

Effects of HIV and AIDS Strategic interventions used at the workplace at TSC Headquarter on productivity of TSC staff.

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IJMSSSR 2020

VOLUME 2

ISSUE 2 MARCH – APRIL

ISSN: 2582-0265

Abstract: HIV and AIDS is a major public health, socio-economic and development challenges globally. The Teachers Service Commission (TSC) has a Sub-Sector Policy on HIV and AIDS in the Workplace which is implemented by its Wellness Division at the Headquarter and sub-ACUs at the decentralized levels including all public educational institutions countrywide. The purpose of this study, therefore, was to investigate the effects of HIV and AIDS Strategic Interventions used by managers at the workplace on the productivity of staff at TSC Headquarters in Nairobi County of Kenya. The main objective was to establish whether the HIV and AIDS workplace interventions at the Commission headquarter are in line and guided by the Commission's HIV and AIDS Policy. The specific objectives included: to determine the current HIV and AIDS' strategic interventions used at the workplace at TSC Headquarter in Nairobi County, to establish the effects of HIV and AIDS strategic interventions used at the workplace at TSC Headquarter on productivity of staff and to find out the challenges facing the managers when dealing with employees in relation to HIV and AIDS. A survey design was used to guide the study. Purposive and stratified random sampling techniques were used to select the study sample. The study area was TSC Headquarters, which is located in Nairobi County, Kenya. The study population totaled 3000 comprising managers, supervisors, and policymakers drawn from the TSC's headquarter. A sample size of 351 respondents was thus drawn from this study population. The theory adopted for this study was the Contingency theory. Data were collected using in-depth interviews and questionnaires. Data collected was analyzed using descriptive statistics with the application of Statistical Package for Social Sciences (SPSS) Version 16.0. The level of significance was set at 0.05. Content analysis was also carried out on qualitative data obtained from the in-depth interviews. The study found out that HIV and AIDS affect the productivity of both managers and staff in equal measure mainly through absenteeism which results in loss of working hours, work overload, loss of morale and increased cost of production. Some of the strategic interventions used to reverse the effects of HIV and AIDS on the productivity of staff. The TSC Sub Sector Workplace Policy on HIV exists and has made several achievements though the policy has not been fully implemented due to various hindrances and HIV is yet to be demystified by some of the staff since stigma still exists. The majority of the managers and staff at the TSC headquarter in Nairobi are knowledgeable about the basic facts about HIV and/ or AIDS effects, prevention, effects of the interventions on staff productivity, and hindrances to policy implementation and what can be done to improve the strategic responses in place and thereby confirming related studies in this field. Some managers at the workplace are involved in responding to the pandemic and seem to have a sense of responsibility and consciousness towards dealing with HIV at the workplace. Testing of HIV serostatus is not a prerequisite for recruitment at the Commission. Even though preventative and informative-focused interventions and campaigns seem to reach most of the staff, whether, through mass media or other avenues, it is also argued that continued educational campaigns are required, to also guide managers and supervisors in terms of discussions on HIV and/or AIDS with their staff. The study concluded that managers acknowledged the existence and the effects of HIV and AIDS on them and the staff. HIV and AIDS and its effects were being handled more openly through discussions and counseling. Additionally, most of the strategic interventions used in the workplace by managers motivate staff productivity. From the findings, in order to address the gaps in staff productivity in the commission, it was recommended that there was a need to include information on the disclosure of HIV and/or AIDS status in ways and by people that can potentially reduce the possibility of stigma and discrimination. Furthermore, effective communication should be done for creating awareness and everyone to be well sensitized on issues surrounding HIV. Everyone has a

duty to fight HIV and therefore, and collaborative and inclusive strategy should be well employed.

Keywords: Effects, HIV & AIDS, interventions, productivity, strategic, TSC staff

1. Introduction

HIV is transmitted by blood and other body fluids. AIDS is a cluster of medical conditions often referred to as opportunistic infections caused by HIV, a virus that weakens the body's immune system. According to Ivancevich (2004), one of the contemporary health phenomena in the society today is HIV and AIDS, which was first reported in the US in the late 1979s. It has since spread to all parts of the world.

HIV and AIDS is ravishing the world's most vulnerable resources; its people. Hard hit parts of the world are seeing socio-economic progress wane and in some cases, reverse, stated World Summit on Sustainable Development (2002). It justified its statement that by robbing communities and nations of their greatest wealth, that is their people, AIDS drains the human institutional capacities that fuel sustainable development. By draining human resources, the epidemic also distorts labour markets, disrupts production and consumption and ultimately diminishes national wealth.

