

Research Results of IDE IPPPA

IDE Investment Promotion Policy Project for Africa

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IDE-JETRO for CCIJ
Sandton

IPPPA Background I

IDE-JETRO IPPPA objectives:

- ① Make business risks in africa more **visible** in measurable figures.
- ② Elaborate **recommendations** on effective policies to handle business risks.
- ③ Propose effective ways of **CSR activities** which is an important part of business in Africa.
- ④ Establish a data base of **successful business models** in Africa.
(http://www.ide.go.jp/English/Data/Africa_file/)



IPPPA Background II

Toyota SA Motors (TSAM):

- KAPB (2009): Survey on knowledge, attitude, practice, behavior
- HCTI (2010): Promotions on HIV testing.

Hernic Ferrochrome:

- Township household survey (2009): Unemployment.
- Township household survey (2010): Job search strategies and outcomes.



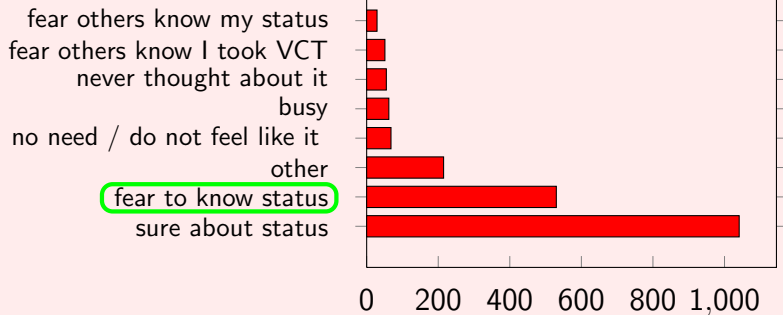
TSAM:

- KAPB (2009): Survey.
 - ➡ Reliable information on uptake rates.
 - ➡ **Fears** and **stigma** cited as deterrants.
 - ➡ Confidentiality alone may not suffice.
- HCTI (2010): Promotions on HIV testing.
 - ➡ Combine with MSP/WELL to make testing offers.
 - ➡ Subjective probabilities to identify the risky.
 - ➡ DVD to promote uptake of low risk employees.



Overview II

FIGURE 1: REASONS FOR NOT TAKING TESTS (KAPB, 2009)



Overview III

TABLE 1: PROPORTIONS OF THE FIRST/SECOND PERSON NOT WANT TO BE KNOWN ABOUT HIV TESTING (KAPB, 2009)

	1st	2nd if 1st is	
		colleagues	non-colleagues
	(a)	(b)	(c)
(1) Colleagues	0.15	0.00	0.23
(2) Non-colleagues	0.26	0.87	0.61
Spouse	0.02	0.00	0.01
Children	0.01	0.00	0.05
Other family members	0.03	0.02	0.08
Relatives	0.01	0.03	0.09
Unmarried partner	0.00	0.00	0.00
Boy/girl friends	0.01	0.00	0.02
Neighbors	0.11	0.66	0.12
Friends	0.03	0.11	0.19
Other	0.01	0.02	0.02
(3) No one in particular	0.58	0.11	0.14
No. of workers	6207	933	1646



Overview IV

TABLE 2: PROPORTIONS OF THE FIRST/SECOND PERSON NOT WANT TO BE KNOWN ABOUT HIV STATUS (KAPB, 2009)

	1st	2nd if 1st is	
		colleagues	non-colleagues
	(a)	(b)	(c)
(1) Colleagues	0.20	0.01	0.28
(2) Non-colleagues	0.31	0.87	0.58
Spouse	0.02	0.00	0.01
Children	0.02	0.00	0.05
Other family members	0.04	0.02	0.07
Relatives	0.02	0.04	0.08
Unmarried partner	0.00	-	0.00
Boy/girl friends	0.00	0.00	0.01
Neighbors	0.13	0.65	0.14
Friends	0.04	0.12	0.16
Other	0.01	0.02	0.02
(3) No one in particular	0.48	0.10	0.12
No. of workers	6199	1227	1930



- Objectives: To provide an opportunity to have HIV tests to all employees.
 - ① +: Detect HIV infection and offer treatments.
 - ② -: Motivate continued efforts in healthy well being.
 - Quantitative target: Uptake rate
 - Accurate number was unknown before HCTI.
 - TSAM MS: "Should be between 40-50%".
 - 49% tested in last 2 years (KAPB, 2009).
- ⇒ To at least 60%-70%.



Overview VI

- Approach: Be **proactive** but **de-emphasize HIV**.

☞ Changes in National Guideline in HIV testing (April, 2010).

- HIV testing & medical surveillance program (MSP).
- HIV testing & chronic conditions tests (WELL).

- Notable constraints:

- Voluntary test taking, confidentiality, informed consents.
- Do not stop the production line (⇒ Daimler).

