

**Private Sector Participation in HIV/AIDS Prevention
and Care Programme :**
A Pilot Programme Analysis with Future Recommendations
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I. Statement of the Problem

The AIDS epidemic in Thailand is a growing social concern. Many of the efforts to date have been directed towards the public sector. In this domain the target markets have been public health agencies, hospitals, clinics, pharmacies, educational institutions and the population at large. This follows a long history of the public sector involvement in social issues. Unfortunately the private sector has not been specifically targeted in a comprehensive manner to join the prevention and care programme. This is largely understood by the factors of proximity and access. The mission of the Ministry of Health and that of all the other public sector health agencies necessarily includes addressing the AIDS issue. Furthermore these entities routinely cooperate with each other. They are bound together by mission, funding, like activities and a developed network of working relationships. There is established access between and among health related public sector entities. There is no immediately apparent connection between the mission of the private sector and the AIDS issue. There is also no historical cooperation on any large scale between public health agencies and the private sector.

For a successful prevention and care programme against the spread of AIDS, the private sector needs to become involved. It is not considered sufficient for the prevention and care programme to isolate its activities to the public domain. The majority of time each day by a vast percentage of the population is spent in the workplace. Exposure to the public sector prevention and care programme by

billboards, advertisements, TV, direct contact at health venues and other media is limited to the time when people are not working. It seems logical if not imperative that the AIDS prevention and care programme target the private sector as well. Reducing the incidence of AIDS requires a change in behavior. One of the clear influences in behavior change is one's peers. Those who one works with day after day, year after year, are direct influencers in what one does outside of work. This study addresses the question of how to motivate the private sector to actively engage the AIDS issue thereby extending the possible influencers to include time at work and time at rest.

In order to motivate the private sector to become active in the AIDS prevention and care programme it has been determined that the following chronological list of events need to occur:

- a. Assessing their current level of knowledge, attitudes and behavior,
- b. Reviewing prior social prevention and care programmes identifying successful components applicable to the private sector,
- c. Developing strategies to raise their level of awareness and modify their behavior,
- d. Designing programmes that can be implemented in private sector environments,
- e. Identifying initial private sector entry points to activate strategies and set programmes into motion.
- f. Conducting pilot programmes with identified companies,

g. Evaluating the pilot programme both in content and longer term effectiveness,

h. Based on the above experience, develop recommended plans and strategies to gain the active support of the private sector in the AIDS prevention and care programme.

II. Phase I : Outline of the Project

A. Assessing the current level of knowledge, attitudes and behavior regarding AIDS on the part of the private sector. This step involved researching the local companies that might be possible sites for a pilot programme. The geographic area was defined as Chiang Mai and Lamphun. A total of 80 companies were identified: 40 in Chiang Mai and 40 in Lamphun. Managers from each of these companies participated in a focus group. This focus group addressed the following questions:

1) What should the role of private sector companies be in the AIDS prevention and care programme ?
(Answer: Active involvement with government support)

2) If a worker in a company has AIDS, what should the company do?
(Answer: Keep employee and find meaningful work, Educate co-workers to not discriminate)

3) What is the private sector attitude concerning the government's AIDS prevention and care programme?
(Answer: The government needs to include the private sector at this point, Most people are aware of AIDS and how it is transmitted)

4) If the private sector joins the government's prevention and care programme, what would be the ideal way to accomplish this? (Answer: Give incentives to the private sector, Give support both financially and personnel i.e. trainers/educators)

The results of this focus group led to the development of a survey which was administered to 400 owners of companies (200 in Chiang Mai, 200 in Lamphun). The survey specifically assessed the current level of knowledge, attitudes and behavior of these owners with regard to AIDS. This survey was analyzed for internal consistency and significance. The results indicated that the level of knowledge was moderate to high, the attitudes were open with some caution, and the behavior was consistent with the prevailing attitudes. Most owners indicated an interest in becoming involved with the AIDS issue. After review the results of the survey, six companies were selected for participation in the pilot programme (three in Chiang Mai, three in Lamphun).