In two decades, AIDS has killed more than twenty million people. Millions of people living with HIV throughout the world are a working age. According to the estimates of United Nations Joint Program on HIV and AIDS (UNAIDS) in 2008, more than two-thirds (sixty seven per cent) of thirty two point nine million people living with HIV worldwide live in Sub-Saharan Africa. These people are not only in the most productive period of their lives, but also the period in which they are most exposed to and affected by HIV. The UNAIDS (2012) explained that by targeting mainly the working age population (15-64) which includes teachers and other workers in the education sector; a people with vital social and economic roles in their communities and societies, AIDS depletes human resources, saps productive capacity, and deepens poverty and hardships

HIV and AIDS is no longer a public health issue but also an issue at the workplace, a challenge to development and the origin of widespread insecurity. Hard-won gains when it comes to social protection and employment are being moving back because of the epidemic. When it comes to enterprise level, the AIDS effects include earnings loss, loss of skills, reduction in produce and the markets loss as the consumer base is reduced.

The workplace must be in front to spear head the fight against the pandemic. According to 'Workplace Programs' (2002), 'the International Labour Organization's new program on HIV and AIDS, and its Code of Practice on the pandemic in the world of work, are a beginning'. 'As a tripartite organization, we aim to forge sound partnerships involving governments and workers and employers organizations in the fight against HIV and AIDS, and from this basis, to develop effective coalitions with others working in the field to promote prevention in the workplace and to mitigate the social and economic impact of the epidemic'.

According to the Ministry of Health, Kenya, HIV continues to be a major challenge in Kenya with the national prevalence estimated at 6 per cent with 1.6 million Kenyans living with HIV (Kenya HIV Estimates 2014). Kenya's HIV epidemic is both concentrated(high incidence and infection rates among particular key populations) and general(varying across different demographic categories) and geographically with ranging prevalence rates of 25.7 per cent in Homabay County in Nyanza region to approximately 0.4 per cent in Wajir County in North Eastern region.

The Kenya HIV Prevention Revolution Roadmap and the Kenya AIDS Strategic Framework (2015/2019) classified counties into high, medium and low incidence with 9 counties accounting for 65 per cent of 100,000 new HIV infections. It is estimated that close to 88,622 new HIV infections occurred among adults annually with 13,000 being among children in the year 2013. The report further shows that HIV prevalence by residence is higher among the general population in urban areas than those in rural areas. However, men in rural areas are more likely to be infected by HIV than men in urban areas (4.5% compared to 3.7%). Over time, the HIV prevalence in urban and rural areas has converged with only a modest different between the two.

Further the KDHS and KAIS , (2013) as reported in (KARPR, 2014) reports that, Population based surveys undertaken in the last 10 years in Kenya show that HIV prevalence among women and men aged 15-49 years

ranged from 6.7% in 2003 to 5.6% in 2012. Although the prevalence has taken a downward trend, women are disproportionately affected than men. The graph below shows prevalence estimates among men and women since 2003 and demonstrates the need to address the vulnerability factors increasing the risk of HIV infection among women.

According to Rugalema (1999), a study carried out on five agro-estates in Kenya revealed that only one of them had a workplace policy on HIV that was based on the World Health Organisation (WHO)/International Labour Organisation 1988 guideline. This low percentage of Kenyan companies with HIV programmes suggests that the epidemic has not been accorded the attention it deserves. Workplace HIV programmes should take into account the concerns of employees and employers. UNAIDS (2002) maintained that, allowed to spread unchecked, HIV and AIDS weakens the capacity of households, communities, institutions and nations to cope with the social and economic effects of the epidemic. Productive capacities, including the informal sector, are eroded as workers and managers fall prey to the disease. Meaningful and sustainable development cannot occur if the AIDS epidemic is allowed to drain human resources.

ADF (2000) states that it is clear that the outlook for education in the situation of HIV and AIDS is bleak. At the very least school effectiveness will decline, given that a significant number of teachers, education managers and officials, and children die, are ill, lack morale, and are unable to concentrate. Unless significant, effective interventions are put in place immediately there will be a real reversal of development gains, further development will be more difficult, and current education development goals will be unattainable within the foreseen future.

