

Competitive Disadvantage and Human Resource Management Implications of HIV and AIDS in Africa: The Case of Zambia

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Its impact already apparent, the AIDS epidemic is clearly Africa's current major development challenge, as the Zambian case attempts to illustrate. This paper not only identifies the magnitude of the problem, it also suggests multi-pronged strategies for redressing the development challenge. In terms of the management of employees in the work place, HIV and AIDS points to the conclusion that for organizations in Africa, it is no longer (and can no longer be) human resource management as usual.

Acquired Immune Deficiency Syndrome (AIDS) and the Human Immuno Virus (HIV) have impacted, and continue to impact, the continent of Africa in ways that are significantly different from any comparable developments in any other continent. No development in the last 10 years has affected Africa more than HIV and AIDS. Other than declining economic fortunes for many of the countries in the region, it is our estimation that HIV and AIDS is by far Africa's biggest problem, certainly the biggest human resource management (HRM) challenge facing the continent now, and in the foreseeable future. There is a vicious circle where, if your most educated and productive segment of the population is sick and dying, the threat to development and security is real, while the impact on economic growth is damaging. In the context of this paper, there are four relevant questions to be asked, and answered, with regard to HIV and AIDS. *How big and widespread is the problem in Africa? How has the crisis affected Business, called the costs of AIDS? How has the crisis changed the Human Resource Management dynamic, both in terms of what HRM functions have changed and what companies and HRM departments can potentially do to address the new AIDS-induced realities?* Although the crisis is generally a macro-level, national problem, we propose that at the micro-level (involving companies and institutions), it is primarily an HRM dilemma. *Finally, are there any cases*

showing how the HIV/AIDS problem has affected individual companies and organizations? This last question is relevant in order to "bring the story home" in terms of making certain the reader appreciates the realities "on the ground," so to speak.

Magnitude of the HIV and AIDS Crisis

The authors of this paper have had relatives — both close and distant — taken in their prime by what is increasingly becoming the deadliest disease of our generation: Acquired Immune Deficiency Syndrome (AIDS). Unpleasant as it is for us to talk about it, it is incumbent upon us to add our voice to the voices of those who are telling the rest of the world what is happening in and to Africa. In our case, it is the unhappy story of Zambia's AIDS dilemma. Regarding the first question, it is not our intent, here, to provide exhaustive statistics on the prevalence of HIV/AIDS in Africa. These have been widely, sometimes even controversially, discussed in literature elsewhere. It will suffice for us to mention, however, that the AIDS problem in Africa is real. It is massive, and it is no laughing matter. In a region where levels of poverty are the highest of any continent, unfortunately, it is general knowledge that the AIDS crisis is also the most serious of any continent in the world.

The joint United Nations Program on HIV/AIDS (UNAIDS) in its December 2002 update reported that a total of

42 million people world-wide were living with HIV and AIDS. Of this total, 29.4 million (or 70 percent) were said to be in Sub-Saharan Africa (SSA). Barks-Ruggles and Fantan, et. al (2001) observe that since the first HIV/AIDS cases were reported over 20 years ago, nearly 58 million people have been infected and 22 million have died, roughly two-thirds of both numbers occurring in Sub-Saharan Africa. Further evidence of the magnitude of the crisis is provided by Avert.Org (2002), who point out that in SSA, HIV is now deadlier than war itself. In 1998, Avert.Org (2002) says, 200,000 Africans died in war, while more than 2 million died of AIDS. AIDS is clearly becoming a full-blown development crisis as its social and economic consequences are felt in health, education, industry, agriculture, transportation, human resources and the economy in general. Acknowledging the gravity of the crisis, President George W. Bush of the U.S. on 28 January 2003 announced a new \$10 billion aid package to help African countries (including Botswana, Namibia, Mozambique, Zambia, Nigeria, Uganda, Kenya, Tanzania, and Ethiopia) and Guyana and Haiti in their fight against HIV and AIDS. The money is earmarked for drugs, education, doctors, and specialized laboratories.