The next step involved training workers from each of 80 companies identified above (40 from Chiang Mai/40 from Lamphun). The owners selected workers that they felt would be good potential change agents in their companies. Each company selected one worker that was judged as respected by their fellow employees and that was able to understand and convey messages concerning HIV/AIDS. Many of these workers were from the Human Resource or Personnel Departments. The training was knowledge based, focussing on: 1) conveying an understanding of the AIDS situation in Chiang Mai and Lamphun and 2) the necessary actions to be accomplished in a prevention and care programme. Some of these workers participated in the follow-on training programme that was given to 10-15 additional workers in each company

B. Reviewing prior social prevention and care programmes identifying successful components applicable to the private sector. Several prior prevention and care programmes across different issues were reviewed. These prevention and care programmes were related to environmental issues as well as health concerns. In the environmental realm, pollution was looked at both at the industrial level and at the local populace level. Lessons learned from the "Magic Eyes" and the "Think Earth" campaigns in Thailand were employed in the current plan. Health issues such as smoking and infant care were examined. The smoking issue has many corresponding dynamics related to AIDS. The most obvious being people have the knowledge that smoking is harmful, yet they continue their behavior. Thailand is rapidly approaching the point where most of the population is aware of the AIDS problem and how it is contracted. This being the case, there is a need for a new strategy aimed at changing behavior. The presence of knowledge alone has not been sufficient to change behavior. The infant care studies were reassuring in that demonstrable changes in behavior occurred.

C. Developing strategies to raise the private sector level of awareness and modify their behavior. The first two steps led to the conclusion that private sector involvement must reflect the structure of the private sector organization. Acting on this, it was decided to work within each organization by first identifying the potential change agents. The overall strategy that was developed had the following aspects: 1) the owner need to be involved first with personal contact, 2) once the owner has agreed, the owner with advice from managers should select an appropriate number of respected workers to be trained as human resource personnel available to the rest of the work force for AIDS

consultation, 3) the workers will respond best by having resources available to them that they know, respect and can understand. Working within the organization, starting from the top and identifying the key influencers is believed to be the most effective strategy. The management will have an investment in success through their initial involvement. The workers will perceive the importance of the programme by the support of the top management and the utilization of respected workers as resource personnel.

D. Designing programmes that can be implemented in private sector environments. The pilot training programme was designed by the collaborative efforts of the pharmacy, nursing and local health agency personnel. The design was based upon prior training programmes that had been conducted by these units. A decision was made to depart from a strict educational focus that had predominated prior programmes. This reflects the view stated earlier that knowledge to a large extent already exists and that knowledge alone will not change behavior. The programme was designed to actively involve the trainees. Use of role play and critical incident examination was included in the design. It was also determined that the training should occur in small groups to facilitate the discussion necessary to explore the topics thoroughly. Furthermore it was decided that the training was best held at the work site. This furthers the opinion of the workers in general that this is a programme supported by management. It also avoids any mystery or negative attribution which might occur if the training were conducted off premise.

E. Identifying initial private sector entry points to activate strategies and set programmes into motion. The six companies mentioned in A. above were identified as the most appropriate

entry points. These companies are in locations that reflect the typical location for companies within the defined geographical area. The nature of the products, layout of the facilities, number of employees, and demographics of the workforces are all representative of the population of companies in this area. Representativeness was considered important to maintain confidence in the generalization of the results obtained from this study.

F. Conducting pilot programmes with identified companies. Pilot programmes were conducted at each of the six companies.

G. Evaluating the pilot programme both in content and longer term effectiveness. The evaluation of the training programmes was performed during training and post training using obtrusive and unobtrusive measures.

H. Based on the above experience, develop recommended plans and strategies to gain the active support of the private sector in the AIDS prevention and care programme. The final step in this process was to present an integrated plan for private sector involvement. The USAID study cited stated that: 1) legitimate public interests require private sector involvement, and 2) programmes "... should be guided by the principle of comparative advantage, which argues that the key question is not whether an organization can perform a function, but which functions it can perform best (USAID, p. 6)." The workplace is the best place to reach the population. Convincing the private sector to participate requires three conditions to be present: 1) that profitable opportunities for private enterprises exist, 2) that profitable opportunities coincide with socially beneficial activity, and that private enterprises have the capacity to respond to profitable opportunities (USAID, p. 104)." Profitable opportunities exist - if you stop the spread

of AIDS the economy develops and grows. These opportunities coincide with a socially beneficial activity - reducing the impact of AIDS on Thai society. The last area of capacity to respond is insured by the provision of training programmes and cooperation between the public and private sectors.