In Kenya, like most of the other countries, teachers' college lecturers, inspectors and educational managers constitute the largest occupational group. They are also very high- risk group for HIV infection. This arises from their relative affluence in a poor society, their mobility, and the circumstances that frequently separate them from their families. Thus, the education sector has also suffered the blow of HIV and AIDS since the teachers and managers in the sector continue to be infected or affected by the pandemic.

As HIV and AIDS keep on spreading and affectin the lives of millions of people, an increasing sense of urgency has developed about the urgent need to ending the pandemic. In all spheres of the world, national HIV programs, together with unnumbered nongovernmental organizations (NGOs) and community-based organizations (CBOs), have started programs that expand the response to the epidemic. The aim of such initiatives is to prevent transmitting of HIV and also mitigate the consequences of AIDS throughh support, care and treatment. The programs vary from small local efforts to large national efforts. Whatsoever their size, the programs always involves some elements of planning, coordinatngg, delivery of service, and participation of communities and people living with HIV and AIDS (PLHA).

Since the pandemic first appeared in 1984, NACC and NASCOP (2012) observe that, the epidemic has exacted an enormous price from the people of Kenya. However, nearly three decades into the national HIV response, there is substantial good news to report. Mark, (2007) during the workshop in Nairobi aimed at addressing the effect of HIV and AIDS in the workplace and review strategies for mitigating the situation, explained that the government was concerned about the impact of HIV and AIDS on both the formal and informal sector. Bor, the Permanent Secretary, in Kenya's Ministry of Labour and Human Resource Development further noted that small margins and too few workers at any one site are among the difficulties encountered in the sector, which employs 6.8 million Kenyans.

Education contributes to HIV and AIDS prevention in two major ways. First, education in general facilitates access to information, thus contributing to HIV prevention while also raising health standards and improving living conditions. By reducing girls' economic dependency, education can also reduce their vulnerability to HIV. Moreover, public education is an important channel for delivering HIV prevention efforts to young people, promoting lower-risk sexual behaviour, and thus avoiding HIV infections as young people become sexually active. In educational organisations, teachers are the main human resources. In Kenya, TSC is the organisation that employs teachers. TSC is a body corporate established on 1st July 1967 by an act of parliament CAP212 of the Laws of Kenya, (Legal Notice no.2 of 1967) charged with the responsibility for managing teachers in public primary, secondary, and tertiary institutions in Kenya. The commission was set up to bring all teachers serving in public institutions under one single employer with harmonised terms and conditions of service. TSC is the only organisation authorised to manage teachers' affairs in Kenya. It is mandated to perform the following core

functions: registration, recruitment, deployment, promotion, remuneration, and discipline of teachers and maintenance of teaching standards in Kenya, TSC Strategic Plan (2010-2015).

From the speech delivered by the Teachers Service Commission Secretary during the 2014 HIV and AIDS' World Day Celebrations held at Machakos, it was noted that TSC is a large single organisation consisting of two sets of employees; the secretariat and those in the learning institutions. TSC (2013), states that during the year 2013/2015, the commission had a total of 248,000 teachers teaching in more than 20,000 Primary schools, 5,000 Secondary and Post Primary institutions spread countrywide and 2,860 secretariat staff serving at the TSC headquarters and TSC units countrywide.

He added that the commission's major role in the country is to provide teacher management services. In spite of the commission's endeavour to fulfil its mandate the HIV/AIDS pandemic has threatened and continues to cause havoc to the health and performance of the human resource (employees) at the workplace (TSC HQs, TSC Units and Learning institutions) raising concern to the employer. The commission secretary added that although TSC cannot authoritatively provide statistics on how many employees have died or are infected by HIV as no survey has been carried out, HIV and AIDS presents the major challenges to provision of service in the commission and has brought about immense pressure in the workplace.

A look at reported cases of absenteeism rates, death gratuity records, increased sick leave and ex-gratia applications and the increase in number of vacancies in the commission offices and public educational institutions indicate that HIV and AIDS pandemic is a major contributor. It has majorly contributed to loss of skilled and experienced manpower due to deaths, prolonged illness leading to loss in working hours, absenteeism, performance reduction, stress increment, stigma, discrimination and institutional memories loss, among others. Therefore, reported productivity decrease and an increase in costs of health care for both the employees and employer.

When employees are ill, production is likely to be affected. It is therefore, important to solve problems affecting employees in order to enhance their productivity. If HIV and AIDS- related issues are addressed properly at the workplace, such issues as stigma and discrimination can be eliminated. The workplace offers a chance for early detection, intervention, and psycho-social support for employees who will therefore learn how to live positively. Effective management of the pandemic will therefore impact positively not only on the organisation, but also in the country.

