

# Assessing Workplace Wellness Needs for Small and Medium Sized Enterprises in Windhoek, Namibia

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# WPI

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## Abstract

The Namibia Business Coalition on AIDS (NABCOA) is a non-governmental organization that provides health services to private enterprises. This organization is shifting its focus towards providing services to Small and Medium sized Enterprises (SMEs). By identifying the health needs of SMEs, NABCOA will be able to further generate revenue. After conducting interviews with managerial representatives and receiving surveys from employees, we recommend that NABCOA provide general health services, mental health services, flu services, and partner with external health providers.

## Acknowledgements

We would like to formally thank everyone who assisted us in the completion of this project. We would like to specifically thank our sponsors, Angela von Wietersheim and Peter van Wyk, in addition to the rest of the staff at NABCOA for their support and assistance. We would also like to thank Worcester Polytechnic Institute, our advisors Melissa Malouf Belz and Robert Hersh for all their help and direction throughout this project. We would also like to thank all sixteen companies for assisting us in our research. Finally, we would like to thank Ms. Laura Hanlan for her technical support in our research.

## Executive Summary

Sub-Saharan Africa, which includes Namibia, is a region that is adversely impacted by a number of serious diseases. One of the most widespread diseases is Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS), but other infectious and lifestyle diseases pose a threat to the health of people living in this part of the world, such as tuberculosis (TB), cancer, high blood pressure, alcoholism, and diabetes. Stigma, funding, and the cost and quality of healthcare are all major barriers to addressing these diseases.

Non-governmental organizations (NGOs) such as the Namibia Business Coalition on AIDS (NABCOA) have developed programs to improve health outcomes in the private sector. For more than ten years, NABCOA has aimed to be the “lead agency with the responsibility of mobilizing the private sector community and coordinating the private sector efforts in the national response to HIV/AIDS and impacts in Namibia” (PWC, 2013). However, these efforts do not meet the broader health needs of Namibian employees which encompass the other infectious and lifestyle diseases previously mentioned.

Recently, Namibia was reclassified as an upper-middle income country, by the World Bank, due to an increase in the country’s annual Gross Domestic Product (GDP). This reclassification has caused a sharp reduction in international health-related funding, which until now, NGOs in Namibia have relied on to financially support their efforts. By the year 2015, external donor funding will become nonexistent. Due to this cut in funding, NABCOA must reinvent its mission to respond not only to HIV/AIDS in the workplace, but the full range of illnesses that affect the employees. The challenge at hand is that NABCOA must find a way to address all of the prevalent health issues, with minimal financial resources. By diversifying the

services NABCOA offers, they can attract new clientele, and thus increase their influx of revenue.

The goal of this project was to identify common health needs in SMEs, the wellness services that address them, and to provide NABCOA with this information so they are better able to target new companies in the future, and to ultimately improve the health of employees and employers in Namibia. This goal was attained by executing four primary objectives. They are the following:

**Objective 1:** To determine how employers perceive the health and wellness needs of their workers

**Objective 2:** To determine the health and wellness needs of employees

**Objective 3:** To determine the incentives and disincentives from SMEs to implement wellness services

**Objective 4:** To identify market opportunities for NABCOA to design wellness services for SMEs

The first objective was accomplished by interviewing the employers of 16 different SMEs. We selected these companies based on a list of recommendations from NABCOA. We also consulted the Namibia Chamber of Commerce and Industry (NCCI) database to contact companies that had not previously used NABCOA's services. The SMEs we contacted were classified into the following industries: manufacturing and diamond, financial, transportation, and education. We identified the health issues that they believed to be adversely affecting their workplace, as well as the wellness services they thought would most benefit the company.

To realize the second objective, we distributed approximately 800 surveys to the employees of the 16 SMEs. We received 383 surveys from 14 of the companies, and entered the results into Qualtrics. Using this software, we were able to determine what the major health issues were in each company, industry, and overall. Some of the issues that were prevalent in the

survey responses were, HIV/AIDS, flu, stress, depression, and high blood pressure. This information was compared to the responses received from the respective HR managerial personnel at the companies.

Through both the interviews and surveys, we determined the incentives and disincentives for companies to implement wellness services. Some of the incentives that were mentioned include, increased productivity, having a healthy and happy workforce, and if they could receive services that require minimal time. On the other hand, the disincentives were the cost and duration of time associated with wellness services.

Finally, to achieve our fourth objective, we presented a summary of our results and recommendations to NABCOA, in the hope that they can refer to these findings in their future work. We presented this compilation of material to NABCOA, so that they would have a valuable set of information to enable them to better market services to prospective clients in the future. Part of our presentation included supplying NABCOA with a pamphlet of our findings, which they could give to companies who may be interested in receiving wellness services.

Based on the information we found, we recommend NABCOA do the following in the future. Both employees and employers were highly interested in receiving health testing at their workplace, therefore we recommend that this service be offered to prospective clients. To address the issue of cost, we recommend that NABCOA partner with external health providers, such as medical aid companies or pharmacies, to bring subsidized medical services to the workplace. Since flu was the most common condition experienced by employees of all industries, NABCOA should provide services that both educate and prevent the spread of this illness, including flu vaccines and education on hygiene. It is our hope that this information can be utilized by NABCOA, and enable them to create specific wellness packages that meet the

needs of SMEs. More specifically, we hope that the data collected directly from the employees will better inform NABCOA about the issues that currently exist in the workplace.

# Authorship

Benjamin Altshuler, Grace Berry, Gabrielle McIninch, and Rashida Nayeem contributed to all of the parts in this report including but not limited to, research, organization, and authorship. Below you will find a list of who specifically wrote each part of this report.

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## Glossary/Acronyms

AIDS	Acquired Immune Deficiency Syndrome
BMI	Body Mass Index
CEO	Company Executive Officer
DOTS	Directly Observed Treatment Short-course
DSP	Directorate of Special Programs
Financial Services	Accounting, sales, and insurance companies
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit is German federal enterprise in the field of international cooperation for sustainable development
GNI	Gross National Income
HIV	Human Immunodeficiency Virus
HR	Human Resources
IRB	International Review Board
Medical Aid	Professional treatment for illness or injury
MNC	Multinational Corporation
MoHSS	Ministry of Health and Social Services
NCCI	Namibia Chamber of Commerce and Industry
NABCOA	Namibia Business Coalition on AIDS
NGO	Non-Governmental Organization
PEPFAR	U.S. Presidents Emergency Plans for AIDs Relief
PWC	Price Waterhouse Cooper
SABCOHA	South African Business Coalition on AIDs
SHOPS	Strengthening Health Outcomes through the Private Sector
SME	Small and Medium Enterprises
STI	Sexually Transmitted Infection
TB	Tuberculosis
UNAIDS	Joint United Nations Program on HIV and AIDS
Wellness Services	Services focused on the maintenance and promotion of good health
WHO	World Health Organization
WPP	Workplace Program

## Chapter 1: Introduction

Sub-Saharan Africa, which includes Namibia, is a region of the world that is adversely impacted by a number of serious diseases. Problems caused by these diseases are exacerbated by a lack of access to health care, which makes treatment an immense challenge. One of the most widespread diseases in this region is Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS). Approximately 25 million people with HIV/AIDS reside in Sub-Saharan Africa. Therefore more attention must be drawn to the preventative health education and treatment of this disease (UNAIDS, 2013; WHO, 2012). In addition to HIV/AIDS being a critical concern in Namibia, other infectious and lifestyle diseases pose a threat to public health. Infectious diseases such as tuberculosis and the flu are traditionally underfunded and overlooked in Namibia. Occurrences of non-communicable diseases such as cancer, high blood pressure, alcoholism, and diabetes have also been on the rise. There are numerous issues that pose barriers in addressing these diseases, including but not limited to stigma, funding, and scarcity of health education.

The lack of access to healthcare has significantly affected the productivity and economic state of Namibia. People who work in the private sector often have to use public healthcare to seek treatment and health education. Public healthcare does not compare to private healthcare because it is under-funded, overcrowded, and there is a lack of properly trained staff. This overcrowding is due to the fact that private sector healthcare is too expensive for the majority of Namibian employees. All of the diseases listed above have taken a tremendous toll on businesses of all sizes in Namibia. However, large companies (200 or more employees) are able to address these health concerns and take the initiative to provide their employees with healthcare and wellness services because they can afford to do so. Unfortunately, Small and Medium sized

Enterprises (SMEs), companies with 25 to 200 employees, fail to provide such services due to a lack of resources and financial limitations. This deficit of wellness services adversely affects the health of many employees and employers in Namibia, and consequently reduces the productivity of their companies.

Non-governmental organizations (NGOs) such as the Namibia Business Coalition on AIDS (NABCOA) have attempted to address the issue of losing workers to diseases by providing HIV/AIDS specific services to the private sector. However, these efforts do not meet the broader health needs of Namibian employees. Furthermore, services targeted towards HIV/AIDS often promote a negative stigma, whereas it is likely that general wellness services will not. Other NGOs, such as the South African Business Coalition on Health and AIDS (SABCOHA) are integrating HIV/AIDS testing into a general wellness packages. A “toolkit” developed by SABCOHA helps SMEs implement workplace programs. These programs include health education and provide information about testing and treatment for various diseases.

In Namibia few wellness services are available to the employees of SMEs. There are many factors that can influence a company's decision to invest in workplace programs, such as financial feasibility or lack of knowledge about available programs. As previously stated, NABCOA is attempting to offer more wellness services to businesses throughout Namibia, with a focus on SMEs. However, it has become more difficult to fund services due to Namibia’s reclassification as an upper-middle income country. The reclassification has caused a sharp reduction in international health-related funding, which until now, NGOs in Namibia have relied on. Consequently, NGOs, such as NABCOA, must become more self-sustainable. By targeting SMEs who do not have wellness services, an opportunity exists to improve the health of a large number of people. By investing in SMEs, NGOs will benefit because this new market will



increase their revenue and allow them to continue providing the important services that they offer to Namibians.

The goal of this project was to identify common health needs in SMEs, the wellness services that address them, and to provide NABCOA with this information so they are better able to target new companies in the future, and ultimately to improve the health of employees and employers in Namibia. This goal was attained by executing four primary objectives.

The first objective was accomplished by interviewing the employers of 16 different SMEs. We selected these companies based on a list of recommendations from NABCOA. We also consulted the Namibia Chamber of Commerce and Industry (NCCI) database to contact companies that had not previously used NABCOA's services. The SMEs we contacted were classified into the following industries: manufacturing and diamond, financial, transportation, and education. We identified the health issues that they believed to be adversely affecting their workplace, as well as the wellness services they thought would most benefit the company.

To realize the second objective, we distributed approximately 800 surveys to the employees of the 16 SMEs. We received 383 surveys from 14 of the companies, and entered the results into Qualtrics. Using this software, we were able to determine what the major health issues were in each company, industry, and overall. Some of the issues that were prevalent in the survey responses were, HIV/AIDS, flu, stress, depression, and high blood pressure. This information was compared to the responses received from the respective HR managerial personnel at the companies.

Through both the interviews and surveys, we determined the incentives and disincentives for companies to implement wellness services. Some of the incentives that were mentioned include, increased productivity, having a healthy and happy workforce, and if they could receive

services that require minimal time. On the other hand, the disincentives were the cost and duration of time associated with wellness services.

Finally, to achieve our fourth objective, we presented a summary of our results and recommendations to NABCOA, in the hope that they can refer to these findings in their future work. We presented this compilation of material to NABCOA, so that they would have a valuable set of information to enable them to better market services to prospective clients in the future. Part of our presentation included supplying NABCOA with a pamphlet of our findings, which they could give to companies who may be interested in receiving wellness services.

In this report, we discuss the prominent health issues in the Namibian workplace, as well as the obstacles that prevent people from receiving necessary wellness services. We also establish our plan to address the health issues that the employees and employers of SMEs face.

## Chapter 2: Background

In the following sections, we will discuss the diseases that are prevalent in Namibia, the obstacles that prevent workers from receiving adequate treatment, and the efforts of NGOs to provide wellness services to the private sector. We then describe how NABCOA is positioned to change its approach to become less reliant on its international donor funding. Finally, we discuss NABCOA's shift in focus to providing general wellness services to Small and Medium sized Enterprises (SMEs).

### **2.1 HIV/AIDS**

#### **2.1.1 Prevalence and Mortality: Global v. Sub-Saharan Africa v. Namibia**

There are approximately 35.3 million people living with HIV worldwide, making the global prevalence of the disease 0.8 percent (WHO, 2012; Kaiser Family Foundation, 2012). From this perspective, HIV/AIDS may not appear to be a substantial epidemic based on the relatively minimal global prevalence rate; however, Sub-Saharan Africa, which accounts for about 13 percent of the global population, is home to 71 percent of the people living with HIV/AIDS (UNAIDS, 2013; World Population Data Sheet Interactive World Map, 2013). With a prevalence rate of 4.7 percent in Sub-Saharan Africa, it becomes much clearer as to why attention needs to be drawn to the factors that influence the transmission of HIV/AIDS in this region. Namibia's HIV/AIDS prevalence is reported to be 13.3 percent, which is much higher than both the global and Sub-Saharan rates. It is estimated that 220,000 people are living with the disease in Namibia (UNAIDS, 2013). Figure 1 below displays a color-coded map of HIV/AIDS prevalence across the world. The dark blue region, which includes Namibia, indicates where the disease is most common.

### Global HIV/AIDS Prevalence Rate = 0.8%

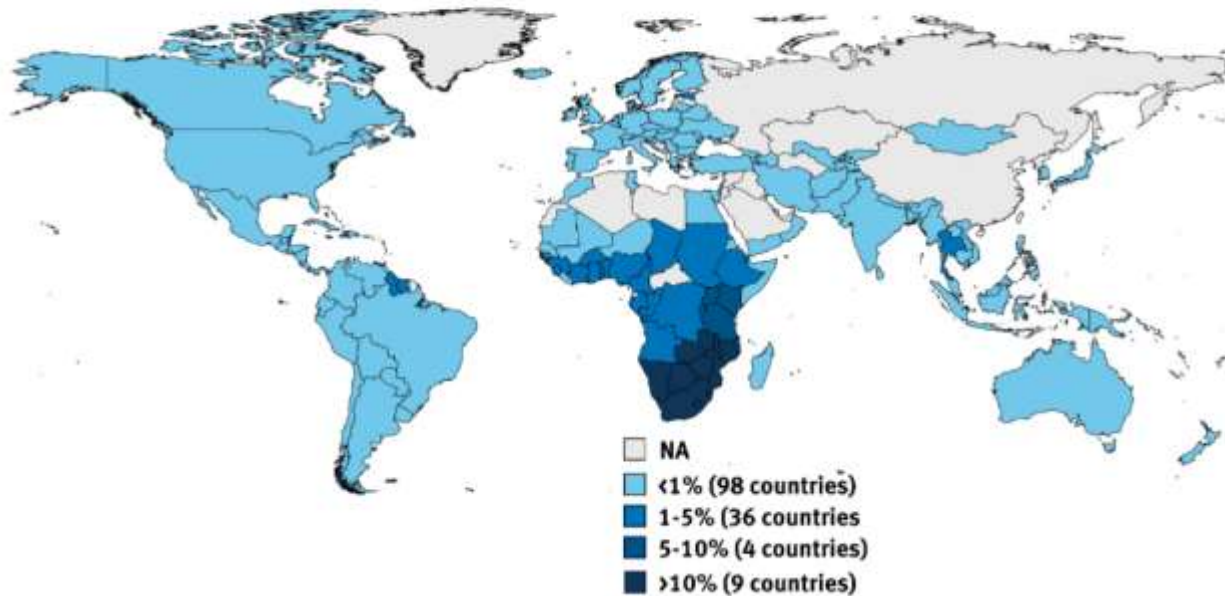


Figure 1: Global HIV/AIDS Prevalence: UNAIDS, 2012

Since the scientific discovery of HIV/AIDS in 1981, 36 million people have died as a result of the disease (WHO, 2012; Mandell et al, 2009). In 2012 alone, approximately 5,000 people in Namibia died from AIDS (UNAIDS, 2013). Below, we discuss the societal implications that result from the high prevalence of morbidity and mortality rates due to HIV/AIDS in Namibia.