A Glimpse into AIDS-related HRM Costs and Challenges in Africa

In this section, we examine the impact of HIV and AIDS in the workplace, before proceeding later to identify the kinds of interventions companies and institutions, led by their Human Resource Management (HRM) departments, can potentially put in place. In a 1992 study of 43 manufacturing companies in Zambia one of the authors (see Muuka, 1993) says that a number of the managers interviewed pointed out that AIDS threatened the sector with problems of falling efficiency and productivity due to disability, rising sick leave and time taken off work to care for others and, of course, finding replacements for premature casualties. As Bollinger and Stover (1999) point out, the corporate impact of HIV and AIDS can be assessed in terms of either *direct* or

indirect costs. We must reiterate the point made by Whiteside, O'Grady and Alban (2000) that the overall impact does depend on the type of business one is talking about (service versus manufacturing, labor versus capital intensive firms, etc.), the skill levels, and replaceability of employees. The most seriously affected businesses might be those in labor-intensive industries, such as transportation (men being away from their spouses for lengthy periods of time have a greater likelihood of multiple partners and therefore more vulnerable to contracting HIV), and those depending on migrant workers.

Direct Costs of HIV and AIDS

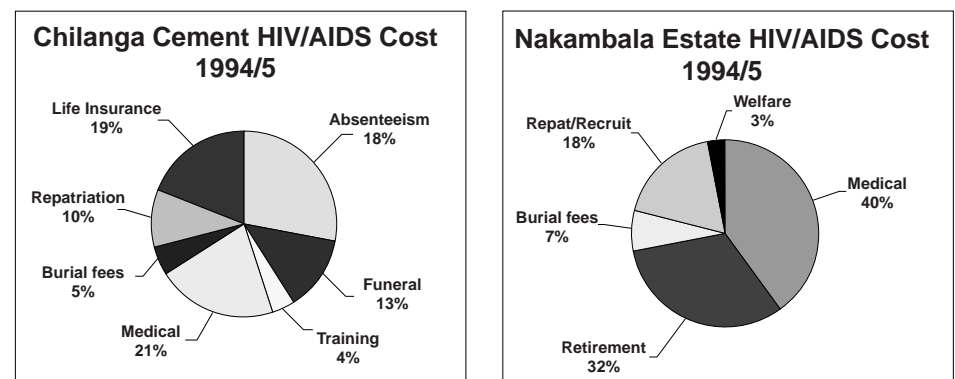
The direct costs include expenditures for medical care, drugs, and funeral expenses. Firms may experience both an increase in expenditures and a reduction in revenues. Expenditures are increased for health care costs, burial fees and training and recruitment of replacement employees (Bollinger and Stover, 1999). Revenues may be decreased because of absenteeism due to illness or attendance at funerals. Zambia's major burial place, Leopard's Hill Cemetery in the capital city of Lusaka, is a constant reminder of just how bad things have become. What used to be the final resting place for perhaps 10 to 20 dearly departed, every month, only 15 years ago, now sees hundreds of AIDS victims being buried.

Most of these are very young, and among the country's most educated.

Labor turnover can lead to a less experienced labor force that is less productive. In Zambia, a typical large company will pay workers 90 days of sick leave at full pay, and another 90 days at half pay. The cost of this to a firm, along with annual leaves of 30 days for non-unionised workers and 42 days for unionised workers, begins to negatively impact productivity levels, as had certainly happened in the country. As Whiteside, O'Grady, and Alban (2000) observe, productivity will fall and costs rise because of:

- ◆ Increased absenteeism. "This will not only be because of the ill health experienced by the employees, but also because they (particularly women) may take time off to care for their families (especially the women) and for funerals."
- ◆ Workers will be less productive at work and not able to carry out more demanding physical jobs as the infection leaves them frail and weak. Employees who die or retire on medical grounds have to be replaced and their replacements may be less skilled and experienced, requiring training which, in turn, is expensive.
- ◆ In some cases, employers may have to increase the size of the workforce

FIGURE 1
HIV/AIDS Costs at two Zambian Companies: Chilanga Cement Limited in Chilanga and Nakambala Sugar Estates in Mazabuka.



Source: Bollinger and Stover (1999:8), The Economic Impact of AIDS in Zambia.

to provide for absenteeism, a scenario more likely in the country's public (parastatal) than in the private sector. While the public sector is known for overstaffing, the private sector's overriding profit motive makes this a less likely occurrence there.

