

HIV/AIDS

Approximately **13.1%** of the total South African population is estimated to be **HIV positive**.¹

80% of our employees participated voluntarily in our most recent HIV prevalence survey.

And approximately **69.7%** of our employees voluntarily checked their HIV status in 2015.

“As a nation the epidemic still calls us to our highest challenge.”

Justice Edwin Cameron
Constitutional Court

The first senior South African official to openly disclose his HIV-positive status

How big a problem is HIV/AIDS?

HIV/AIDS is a global problem, but the pandemic is particularly acute in sub-Saharan Africa, which “still bears an inordinate share of the global HIV burden” according to UNAIDS.

How does HIV/AIDS affect businesses?

HIV/AIDS typically affects individuals between the ages of 14 and 45, the most economically active cohort of the population. In addition to the direct financial costs, such as the increased costs of health insurance, the effects of HIV/AIDS include increased absenteeism, high rates of employee turnover, low employee morale and loss of skills and experience; all of which impact on productivity. The impact on the greater economy and the future workforce is also significant as the loss of children to the disease results in a loss of future potential and human capital development.

How prevalent is HIV/AIDS in South Africa?

The estimated overall HIV prevalence rate is approximately 13.1% of the total South African population. The total number of people living with HIV is estimated at approximately 7.52 million in 2018. For adults aged 15–49 years, an estimated 19% of the population is HIV positive.

How many people at Sappi have HIV/AIDS?

Approximately 80% of our employees participated in our most recent HIV prevalence survey in 2015.

We estimate that the overall infection rate amongst our employees has stabilised at 17.5%.

When did Sappi establish an HIV/AIDS programme?

We established our HIV/AIDS programme in 1992 in South Africa to measure, monitor and manage the disease in order to mitigate the risks posed to our employees, our organisation and the communities in which we operate.

In 2000, the guideline established in the early 1990s was formalised by publishing an HIV/AIDS policy, which was subsequently revised in 2009.

From August 2002, medical care for employees included the provision of Nevirapine treatment to prevent mother-to-child transmission.

Anti-retroviral treatment was offered to HIV-infected employees from the beginning of 2003.

The HIV **mortality rate** for **SSA employees** has declined significantly.

Of the predicted employees that are **HIV-positive**, **63.8%** are on a **managed care** programme.

Anti-retroviral treatment has been **available** to **HIV-infected employees** since the beginning of **2003**.

How is HIV/AIDS managed at Sappi?**Elected HIV/AIDS committees**

Each operating unit has an elected Employee Well Being (EWB) committee that represents: • staff working in the field of employee wellbeing • health workers • line management responsible for health • human resources staff • trade unions • peer educators. The committees are represented by a co-ordinator responsible for overseeing the workplace HIV/AIDS prevention programme and employee wellbeing programmes.

KAP studies

Knowledge Attitude and Practices (KAP) studies conducted at operating units ensure that the HIV/AIDS programmes remain dynamic, and can be modified in accordance with the particular needs of each unit.

How does Sappi promote HIV/AIDS awareness?**Awareness activities**

Communication materials in various languages are made available at all sites. Exhibitions and campaigns linked to World Aids Day, National Condom Week and Aids Memorial Day further raises the awareness of HIV/AIDS.

Peer educators

Nominated, trained employees present education programmes focused on changing behavioural patterns in the workplace and surrounding communities. The ratio of peer educators to employees is roughly 1:50; but changes according to needs and circumstances. As early diagnosis and effective treatment of sexually transmitted infections can reduce the risk of sexual transmission of HIV, treatment has been integrated into basic health services offered in the workplace.

How important is voluntary counselling and testing?

Testing is the entry point to our comprehensive programme of prevention, care, support and treatment for HIV/AIDS. HIV status awareness is well recognised as a key intervention for early diagnosis and mobilising individuals to take personal responsibility for containing the spread of HIV.

Establishing levels of infection is also essential in ascertaining the effectiveness of education and awareness programmes and in planning reaction to the disease. Against this backdrop, we have promoted counselling and testing since 2000. We have now reached a position where approximately 69.7% of our employees voluntarily checked their HIV status in 2016.

What about Sappi's contractors' employees?

We involve contractors in our HIV/AIDS programme by training contractor peer educators who are then fully incorporated into our peer educator programme. We offer counselling and testing to contractors and refer them to the appropriate treatment centre if necessary. We also assist contractors with TB testing and treatment referral to the Department of Health. Our employee wellbeing outreach programmes (which cover HIV/AIDS education, alcohol information, general health information from scabies to TB and mental health) focus on truck-stops at each mill to reach contractor drivers.

Does Sappi support infected/affected employees?

Medical protocols have been established to ensure that HIV/AIDS can be managed like any other chronic disease. Permanent employees have access to anti-retroviral treatment. As effective ARV treatment depends on strict medication compliance, a variety of methods is used to assess compliance and a process of counselling is followed if the patient does not comply with the treatment.

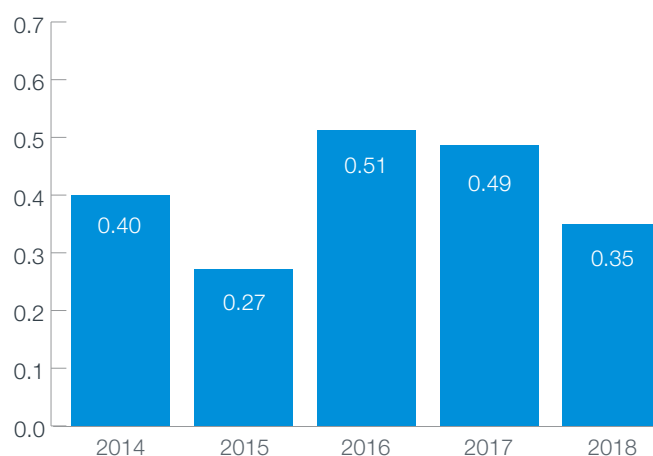
Approximately 63.8% of our predicted HIV-positive employees are registered on an HIV/AIDS **managed care programme** which includes medication, ongoing support and education as well as home-based care. The high number of people coming forward to register on the managed care programme indicates the effectiveness of our counselling programmes and also indicates that our efforts to reduce the stigma associated with the disease are paying off. Our registration figure compares well against the general industry norm which is that 20–30% of predicted HIV-positive employees are registered on HIV/AIDS management programmes.

Beneficiaries of employees who belong to medical aid schemes have access to the HIV/AIDS benefit. In the case of resignations or retrenchments, we hand over known HIV/AIDS cases to local clinics to ensure continuity of treatment.

Special focus is given to the identification of the internal and external **risks** that could lead to an increase in the prevalence of HIV within the company. One of the key risks is non-compliance with medical protocols. Recently, employee wellbeing professionals have helped to promote compliance. Our mortality rate has declined by almost two thirds, from a high of 1.12% in 2005 to 0.35% in 2018.

How does Sappi monitor prevalence and costs?

We conduct HIV/AIDS surveillance studies on a three-year cycle to determine HIV prevalence. We also conduct cost and benefit fund impact studies.

**HIV/AIDS mortality rate — Sappi Southern Africa
(National mortality rate: 2%)**

1 <http://www.statssa.gov.za/publications/P0302/P03022018.pdf>