The HIV and AIDS management services in the TSC are designed to prevent the spread of HIV and AIDS among the commission's staff and teachers. The Wellness Division of the commission is responsible for coordinating programmes in the management of HIV and AIDS. The Division is also to provide Guidance and Counselling services to the infected and affected employees. To date TSC has instituted a number of strategic interventions to mitigate against the impact of HIV and AIDS on its employees. These include: conducting sensitization and training workshops on HIV and AIDS at the workplace for the senior management and other employees (both infected and affected) at the headquarters and in the field, developing and sourcing Information Education and Communication Materials and establishment of Psycho-social Support groups of employees living with HIV among others.

Several studies have been carried out on the effects of HIV and AIDS on the workplace and business in general. Further, researches have shown that several organizations including the commission have come up with policies aimed at combating the pandemic. However, it is not clear if implementation has been done and to what extent the objectives have been achieved. The researcher therefore, aims at investigating how the TSC and public educational institutions were responding to this pandemic, the effects of these interventions on staff productivity and the challenges managers were facing when dealing with HIV and AIDS in the organisation. Consequently, the researcher could offer suggestions on how to strategically respond to the challenges presented by the pandemic, having found out the responses managers were implementing at the workplace.

Education is recognised as key to national and individual development. The key themes of the education sector are access, equity and quality across all levels. The Kenya Government is committed to provide quality education to all its citizens as underlined in various national and international legal and policy documents such as Education for All (EFA), Universal Declaration on Human Rights (1948) and Sustainable Development Goals (SDGs).

Despite these efforts, HIV and AIDS remains an impediment to the achievements made in the education sector over time. The pandemic continues to impact negatively on the human resource in educational organisations who include learners, education sector personnel and community (MOE, 2013). The workforce of Teachers Service Commission (education providers) has not been spared by HIV and AIDS pandemic; HIV and AIDS have affected the teachers and the secretariat staff in their prime age.

TSC offices at the headquarter is workplaces where staff will spend mmajority of their time during the year and in response to that the commission has developed and launched a sub-sector workplace policy on HIV and AIDS aimingot contributee to the nation response towards HIV pandemic in Kenya. The strategies outlined in this policy have its aim in minimizing the effects of HIV and provide means towards productivity among staff of the commission hence efficiency in service delivery. The success of this policy will depend on its effective implementation effort of the managers.

However, Since the inception and adoption of TSC Sub-Sector HIV and AIDS policy in 2004 and follow-up baseline HIV and AIDS study in 2011/2012, changes have taken place in at the headquarter with regards to the management of HIV and AIDS. There is also not much in the current literature on HIV and AIDS showing how much has been achieved at or by TSC through the strategic interventions to HIV and AIDS. This is a clear indication to the fact that negligible studies on the effect of HIV and AIDS workplace interventions on staff productivity have been carried out on the TSC Secretariat staff, who are managers of the tutors in the learning institutions in the country, Kenya.

The theory adopted for this paper was the Contingency theory. The theory was postulated by the Australian psychologist Fred Edward Fiedler in his landmark 1964 article, ‘A Contingency Model of Leadership Effectiveness’. The basic theme of contingency theory is that organisations have to deal with different situations in different ways. The contingency theory emphasizes the importance of both the leader's personality and the situation in which that leader operates.

2. Methods

Survey design was used to guide the study. Purposive and stratified random sampling techniques were used to select the study sample. The study area was TSC Headquarter, which is located in Nairobi County, Kenya. The study population totaled 3000 comprising managers, supervisors and policy makers drawn from the TSC's headquarter. A sample size of 351 respondents was thus drawn from this study population. The theory adopted for this study was the Contingency theory. Data was collected using in-depth interviews and questionnaires. Data collected was analyzed using descriptive statistics with the application of Statistical Package for Social Sciences (SPSS) Version 16.0. The level of significance was set at 0.05. Content analysis was also carried out on qualitative data obtained from the in-depth interviews.