#### 2.1.2 Adverse Impact on Community

Family life is adversely affected by HIV/AIDS. Family members, children in particular, face immense psychological challenges when their loved ones contract the disease. It is estimated that there are approximately 17.3 million AIDS orphans in the world (Kaiser Family Foundation, 2013). Although it can be prevented with proper preparatory measures, HIV positive women risk transferring HIV to their fetus during birth (Hosegood, 2009). In 2012, there were 3.3 million children living with HIV (Kaiser Family Foundation, 2013). The vast majority (88 percent) of children affected by HIV/AIDS live in Sub-Saharan Africa (Kaiser Family

Foundation, 2013). This includes children who have HIV/AIDS, have died from the disease, or have been orphaned by it.

In addition to health and psychological issues, HIV/AIDS can cause strain on family and community relationships. Lynne Duffy, a Nursing Professor at the University of New Brunswick, speaks of these issues in rural Zimbabwe: “Being HIV-positive carries a strong sense of shame, with the disgrace also felt by the family. Even if the family does provide good care, the true diagnosis is rarely, if ever, mentioned” (Duffy, 2005, p. 16). The stigma surrounding HIV/AIDS makes it a forbidden topic for many people all over the world, but especially in Sub-Saharan Africa. According to the 2013 UNAIDS Global Report, it has been proven through numerous studies that stigma causes “delayed HIV testing, non-disclosure to partners, and poor engagement with HIV services” (UNAIDS, 2013, p.84). This behavior not only endangers individuals, but also their sexual partners and families. Cultural implications are significant contributors to the reluctance of people to seek HIV/AIDS testing and treatment.

### **2.1.3 Cultural Implications**

#### ***Stigma***

The stigma surrounding HIV/AIDS is detrimental to the effectiveness of campaigns to combat the disease. Often arising from misconceptions about STI facts, stigma can cause people to be shunned by their community if they are suspected of having HIV/AIDS. Unfortunately, if individuals are seen seeking testing, others often assume that those people have the disease. To safeguard their reputation, people in Namibia, as well as in other locations, often refrain from seeking testing. Numerous studies suggest that it is imperative to “reduce the stigma and discrimination attached to HIV/AIDS, so that those affected can openly seek the support they need” (Duffy, 2005; Jackson, 2002). De-stigmatization is essential for combating HIV/AIDS, as

it will enable people to be more informed and open about their sexual health. With knowledge and openness comes the ability to make safer choices and inform partners of potential concerns (Stangl, A.L., et al., 2013). For this reason, it would be greatly beneficial for HIV/AIDS testing to be incorporated into general wellness screening, allowing people to pursue testing without the fear of backlash or discrimination (UNAIDS, 2013). It is normal to receive general wellness screening in Namibia. These screenings often include blood pressure monitoring, cholesterol measurements, and body mass index (BMI).

### ***Gender Inequality***

Statistical data suggests that women are more at risk of contracting the disease due to socioeconomic inequalities and increased biological susceptibilities. In addition, gender inequalities are manifested through practices such as transactional sex, intergenerational sex, and rape (UNAIDS, 2013; Leclerc-Madlala, 2008). These established gender norms pose major challenges for the female population to overcome when faced with HIV/AIDS issues. In addition to the cultural influences, there is a more marked biological susceptibility of young women to contract HIV (Kaiser Family Foundation, 2013). Young women are very vulnerable to the transmission of HIV. This is because, transactional and intergenerational sex are commonly used to compensate for socioeconomic deficits and gender inequalities (Leclerc-Madlala, 2008).

It has been noted that women are more likely to be ostracized by HIV/AIDS issues than men are. Duffy notes, “Men’s promiscuity is more easily accepted or at least tolerated. Women, on the other hand, are expected to remain faithful to their husbands” (Duffy, 2005). This demonstrates the cultural expectation for women to be homemakers while men are responsible for the financial stability of their families. Sexual inequality extends beyond gender and applies to other marginalized groups in Namibia.

### ***Sexual Orientation Inequality***

Similar to the stigma surrounding HIV/AIDS, homosexuality is an unspoken subject in many parts of the world, including Namibia. Studies have shown that the transmission of HIV in Sub-Saharan Africa primarily occurs via heterosexual intercourse. However, recent studies suggest that this data may be inaccurate due to the lack of information about LGBT (lesbian, gay, bisexual, transgender) people in this region of Africa (Baral et al., 2009). The scarcity of statistics is caused by the stigma surrounding LGBT people. These studies have primarily only been conducted on the ‘men who have sex with men (MSM)’ demographic, but they suggest that, “African MSM are at substantial risk for HIV infection, and that they have been markedly underserved and marginalized” (UNAIDS, 2013; Baral et al., 2009). Additionally, these studies noted that “MSM have not been included in the HIV/AIDS strategies in [Namibia, Malawi, and Botswana] and same sex behavior among consenting adults is criminalized in all three states” (Baral et al., 2009). MSM in these countries face human rights violations (i.e. denied healthcare, denied housing, physical abuse by police and governmental authorities, blackmail) that impose additional stigmatization, making it even more difficult for them to seek HIV/AIDS testing (UNAIDS, 2013; Baral et al., 2009). Not only do cultural implications pose a major barrier to addressing HIV/AIDS, but financial obstacles deter progress as well.

### **2.2 Funding for Health Care Campaigns**

The testing and treatment associated with HIV/AIDS comes at a high cost and Namibians are struggling to pay for it. In an attempt to address these financial burdens, the government of Namibia developed The National Strategic Plan on HIV and AIDS response in 1999-2004. In this plan, the Namibian government stated that more money needed to be allocated towards health services and that a majority of these funds would be supplied by international donors.

These funds were required to bring much needed health services to Namibians. Due to the importance of these services, the plan stated that 79 percent of all donor funds would go to healthcare in Namibia (WHO Country Cooperation Strategy, 2013). The primary donors in previous years were the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund to Fight AIDS (Robertson & Crosby, 2013). More recently, the government added to the HIV and AIDS response when they developed the National Strategic Framework for HIV and AIDS 2010/11-2015/16, which describes how Namibians will combat the disease in the future. The document stated that it was hard to determine how much government funding will go directly to healthcare and HIV/AIDS services. However, they did calculate that "the total resource envelope for health in 2006/07 was N\$3.9 billion (US\$548.6 million) and account[s] for 8.3 percent of the total Gross Domestic Product" (MoHSS, 2010, p. 11).

Before 2010, many Non-Governmental Organizations (NGOs) received funding from international donors such as PEPFAR and Global Fund. Contributions from such supporters are expected to decrease exponentially due to Namibia's change in economic status as shown in the figure below. This graph shows that overtime, all external funding will cease to exist by the year 2020, and the central Namibian government will have to compensate for this deficit. It is estimated that N\$182 million, or US\$19.6 million, in donor funding is needed to enable the sustainability of the 13 primary HIV/AIDS focused NGOs in Namibia (Robertson & Crosby, 2013



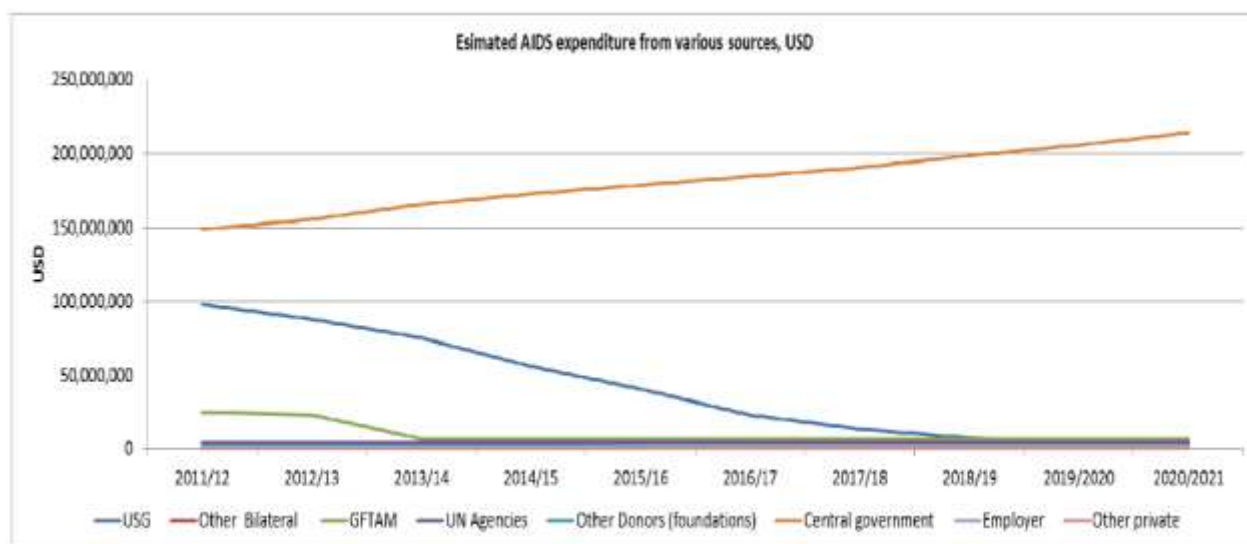
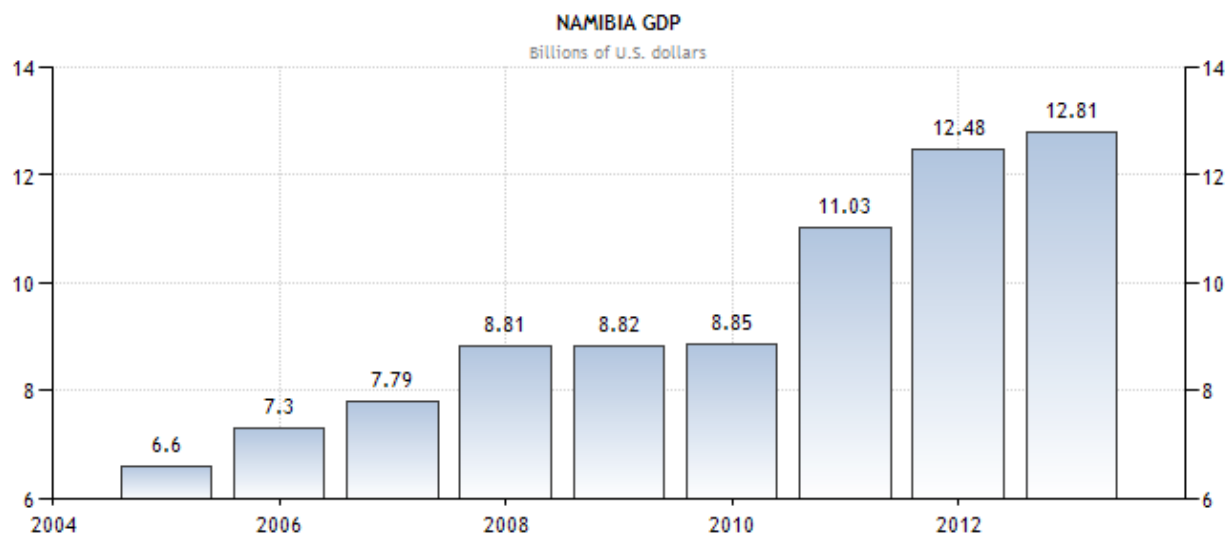


Figure 2: Namibian Government Spending vs. Donor Funding

### 2.2.1 Change in Classification and Its Effects

In 2010 The World Bank reclassified Namibia as an upper-middle income country. The Gross National Income (GNI), which estimates the average annual income, was US\$4,500 for Namibia. This amount is slightly higher than the lower range of US\$3,976 for the upper-middle income classification (The World Bank, 2013). As shown in Figure 3 below, since 2010, the Gross Domestic Product (GDP) has risen US\$3.96 billion (Trading Economics, 2013). The GDP is the annual net profit that a country makes, or its market value. GDP however is an aggregate measure of wealth and can hide income inequality within a country. In 2008, Namibia had an unemployment rate of 37 percent and a Gini Coefficient of 0.6. The Gini coefficient is a number from 0 to 1 that represents countries' income equality. A zero represents perfect equality whereas a 1 is the opposite. Namibia has one of the highest Gini coefficient values in the world, meaning that it has a very unequal distribution of wealth. Due to this change in classification, the financial aid that has been going to health services in Namibia has drastically decreased. This is because international donors do not take wealth disparity into account, and base their contributions solely on income classification. It appears that Namibia's economy is on the rise, however the Gini

Coefficient indicates that the majority of the population is still financially struggling. It is projected that all funds to NGOs will be cut by 2015, and in June of 2013, PEPFAR said that Namibia is now one of the first of its donor countries to no longer rely on American donations for HIV/AIDS services (Robertson & Crosby, 2013). Subsequently, NGOs will not receive the sufficient funds needed to be financially independent.