A study of the impact of AIDS on 18 companies in Lusaka and Ndola found that many firms/institutions were experiencing irregular work attendance (Kusanthan, 2001). This has led to 'wasted' training as some of the trained workers are constantly ill or die. There are also high medical bills, frequent funeral costs and reduced productivity and consequently profit. The director of one government department with 68 employees reported that on average, 50 people attend funerals at least once a month with a loss of 25 personal days per month to the department. (Kusanthan, 2001). Increased absenteeism arising from chronic illness not only reduces productivity but also reduces morale among the employees who report regularly for work. The higher AIDS-related health benefits are a result of costs to cover coffins, transportation for mourners (using company and privately hired buses, minibuses, open lorries), benefits to survivors as well as man-hours spent at funerals.

Two Zambian firms studied in detail by the AIDSCAP project describe different sets of costs associated with HIV/AIDS: Chilanga Cement and Nakambala Sugar Estates, a commercial sugar estate. The breakdown of costs for both companies is shown in Figure 1. For Chilanga Cement, the majority of the costs experienced by the company were increased absenteeism rates, whereas it was increased medical expenses for Nakambala Sugar Company (Bollinger and Stover, 1999). At Chilanga Cement, the hours lost due to illness and funerals increased threefold from 13,380 hours in 1992/93 to 43,370 hours in 1994/95 (Ministry of Health, 1997, as quoted in Kusanthan, 2001). In cases of prolonged illness, the employer is likely to be subjected to abnormally high medical expenses, which reduce profitability. Further, the employers encounter losses of trained personnel and the need for replacement.

Indirect Costs of HIV and AIDS

What are some of the indirect costs of HIV and AIDS? Bollinger and Stover (1999) say that indirect costs include lost time due to illness, recruitment and training costs to replace workers, and care of orphans by some companies. Some costs that have occurred but are difficult to quantify include reduced man hours, increased absenteeism, reduced staff morale and increased re-training costs. Other indirect costs center around the twin issues of capacity deepening and corporate reluctance to train workers.

Impact on "Capacity Deepening."

Malcolm McPherson of the Kennedy School of Government at Harvard University has argued that the spread of HIV/AIDS seriously erodes human capacity and adversely affects "capacity deepening," which is broadly defined as building upon existing skills in order to increase productivity (Barks-Ruggles and Fantan, et. al., 2001). Skilled personnel are lost and valuable labor time is consumed when workers become debilitated, and work schedules are disrupted when organizations replace workers and managers who are ill or have died. The authors rightly argue that "the loss of capacity reduces economic growth. The spread of HIV/AIDS reduces labor productivity, raises private and public consumption, and thereby reduces income and savings. With lower savings, the rate of investment falls, reinforcing the decline in economic growth. The loss of labor productivity occurs because a larger share of the work force becomes debilitated and dies causing organizations to lose workers with critical skills." Barks-Ruggles and Fantan, et. al. (2001) say that this phenomenon can be likened to "running Adam Smith in reverse." Adam Smith argued that the "expansion of the market" — typically identified as economic growth — creates opportunities for specialization and the division of labor. "The spread of HIV/AIDS reverses that process as organizations experience disruption, and declining income undercuts the earlier gains achieved through specialization and the division of labor," the authors conclude.

Bollinger and Stover (1999) provide a lucid description of the macro impact

of AIDS on education in a country like Zambia. They make the useful point that AIDS affects the education sector in at least three ways: the supply of experienced teachers will be reduced by AIDS-related illness and death; children may be kept out of school if they are needed at home to care for sick family members or to work in the fields; and children may drop out of school if their families cannot afford school fees due to reduced household income as a result of an AIDS death. Another problem is that teenage children are especially susceptible to HIV infection. Therefore, the education system also faces a special challenge to educate students about AIDS and equip them to protect themselves.

Competitive Disadvantage: No Longer Human Resource Management as Usual

Given the direct and indirect costs of HIV and AIDS discussed in preceding sections, it becomes clear why, for many companies in Africa competing with others on the continent and especially multinationals in their backyards and on the global scene, the epidemic presents a definite competitive disadvantage. In order to demonstrate how this happens, we need to go back to the twin issues of why human resources (employees) are important, and the basic human resource management (HRM) functions.