- Promotional strategies were used and examined in HCTI to increase uptake.



Overview VII

- Period: November 2010 - February 2011.
- Number of areas offered MSP/WELL: 29

assembly logistics, assembly haz chem/hall, catalar, chassis, drivers, engineering, equipments, executives, exhaust, finance, HR, IT, johannesburg, medical, paint, PCL, press/TSD, PUD/purchase, quality, resin, SHE, suspension, TALA, trucks, TSM, TSPP, vehicle, weld.



Results:

- Target: 4138: MSP 1860, WELL 2406
- Actual: 3318 (80.2%): M 1773 (95.3%), W 1545 (64.2%)
- Tested: 2686 (81.0%): M 1251 (70.6%), W 1435 (92.9%)
- Positive: 23%?, no, well below it (good news!), $M > W$
 - ☞ Not a prevalence rate.
 - ☞ Infection rate among 2686 employees.
- **81%** uptake rate among 3318 employees.



Conclusions:

- Combining HIV testing with MSP/WELL was successful in making HIV testing offers.
- “Equal treatments” (observational equivalence of treatments) among employees helped increasing uptake.
- Individuals with a high subjective probability of infection tend to have higher chances of infection, but also tend to avoid tests.



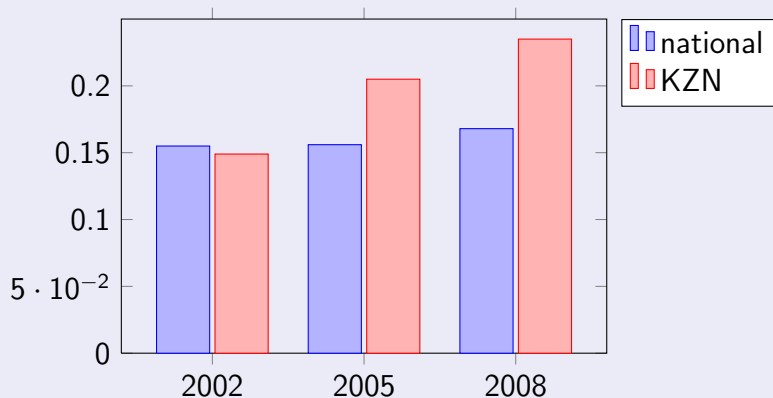
Recommendations:

- ① Give an excuse to go for testing using MSP/WELL.
- ② Provide masking of individual choices by “equal treatments”.
- ③ Ask subjective probabilities, track and offer tests to individuals with large numbers.
- ④ Investigate longer-run impacts of test taking decisions on subsequent behaviours (to study impacts on objective 2).



Background I

Prevalence Rates of Adults (25 and older)



Source: Shisana et al. (2009).

Old detection policy of HIV: VCT

Voluntary counselling and testing

- Test takers ⇨ testing site
- Testing site: Sit and wait for walk-ins and referrals.
- Worldwide approach until recently.
- Never worked well.



Background III

Testing is lagging behind target

TABLE 3: CUMULATIVE HIV TEST UPTAKE, 2004 - 2009

province	estimated population	target population	number tested	% of target tested
Eastern Cape	6.884	2.737	1.267	46
Free State	2.972	1.479	.405	27
Gauteng	9.853	5.308	1.668	31
KwaZulu Natal	10.077	4.578	2.268	50
Limpopo	5.357	2.275	1.350	59
MP	3.646	1.660	.739	45
North West	3.229	1.537	1.109	72
Northern Cape	1.108	.485	.282	58
Western Cape	4.945	2.203	1.481	67
Total	48.076	22.265	10.572	47

Source: Table 1 of South African National AIDS Council (2010).



Background IV

TSAM is ahead of pack

TABLE 4: CORPORATE HIV/AIDS POLICIES

countries	firms	HA policy	preven prog	VCT	ART
Southern African countries	225	83	86	56	38
South Africa	96	92	91	72	41
Large (> 500 employees)	107	85 – 90	98	74	40
Medium (100-500 employees)	196	65 – 70	78	47	17
Small (< 100 employees)	691	15 – 20	34	15	3
Financial sector	43	81	79	60	38
Mining sector	92	60	61	57	26
Manufacturing sector	317	47	65	34	11
Transport sector	111	52	61	34	15
Motor	38	24	44	21	9

Source: Table 3 of Mahajan et al. (2007).



National HIV policy needed to change

- VCT-based testing lagged behind the target.
- New guidelines on HIV testing in April, 2010.
- Provider initiated counseling and testing (PICT): HIV Counseling and Testing (HCT) to be offered by health providers on the occasion of any patient's visit to any health facility for any ailment (South African National AIDS Council, 2010).
- Workplace outreach is mentioned as a way of social mobilization.