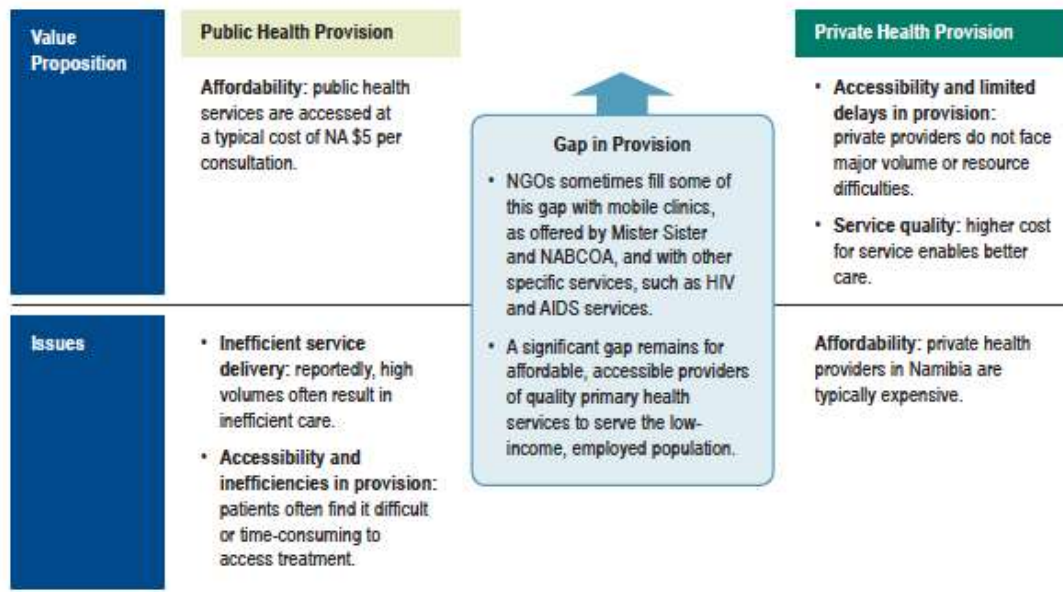


*Figure 3: Namibia GDP 2004-2013*

*This figure shows the increase of Namibian Gross Domestic Product (GDP) throughout past decade. This increase illustrates why Namibia was reclassified from a lower middle to an upper middle income country.*

### **2.2.2 General Health and Wellness Funding (Public/Private Sector)**

Most health related NGOs in Namibia do not focus solely on HIV/AIDS testing but also include general health and wellness. If the funding for these organizations decreases, the financial resources for all of the health services they provide will dwindle. In order for NGOs to receive adequate funding for health and wellness services, Robertson and Crosby recommend that the public and private sector work together. Public sector healthcare is more affordable whereas private sector healthcare is more accessible for those who can afford it. For example, Figure 4 shows the benefits and disadvantages of each healthcare sector.



Note: Firms were permitted to select more than one limitation.

*Figure 4: Fiscal Gap between the Public and Private Health Sectors*  
 This figure shows the differences between the public and private health sectors and how NGOs are attempting to bridge the gap between them: Robertson & Crosby, 2013.

Organizations such as NABCOA aim to bridge the gap between these two providers. As a possible solution to this, NGOs outsource mobile clinics to provide necessary wellness services that are both accessible and affordable for people in Namibia. According to the SHOPS (Strengthening Health Outcomes through the Private Sector) report, if the public and private sectors work together, they could help fund each other as well as provide health and wellness services to the majority of Namibia (Robertson & Crosby, 2013). Similar to the gap between the public and private sector, there is also a large divide between HIV/AIDS and other wellness services.

### 2.3 Other Health Issues in Namibia

Although HIV/AIDS is a major concern in Namibia it has become evident that treatment of other prominent diseases is often overlooked due to a lack of knowledge and funding. Health issues such as non-communicable diseases, maternal care, newborn and child health, and family planning are traditionally underfunded (Robalo, 2012). Common diseases that the Namibian

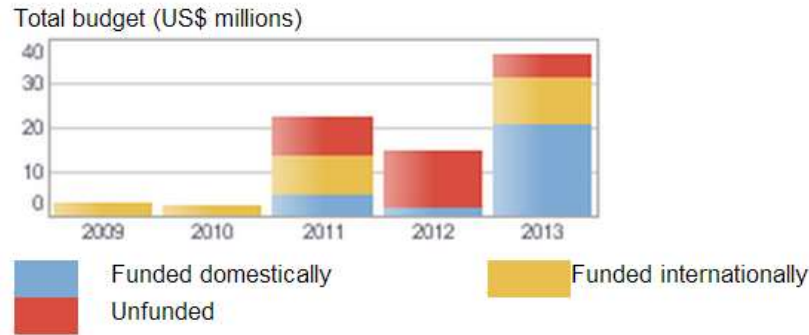
population is affected by are tuberculosis (TB) and sexually transmitted infections (STIs). Furthermore, incidences of diseases such as cancer, chronic respiratory diseases, cardiovascular disease, and diabetes have been on the rise. Addressing these issues will require cooperation from both the Namibian healthcare system and their international donors. In addition, it may be necessary for Namibians to increase knowledge on preventing such diseases. It is suggested that more emphasis should be placed on the general wellness of Namibians (Robalo, 2012).

### **2.3.1 Tuberculosis**

Tuberculosis (TB) is the one of the top 10 causes of death in Namibia behind HIV/AIDS. The extent of the disease is exacerbated by the vulnerability of those already living with HIV/AIDS. In fact, the majority of people who have TB in Namibia also have either HIV or AIDS. In 2007, it was found that Namibia's TB incidence rate was twice as high as the African regional average (Zvavamwe, 2007). According to the 2012 World Health Organization Namibia Tuberculosis Report, 320 people died from TB alone and 1,600 died from combined HIV and TB. Moreover, in 2012, 15,000 individuals in Namibia were newly infected with TB (value includes HIV+TB). This report also cites that out of all the people in the world affected by TB, 16 percent are Namibian. The high rate of TB in Namibia can be directly attributed to the prevalence of HIV/AIDS (Robalo, 2014). Immunodeficiency is caused by HIV/AIDS and it renders people more susceptible to other diseases and infections. In 2011, it was found that in Namibia, 58 percent of those affected by tuberculosis had HIV/AIDS prior to contracting TB. The high rate can also be caused by poor living and working conditions. Other contributing factors include malnutrition, smoking, diabetes, alcohol abuse, and indoor air pollution (Zvavamwe, 2007). Although the statistics on TB in Namibia are discouraging, treatment is available.

Namibian treatment facilities have a success rate of 85 percent if TB is treated properly (Republic of Namibia, 2011). However, one issue is that effective TB treatment requires approximately 6-8 months and patients must adhere to a very stringent regimen. This schedule requires the consumption of multiple medications that must be taken several times throughout the day (Zvavamwe, 2007). The treatment regimen is so burdensome to many that the relapse rate of those who seek TB treatment in Namibia is 50 percent (Robalo, 2014). Furthermore, if a patient does not completely observe the precise schedule, multiple drug resistance TB (MDRTB) can develop and be spread throughout communities (Zvavamwe, 2007). This often results in more expensive TB treatment with poorer outcomes. The Namibian Government has recognized the issue and has implemented several programs to combat TB in the country.

The Namibian Ministry of Health and Social Services (MoHSS) through the Directorate of Special Programmes (DSP) is responsible for the overall coordination, implementation, monitoring and evaluation of TB control (Republic of Namibia, 2011). This department was responsible for maintaining the Directly Observed Treatment Short Course (DOTS) strategy. This plan was originally launched in 1993 by the World Health Organization and its partners after declaring TB a global emergency. Namibia adopted the DOTS strategy in 1996 (Republic of Namibia, 2011). This program encourages TB patients who seek treatment to do so with an individual designated to observe that the patient adheres to the treatment regimen. In a study conducted in 2007 it was found that the DOTS program was most effective when a family member was the preferred directly observed treatment (DOT) supervisor (Zvavamwe, 2007). It was also cited that DOT actually took place in most cases of patients seeking treatment.



*Figure 5: Budget for the Namibian government to combat TB*  
 This graph shows where the funding came from for the budget the Namibian government has to combat TB from 2009-2013: World Health Organization, 2013

As shown in the figure above, prior to 2011, all efforts to combat TB were internationally funded. This graph shows the sources of funding for TB related services in Namibia from 2009 to 2013. However, since then, the Namibian government has made significant strides to create a budget for the development of programs that address TB. As of 2013, the majority of these campaigns were domestically funded. Although there has been an increase in internal funding, international funding has also increased over time.

### 2.3.2 Sexually Transmitted Infections

Sexually transmitted infections (STIs) are both a cultural and health issue. For example, in Namibian culture men do not promote or use contraceptives, because the number of children they can have is a demonstration of masculinity and prestige (Nambambi and Mufune, 2011). There is also a fundamental lack of sexual and reproductive health education in secondary schools. In fact, a study conducted in 2011 suggests that, far from being a safe place for learning healthy behavior, sexual harassment of students by teachers is quite common in school (Nambambi and Mufune, 2011). Furthermore, school systems fail to report such incidents, which reinforces that there is a lack of regard for this issue. This same study also interviewed several female university students in Windhoek, Namibia about familial views on sexual health. One particular student stated that, “sexual matters are not really discussed between parents unless it is

time for a girl to get married. For boys they don't really discuss anything" (Nambambi and Mufune, 2011). Supported by other interviews that were conducted, this suggests that young adults are not learning about sexual activity and risks at home, nor are they learning to protect themselves at school.

Discussions about sexual health occur too late for some. Without proper education on sexual health, it is often difficult to recognize the symptoms of a sexually transmitted infection. One study in northern Namibia showed a very high occurrence of infection rates among women under 30, some with multiple infections (Harms et al., 1998). Sixty-eight percent of the teenage women who were studied were not aware that they had an infection, showing lack of health education. This is dangerous because untreated infections can result in sickness, death, and the potential transmission of the diseases. Although this study is dated, it demonstrates that it is often difficult to recognize the symptoms of a sexually transmitted infection if one is not educated on sexual health.

### **2.3.3 Non-Communicable Diseases**

Non-communicable diseases, also referred to as lifestyle diseases, are difficult to diagnose because outward symptoms are not always visible. Non-communicable diseases such as cancer, chronic respiratory diseases, cardiovascular diseases and diabetes are becoming quite prevalent in Namibia. This may be because it is hard for many Namibians to get access to preventative health care. For example, a study conducted this past year found that many people are unaware that sun exposure can cause skin cancer (Tjihenuna, 2013). This same study showed that the leading cancer in Namibia is skin cancer. In 2010 alone, 581 new instances of skin cancer were recorded (Absalom, 2011). Other major types of cancer in Namibia include breast, cervical, prostate, colon, and lung cancer (Absalom, 2011). Skin cancers such as Kaposi's

sarcoma are common among AIDS infected individuals in Namibia (Tjihenuna, 2013). In a 2011 article, the CEO of the Cancer Association of Namibia, Reunite Koegelenberg stated that, “Namibia doesn’t appear to be adequately addressing the occurrence of cancer among its populace” (Absalom, 2011). As shown, cancer is a prominent issue in Namibia and it merits more attention.

In addition to cancer, there is a growing concern for cardiovascular diseases, diabetes, and respiratory diseases in Namibia. Data has shown that hypertension and diabetes are the major causes of disability in adults in the country (Robalo, 2012). In 2010, it was found that per every 100,000 people that died in Namibia approximately 146 of the deaths were due to chronic respiratory disease and 1,630 were due to non-communicable diseases overall (Robalo, 2012). In comparison to South Africa and Botswana, the rate of death due to non-communicable diseases is higher in Namibia. Non-communicable diseases account for 38 percent of all deaths, whereas in South Africa and Botswana the percentages are 29 and 31, respectively (Robalo, 2010). Considering these statistics, it is important to note that there are currently no topic specific policies or action plans within the government to address any of the diseases mentioned (Robalo, 2010).

#### **2.3.4 Capacity to Treat Non-Communicable Diseases**

Namibia’s healthcare system involves a mixture of both public and private healthcare. The public system is funded through taxes whereas private sector is funded by medical fees paid by employees and employers (Robalo, 2012).

Currently, the public and private not-for-profit healthcare network serves 85 percent of the Namibian population, which includes the majority of the poor. The wealthy 15 percent, use the private, for-profit healthcare system (Robalo, 2012). Although healthcare is readily available



for many Namibians, the distance to a clinic is too far for many to travel. Over 40 percent of Namibians live farther than 5km from a health facility. For many people the nearest hospital is over 300 km away (Robalo, 2012). Also, many of these facilities experience overcrowding, due to the large number of people who go to them. Waiting times may vary from facility to facility but one study found that in a clinic in northern Namibia, 82 percent of visitors reported waiting for more than 3 hours (Robalo, 2012). Additionally, many patients have noted that there is a lack of equipment, staff, and medicine. To exacerbate the issue, the ability to transport patients between facilities is severely hampered by lack of working vehicles. The percent of ambulances that are not in working condition can be as high as 90 percent in particular areas, and is 42 percent in Namibia overall (Robalo, 2012).

### **2.3.5 Incorporating HIV Tests into General Wellness Screening**

Incorporating HIV/AIDS screening into general wellness programs can address Namibia's larger health concerns while simultaneously reducing the stigma around HIV/AIDS. Prior to the 2000s the diagnosis of an HIV infection was treated similar to an incurable genetic disorder rather than an infectious disease. But more recently, health facilities base HIV testing on a model that includes voluntary counseling, testing, medical treatment, and partner notification (Cock et al., 2002). There must be a transition such that HIV testing becomes analogous to blood pressure monitoring and tests of general health (Cock et al., 2002). It is the hope that NABCOA can further implement services to SMEs in the private sector.

### **2.4 The Namibia Business Coalition on AIDS Involvement with SMEs**

One of the private, non-profit organizations that provides HIV/AIDS and health and wellness services to businesses is NABCOA. Established in 2003, NABCOA initially focused on promoting HIV/AIDS programs. However, they have recently changed their focus to include all

general health and wellness services. The services now include TB, STIs, and other lifestyle disease testing, including blood pressure and body mass index (BMI). Secondary diseases such as the ones previously mentioned in this chapter are overlooked because so much emphasis is put on HIV/AIDS, and NABCOA realizes this. The focus on HIV/AIDS has burdened NABCOA with a stigma that discourages potential clients from using its services. The organization is changing its focus to include other diseases, because it believes the stigma around its programs will be mitigated. Companies who incorporate HIV/AIDS testing into their general wellness programs have increased participation for testing and decreased stigma surrounding such services (PWC, 2013). If NABCOA can market their company to businesses as an organization that provides general health and wellness services instead of just HIV/AIDS testing, there may be a greater likelihood that these companies will be interested (PWC, 2013). This benefits both NABCOA and their clients because more people will have knowledge about their health and will be more apt to seek treatment if needed. Subsequently, NABCOA will strengthen its consumer base by expanding the number of companies that they serve.

Traditionally, NABCOA has provided services to larger corporations, but they found that these companies can internally organize wellness programming. Therefore, NABCOA has shifted its focus to Small and Medium sized Enterprises (SMEs). They are focusing on SMEs because the productivity of these companies is greatly hindered when employees are sick. In addition, these companies often cannot afford to provide wellness services internally, even if they know that employee health is important. Finally, if NABCOA can expand to this sector, they will generate more revenue, become a self-sustainable organization, and be able to continue offering important health services, which improve the health of an underserved population of employed Namibians.

### **2.4.1 Small and Medium Sized Enterprises in Namibia**

According to researchers at the Namibian Economic Policy Research Unit, “HIV/AIDS weakens economic activity by squeezing productivity, adding costs, diverting productive resources and eroding the skills base” (Phororo, 2003). Productivity is adversely affected due to absenteeism and death, which can occur if the HIV infection progresses and is not treated. Furthermore, if an employee dies as a result of the disease, their position must be replaced, a process that is both time and financially consuming to an employer (Fraser et al., 2002; Phororo 2003). Because of their size, SMEs experience great productivity loss when an employee cannot come to work due to sickness (Fraser et al., 2002; Phororo 2003). For our purposes, the term SME is defined as a company that has 25 to 200 employees. Although the terms are loosely defined, we will consider small enterprises to consist of 25-99 employees, whereas a 100-200 employee company is considered a medium one. The loss of one employee at these companies is much greater than the loss of one at a larger company. This is one of the reasons NABCOA is considering SMEs as a potential client base.