3. Results

3.1. Effects of HIV and AIDS on productivity

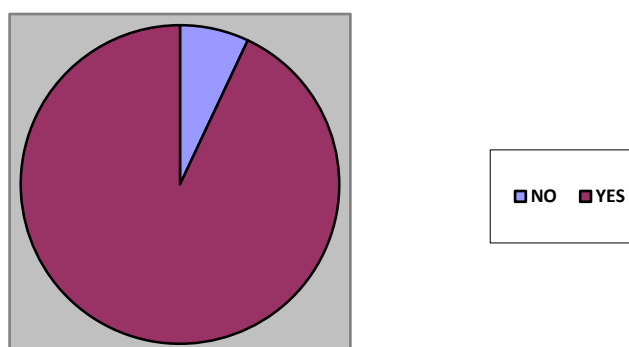


Figure 1: Whether HIV and AIDS affect the productivity of TSC staff at the headquarters
Source: Researcher data (2017)

Figure 1. above shows the response in percentage on whether or not HIV and AIDS affect the productivity of staff of the Commission at the secretariat. The effects of HIV and AIDS on productivity of staff at the secretariat were sought. 93% of the respondents observed that it does while 7% negated. This data shows that the majority believe that the pandemic is a hindrance to working as required and providing services effectively. It therefore, can be said that among other factors that affect productivity HIV and AIDS is a major one.

Table 1: How HIV and AIDS affect productivity of staff

Factor	Frequency (F)	Percentage (%)
a) Absenteeism	76	23.0
b) Performance target not met	74	22.4
c) Poor concentration	74	22.4
d) Work overload	53	16.0
e) Increased cost of production	53	16.0
Total	330	100

Source: Researcher data (2018)

The table 2.Above shows the various responses by staff at TSC headquarter on how HIV and AIDS affect productivity of staff at the workplace. The respondents were further asked to state how HIV and AIDS affect productivity if at all it does. The majority of the respondents, 23% reported that absenteeism affected productivity due to the numerous sick offs for medical attention, funerals and taking care of the sick means loss of working hours hence affecting the employees productivity.

22.4% of the respondents noted that failure to meet performance targets also affects productivity. This could be due to ill health of employees and also understaffing due to absenteeism. This consequently can demotivate the remaining employees. A similar percentage (22.4%) of the respondents held that poor concentration affects productivity due to ill health caused by the pandemic and stigma associated with it hence some employees develop low self-esteem. This means that HIV does not only have physical effects but also psychological effects that may affect employees' relationships and their productivity at the workplace.

Work overload and increased cost of production were the other factors both at 16% each observed by the respondents affecting productivity. Work overload was caused by absenteeism thus staff having to cover up for absent or sick colleagues. Increased cost of production was caused by the increased financial obligations such as having to recruit and train more staff paying employees for overtime hours worked, assisting in medical expenses and loss of working hours. This data therefore affirms that HIV affects productivity hence strategic measures have to be taken to effectively deal with the pandemic at the workplace

3,2 Effects of Interventions on Productivity

The findings were that HIV and AIDS affected productivity negatively. For example, Work overload (16%) and increased cost of production (16%) were some of the factors that affected productivity. Work overload was caused by absenteeism thus staff having to cover up for absent or sick colleagues. Productivity is affected negatively because employees who are unwell at work may not be as productive as before. The affected employees may perform poorly due to stress emanating from having to stand in for their sick or absent colleagues. Increased cost of production was caused by the increased financial obligations such as having to recruit and train more staff paying employees for overtime hours worked, assisting in medical expenses and loss of working hours. This data therefore affirms that HIV affects productivity hence strategic measures have to be taken to effectively deal with the pandemic at the workplace.

The strategic interventions that have been put in place by TSC to eliminate the effects of HIV and AIDS on productivity have yielded positive results. The study noted that respondents were even suggesting more strategies and options to address issues of HIV and AIDS at the workplace, strategies that were seen to be more employee friendly and participatory.

4. Findings

The study paper found out that HIV and AIDS affects productivity of both managers and staff in equal measure mainly through absenteeism which results in loss of working hours, work overload, loss of morale and increased cost of production. Some of the strategic interventions used reverse the effects of HIV and AIDS on productivity of staff.

5. Conclusion

The study concluded that managers acknowledged the existence and the effects of HIV and AIDS on them and the staff. HIV and AIDS and its effects were being handled more openly through discussions and counselling. Additionally, most of the strategic interventions used at the workplace by managers motivate staff productivity.

6. Recommendation

From the findings, it was recommended that there was need to include information on disclosure of HIV and/or AIDS status in ways and by people that can potentially reduce the possibility of stigma and discrimination. Furthermore, effective communication should be done for creating awareness and everyone to be well sensitized on issues surrounding HIV. Everyone has a duty to fight HIV and therefore, and collaborative and inclusive strategy should be well employed.

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