Managing people at work — more appropriately referred to as Human Resource Management (HRM) in contemporary phraseology — has traditionally involved such functions as recruiting, hiring, training, compensation, appraising, and developing employees. Matters involving labor relations, health and safety, and fairness concerns (equal employment opportunity) are other important HRM functions (Dessler, 2003: 2). Dessler (2003: 2) formally defines HRM as "the policies and practices involved in carrying out the 'people' or human resource aspects of a management position, including recruiting, screening, training, rewarding, and appraising." Dowling, Welch and Schuler (1999) view the general field of HRM as referring to "those activities undertaken by an organization to utilize its human resources effectively, including human resource planning, staffing,

performance management, training and development, compensation and benefits, and labor relations.” They group these activities under the general categories of *human resource procurement, allocation, and utilization*.

Managing human resources, anywhere, is important. At the macro (national) level, through various forms and on many multiplier-effect fronts, the very prosperity of a country depends on it. At the micro (or company) level, to treat employees as “assets” in any setting (rather than as a cost) is to acknowledge that human resources have skills, expertise, abilities and knowledge needed to take companies forward. Employees can do this through higher productivity (high output at low input levels), higher efficiency (that is, low wastage in the use of critical resources such as money, materials, time, information and technology), increased effectiveness (that is, achievement of goals and objectives via prudent strategies), more value-added and, ultimately, a better quality of life for all. Dessler (2003:9) refers to the importance, in the 21st Century, of focusing on *human capital*, which he defines as the knowledge, education, commitment, training, skills, and expertise of a firm’s workers. It is this *human capital* that has provided the *competitive advantage* enjoyed by some of the world’s most successful companies, including Microsoft, Sony, America Online (AOL), and General Electric (GE). Underlying the concept of competitive advantage is a belief that human resources can and do help companies get to a point of enjoying an edge over competitors, whether through higher market share or lower costs, partly through their knowledge of the marketplace, their skills and expertise in making superior products, and through their willingness to minimize wastage in utilization and allocation of critical resources. Becker and Gerhart (1996: 781) contend that firms can develop a sustained competitive advantage “only by creating value in a way that is rare and difficult for competitors to imitate.” They mention traditional sources of competitive advantage as natural resources, technology, and economies of scale as well as, clearly, human resources or employees.

Speaking specifically about Africa, it is fair to suggest that the continent’s fighting chance for a decent share of the global market depends on, and will continue to depend on, both effective and efficient management of human resources – where companies (public, quasi-public, private), institutions, and organizations create competitive advantage through people. Given the HIV and AIDS-related mega challenges we have discussed in this paper, it becomes clear why, for both governments and organizations in Africa, it is no longer human resource management as usual. It is difficult, at the very least, for a company to enjoy competitive advantage when a significant proportion of the employees are either HIV positive or have full-blown AIDS. The costs to the company, as we have demonstrated in this paper, can be significant, and can ultimately lead to deterioration in a company’s competitive edge and its bottomline.

A Multi-Pronged HRM Response: So, what can (Should) Companies Do?

At the macro (national) level, UNAIDS (2002) points out that 19 African countries have set up national HIV/AIDS councils or commissions at senior levels of government, and local responses are growing in number and vigour. Across the region, 40 countries have completed national strategic AIDS plans. Also encouraging is the active involvement of regional bodies, such as the United Nations Economic Commission for Africa (UNECA, based in Addis Ababa, Ethiopia), the Africa Union, and the Southern African Development Community, in tackling HIV/AIDS as a development issue. Human Resource Departments, for their part, need to provide policies or guidelines to managers in order to help them respond appropriately to the needs of employees with AIDS or HIV and answer the concerns of coworkers. One sample policy contains the following provisions (see Hickman and Lee, 2001: 102):

- ◆ Managers should be sensitive to the special needs of employees and assist them by demonstrating personal support, referring them to

counseling services and arranging for benefits counseling as necessary.