These SMEs are extremely important in the developing world, and especially in Namibia. They play a significant role in the Namibian economy, aiding to both the Gross Domestic Product and to employment opportunities. In 2005, SMEs contributed about 12 percent of the GDP and employed around 20 percent of the labor force in Namibia (Kakwambi, 2012). In any company, the loss of a worker adversely affects the productivity of a company. However, in larger corporations, the loss of one employee may have a minimal effect on productivity due to the size of the workforce and the amount of revenue they generate. Conversely, SMEs do not have an abundance of workers that can easily compensate for the absence of another employee. For positions that require a certain skill, it may be difficult to find a temporary replacement that

retains the same skillset. This replacement can adversely affect the productivity of the company. In a study done in 2003, it was estimated that AIDS related expenditures in multiple Southern African countries could cost companies six to eight percent of their profits (Phororo, 2003). Although SMEs can benefit greatly from NABCOAs programs, they may be unaware of the potential long-term benefits of a healthier workforce.

#### **2.4.2 Why SMEs Are Struggling**

Most Multinational Corporations (MNCs) and larger Namibian enterprises provide not only HIV/AIDS screening, but also medical aid and general wellness services to their employees. By contrast, SMEs provide minimal medical aid and virtually no wellness services (Robertson et al., 2013). Most do not have the money or the staff to implement any sort of wellness program or testing. Larger companies have a human resources department who is in charge of developing and implementing workplace programs (WPPs), whereas SMEs may not.

Another reason for the lack of workplace programs in SMEs is that many managers are not aware of the potential benefits (Connelly & Rosen, 2005). Even though some SMEs hear about the effect of HIV/AIDS on businesses, they do not have the financial capacity to deal with the issue, and do not know where to start when it comes to implementing such programs (Enslin, 2007). Moreover, some managers do not even believe that HIV/AIDS is affecting their workplace. As we describe below, several other countries in Africa have figured out a way to get businesses on board with implementing wellness services, and a lot of them are successful.

#### **2.4.3 Expanding Health and Wellness Programs in Africa**

A majority of SMEs in Africa have a parent company that provides or sells services. Most of these companies tend to be identified as Large or Multi-National enterprises. Researchers believe that if larger companies step in and help develop workplace and prevention

programs to the SMEs in their supply chain, then SMEs will benefit without being financially burdened. This is important because, larger companies are able to provide financial support to the SMEs who cannot afford it themselves. SMEs are crucial to the larger companies and they “naturally depend on healthy workforces in the supply chain” (Dalley & Fannery, 2009).

Ultimately, the goal is for the SME employees to have the same access to healthcare as workers in the large enterprises. One successful implementation of this type of expansion is with the Nile Breweries company in Nigeria. Nile breweries is part of the multinational enterprise, SABMiller, based out of South Africa. They incorporate HIV/AIDS, TB, and malaria workplace programs into all levels of their supply chain starting with the barley farmers and continuing up through the bartenders who sell the beer. They also have peer health educators in each subdivision of the company. In the lowest level of the company, barley farmers, 290 peer educators reached a total of 4,000 other farmers with information about HIV/AIDS and other diseases. Not only do the workplace programs help everyone in the company, but they extend to others inside the community as well (Dalley & Fannery, 2009). By having this type of distribution, more people can become educated on HIV/AIDS, which enables them to take the preventative measures needed to combat the disease.

Several other organizations in parts of Africa have attempted to add wellness WPPs into SMEs. The International Executive Service Corps in Zambia has employed an intervention program that aims to help micro and small enterprises deal with HIV/AIDS, malaria, and TB crises as well as educating them on healthcare resources. The South African Business Coalition on Health and AIDS (SABCOHA) came up with a toolkit that helps SMEs develop workplace programs to include HIV/AIDS and other diseases. According to SABCOHA, the toolkit includes all the necessary items to develop a workplace program (*Implementing a Workplace*

*HIV/AIDS Programme-why and how?*, 2013). After the SMEs purchase the toolkit, SABCOHA does not provide any follow-up. This is a major difference between their solution and what NABCOA is hoping to do.

#### **2.4.4 NABCOA's outreach to SMEs**

The reason NABCOA is targeting SMEs is because it believes that these companies need the most assistance when addressing the issue of HIV/AIDS and implementing wellness services. It also is developing a strategy to diversify its revenue sources, to design a fee for service model, and to rely less on grant funding from international donors. It is plan of NABCOA to target SMEs that either have Human Resources (HR) managers or wellness coordinators that can be trained to better address health in the workplace, or to work with companies that do not have the time or resources to train someone for this role. One way that NABCOA hopes to bring wellness services to SMEs is through the use of Bophelo!, their mobile wellness screening service. Recently, NABCOA acquired Bophelo! as part of their organization. Bophelo! currently offers general health screening as well as testing for infectious diseases such as HIV/AIDS and TB.

In the next chapter, we outline the procedure we followed to help NABCOA identify the health needs of workers in SMEs.

## Chapter 3: Methodology

The goal of this project was to identify common health needs in SMEs, the wellness services that address them, and to provide NABCOA with this information so they are better able to target new companies in the future, and ultimately improve the health of employees and employers in Namibia. The mission of this non-governmental organization (NGO) is to mobilize the private sector in addressing health issues and encouraging the development of Workplace Programs (WPPs) in businesses. This goal was accomplished by acquiring information about the health needs and wellness services from SMEs in Windhoek. In addition, we determined the incentives and disincentives for SMEs to implement new or improved wellness services. By analyzing the collected data, we provided NABCOA with enough information to develop wellness services that addressed the specific issues that affect Namibian employees. To achieve this goal, we focused on four main objectives:

**Objective 1:** To determine how employers perceive the health and wellness needs of their workers

**Objective 2:** To determine the health and wellness needs of employees

**Objective 3:** To determine the incentives and disincentives from SMEs to implement wellness services

**Objective 4:** To identify market opportunities for NABCOA to design wellness services for SMEs

This chapter will discuss the methods we used to meet each of our established objectives

### 3.1 Objective 1

#### *To determine how employers perceive the health and wellness needs of their workers*

To assess what the employers perceived as the health and wellness needs of their employees, we conducted semi-structured interviews with the managerial staff of the companies. One-on-one interviews were completed with wellness coordinators or Human Resources (HR) representatives. If a company did not have one of these representatives, we interviewed business owners or other executive personnel.

We interviewed HR representatives and wellness coordinators from the manufacturing, diamond, financial services, education, transportation, and construction industries. A full list of the names and positions of those whom we interviewed can be found in Appendix G. The main reason for interviewing the wellness coordinators or HR representatives of the SMEs was to find out their perception of the health issues in their workplace. It was important to understand their view on company health so that we could compare it to the issues that employees listed, as described in the second objective. We also wanted to find out what existing services were offered to the employees, so we could formulate a better idea of what their health needs were, and any new services they thought they could benefit from. Prior to interviewing any companies, NABCOA reviewed the interview questions to ensure that they were appropriate, easily understandable, and relevant.

An example of one of the interview questions we asked a wellness coordinator or other representative is shown below (for full list see Appendix B: Interview Questions).

1. Does your company do anything to address employee health?
  - a. Health education/training
  - b. Wellness services
  - c. Testing and screening



Although we attempted to target SMEs that did not have any programs to address employee health, we did speak with companies who provided some form of wellness services or health education. If a company we interviewed did have wellness services, we asked them additional questions pertaining to their current program. Our questions were directed toward what they were receiving, paying, and if their plan fell short of meeting any of their needs.

### **3.2 Objective 2**

#### ***To determine the health and wellness needs of employees***

In order to determine the health and wellness needs of employees, anonymous surveys were given to them. The reason for distributing surveys to the employees of the same companies we interviewed, was to find out if there were any discrepancies between the two opinions. By conducting surveys, we were able to maximize the number of responses we received from each company. Additionally, due to the sensitive material being asked of the employees, we ensured that all of the information was obtained in a confidential and culturally sensitive manner. After each interview, we gave the employer an appropriate amount of surveys to hand out to their employees. By receiving the survey directly from the employer, we hoped that the employees would feel comfortable taking the survey and be more inclined to respond honestly. Each employee received a paper survey and a sealable envelope. Once the employees sealed the envelope, they placed it in a drop box that we entrusted with the interviewee. This process ensured confidentiality and minimized the risk that an employee's information could be identified. An example of a survey question is shown below (Full list in Appendix C: Survey).

Table 1: Example of survey questions we asked employees

Have you ever used any medical services? Please circle.      Yes      No		
Have you ever been tested for any of these? Please mark (X) all that apply  <b>**NOTE: THIS QUESTION IS OPTIONAL**</b>	<b>Condition:</b>	<b>Month and Year (MM/YY) of last test:</b>
	Blood Pressure	
	STIs	
	Diabetes	
	Heart Disease	
	Cancer	
	Cholesterol	
	HIV	
Have you been diagnosed with any of these? Please mark (X) all that apply.  <b>**NOTE: THIS QUESTION IS OPTIONAL**</b>	<b>Condition:</b>	
	<input type="checkbox"/> Blood Pressure	
	<input type="checkbox"/> STIs	
	<input type="checkbox"/> Diabetes	
	<input type="checkbox"/> Heart Disease	
	<input type="checkbox"/> Cancer	
	<input type="checkbox"/> Cholesterol	
	<input type="checkbox"/> HIV/AIDS	
	<input type="checkbox"/> Tuberculosis	
	<input type="checkbox"/> None of these	
<input type="checkbox"/> Other:		

Once these surveys were conducted, we used Qualtrics software to analyze the data. We developed an electronic survey that was identical to the 800 paper surveys that we distributed. As we received the surveys, we entered the responses into the Qualtrics template. From there we were able to statistically analyze the data by filtering responses to particular questions. Some of the filters included distinction between industry and overall. This data was organized in bar graphs and pie charts to display the most pertinent findings. Using this information, we determined if there were any overarching health issues that affected most SMEs. For example, if there were any universal wellness needs (e.g. blood pressure monitoring) we would recommend that NABCOA create services that target these needs. This information was collected to help NABCOA target services towards SMEs.

### 3.3 Objective 3

#### *To determine the incentives and disincentives for SMEs to implement wellness services*

Although identifying health needs to determine which wellness services would benefit each SME was a high priority, we also needed to determine the incentives and disincentives for such services to be implemented. Interviews with wellness coordinators, HR representatives, or employers were used to assess their interest in NABCOA's services. These conversations helped us determine why or why not individual companies would implement wellness services in their workplace. Questions in these interviews pertained to topics such as financial feasibility, productivity, and potential work schedule conflicts. We explicitly asked what issues they foresaw in implementing new wellness services or modifying existing ones. Modification to existing programs involved adding new services that the workers needed, or removing ones that were not being utilized.

Through our research we assumed that companies who did not have a wellness program in place would benefit from having services that improve the health of their employees. This was because with NABCOA's services, employers and employees could have a greater awareness of preventive healthcare measures and better access to wellness services. Also, employees could benefit from receiving health tests at their workplace as they are more convenient for some than traveling to a health clinic. Companies that had services in place may benefit from collaborating with NABCOA because they would be able to choose services based on the needs of their employees. To test these assumptions, we asked the interviewees what would motivate them to actually implement wellness services.

We also assumed that there might be reasons why SMEs might be reluctant to pay for NABCOA's services. The cost of services would be a major concern if companies saw little

benefit. Through our research, we found that the stigma associated with including HIV/AIDS testing into general wellness screening could be a potential disincentive for SME participation. These disincentives could make wellness packages less attractive, so it was imperative to determine firsthand, how strong these disincentives, and others, might be.

The information collected through these interviews was assessed in a manner similar to that in Objective 1. We identified common attitudes towards participation in NABCOA's services, which were analyzed using statistics and categorized accordingly.

### **3.4 Objective 4**

#### ***To identify market opportunities for NABCOA to design wellness services for SMEs***

Once we compiled and analyzed all of the data acquired through interviews and surveys, we identified the information that would most benefit NABCOA when approaching SMEs with wellness services. We identified prominent health issues in the workplace so that NABCOA could be better equipped to combat these diseases. We categorized these health issues by industry as well as across all industries, so that depending on the targeted SME, NABCOA could have a better idea of what this SME will require. With the health needs that we identified, we also suggested new services for NABCOA to begin offering. We then determined what wellness services were of the most interest to employees and employers. This will help NABCOA expand their client base by diversifying their service offerings.

### **3.5 Obstacles**

At the onset of our project, we anticipated a number of obstacles in executing the planned objectives of this project. The first complication that we faced upon our arrival in Windhoek, was scheduling conflicts with companies that we were interested in interviewing. Because our data collection was contingent on our ability to interview wellness coordinators or HR

representatives, we had to be able to schedule a time to meet with them. If these people were unavailable or unwilling to meet with us, this prevented adequate data collection. We prepared for the fact that employers could be unwilling to meet with us because they thought taking time to participate in an interview would cause a loss in productivity. Even if we were able to plan visits to SMEs and meet with the owners, it was difficult to survey as many employees as we would have liked, due to time constraints. For example, when interviews and surveys were conducted at a transportation company, many employees were not on site to take the survey, as they were busy driving vehicles throughout Windhoek and the rest of the country. This lack of availability led to a void in data, which possibly skewed our results of the overarching wellness needs of SMEs.

Another obstacle we faced was potential dishonesty of responses from wellness coordinators, HR personnel, employers, and employees during interviews and surveys. These people may have not been fully aware of the health needs within their company, which could have led to incorrect data. Additionally, some may have felt compelled to give responses that they believed we wanted to hear. For example, they may have responded positively to all of the services that we listed in the interviews and surveys, although they may not have needed some of them. This form of falsified data could have been problematic in our determination of the actual health issues that are present in the Namibian workplace, and the services that were needed to address them.

## Chapter 4: Findings and Analysis

### 4.1 Introduction

The goal of this project was to identify common health needs in SMEs, the wellness services that address them, and to provide NABCOA with this information so they are better able to target new companies in the future, and ultimately improve the health of employees and employers in Namibia. To accomplish this goal, we interviewed the HR managers or wellness coordinators of 16 SMEs, including manufacturing and diamond, education, financial services, and transportation industries. For some of the industries, only one interview was conducted, while others had multiple. In this chapter, we discuss the diseases and conditions that affect employees of all industries, the industry specific health and wellness needs, the wellness services of interest to these companies, and the incentives and disincentives influencing company attitude toward implementing such services.

In this chapter, we present the findings from our employee surveys and interviews with managerial personnel. First, we discuss the health issues that were present in all industries, as determined by our interviews and surveys with the 16 companies. To identify the extent to which each health issue was present in various companies, a statistical analysis was conducted using Qualtrics software. From there, we move on to discuss the health issues that were unique to each industry. Next, we present the services that both the employees and employers expressed interest in. Finally, we state the reasons employees and employers would or would not want to implement services at their workplace. The table below outlines the number of interview and survey responses we received from each industry, as well as the major health issues and wellness services desired by companies in each sector.

