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Commended - Expanded
Community Initiatives - 2008

*The Mercedes-Benz
group of companies in
South Africa was
established in 1954.*

CASE STUDY

01/01/2008

Community Intervention: Mercedes-Benz South Africa (A Daimler Company) (2008)

DAIMLER

Year Published: 2008

Disease Addressed: HIV/AIDS

Program Website: www.siyakhana.com

Executive Summary

The Mercedes-Benz South Africa (MBSA) HIV/AIDS Workplace Program extends universal access to quality prevention, treatment, care, and support to employees and their dependents. Through a public-private partnership, the Siyakhana Project, MBSA has expanded its workplace program to provide HIV/AIDS and Tuberculosis services to small and medium enterprises (SMEs) and the broader community.

Company Overview

Industry: Automotive

The Mercedes-Benz group of companies in South Africa was established in 1954. Mercedes-Benz South Africa (MBSA) manufactures Mercedes-Benz and Mitsubishi vehicles at its plant in East London, Eastern Cape Province. MBSA is a wholly owned subsidiary of Daimler AG and is one of the largest automotive groups in South Africa.

Programs and Policies

Intervention Type: Community, Innovative Financing, Workplace

Intervention Location: Africa & Middle East

Length of Intervention: 2001 - Present

Target Population: Employees of small and medium enterprises and their dependents; MBSA employees and their dependants

Number of People Impacted: More than 15,000 directly (employees) and more than 40,000 indirectly (family members)

The MBSA initiated community project to assist small and medium enterprises (SMEs) in managing HIV/AIDS, the Siyakhana Project, launched in 2006, is an international benchmark intervention.

Program Activities:

Managing HIV and AIDS is core business for the Mercedes-Benz group of companies in South Africa. The MBSA HIV/AIDS workplace program (initiated in 2001) aims at effectively addressing the development challenge posed by HIV/AIDS to company employees, their families, business operations, and economic and social development more broadly. The HIV/AIDS workplace program:

- Extends universal access to quality health promotion prevention, treatment, care and support to employees and their dependants

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- Effectively addresses the combined challenges of the linked epidemics of sexually transmitted infections, HIV/AIDS and tuberculosis
- Progressively manages the financial and human resource and organisational impacts associated with HIV/AIDS
- Reflects the corporation's commitment to Sustainable Development and Corporate Social Responsibility

Small and medium sized businesses in South Africa absorb more than half the people formally employed in the private sector and contribute about 42% of the country's GDP. HIV/AIDS and Tuberculosis (TB) are already having significant direct and indirect impacts on small and medium enterprises. Very few SMEs have implemented even rudimentary HIV/AIDS interventions in the workplace. Further, in a macro context in which the state expects the private sector to invest in employee wellness and health care, most SMEs have made inadequate provision.

Extending the business response to managing HIV/AIDS epidemics in SMEs addresses the urgent requirement to "scale up" HIV/AIDS prevention, care and treatment interventions. Using SMEs as entry points for HIV/AIDS prevention and care in the broader community enhances opportunities for reaching a significant proportion of the population at risk.

Against this background, MBSA decided to use experience gained from the company's own HIV/AIDS workplace interventions and extend its commitment not just to its key suppliers and dealer network, but also to other small and medium sized enterprises within the municipality of Buffalo City. In order to achieve the key objectives of such an initiative, MBSA sought and successfully enlisted the partnership of the Border-Kei Chamber of Business, the Eastern Cape Provincial Department of Health and obtained financial support from the German development agency DEG (Deutsche Investitions- und Entwicklungsgesellschaft mbH) and BroadReach Health Care (utilising a PEPFAR grant).

The Siyakhana Project is designed to simultaneously tackle HIV/AIDS at the workplace, among families of employees, and at the primary healthcare level to ensure a holistic, sustainable response. Siyakhana Project is implemented at three different levels: the company level, the primary healthcare level, and the community level.