- ◆ Coworkers will be expected to continue working relationships with an employee who has AIDS or HIV infection.
- ◆ An employee with AIDS or HIV infection is under no obligation to disclose his or her condition to a manager or any other employee.
- ◆ An employee with AIDS or HIV infection is expected to meet the same performance requirements applicable to other employees, with reasonable accommodation if necessary.
- ◆ Reasonable accommodation may include, but is not limited to, flexible or part-time work schedules, leave of absence, work restructuring or job reassignment.

Policy Level. At the policy level, therefore, there needs to be a code of ethics governing the AIDS crisis. The Southern African Development Community (SADC) has come up with a code on the treatment of employees with HIV and AIDS in all member countries. The five major provisions of the SADC code are the following (Aids Law Project and Human Rights Internet, 2002):

- (a) The same ethical principles that govern all health/medical conditions in the employment context should apply equally to HIV/AIDS. However, the gravity and impact of the HIV/AIDS epidemic and the potential for discrimination create the need for a specific code on HIV/AIDS and employment. The code will aim to ensure non-discrimination between individuals with HIV infection and those without and between HIV/AIDS and other comparable health-medical conditions.
- (b) This code aims to ensure that SADC member states develop tripartite national codes on AIDS and Employment that shall be reflected in law. It presents guiding principles for and components of these national codes.
- (c) The code on AIDS and Employment is based on the fundamental principles of human rights and patients rights, World Health Organization (WHO) and Interna-

tional Labor Organization (ILO) and regional standards and guidelines, medical and occupational health ethical principles, sound epidemiological data, prudent business practice and a humane and compassionate attitude to individuals. Employees with HIV-related illness, including AIDS, should be treated the same as any other employee with a life-threatening illness.

- (d) In its scope, the code should: cover all employees and prospective employees; cover all workplaces and contracts of employment and, finally, cover the specific policy components detailed in the lengthier SADC protocol, namely: job access, workplace testing, confidentiality, job placement, job status, job security, occupational benefits, training, risk reduction, first aid, workers' compensation, education and awareness, prevention programs, managing illness, protection against victimization, grievance handling, information, monitoring and review.
- (e) Policy development and implementation should be a dynamic process so that the code on AIDS and employment is: communicated to all concerned; routinely reviewed in the light of epidemiological and scientific information; and is monitored for its successful implementation and evaluated for its effectiveness.

Employee Restrictions. Zambia's largest cement company (Chilanga Cement, presented in Figure 1), reported that absenteeism for funerals increased 15-fold between 1992 and 1995 (Whiteside, O'Grady and Alban (2000)). As a result, the company has restricted employee absenteeism for funerals to only those for a spouse, parent or child.

Redesigning Jobs. For manufacturing companies, ensuring minimal AIDS-related disruptions to production might well entail changing the labor versus capital intensity mix in favor of more capital intensity. It may also involve, as Whiteside, O'Grady, and Alban (2000) suggest, multi-skilling, recruiting and training additional labor, and contracting out. Barks-Ruggles and Fantan, et.al (2001) also recommend the reorganization and simplification of work sched-

ules to economize on scarce organizational talent, a task that may well require specialized technical assistance.

HRM Encouragement of Peer interventions in the Workplace.

Research has shown the importance of peer health intervention in overcoming barriers to behavior change and for the promotion of positive attitudes and behaviors among workers. A study in 40 Zimbabwean factories demonstrated that HIV/AIDS prevention efforts in the working place could reduce HIV transmission (Kusanthan, 2001). Peer education involves sharing attitudes and values related to health behaviors among people of similar ages and status, and because it allows recipients to model attitudes and behaviors promoted by their peers, it can be effective in providing guidelines for behavior (UNAIDS, 2000).

The ZHABSP Peer Health Intervention Experiment. In Zambia, the Zambia HIV/AIDS Business Sector Project (ZHABSP) started a peer health intervention experiment aimed at selected work places in Lusaka (Kusanthan, 2001). The program focuses on providing detailed factual information about how HIV is transmitted and ways of preventing its transmission. The peer educators are supported by a comprehensive set of program learning materials which includes general hygiene and sanitation, common diseases, nutrition and health, human reproductive system, family planning, STDs and HIV/AIDS transmission, symptoms, effects and prevention, effects and prevention, organizing community meetings, principles of health education and behavior change. This type of intervention is based on the assumption that to enable workers to take preventive action, it is important to engage them in a dialogue that enables them to develop a set of personal values and guidelines that influence their choices regarding sexual behavior (Kusanthan, 2001). Note that the approach has to be culturally appropriate and sensitive and based on approaches and materials already tested and extensively used in Zambia. These approaches include one-minute role-plays, picture codes, participatory games and short dramas.