Table 2: Outline of interview and survey responses

Industry	# of interviews	# of surveys	Diseases	Conditions	Wellness Services
Education	1	46	-Blood Pressure -Diabetes -Cholesterol	-Flu -Stress -Stomach Issues	-Health Testing -Education -HIV Testing
Manufacturing and Diamond	7	217	-Blood Pressure -HIV/AIDS -Cholesterol	-Flu -Stress -Stomach Issues	-Health Testing -HIV Testing -TB Testing
Financial Services	3	44	-Blood Pressure -Cholesterol -Diabetes	-Flu -Stomach Issues -Stress	-Health Testing -Medical Aid -HIV Testing
Transportation	3	70	-Blood Pressure -Cholesterol -Other	-Flu -Stomach Issues -Stress	-Medical Aid -Health Testing -Treatment Care and Support

#### 4.2 Health Issues Across All Industries

This section outlines the diseases and conditions that are present among all industries.

The graph below displays the prevalence rate of each health issue in all industries.

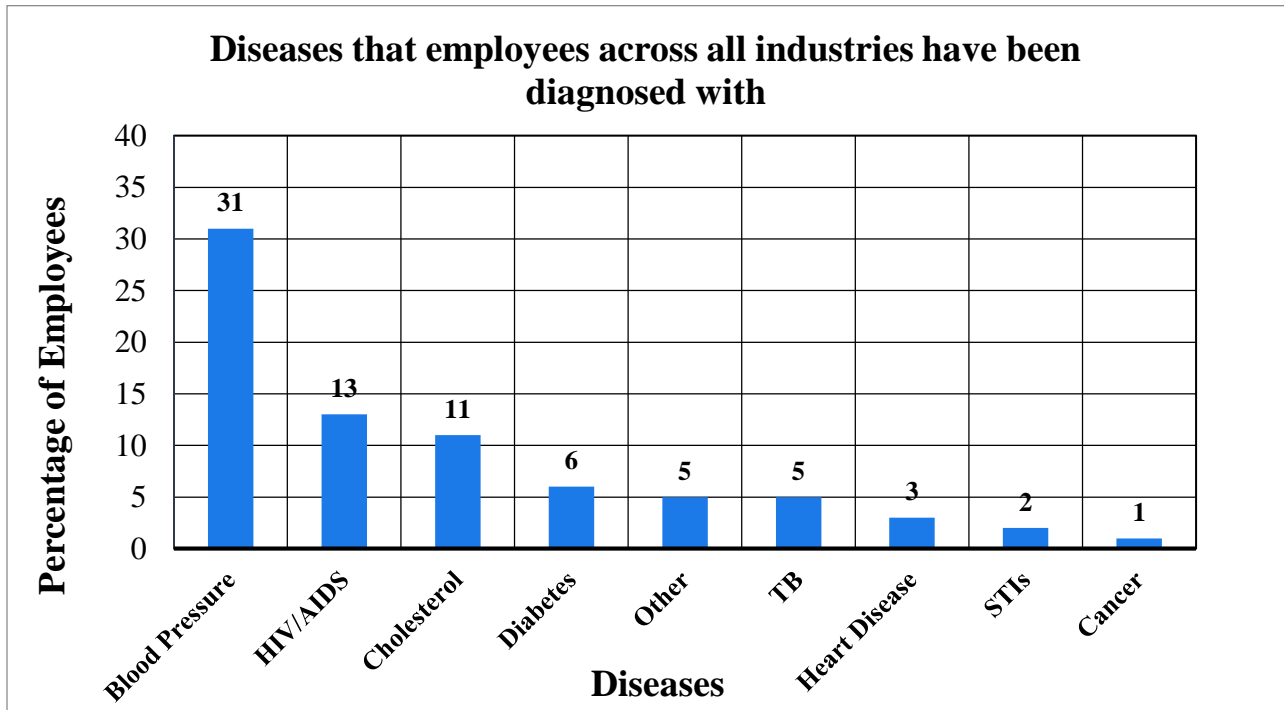


Figure 6: Diseases that employees in all industries have been diagnosed with. This figure shows the percentage of diseases employees across all industries have been diagnosed with.

#### **4.2.1 HIV/AIDS**

##### ***In the opinion of the employers, HIV/AIDS is not a threat to the workplace***

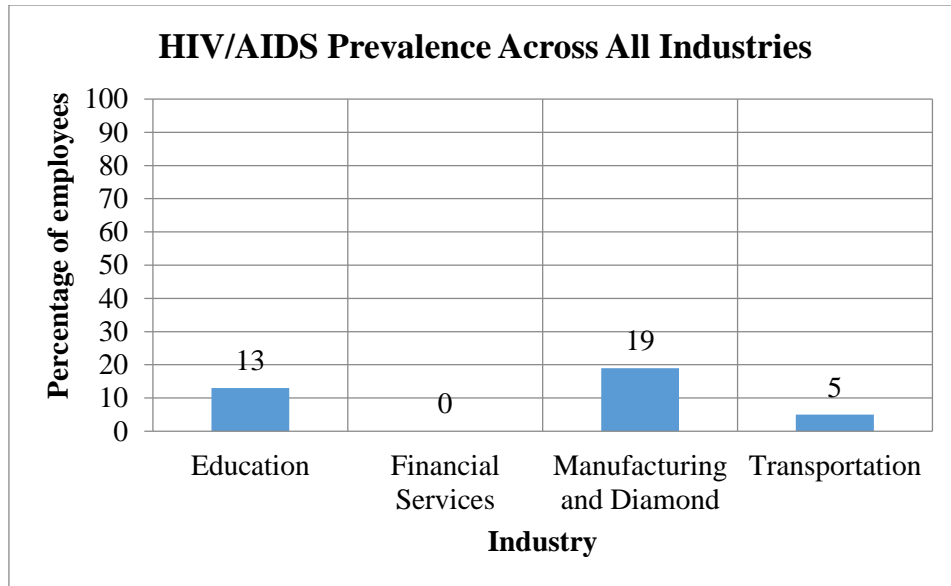
Before conducting our interviews we expected HIV/AIDS to be an issue of concern for employers. When asked about HIV/AIDS in the workplace, only one company out of the 16 we interviewed said that this disease was a major concern. Additionally, nine companies said that there may be one or two cases among their workers, and that the disease is not a major concern. The remaining six companies did not acknowledge HIV/AIDS. This was extremely surprising to us since our research showed a high prevalence of HIV/AIDS in Namibia.

##### ***Contrary to the opinion of employers, HIV/AIDS affects a significant portion of SMEs***

Based on the 383 survey responses we received from all of the workers, the average prevalence rate of HIV/AIDS was 13 percent, as seen in the graph below. This result corresponds with the national prevalence rate in Namibia, which is also 13 percent. As shown in Figure 6, HIV/AIDS is number two among all diseases that affect employees in all industries.

Among the companies we surveyed, manufacturing had the highest rate of employees diagnosed with HIV/AIDS. For these seven companies, 19 percent of the workers, or 31 out of the 161 employees who answered the question, had contracted HIV/AIDS. The prevalence rate of this disease within this sector is 6 percent higher than the national average for Namibia. The figure below depicts the prevalence of HIV/AIDS in each industry.





*Figure 7: HIV/AIDS prevalence in all industries surveyed  
This figure shows the percentage of employees who have been diagnosed with HIV/AIDS with respect to their industry.*

It should be noted that while this prevalence rate is high, there is a chance that the data set was skewed due to the unique set of responses from one of the companies that we surveyed. For that particular manufacturing company, 57 percent of the employees reported that they had been diagnosed with HIV/AIDS. While this may be accurate data, such an outlier among the other companies would need to be investigated to assess the validity of the prevalence rate. If that one company was not included in the data analysis, the prevalence rate in the manufacturing industry would only be 9 percent. However, we cannot exclude these responses because they may be accurate. Conversely, because the diseases and conditions section of the survey was optional, it could be possible that the employees at other companies opted not to share their HIV status with us. In that case, it is possible that HIV/AIDS incidence rates are actually underrepresented among the surveyed population. Prior to conducting our surveys, we expected that unskilled, under-educated laborers would have higher rates of HIV/AIDS in the workplace, and this was confirmed from the survey responses we received.

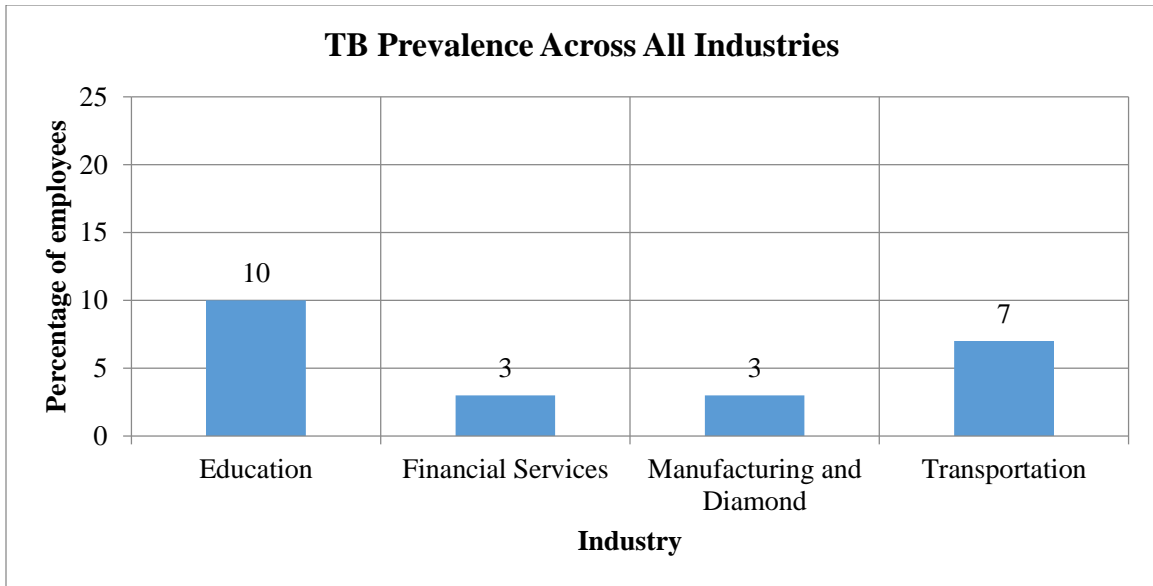
***There were no reports of employees being diagnosed with HIV/AIDS in the financial services industry***

As shown in the chart above, none of the 44 employees in the financial services industry stated that they were diagnosed with HIV/AIDS. This supports the claims made by the three HR representatives from the financial services companies, who claimed that none of their employees had HIV/AIDS. The information suggests that individuals with higher education are more informed about safe-sex practices and other forms of HIV/AIDS prevention. In addition, all of the companies in this industry had mandatory medical aid, so their employees have increased access to health services. It should be noted that, due to the stigma that surrounds diseases like HIV/AIDS and STIs, there is a chance that the survey participants chose to not admit their status. However, for the purpose of our research, we are assuming that all responses were honest.

**4.2.2 Tuberculosis (TB)**

***Contrary to our prior research, TB was found to have a relatively low prevalence in all industries surveyed***

In our background research we cited tuberculosis as one of the most prevalent diseases that Namibia faces today. Nationally, the percent of people living with TB is 6.8 percent, and the percent of all deaths caused by TB is slightly less than 1 percent. In our study it was found that rates of TB incidence varied among the sectors. As seen in the graph below, education and transportation rates were comparable with the national average, but in every other sector the incidence of TB was relatively low.



*Figure 8: TB prevalence across all industries*

*This figure shows that TB has very low prevalence across every industry surveyed. Although Education has the highest percentage, there was only one company interviewed. If we disregard this industry, Transportation has the highest percentage of employees diagnosed with TB.*

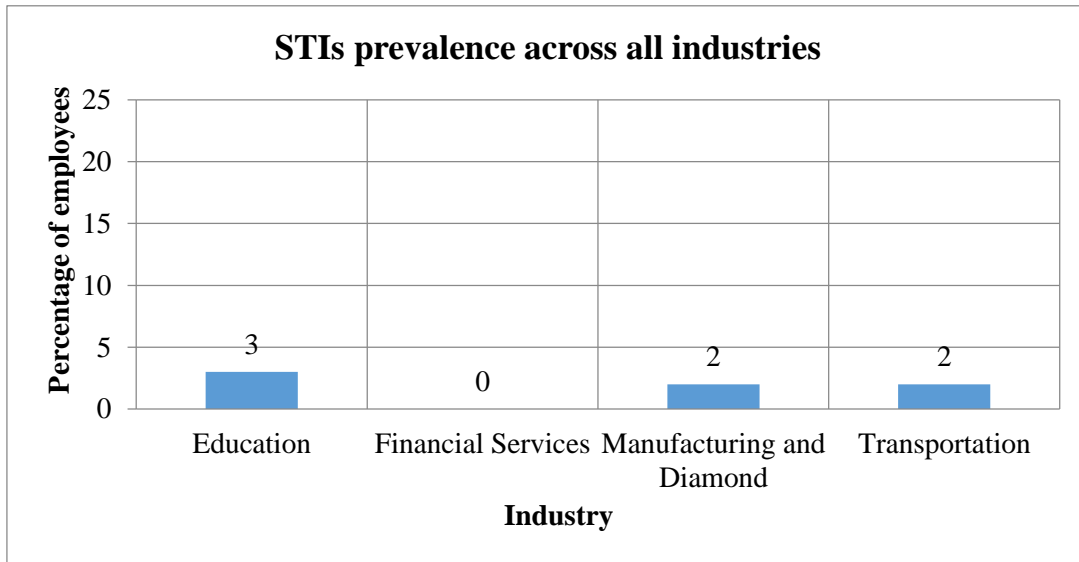
This low incidence may be due to various reasons. Multiple HR representatives stated that if one of their employees was known to have TB, this person was not allowed to work and was immediately sent home. This could have reduced the risk of spreading infection in the workplace. In addition, we did not interview or survey companies from the fishing or mining industries, and as our prior research stated, these sectors have the highest rates of TB. Subsequently, TB might be underrepresented in our data.

#### **4.2.3 Sexually Transmitted Infections (STIs)**

##### ***Surveys demonstrate that STIs are not prevalent in SMEs***

As shown in the graph below, the overall rate of STI's was found to be low in all industries surveyed, which agreed with the employer perspective. There may be various causes as to why so few people listed that they had been diagnosed with STIs. In addition, more employees could unknowingly have STIs. Our background research suggested that many Namibians were not well informed about reproductive health. Therefore, many infected persons

may not be able to recognize symptoms of an STI and subsequently not seek proper treatment. However, it may be that the rate of STIs in Namibia is declining and fewer people are affected by these infections.