Company Level:

Company level activities were implemented in all 17 participating SMEs during the pilot phase. In 2008 and 2009, an additional 50 companies will be recruited into the project.

Prevention, Education, and Awareness

- Focal Persons (FPs) and Peer Educators (PEs) are the primary channels for coordination of Information, Education and Communication (IEC) at SME level.
- Information on HIV/AIDS is provided to employees, Focal Persons, managers and Peer Educators during various training sessions.
- Reference training materials, posters, and flyers are also made available. Materials are primarily obtained from the South African Department of Health supported Khomanani Campaign.
- The project also facilitates the provision and distribution of both female and male condoms within participating companies.

Voluntary Testing and Counseling:

Eighteen successful HIV/AIDS Voluntary Testing and Counseling (VCT) Campaigns in 25 workplaces covering 16 companies were carried out during the 2006/2007 project period. Siyakhana is an independent professional agency able to conduct onsite VCT and refer individuals to its treatment network.

- All employees of participating companies were expected to participate in an awareness training and pre-test counseling session during the campaigns.
- Prior to each VCT Campaign, extensive communication activities were implemented to ensure all employees understood the purpose of the VCT Campaign and understood that results would be kept confidential.

- At the start of each VCT campaign, employees received information on HIV/AIDS and were advised of the benefits of knowing their status during formal briefing sessions.
- Briefing sessions were held over a number of days in each SME during the campaigns. About 20 employees, across all strata in the company, attended each briefing session.
 - The briefing session "evolved" into a formal group pre-test counseling session at the end of which all participants were invited to participate in testing using an approved oral HIV antibody testing device.
 - Participants were shown how to use the device and, after signing voluntary, informed consent, those who wished to took the test.
 - Participants were then invited to return at a later time for one-on-one post-test counseling and for collection and interpretation of results.
- In addition, employees' partners/spouses and up to three children were also able to access VCT at the SME premises during the campaign.

Capacity Building

- Focal Persons (FPs) met monthly with the project manager to evaluate progress, make future plans and receive expert information relevant to the workplace HIV/AIDS program management.
- The FPs mentorship program proved useful for building capacity within the SMEs to eventually enable them to run programs without the support of the Siyakhana Project.
- In addition to the FPs, managers and Peer Educators (PEs) were also trained on aspects of HIV/AIDS management. Managers' training provided an excellent opportunity to share relevant international and local HIV infection statistics and obtain the buy-in of top and middle managers of partner companies, which is crucial for successful workplace interventions.

Primary Health Care Level:

Treatment, Care, and Support

- All HIV-positive employees (and a partner/spouse and up to 3 children) from the participating companies qualify for enrolment into the Siyakhana Project care, support, and treatment network. An exclusion criterion for enrollment into the treatment program is existing coverage under a private health plan.
- Typically on site treatment, care and support is problematic because of the stigma associated with HIV/AIDS, so the Siyakhana Project established an independent general medical practitioner (GP) network whose members are especially trained in HIV/AIDS clinical care – including prevention and treatment of opportunistic infections, prevention of mother to child transmission, and comprehensive antiretroviral therapy (ART). There are currently 9 doctors in the GP network.
- The treatment program has a "wellness pillar" (centered on pre-ART comprehensive care) and a "treatment pillar" (centered on ART).
- BroadReach Health Care LLC (BRHC), through funding from PEPFAR, provided training and support to the GP network, disease management services, payment of the private GP network, assistance in the procurement, supply and funding of ART and related drugs, appropriate laboratory support services, and expert clinical support and monitoring services.
- From 2008, the Eastern Cape Department of Health will fund ART and related drugs.

Prevention, Education, and Awareness

- "Patient Training" in the Siyakhana Project is an integral part of the project's efforts at addressing the fear, denial, and stigma associated with HIV/AIDS in South Africa, and at ensuring good enrolment in and excellent compliance with the treatment, care, and support services offered.