Making use of MSP and WDE

Medical surveillance program (MSP):

- Compulsory for areas/positions with occupational health concerns (target 1860 out of total 5982, carry over 4122 employees)
- Compliance: 1773/1860 (95.3%).

Wellness program (WELL):

- An extension of existing “Wellness Day Events” for areas/positions without MSP requirements, testing for chronic conditions including HIV (target 2406 employees)
- Attendance: 1545/2406 (64.2%).



Problems attended 1: Noncompliance

- MSP was suffering from noncompliance.
 - Many expressed concerns for sequential release.

What we did:

- ⇒ GMs chose the dates, daily feedback, neighbouring area:
 - A coordinator from each area: “Today, your group.”
 - If an area lags behind target, a neighbouring area is asked to release.
- ⇒ We took the testing site to the workers.
 - Used mobile clinics, nearby boardrooms.
 - Released worker is more visible to group leaders.



Design of HCTI III

Problems attended 2: Observability/Stigma

- KAPB (2009): Many do not want to be known by others that they get tested for HIV, or they will not take one.
- Going to a clinic for VCT gives a hint:
 - ① “Why is he going?” “Is he going for HIV?”
 - ② Time spent in the clinic can also give a hint.
- ☞ True even if MS is respecting confidentiality.

What we did:

- ⇒ Leave no clue by making everything looks the same for everyone, or, “equal treatments”.
 - ☞ Everyone goes to the clinic and the testing room.
 - ☞ Everyone spends the same time in the testing room.



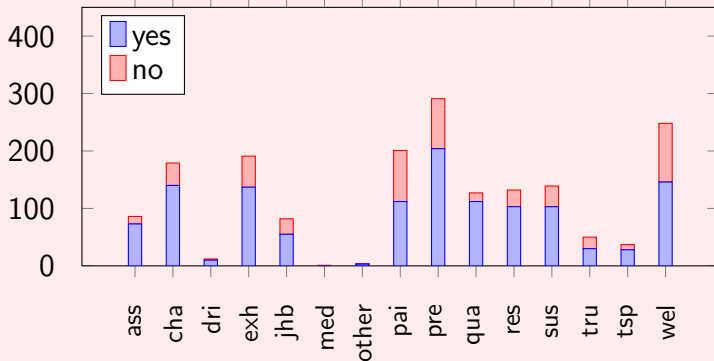
Summary of findings

- Uptake rates vary by area, by route.
 - MSP: Low uptake rates, high MSP compliance rates.
 - WELL: High uptake rates, low WELL compliance rates.
- Supportive information arm:
 - Some impacts on uptake in MSP.
 - Positive impacts on uptake of low risk individuals.
- Higher the subjective probabilities,
 - Lower the uptake rates.
 - Higher the infection probabilities.



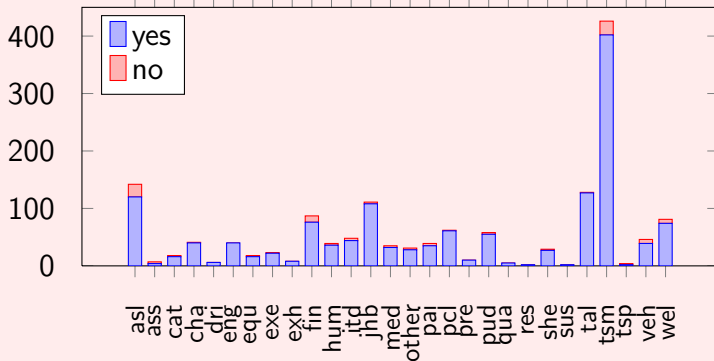
Results II

FIGURE 2: NUMBER OF HIV TEST UPTAKE, MSP



Results III

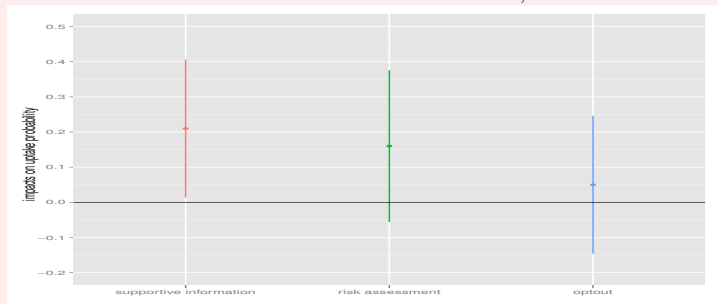
FIGURE 3: NUMBER OF HIV TEST UPTAKE, WELL