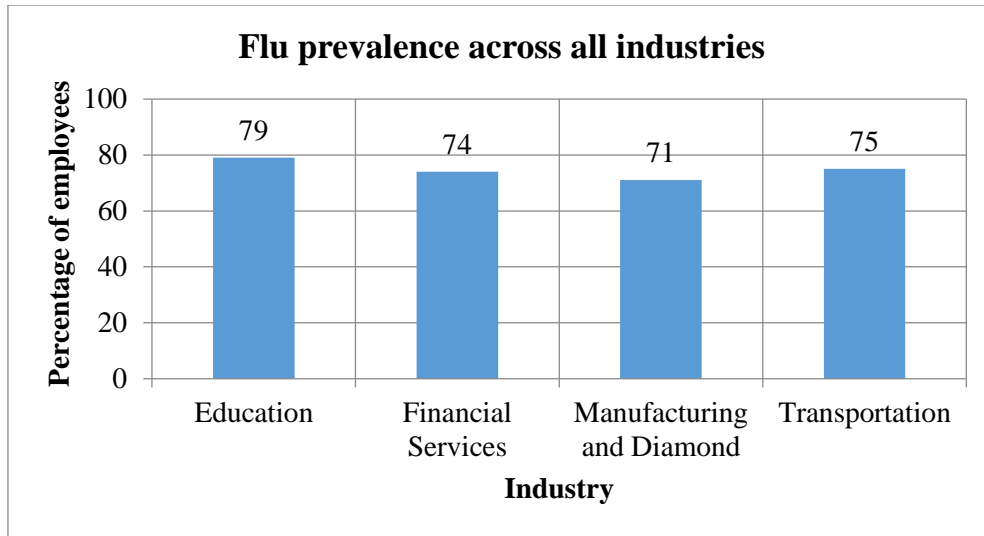


*Figure 9: STI prevalence across all industries*  
*This figure shows that STIs are not prominent in any industry we surveyed.*

#### 4.2.4 Flu

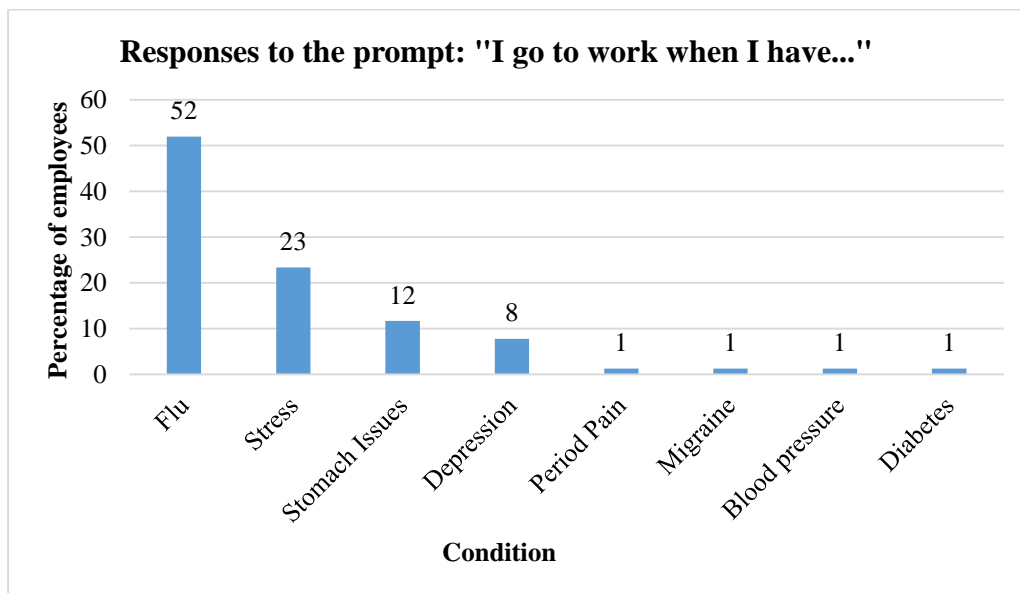
##### *Flu is the most common illness across all companies*

When employees were asked if they have experienced any of the conditions listed on the survey (see Appendix C), a majority of them said that they have experienced flu, as seen in the graph below. This came as a surprise to us because we did not come across information during our preliminary research that suggested that flu was a major health concern in Namibia. Moreover, we assumed that infectious diseases in general would be more common in the manufacturing and diamond industries where employees share close working environments. This data proves that even in other industries where employees do not work as closely to one another, flu still has a major effect on the workplace.



*Figure 10: Flu prevalence across all industries*  
 This figure shows the percentage of employees in each industry that have ever experienced flu. The high percentage across all industries shows that flu is a major issue.

In fact, as the bar graph below shows, out of all employees who responded to the prompt “I go to work when I have...” 52 percent completed the sentence with flu. This suggests that the flu percentage is so high because employees are coming to work when they are sick and transmitting the disease to their co-workers. It should be noted that flu was not defined in the surveys, therefore employees could have misinterpreted the meaning of the term.

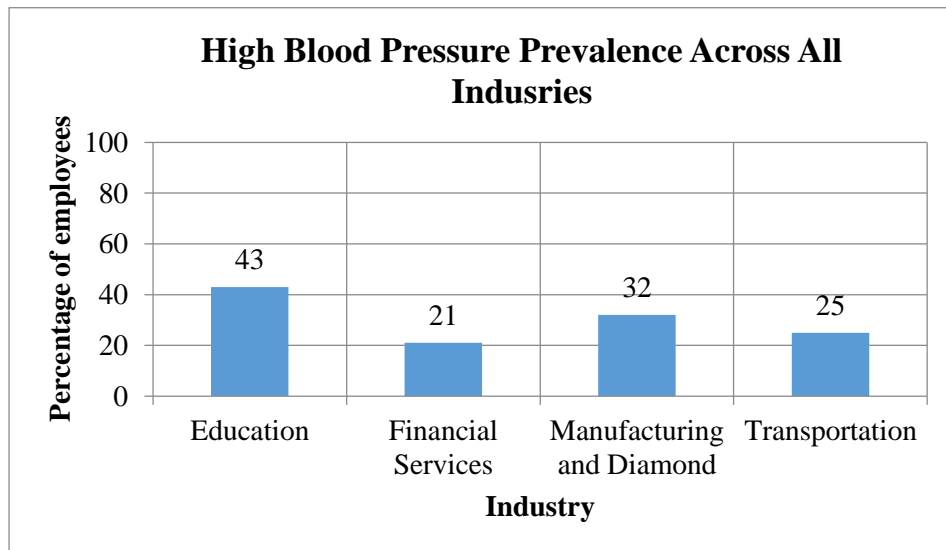


*Figure 11: Employee responses to the question: “I go to work when I have...”*  
 This figure shows that over half of the people who come to work when they are sick said they come when they experience the flu.

#### 4.2.5 Blood Pressure

***High blood pressure is the top condition that employees in all industries are affected by***

As seen in the Figure 6, high blood pressure is the top disease that employees were diagnosed with in all industries. This condition was also high within each industry, as seen in the graph below. Blood pressure was as high as 43 percent in education and 32 percent in manufacturing and diamond. Although education had the highest prevalence, this statistic is based solely on the survey results from one private educational institution.



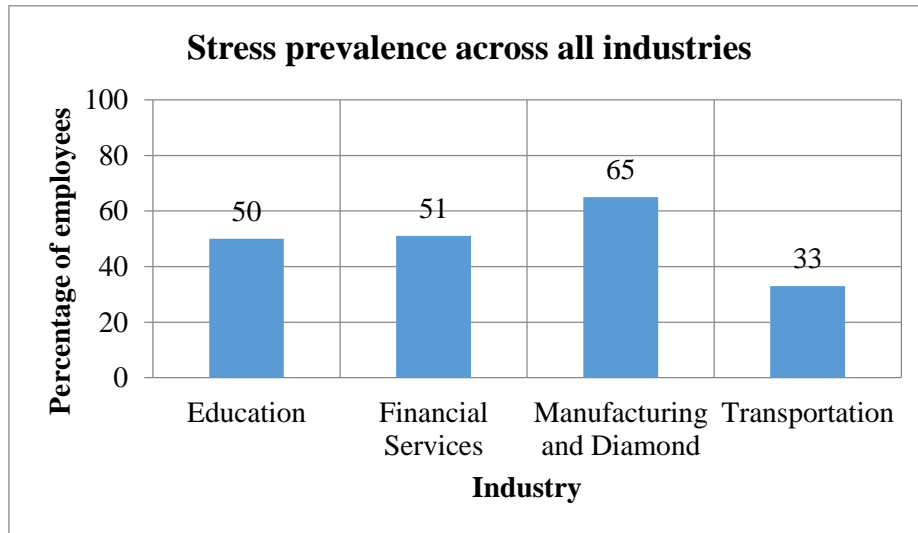
*Figure 12: High blood pressure prevalence across all industries  
The figure above shows the percentage of employees that have been diagnosed with high blood pressure in all industries.*

#### 4.2.6 Stress

***Contrary to the belief of employers, stress is a major concern among all companies***

As seen in graph below, stress affects all industries. In the manufacturing industry, 65 percent of the employees who answered the question, said they have experienced stress. This is

significant because, in the opinion of management at the manufacturing companies, stress was not perceived to have a substantial impact on the employees. The survey results put into question the assumptions of the employers.



*Figure 13: Stress prevalence across all industries*  
*This figure shows that stress is a major condition that effects employees in all industries surveyed. It is especially high in the Manufacturing and Diamond industry.*

***Due to the pressure to meet deadlines, all of the financial services HR managers believe that their employees experience stress***

According to all three HR managers in the financial services industry, stress is the main health concern in their workplace. As can be seen in the graph above, 51 percent of employees in the financial services industry articulated that they experience stress. The HR manager at one of the financial services companies stated that, “There are certain times when [the employees] really work hard and long hours, and that leads to stress and tiredness.” Since they have to meet strict deadlines, they often experience high levels of stress and exhaustion. In an attempt to identify employees prone to stress, another company had every employee undergo a psychological evaluation in 2013. They determined that one employee was emotionally unfit to work due to stress, so they gave her a month of leave to recover. In the meantime they hired a temporary worker to complete her tasks.

### **4.3 Industry Specific Health Issues That Could Be Targeted By NABCOA**

In the previous section we compared disease prevalence across all companies. Our survey data, however, revealed that many of the sectors had specific health needs among their workers. In this section, we focus on findings specific to individual sectors. By identifying the health needs in each industry, we hope to help NABCOA consider the full range of services that could be offered in a wellness package to new clients.

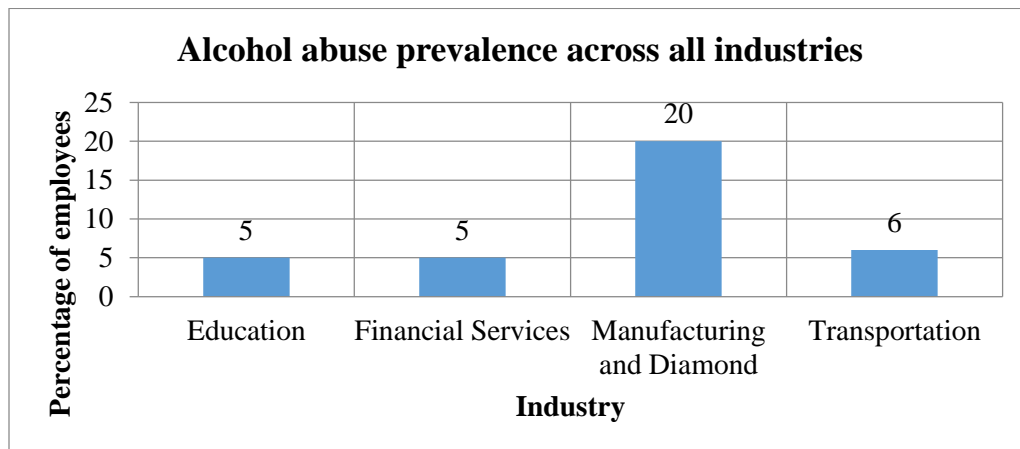
#### **4.3.1 Manufacturing and Diamond**

##### ***Alcoholism significantly affects the livelihood and productivity of unskilled workers in the manufacturing and diamond industries***

Five out of seven HR representatives at manufacturing and diamond companies stated that their workers abuse alcohol and are not educated about the negative effects that it can have. They claimed that the incidence of alcohol abuse increases during the beginning and end of the month, which is when employees receive their paychecks. The representative from one of the diamond companies said, “The problem is not just the drinking, but that they don’t have salary left, and they have families to feed and rent to pay and then the company has to give advances.” According to HR staff, many laborers are not aware of how consuming alcohol can affect their health when they are receiving medical treatment at the same time. Certain medications may react adversely when paired with alcohol, and this can be problematic to the health of the person. For example, at another diamond company, the interviewee stated that one of the employees was consuming alcohol while undergoing treatment for TB, and died as a result. The worker either disregarded the medication regimen, or was uninformed about the risks of consuming alcohol while taking medication. This problem was not limited to one company. At a manufacturing company, the HR manager stated, “At the end of the month, when they get paid, they take



alcohol, and once they take alcohol and they've got maybe a serious illness, their immune system drops." Whether the HR manager's statement was correct or not, it still illustrates that managerial staff in the manufacturing and diamond industries are concerned about the amount of alcohol their employees consume.



*Figure 14: Alcohol abuse prevalence across all industries  
This figure shows that alcohol abuse affects the highest percentage of employees in the manufacturing and diamond industries.*

In comparison to the other industries we surveyed, the rate of alcohol abuse in manufacturing and diamond companies was substantially higher, as seen in the graph above. Of the manufacturing and diamond employees that responded to this question, 20 percent of them indicated that they had experienced alcohol abuse. For other industries, the rate of alcohol abuse was much lower, with transportation industry, amounting to only 6 percent, followed by education and financial services at 5 percent. This finding supports the opinion of the five HR managers we interviewed who said alcohol abuse was prevalent among their workers. The wellness coordinator at another manufacturing company said that "they are always looking for ways to help employees abstain from alcohol." These views underscore the importance of addressing alcohol abuse in manufacturing and diamond industries.

***Fitness and nutrition are concerns when the nature of the work is physically demanding in manufacturing and diamond industries***

In manufacturing and diamond companies, work can be physically demanding, and workers must be strong enough to do their job. However, many employers stated that they did not know if their workers maintain a healthy diet. This could be due to a lack of resources or knowledge about eating properly. For example, the HR representative from one manufacturing company mentioned that many workers do not have enough to eat and that the company should provide them with breakfast so that they have enough nourishment to work. She stated, “They need strength to complete [their work]. It’s hard work, it’s labor, it’s not like sitting in an office, you need to [use] all your muscles...they need to be healthy, and it goes back to their nutrition.” Furthermore, when asked if her employees ate well at home, she responded with, “I don’t think so.” Whether the workers do not have enough food, or are simply not eating properly at home, the HR managers acknowledge that their employees do not have adequate nourishment. The diamond companies in particular, expressed the importance of workers maintaining healthy diets. One diamond company provides complimentary breakfast and lunch for all employees. Furthermore, the employees are given a menu for meal choices at the beginning of each week, which includes vegetarian options, to ensure that all workers are provided with a healthy variety. Similarly, another diamond company provides complementary lunch to all employees and it was stressed that the meals are balanced and healthy.