- After receiving a positive HIV test, HIV-positive individuals are invited by the attending doctor or nurse to attend the next scheduled patient training session which is offered at an offsite neutral venue on two consecutive Saturdays every month.
- Patients are asked to bring a treatment supporter ("treatment buddy") to the training sessions.
- A transport subsidy and healthy meals are provided.

Capacity Building

- In order to support capacity building at the primary health care level, the Siyakhana Project provided quality of care audits and support to selected public sector services and VCT and clinical management training to professional nurses and GP's working in both private and public clinics.
- In 2008/2009, BRHC will fund the provisioning of primary clinical care mentors and GP consulting services to selected public sector primary health care services, and will facilitate the implementation of a robust capacity development program (already endorsed by the Eastern Cape Department of Health).

Community Level:

Voluntary Testing and Counseling

- Activities in 2006 and 2007 included voluntary counseling and testing of employee dependants in specific companies.
- Going forward, Siyakhana will offer VCT at its own offices which now boast a dedicated VCT service.

Treatment, Care, and Support

- In 2007, the Eastern Cape Provincial Government signed a Memorandum of Agreement with Siyakhana which forms the basis for the government's supply of medication to the project, capacity building in public sector clinics, and the opening up of the treatment program to uninsured members of the general public.
- Buffalo City Municipality has partnered with Siyakhana to deliver health education to communities and comprehensive HIV/AIDS treatment for its own employees without medical insurance.
- In exchange for this support from the government, the Siyakhana Project is realizing its goal to extend treatment care and support via the GP network to an additional 1,000 patients who are in the public sector waiting list for treatment with all diseases management and related costs carried by the project.
- This extension of access to the treatment services for patients not linked to the participating SMEs is a clear demonstration of the Siyakhana Project's commitment to a real public-private partnership approach.

Capacity Building

- 30 community healthcare workers will be deployed full time to assist with health promotion, TB medication and ART adherence support, reproductive health education, and the creation of a culture of 'youth friendly' services.
- By placing highly experienced full-time clinical mentors in selected government clinics, the Siyakhana Project is helping to improve capacity in the overall public primary health care system in its area of operation.
- Clinical mentors will be recruited from amongst senior registered nurse practitioners/nurse educators not currently employed in the public sector who are trained, skilled, and experienced in primary clinical care and HIV/AIDS and TB care and treatment.
- They will be placed at participating primary health care services to assist with service delivery, to implement actions identified during quality of care audits, to mentor existing staff and to facilitate ongoing in-service training and support.

Partnerships:

- The key partnerships to date that have contributed to the success of the program include:
- The partnership with the German development agency, DEG
- The partnership with BRHC on HIV/AIDS treatment services and capacity building
- A strong partnership with Buffalo City Municipality for capacity building at the PHC clinic level
- The partnership with the Eastern Cape Department of Health for the provision of ART and related medication to patients treated within the GP network.
 - This partnership is the most crucial to the long-term sustainability of the work of Siyakhana and is also very important because it is only the second partnership of its kind in South Africa.
 - The partnership with the Department is cemented by a formal signed Memorandum of Agreement which acknowledges that in the context of collaborative efforts to develop a comprehensive community-wide response to HIV/AIDS, the parties wish to develop a public-private partnership approach to the provisioning of ART and associated medical therapy to assist in the clinical management of HIV/AIDS, and to prevent and treat key opportunistic infections for eligible HIV-positive persons registered as patients within the HIV/AIDS treatment component of the Siyakhana Project for SMEs in Buffalo City.

