South Africa 2002*. Johannesburg: Institute of Directors.

Mapolisa, S. & Stevens, M. (2003). Unions fall short on HIV/AIDS. *South African Labour Bulletin*, 27(6), 58-60.

Nedlac/Department of Labour (2000). *Code of Good Practice on Key Aspects of HIV/AIDS and Employment*. Pretoria: Government of South Africa.

Rosen, S., Simon, J., Thea, D. & Vincent, J. (2000). Care and treatment to extend the working lives of HIV-positive employees: calculating the benefits to business. *South African Journal of Science*, 96(6), 300-304.

South African Business Coalition on HIV/AIDS (Sabcoha) (2002). *Evaluation of workplace responses to HIV/AIDS in South Africa*. Johannesburg: Sabcoha.

South African Business Coalition on HIV/AIDS (Sabcoha) (2004). *The economic impact of HIV/AIDS on business in South Africa 2003*. Johannesburg: Sabcoha.

Schneider, H. & Stein, J. (2001). Implementing AIDS policy in post-apartheid South Africa. *Social Science and Medicine*, 52(7), 723-731.

Stevens, M. (2001). *AIDS and the workplace with a specific focus on employee benefits: issues and responses*. Johannesburg: Centre for Health Policy.

Stevens, M., Weiner, R. & Mapolisa S. (2003). AIDS and the workplace: what are managers in South Africa doing? Presentation made at the 1st South African HIV/AIDS Conference. Durban, July.

UNAIDS (2000). *The business response to HIV/AIDS: impact and lessons learned*. Geneva: UNAIDS, The Global Business Council on HIV/AIDS and The Prince of Wales Business Leaders Forum.

UNAIDS (2002). *The private sector response to the epidemic: Debswana - a Global Benchmark*, UNAIDS Best Practice Collection. Geneva: UNAIDS.

Whiteside, A. & Sunter, C. (2000). *AIDS: the challenge for South Africa*, Cape Town: Human & Rousseau Tafelberg.