***Spreading of infections is problematic in manufacturing and diamond companies, due to close working conditions***

Infectious diseases such as TB, flu, and chickenpox can easily be spread when employees work in close proximity on a factory line. A disease might spread from one worker to another if they are using the same equipment and materials, which could lead to an outbreak of the illness

among the workers. Five out of the seven managers we interviewed, stated that the risk of spreading infections is a major concern and that it severely impacts the workplace. During our interview with the HR manager at one company, we were informed that a few employees did not recognize the symptoms of TB and continued to work while infected, and the disease progressed to a state where one person was admitted to a hospital and the other passed away. After these occurrences, the HR manager mandated TB screening for all of their employees. Similarly, at another company, one person came into work when he had chickenpox, and subsequently caused an outbreak of the disease in one of the work sections. Multiple interviewees emphasized that flu is a seasonal issue, and spreads quickly among workers. It is interesting to note that in order to combat this issue, 75 percent of the companies stated that employees are required not to come to work if they have contagious diseases such as TB, chickenpox, and the flu.

With this information, NABCOA could provide companies with preventative education on infectious diseases. Furthermore, NABCOA could offer presentations on good hygienic practices, which could lead to a decrease of spreading infections throughout the workplace.

***Absenteeism greatly affects line production in manufacturing and diamond industries because laborers are trained in one specific position***

Employers stated that individual workers are trained in a specific task on the line and then become an expert in that trade. Thus, absenteeism significantly affects company productivity. When a worker becomes ill and cannot come to work, it is difficult for a company to replace that employee, even for a day. According to the interview with one manufacturing company, another worker, or even a supervisor must take the place of the person that is sick. This replacement may not be as skilled or efficient in completing the task at hand. The HR representative from this company also stated that if someone is missing from work, they will use anyone available to replace them, this may include janitors or even administrative staff. This

often slows down production, which causes a significant loss in revenue. When asked if absenteeism had an adverse impact at her workplace, the representative from a diamond company stated, “We are a production based company...and if in one section everyone is sick then the entire production stands still, so it does hurt the company.” Additionally, the interviewee from another SME said that the company lost N\$ 2.6 million in revenue in the past four months due to the high number of employees taking sick days.

This data could help NABCOA prove to companies that the benefit of wellness services outweighs the loss of production due to absenteeism. Although employers understand that absenteeism affects their productivity, if it could be demonstrated to them that wellness services could mitigate the loss of revenue then they may more interested in NABCOA’s services. This could be done by showing that addressing employee health could improve attendance, and therefore increase productivity.

#### **4.3.2 Financial Services**

##### ***To uphold productivity, managers believe employees come to work even when they are feeling somewhat unwell***

Employees in this industry often have numerous deadlines to meet as well as clients to serve. Due to this, managers have noticed that employees often come to work when they are sick because they are very motivated to finish their work in a timely manner. When asked if employees take sick days, the HR representative at one company said, “Well, I come into work, everyone has deadlines that they must meet.” All three companies we interviewed in this industry said that people do not usually take sick days due to the time constraints of their work. According to the managers, if they do not come in when they are sick, their workload must be split up between other employees. When this happens, the productivity declines because the employees experience an increased workload to make up for the absent person, taking away from

their own work. In the manager's opinion, employees do not want to take sick days because they want to maintain productivity and do not want to put more stress on co-workers.

***According to the managerial personnel in the financial services industry, employees at their companies have better education on good health practices***

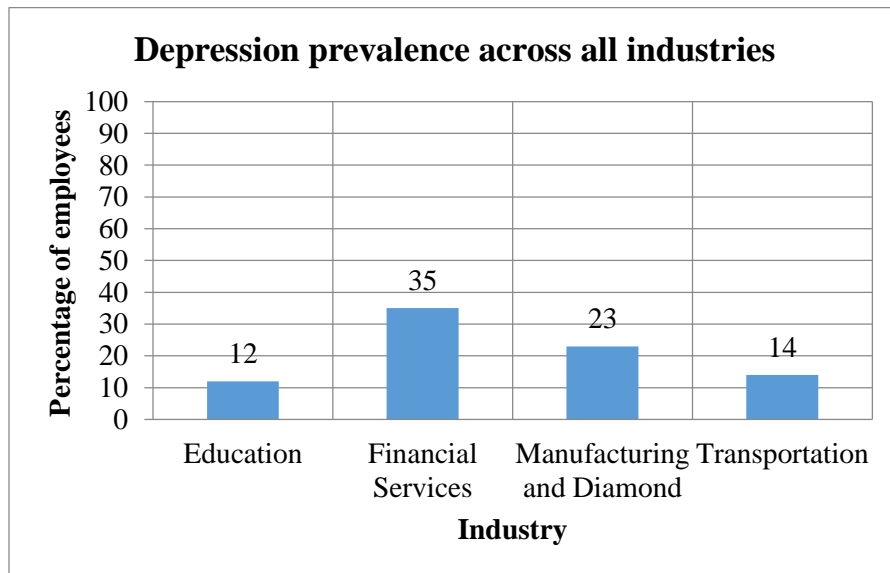
The majority of employees who work in financial services have a high level of education for the skilled work that their job entails. Examples of these types of employees include tax auditors, insurance workers, and accountants. Employees of this industry have higher education and are of an upper economic class, and therefore have a greater awareness of diseases as well as more access to appropriate medical services. This provides them with the knowledge on how to prevent illnesses. Moreover, they know how to recognize symptoms and seek treatment for smaller diseases such as the common flu or cold.

According to the HR managers we interviewed, infectious diseases such as TB and HIV/AIDS are not much of an issue in this industry because the employees are educated about these illnesses. The perception is that they know how to practice safe sex and are proactive in protecting themselves. The HR manager at one of the financial services companies stated that "HIV/AIDS is not an issue because we are educated, if you know what I mean." Overall, in the financial services sector, three out of three HR managers believe that their employees do not need to be educated about infectious diseases.

***Employees report a high incidence of depression in the financial services industry***

Forty-four surveys were received from the three financial services companies, and it was found that a large number of employees report that they experience depression. However, depression was not an issue mentioned in any of the three interviews with the HR managers of the financial services companies. Thirty-five percent of the employees surveyed in this industry

stated that they suffered from depression, as seen in the graph below. As previously discussed in this chapter, stress is a major issue across all industries. Using Qualtrics, we did a correlation between employees in the financial services industry who noted that they experience stress as well as depression. Of the people who experience stress, 55 percent of them indicated that they have also experienced depression. From this, it can be inferred that these two issues of mental health are closely related in the financial services industry.



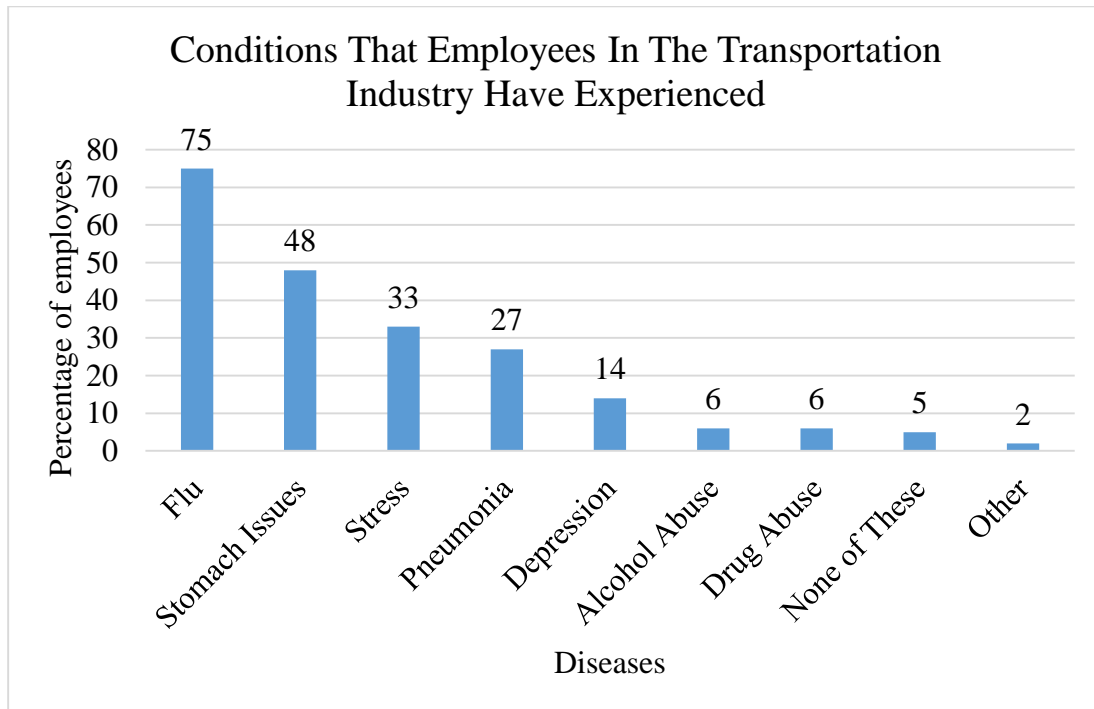
*Figure 15: Depression prevalence across all industries*  
*The figure shows that depression affects the most employees in the Financial Services industry.*

### 4.3.3 Transportation

#### ***Employees in the transportation industry reported highest incidence of pneumonia***

The rate of pneumonia among the 70 employees who filled out the survey in the transportation industry was four times that of any other industry. In this industry, there was a 27 percent prevalence rate of pneumonia, which is shown in the chart below. The next highest rate in any other industry was only 7 percent. Although there is no clear reason as to why

transportation had such a high rate of this illness, NABCOA could still look into the prevalence of this illness and potentially offer services that address it.



*Figure 16: Conditions that employees in the transportation industry have experienced*  
*This figure shows that Pneumonia is among the top conditions that employees in the transportation industry experience. This rate of pneumonia is unique to the transportation industry alone.*

#### **4.4 Elements of a wellness program that are of interest to SMEs**

##### **4.4.1 General Health Testing**

***Employers state that they want to better address lifestyle diseases, such as blood pressure and cholesterol, among their employees***

Employers have found that workers do not maintain a healthy lifestyle, and this may lead to lifestyle diseases such as diabetes, high blood pressure, and high cholesterol. Many interviewees stated that employees do not understand that having healthy eating habits and being physically active can prevent many diseases. One could argue that workers are aware of the

importance of a healthy lifestyle, but have little interest or inclination to follow such advice. The wellness coordinator at one of the companies interviewed stated:

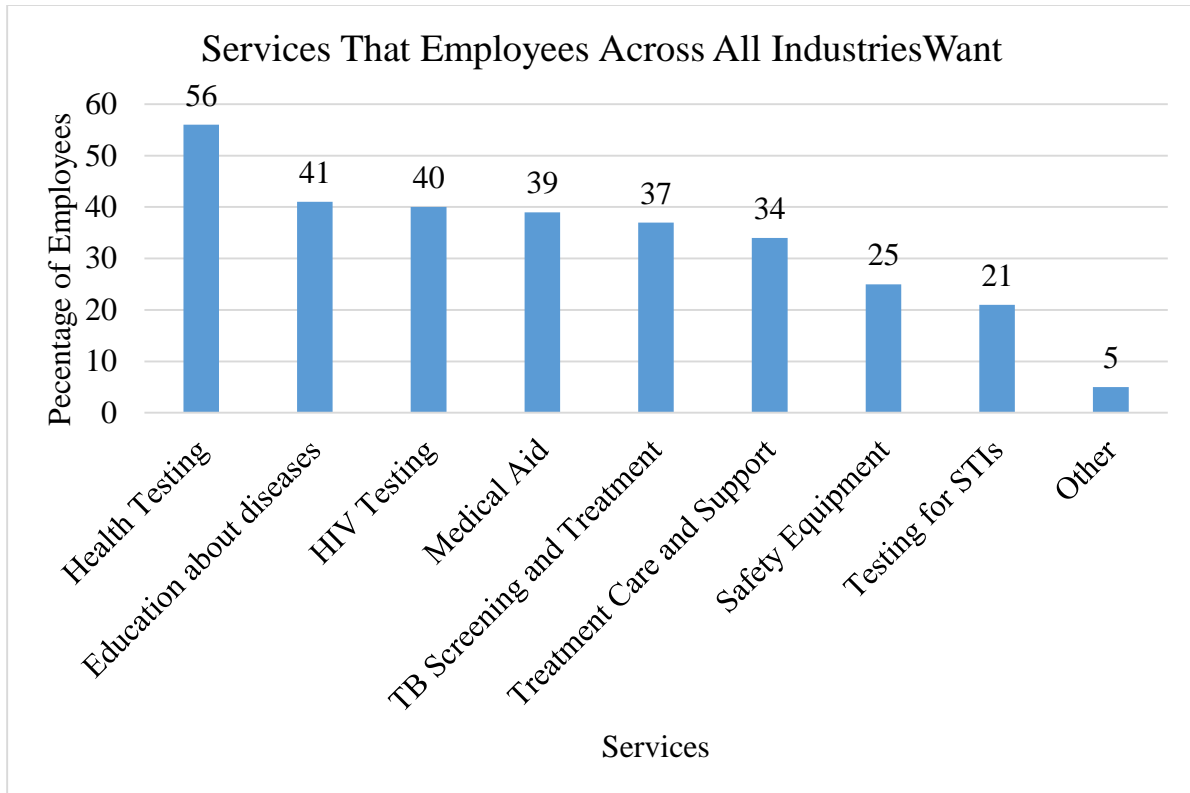
*“We want [the employees] to be trained in basic safety, and also about the nutrition and we want them to be trained on hygiene and then the environment. So that they know how to bathe. Even food hygiene, how to prepare their foods, they need that. Even just the basics.”*

Lifestyle diseases can lead to more serious issues if they are not addressed. Employers are concerned that workers will not recognize symptoms of common lifestyle diseases and therefore will not seek proper treatment. If workers are not healthy, the productivity of the company decreases when people take more sick days. For this reason, managerial staff want to draw a greater level of attention to lifestyle conditions.

***Health testing was the most popular service that employees across all industries wanted***

When asked what services employees would want at their workplace, the top response was health testing, as seen in the graph below. These services include general testing such as blood pressure, glucose, and BMI tests. It is important to note that in the graph below, health testing came before HIV, TB, and STI testing. Employees may have realized that general health issues are more problematic at their workplace than infectious diseases, such as HIV/AIDS and TB.





*Figure 17: Services that have been requested by employees across all industries  
This graph shows services that employees across all industries stated that they would want at their workplace.*

## **4.5 Managerial Considerations for Implementing Wellness Services**

### **4.5.1 Incentives**

***Managerial personnel want to implement NABCOA’s services because a healthy and happy staff yields higher productivity***

During the interview we supplied the interviewee with a list of services and asked them if they would be willing to implement them. However, we did not mention to them that the services we listed were ones that NABCOA currently offered. When asked why employers would be inclined to start offering NABCOA’s services, there was a general response that the employer wanted to ensure the health of the employees. If employees are healthy they can come to work and be productive to their fullest potential. As the HR manager at a manufacturing company

stated, the employees are “more productive [if] they are healthier” and when they are healthy, “they are here [so] the company can make more profit.” Managers want to implement wellness services because it will lead to an improvement in worker health and thus productivity. But also, a good benefits package, including wellness, can make a company more attractive to job candidates. As one manager stated “It's a good image for the company, and it also attracts people with skills, they will say ‘oh I will work for [the company] because I get this, I get this’” and they are being taken care of. The manager explained that having wellness services is a motivation factor for employees to come to work and to stay with the company. When the staff has a high retention rate, they spend less money hiring and training new employees.