Monitoring and Evaluation:

Each level of the Siyakhana Project activities has a built-in monitoring system which tracks project success both quantitatively and qualitatively:

- Day to day tracking of project outputs is the responsibility of the project manager.
- The MBSA group health and safety advisor is responsible for monitoring all project inputs using MBSA in-house financial controlling, HR management, procurement and corporate governance systems.
- The project management team (the trustees of the Siyakhana Health Trust) review outcomes on a regular basis.
- Evaluation of activities, outcomes and impacts against project operational plans and "best practice" is conducted regularly by independent external evaluators.
- Each training session is evaluated by participants on content, relevance, presentation/facilitation, and feedback received to advise further improvements.
- An independent interim evaluation of the project was carried out by an infectious diseases expert and an international team of experts have been assembled to conduct a final project evaluation. The interim external evaluation recommended a range of continuous improvements which were incorporated into project planning.
- An often overlooked component of external evaluation is peer review. To this end, the activities and interim results of the Siyakhana Project were presented at the International AIDS Conference in Toronto in 2006 and Mexico in 2008 at the South African AIDS Conference in 2007.
- BRHC also submitted the Siyakhana Project for review within PEPFAR monitoring and reporting forums in 2006 and 2007.

Outcomes

- The rates varied widely between companies but overall the infection rate of 8.7% was significantly lower than the national estimates.

- 18 successful VCT campaigns were carried out in 25 workplaces of 16 companies.
- At the SME level, 27 FPs, 352 managers and 58 PEs in 17 companies participated actively in quality HIV/AIDS training courses in 2006/2007.
- 4,717 employees were trained and counselled on HIV/AIDS, and 3,129 of them were confidentially tested onsite.
- All 272 HIV-positive employees were referred into the treatment network.
- Treatment literacy and support training were extended to 40 patients qualifying for treatment, as well as 90 patients in the pre-treatment wellness program (including "treatment buddies" in both instances).
- 32 PHC nurses attended formal training on HIV/AIDS voluntary testing and counselling.
- 26 nurses participated in refresher training on the clinical management of HIV/AIDS, sexually transmitted infections and tuberculosis.
- 43 PHC doctors attended "master-class" refresher training on HIV/AIDS Clinical Management in partnership with Aid for AIDS and the Southern African HIV Clinicians Society.
- As of December 2007, 327 patients were enrolled in the treatment program. Of the enrolled patients, 278 are in the "wellness pillar" and 49 are on ART.

Lessons Learned

- MBSA found that the strong partnerships the company's own HIV/AIDS Program built with the local and provincial government in the Eastern Cape, the strong working relationship MBSA had with the National Union of Metalworkers of South Africa (NUMSA), and the successful relationships with non-governmental and community-based organisations strongly informed the philosophy, plans and methods of the Siyakhana Project.
- It became clear that an organized business response backed up by relevant expertise and flexible know-how was a welcome relief to SME owners and managers who, although having come in direct contact with the negative impact of the epidemic on their workforce and businesses, were uncertain how to address the disease.
- The Siyakhana Project demonstrates how much can be achieved by forming broad-based partnerships involving both private and public sector stakeholders that harness material and human resources essential for success.
- Carefully planned onsite testing on a regular basis manned by well-trained professionals helps normalize HIV testing both in the workplace and beyond - by helping to minimize the paralyzing impact that stigmatization has on voluntary counselling and testing.

Next Steps

- The findings of the quality care audits will be used to plan the content of the capacity building packages that the Siyakhana project will offer to participating public sector PHC clinics.
- Uptake of HIV VCT by family members was very poor during the pilot phase and will be a key focus in the future.
- The project plans to incorporate a number of information, education, and communication activities and campaigns within the communities in which the SMEs are based. During these activities, whole families will be invited to participate and become informed on general health issues as well as take part in awareness activities.
- In 2008/2009, an additional 50 companies will be recruited into the project.
- MBSA carried antiretroviral and related medication costs in the pilot phase. Going forward, these costs will be carried by the Eastern Cape Department of Health.

- From 2008, a PEPFAR sub-grant administered through BRHC will cover the GP, laboratory, and related costs and the costs of Disease Management Services in full.
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