Results IV

Impacts on uptake probability

FIGURE 4: ARMS ESTIMATES OF UPTAKE, MSP SAMPLE

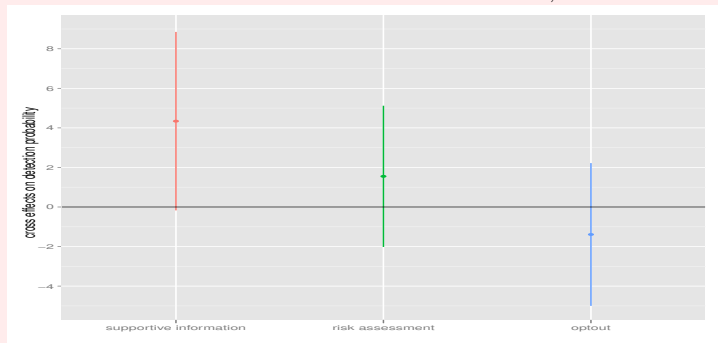


- Notes
1. Cluster robust standard errors are used. Clusters are area $\times$ date.
 2. Bars indicate 95%, confidence intervals.
 3. MSP sample only.

Results V

Impacts on detection probability (risky individuals)

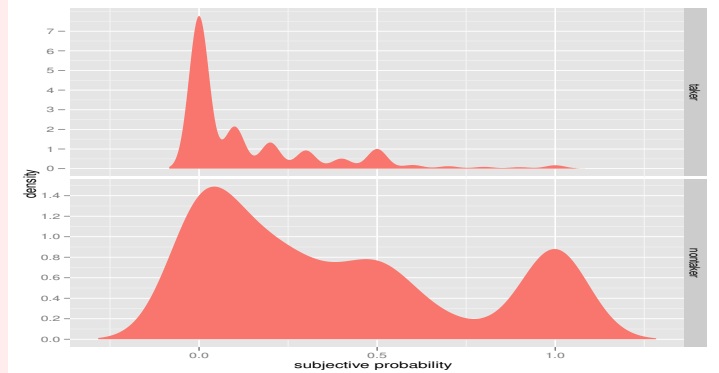
FIGURE 5: CROSS ESTIMATES OF DETECTION, MSP SAMPLE



Results VI

Correlation between subjective probability and uptake

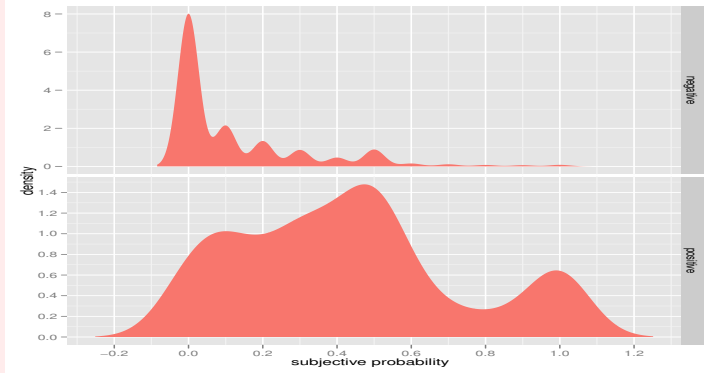
FIGURE 6: SUBJECTIVE PROBABILITY DENSITY AND UPTAKE



Results VII

Correlation between subjective probability and infection

FIGURE 7: SUBJECTIVE PROBABILITY DENSITY AND INFECTION



Recommendations I

- Give an excuse to go to testing sites.
 - ➡ Under MSP/WEEL employees move to the testing site.
- Provide masking of individual's choices under "equal treatments".
 - ➡ KAPB: Everyone trusts medical services, yet low uptake.
 - ➡ HCTI: Test taking decision was made in a room, with everyone spending the same time regardless of the decision.
 - ➡ 15-20 min session per worker is costly: Really necessary?



Recommendations II

- Ask subjective probabilities, track and offer tests to individuals with large numbers.
 - ➡ A short session on asking behaviour and subjective probabilities will reveal riskiness.
- Investigate longer-run impacts of test taking decisions.
 - ➡ Takers: Has risky behaviour incidence changed?
 - ➡ Non-takers: Has work attendance stayed the same?



References I

- Mahajan, Anish P, Mark Colvin, Jean-Baptiste Rudatsikira, and David Ettl**, "An overview of HIV/AIDS workplace policies and programmes in southern Africa.," *AIDS*, 2007, 21 Suppl 3, S31–S39.
- Shisana, O., Rehle T, Simbayi LC, Zuma K, Jooste S, Pillay van Wyk V, Mbelle N, Van Zyl J, Parker W, Zungu NP, and Pezi S & the SABSSM III Implementation Team**, *South African national HIV prevalence, incidence, behaviour and communication survey 2008: A turning tide among teenagers?*, Cape Town: HSRC Press, 2009.
- South African National AIDS Council**, "The National HIV Counselling and Testing Campaign Strategy," Technical Report 2010.