

Fostering workforce health in EAC

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The East African Business Council (EABC), an apex body of business associations and companies in Kenya, Uganda, Tanzania, Rwanda, and Burundi, lobbies on behalf of the private sector around issues affecting the business community in the region. Besides topics like customs, trade or energy, EABC is also highly committed to improving company HIV control and health promotion among its members. As a partner, EABC collaborates with the Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) GmbH. Jointly, both partners have established an EABC Regional Programme on HIV and Health. Through a network of Focal Point Organisations representing the EABC members in each country, the programme is firmly grounded and permits activities to cascade down to national level.

GTZ was one of the first development agencies working with the private sector to strengthen HIV control in companies. After first gathering years of experience working with European multinational enterprises to implement comprehensive workplace programmes in the late 1990s, the Federal Ministry for Economic Development and Cooperation (BMZ) in Germany commissioned GTZ to extend its services to national and international companies in Africa, as well as to support existing structures such as National Business Coalitions on HIV and AIDS (NBCs). After about a decade of working at national level with the private sector in all parts of the African continent, the regional GTZ project Support of the Private Sector in Africa to fight AIDS (SPAA) now seeks to broaden the private sector's efforts at the national level through regional organisations.

The rationale behind the GTZ-SPAA move is strategic in nature – cooperating with EABC as a regional body provides access to economically relevant political dynamics in the EAC. Furthermore, the EABC as a partner adds weight to a health-oriented programme because the organisation is allied with important business leaders who serve as role models.

The double burden of disease in Africa

East African countries and companies face a double burden of disease. Infectious diseases still form a major burden for the regional population and workforce. AIDS, Malaria and Tuberculosis (TB) are the dominant infectious health threats keeping company HR preoccupied. In addition, chronic conditions are

on the rise in the region due to lifestyle-related risk factors. This especially affects employees of the formal sector. Health systems in the East African region are more experienced in providing acute, episodic care than long-term management of chronic conditions.

Regarding HIV control, the public health field is currently in the middle of an important paradigm shift. Until a few years ago, HIV and AIDS programmes were designed as multi-sectoral and vertical programmes, pulling all available resources together to generate an emergency response to an enormous crisis. Today the crisis still prevails; UNAIDS 2009 data attest to an average HIV prevalence of 7.1 per cent for the East African region. The experiences of the last three decades led to a better understanding of the epidemic and its embedding in a whole system of health challenges and responses.

A good indicator for the state of regional health in Africa is the achievement on the Millennium Development Goals (MDGs). Regarding expansion of anti-retroviral treatment for people suffering from AIDS, Sub-Saharan Africa has made a big step forward, increasing the number of people on ART from 14 per cent in 2005 to 43 per cent in 2008. But there is no reason to relax. For every two people starting treatment each year, another five become newly infected. The distribution of bed nets against malaria has also been stepped up, but has not reached coverage above 50 per cent in any of the five EAC countries.

The 2010 Progress Report on the MDGs informs that TB prevalence and deaths have decreased in all regions except sub-Saharan Africa. Here, the numbers are still on the rise. According to the WHO African Regional Health Report 2006, three countries of the EAC region – Kenya, Tanzania and Uganda – are among the 22 high-burden countries globally regarding Tuberculosis prevalence. The recurrence of the oldest of all infectious diseases is to a great extent triggered by the HIV pandemic. HIV-TB co-infection is very common and the leading cause of death of HIV infected people.

Unfortunately, infectious diseases form only one half of the burden of disease in East Africa and the whole continent. Non-communicable diseases are growing fast in Africa. African countries now have the chance to respond early through health promotion and prevention in order to avoid the past mistakes of more industrialised nations. In low-income settings, twice as many deaths occur from cardiovascular diseases than in wealthier countries.

There are not a lot of good things to say about chronic diseases except one: the majority of non-communicable conditions are caused by largely preventable risk factors, such as high blood pressure, high blood cholesterol, unhealthy diet or lack of physical exercise, to name just a few.

Common Market – common health problems

The stress of a double burden of disease on East African societies and economies is further exacerbated by the fact that the EAC region is heading towards a common market future. Apart from free movement of goods, capital and services, a free market will also allow for the free movement of labour. The free movement of labour, in turn, brings with it the free movement of diseases, health needs and health demands. The Common Market will create common health problems.

Migrant workers will multiply the usage of national health services. Health systems of different quality in East Africa may create health care migration. Often, migrant workers do not have permanent contracts that include protection under company health regulations. Thus, disease events become catastrophic and out-of-pocket spending leaves the individual in poverty. Lack of harmonised treatment protocols and unguaranteed treatment continuation could fuel the pace of resistance development for crucial medication like antibiotics against TB or anti-retroviral treatment of AIDS.

Double burden of responsibility for companies

Since the East African private sector is a key stakeholder in the common market process and an engine for labour migration, it needs to be intensively involved in early responses to emerging health issues. Health is one of the factors in a business' calculations. It shows up as a hard figure on the costing side, indicating costs for medical expenses and lost working hours due to absenteeism. But it is also a hidden figure on the output side. Bad health leads to lower labour productivity, less educational attainment, and less savings and investment. In a nutshell, good health is a precondition of business prosperity, economic growth and positive investment climate.

Companies doing business in Africa do not only face a double burden of disease; they also have to live up to a double burden of responsibility. African businesses carry the burden of health care service provision, which, in other countries, e.g. European countries, is managed through health care systems. The private sector is needed as a partner of government to promote the health of East African populations. In addition, employers have to adhere to national standards in occupational safety and health.

Employers pay for workers' disease treatment through own clinics, direct reimbursement or indirect private

insurance with very limited access to comprehensive pooling of risks and costs under national or industrial insurance schemes. Prevention of occupational hazards and common disease, thus, has a direct payoff. This, however, involves safety management, health education and active health promotion. National structures do not have the capacity to fulfil these needs; not even for an extensively government-supported health problem like HIV, let alone for other health issues outside of the focus of international funding opportunities.

Currently, a company that has understood the benefits of a supportive occupational environment and a workforce well-educated in health issues and screened regularly for risk factors has to organise health promotion by itself. The management of workforce health is comparable to the management of other business assets.

An enabling environment for business health promotion in East Africa

The collaborative Regional Programme of EABC and GTZ-SPAA strongly advocates for a demand-driven approach to business action on health issues. Approaching companies from the side of their health needs opens up opportunities to talk business. It fosters better mutual understanding about the benefits to business of investing in health promotion action.

With the support of GTZ-SPAA, EABC has organised various forums for knowledge exchange. Its Regional Working Group of Focal Points is comprised of two business organisations per country, which were self-selected by members of the respective national private sector to leverage business issues on health at the regional level.

A regional conference in October 2010 pioneered the exploration of workforce health issues under a Common Market setting. In November 2010, East Africa will have held the first regional HIV testing event for Chief Executive Officers (CEOs). United for a common goal, CEOs will personally demonstrate their leadership in promoting health, life and business management in Bujumbura, Dar es Salaam, Zanzibar Town, Kigali, Nairobi and Kampala. The list of opportunities to leverage workforce health and HIV control at the East African level is long. The first steps have been made and the new EAC Bill of HIV and AIDS that awaits ratification now also includes a paragraph on workplace interventions.

It is the task of business to do business. Workforce health is a part of doing business. In strong partnership, EABC and the GTZ-SPAA Project will continue working to foster an enabling environment in East Africa that allows the private sector to respond effectively and efficiently to its double burden of disease and the double burden of health responsibility. 