Utilizing the concepts of market segmentation, consumer research, incentives and exchange theory, the private sector can be further influenced to participate in prevention and care programmes. The two viable approaches are economic (subsidies) and informational (training programmes and media). The Imagine marketing campaign developed in this study is one informational approach that connects profit with participation. The bottom line is: businesses that participate in HIV/AIDS prevention and care programmes will profit, those that don't will experience a loss.

III. Phase II: Follow-up Activities

Upon completion of the initial study, two areas were identified for future study. The first was addressing the question of how to expand the established linkages to other workers. Here the task was to use the network that was established by the first programme to reach other constituencies. Clearly the more people that can be contacted, the more likely the success of the prevention and care programmes. The second area concentrated on evaluating the impact of training on the behavior of company owners and employees. Measuring the changes in behavior was considered important to determine the effectiveness of the training, to modify the programme design as necessary, and to plan future endeavors.

A. Scope of Activities. A time frame of two months was set within which to explore the two areas: how to

expand the established linkages to other workers, and evaluating the impact of training on the behavior of company owners and employees. The population specified belonged to three groups from the initial study as follows: the 80 owners, 40 each from Chiang Mai and Lamphun; the 80 workers who were selected by the owners to receive the first training, 40 each from Chiang Mai and Lamphun; and the 83 trainees who received training at their respective factories.

B. Implementation. It was decided that a questionnaire administered to the three groups would be the most efficient and effective means to accomplish the follow-up activities. The questionnaire was given directly to the owners following the strategy that they were primary in this process. The owners in turn administered the questionnaire to the respected co-workers at each factory. With this type of active support, the return rate remained a high level. The design of the questionnaire included further definition of answering the question of how to expand the established linkages to other workers and evaluating the impact of training on the behavior of company owners and employees. Owners were asked questions about: how to contact other owners, any policy/procedural changes at their factories, and recommendations for future expansion of the private sector network against AIDS. Employees were asked questions about: observed changes of behavior amongst co-workers, number/frequency and mode of co-workers seeking AIDS related information, efficacy of training, and recommendations for future training design and implementation.

C. Strategical Orientation

Assumptions :

- 1) **Workers in the north of Thailand** are a crucial target for the AIDS campaign.

- 2) The **private sector** needs to be targeted to join the campaign.
- 3) The best place to reach the workers is **at their place of work**.
- 4) The **owners** need to be convinced **first**.
- 5) Once convinced, the **owners** need to give their **full and active support** to AIDS programmes.
- 6) **Respected co-workers** can influence behavioral change.
- 7) **Networking** is essential to the establishment of contacts.
- 8) Once established, one **owner**, who is viewed as **credible**, can convince other owners to join.
- 9) **The owners are the key** to success.

Given the above assumptions, the following strategy was developed to accomplish the two activities : expand the established linkages to other workers, and evaluating the impact of training on the behavior of company owners and employees.

- 1) Continue to concentrate on the **workers in the north of Thailand** by targeting the private sector. Any expansion that occurs should be directed towards this population.
- 2) Contact the **private sector** factories that participated in the Phase I training. These entities have already endorsed the programme. They are the appropriate source for evaluation and expansion. Within each factory contact the owner, the respected co-worker and the trainees **at their place of work**.
- 3) Utilize the established relationship with the **owners** who participated in Phase I for evaluation of the training and to identify appropriate means through their **network** to expand to other private sector segments. The **credibility** of the owners with other owners cannot be duplicated by other means. To continue to receive the **full and active support** of

the owners they must receive feedback on the effectiveness of the programme and be directly involved in the evaluation process.

4) Assess the **respected co-workers** for program redesign and for evaluation of training in terms of behavioral change. This group of employees has the best access and ability to determine the relative success of the programme. They are the direct contacts for the workers. They are in a position to observe day-to-day activities and hence monitor any change in behavior. Since many of them come from the human resource and personnel area, they are knowledgeable about training and can provide meaningful feedback.

5) Continue to channel all efforts through the owners. Insure that the owners are privy to any information gathered and insured that their feedback is valued. Reinforce their indispensability and responsibility in the campaign against AIDS. The **owners remain the key to success** both in terms of expanding linkages and for evaluation of training conducted.