Condom Promotion and Distribution. Intensive condom promotion and

distribution was also coordinated closely with the behavior change communication component. There was free distribution of public sector condoms by peer educators and also placed at strategic fixed points, including toilets, security gates, bars and canteens. Peer educators also regularly supply public sector condoms during their regular training meetings. Peer educators encourage the workers to "peruse their dreams" and remind them that "it is important for them not to contract HIV in order for them to have a future."

Debswana: A Study in broad-based single company response to HIV and AIDS

Barks-Ruggles and Fantan, et. al. (2001) provide evidence of a comprehensive single company response to the HIV/AIDS problem, in the name of Botswana's largest diamond mining company, Debswana. They point out that Tsetsele Fantan, a director of Debswana responsible for HIV/AIDS impact management, outlined the evolution of the company's efforts to respond to the epidemic, which began in 1988-89 when the first AIDS cases were seen at company-run hospitals. Between 1996 and 1999 there was a significant increase in HIV/AIDS-related health retirements and deaths. Employee deaths associated with HIV/AIDS rose from 37.5 percent of all employee deaths in 1996 to 48.3 percent in 1997 and 59.1 percent in 1999 (Barks-Ruggles and Fantan, et. al, 2001). As a result, the company sought to establish the level of HIV-prevalence in the workforce to help plan for future risk reduction strategies. A voluntary anonymous prevalence survey found that 28.8 percent of 5,261 employees were infected. There were HIV-positive individuals at every skill and education level, but the 30-34 year age group was hit hardest, with a prevalence rate of 36.9 percent.

In 1999, Debswana undertook a company-wide evaluation of HIV policies and programs, including a "Knowledge and Practices" (KAP) study on prevention and education strategies. The KAP study showed that 94 percent of employees knew about HIV/AIDS and its transmission, but a significant percentage (26-46 percent) still had

multiple partners and practiced unsafe sex. As a result of these studies, Debswana changed a number of policies and adopted a new HIV/AIDS strategy. It identified critical positions at the core of its mining operations, especially those where the loss of specialized employees at a production bottleneck would cause operations to halt. Employees in these positions are targeted for specific HIV/AIDS risk reduction strategies. Other recommendations Debswana adopted included implementation of: a standard for HIV/AIDS management, an HIV/AIDS competence examination for managers at key levels, and a "contractor assurance" policy, which compels companies providing goods and services to Debswana to have workplace HIV/AIDS prevention and education policies and programs that are audited regularly. Debswana pays 90 percent of the cost of anti-retroviral drugs for as long as the employee remains in the employ of the company.

Conclusions and Implications

As Whiteside, O'Grady, and Alban (2000) point out, the conclusion is stark. The response to HIV/AIDS is not only an individual company's HRM dynamic, it also involves a multi-pronged sectoral, industrial, national, regional, continental and global approach. In Africa, more than elsewhere, better targeted interventions are not only needed, they are also very urgent. With the scale of the epidemic being experienced in Southern Africa, business involvement in AIDS prevention is necessary for more than commercial reasons. It is needed if the region is to survive economically, politically and socially. *In the workplace*, businesses should analyze their operations and put in place strategies for prevention, education, and where possible treatment.

Whereas healthy employees are a necessary condition toward the acquisition and maintenance of *competitive advantages*, sick and unhealthy employees can and do greatly negate that advantage. In Zambia, the prevalence and pervasiveness of the HIV and AIDS crisis has been a source of *competitive disadvantage* for many organizations. For companies and institutions in African countries, the multifaceted

impact of the AIDS crisis means that it's no longer "HRM as usual." *Enhancement* is clearly needed to existing multi-level, multi-pronged and multi-layered strategies toward addressing the epidemic. A rededication of national and international efforts toward comprehensively tackling the HIV and AIDS problem is needed and, in Africa's case, it is needed urgently: whatever it takes.

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