The majority of managerial personnel stated that they would rather provide wellness services to their employees than simply raise their salaries. Several of them justified this by expressing that their employees do not have adequate money management skills, and are afraid that an increase in salary could go to waste. In their opinion, providing wellness services is a better long term investment to improve the lives of their employees.

***Employers stated that 1-day workshops and trainings would be useful in addressing health issues***

Since productivity is so important to companies and employees have very little time to spare, employers stated that the 1-day workshops and trainings would be more beneficial. These trainings can include peer educator programs as well as educational presentations. They can include training on how to prevent diseases, how to treat them, and general health information. Usually trainings last a week, and both employees and employers cannot afford to lose these days because it will adversely affect productivity. If they could be trained in one day, companies would be more interested. When presented with this alternative, the HR manager at one of the

diamond companies stated, “That would be easier, that would be so much easier.” Managerial personnel may be more likely to implement wellness services if the time they require is minimized and flexible enough to accommodate a busy work schedule. Although 1-Day workshops may be more time efficient, they would require additional follow up to ensure their success.

#### **4.5.2 Disincentives**

##### ***The main disincentives for utilizing NABCOA’s services are cost and time***

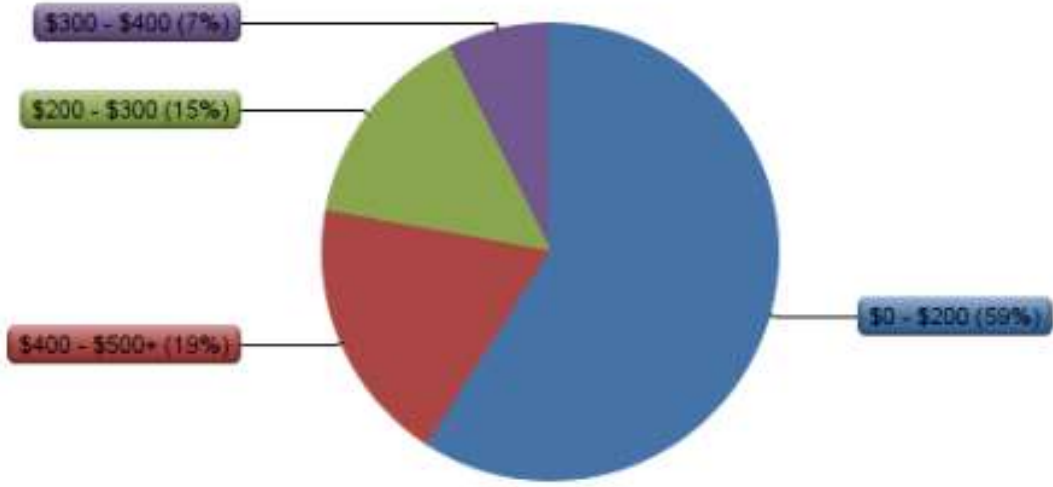
During each interview we asked the employer what would stop them from implementing health services for their employees. Ten out of the sixteen interviewees stated that budget constraints are a factor for not purchasing wellness services. One company did not want to spend money on services that they thought would not greatly benefit either the employee or the productivity of their business. In each interview, we asked if the company had a budget for health interventions, and who determined it. Since we talked to mostly HR representatives and wellness coordinators, they were not the ones in charge of the budget. Frequently, we were told that any health intervention budget was decided by a board of directors and/or the head office. Some of the HR managers were not sure if they could receive approval for such services even if they supported it. In companies that already offer 100 percent medical aid coverage, the managers were unsure as to why the company needed to provide more health services.

Besides cost, managerial personnel at four of the companies specified that time was a concern. Some of NABCOA’s services are workshops or seminars that happen over a number of days. These employers were worried about productivity loss if their employees were to take off work for an educational seminar or workshop. For example, one diamond company had nominated five people to be peer educators, but had not followed through with educating these

individuals due to the time required for training. The HR manager at this diamond company expressed that because these employees are monitoring personnel, it is quite difficult for the company to have them miss work for an entire day of training. Unfortunately, the employers are often unable to see the benefits of these services and are not willing to let employees miss work for health education. If it could be established through a reliable and transparent cost-benefit calculation to employers that the benefits of health interventions outweigh the cost of these services, they may be more likely to implement them. However, most companies are either unable to or do not want to take the time to calculate the costs that illnesses and absenteeism have on their company.

***Majority of employees were only willing to pay a minimal amount of money for health services***

Employees were asked how much money they were willing to pay for health services and were given the following options: N\$0-200, N\$200-300, N\$300-400, and N\$400-500+. Out of all the 298 employees who answered the question, as seen in the chart below, 59 percent of them said that they would pay the least amount of money for health services, which was N\$0-200. We thought that this percentage would differ by industry because some employees make more money than others. For example, we assumed that financial services workers would be willing to pay more because they earn more than unskilled laborers, but over 50 percent of them said they would only pay N\$0-200. Cost of implementing wellness services is one of the biggest concerns not only with employers but also employees. This means that NABCOA should take great consideration when determining the prices of their services. Especially with SMEs as they do not have a plethora of resources to pay for wellness services.



*Figure 18: Amount of money employees across all industries are willing to pay for health services  
The pie chart above shows that over half of all employees surveyed stated that they are only willing to pay the least amount of money for health services.*

## Chapter 5: Recommendations

### **Recommendation 1: NABCOA should provide general health testing to employees of SMEs**

As expressed through the interviews and surveys discussed in the previous chapter, both employers and employees want to address general health at the workplace. In the surveys, the employees indicated that they wanted health testing more than any other service listed. This health testing can address some of the more prevalent issues that employees suffer from including blood pressure and cholesterol, which were in the top five issues that employees of all industries face. We recommend that NABCOA utilize Bophelo! mobile wellness screening to bring these services to employees of SMEs. The services offered by Bophelo! include the following health tests: Blood pressure, cholesterol, body mass index (BMI), glucose, HIV, STIs, as well as others. See Appendix H for the complete list of services offered by Bophelo!. Although NABCOA already uses Bophelo! screening for its members, they should also make these services available to companies who are not members.

### **Recommendation 2: NABCOA should offer educational workshops to employees that address the specific health needs of SMEs**

In order to address the specific health issues that exist in SMEs, NABCOA should expand the topics that their educational programs cover. Based on the interview responses from managerial personnel, the major wellness concerns that can be addressed using educational workshops that focus on proper hygiene, nutritional diets, disease recognition, and proper medical treatment. In addition, the concern we found surrounding alcohol abuse is one that could be addressed through education. Therefore, we recommend that NABCOA develops an education program that addresses alcohol abuse in the workplace. From the survey responses that we received from employees, we also found that stress, depression, and stomach issues are also

prevalent. Due to this, we recommend that NABCOA focus their educational programs on these specific wellness needs. This may be addressed by conducting 1-Day workshops for employees and/or employers. If the SME has a wellness coordinator, NABCOA could train this person to conduct the workshop at their company. This would allow for further monitoring and follow up within the SME. We recommend these 1-Day workshops because managerial personnel expressed that this type of programming would better accommodate their schedule in a timely manner.

### **Recommendation 3: NABCOA should provide flu services to SMEs**

Flu is a major issue across all industries and is not currently being addressed well enough. Surveys indicated that over 75 percent of all employees have experienced flu. Moreover, a large number of employees stated that they come in to work when they have the flu, which increases the chances of spreading the illness from one person to another. One way that NABCOA can prevent high rates of flu in SMEs is by administering annual flu vaccinations by Bophelo!. Although Bophelo! does not currently offer flu vaccines, it would be easy to integrate into their services. Furthermore, to combat or prevent this disease, NABCOA can create outreach materials to illustrate facts on the flu and good measures to prevent it. For example, these could include posters in the bathrooms that direct people to wash their hands.

### **Recommendation 4: NABCOA should partner with medical aid providers and pharmacies in order to provide discounted services to SMEs**

Employees and employers both expressed that cost was an issue when implementing certain services, including medical aid. More than half of the employees stated that they would only pay up to \$N200 for wellness services. To address this issue, NABCOA could partner with a medical aid company to provide discounted services to the SMEs in need. The benefits of such a partnership could include more customers for both NABCOA and the medical aid company,

and more services for the SMEs which would improve the health of the workforce. Another potential idea would be for NABCOA to partner with a private pharmacy so that they could deliver medication to employees who are in need of it. This service could be put into place by the Bophelo! van. Since the Bophelo! van is already equipped to provide medical services, it would be easy for NABCOA to add this service. This would eliminate the need for workers to wait in the queue just to fill their prescription. This is something that NABCOA has done in the past, and we recommend that they bring it back. The results show that many companies are interested in receiving some type of discounted medical aid, and if NABCOA offered this again, we believe that many SMEs would be interested.

**Recommendation 5: Researchers should continue to interview more companies and additional industries to create a broader view of the health needs in SMEs to learn more about the complexities of wellness concerns across all industries.**

During the duration of this project, we were not able to conduct as many interviews as we would have liked. Unfortunately, this prevented us from obtaining information from particular industries that could have been valuable to our findings. During our initial research, we noted that TB was most prevalent in fishing and mining industries. We were not able to find funding to travel with NABCOA, but if it had been available, we would have traveled to the coast. We recommend that research takes place around the coast and the north to talk to companies of different industries. Even if funding is not available for travel, phone interviews could be conducted with companies outside of Windhoek. Also, we found that it was difficult to contact companies in Namibia, and this was a major obstacle to our project. It is important to take the initiative and do not hesitate to communicate multiple times with a company. Additionally, it would have been more time efficient to have contacted potential SMEs prior to our arrival in Namibia.



In terms of our survey questions, we suggest adding questions to help illuminate why, or under what conditions, employees utilize the medical aid available at their company. Another change would include being more clear with respect to asking behavioral questions like, “I go to work when...” We found that a majority of employees misinterpreted these questions, and left the written portion blank. The question could be reworded and instead of being a write in response, there could be a list of illnesses and conditions that employees could check.

Another important aspect is to determine the feasibility of the services offered by NABCOA. To achieve this, a market analysis could be performed to enable NABCOA to see exactly how much companies would pay for services. It would also allow them to determine how much the services should cost in order to compensate for the minimal financial resources SMEs have.

## Conclusions

Through our research, we identified some of the most prevalent health issues that affect Namibian SMEs. Not only did we determine the health concerns that employees stated affect them, but we also explored the discrepancies that exist between the managerial perspective and that of their workers. We found that in some cases, for example flu and stress, the perceptions of employers and workers corresponded, but on other issues, such as HIV/AIDS, the opinions differed. In the case of HIV/AIDS, the managers stated that it was not prevalent in their workplace, but the survey data indicated otherwise. This allowed us to better understand the complexities of addressing health in the Namibian workplace. This includes the lack of knowledge the employers had about the health needs of their employees. Furthermore, we drew correlations between the prevalence of different diseases and conditions, to gain a better understanding other relationships between various health problems.

Through the surveys we found numerous issues that neither our prior research nor interviews suggested were problematic, such as flu, stress, and alcohol abuse. These are important because NABCOA could easily create services that address all of these issues. It is our hope that this information can be utilized by NABCOA, and enable them to create specific wellness packages that meet the needs of SMEs. We want to thank NABCOA, our sponsor, our advisors, and our university for giving us this amazing experience.

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## Appendix A: Letter Requesting Interview

Good morning [insert name],

We are a team of students from Worcester Polytechnic Institute (WPI), a university in the United States, who are working in collaboration with NABCOA over the next seven weeks. During this time we will be conducting research on identifying unaddressed health needs in the private workforce; with special focus on Small and Medium sized Enterprises (SMEs).

Our goal is to identify appropriate healthcare service delivery mechanisms that can contribute to improve the health of employees and employers in Namibia by identifying major health needs and determining wellness services that may benefit SMEs.

In order to achieve this goal we plan to interview the wellness coordinators and/or focal personnel if available. If not, interviews will be conducted with a human resources and/or a managerial representative. The purpose of these interviews is to determine the overarching health needs of SMEs in Namibia and to determine the feasibility of wellness services to address them.

Your participation will greatly assist the team and NABCOA in achieving this research goal and you are an integral part of this process. Therefore, we would appreciate the chance to meet with one of your representatives within the following week at your office or at NABCOA based on your preference. We would prefer the interview to be at one of the times below but are flexible and will accommodate to your schedule.

08h30-09h30
10h00-11h00
11h30-12h30
14h00-15h00
15h30-16h30

Sincerely,

WPI Team

Ben Altshuler, Grace Berry, Gabrielle McIninch, Rashida Nayeem

## Appendix B: Interview Questions

1. Thank you for taking the time for this interview.
2. How long have you been working here?
  - a. What is your position at your business?
3. How would you define wellness?
4. Does your company do anything to address employee health?
  - a. Health education/training
    - i. Healthy eating
    - ii. Knowledge of status
  - b. Wellness services
  - c. Testing and Screening
  - d. Prevention
  - e. Mental/spiritual health
  - f. Workplace environment
5. If you had more resources, what else would you implement?
6. Do you offer any services that have not been utilized in the last 6 months?
7. If you do have health programs, who executes them?
8. What are some of the health issues that you see as problems in your workplace?
  - a. Infectious
    - i. TB
    - ii. STIs
    - iii. Pneumonia
    - iv. HIV/AIDS
    - v. Respiratory infections
    - vi. Stomach illnesses (could be infectious or lifestyle)
  - b. Lifestyle
    - i. Stress
    - ii. Blood pressure
    - iii. Diabetes
    - iv. Heart diseases
    - v. Cancer
    - vi. Obesity
    - vii. Smoking
    - viii. Physical inactivity
  - c. Mental
    - i. Stress

- ii. Anxiety
  - iii. Depression
  - iv. Substance Abuse
    - 1. Drinking
    - 2. Drugs
  - d. Other?
- 9. Does your company keep records of absenteeism rates?
  - a. Does your company have built in sick days?
  - b. Do people actually take sick days?
  - c. Are there records of illnesses causing days off?
  - d. If yes, can we see them?
- 10. Do you offer vacation days to your employees? If so, how many per year? Do workers take them?
- 11. Are any of the following affected when employees are sick? Please explain.
  - a. Absenteeism (Missing work due to sickness or waiting in hospital queue)
  - b. Productivity (How is it affected?)
  - c. Presenteeism (Do employees come to work when they are sick? Does this decrease productivity?)
  - d. Risk of spreading infections
  - e. Morale
  - f. Cost of medical bills
  - g. Increase workload on other employees (multi-tasking, doing two jobs)
- 12. Does your company have peer educators?
- 13. If no, would you be interested in training people to do this?
  - a. What aspects of training would be most useful for the company?
  - b. What would you like to see peer educators do at your company?
- 14. Does your company implement or abide by International Labor Organization standards and the Ministry of Social Welfare standards?
  - a. Do you use the Occupational Safety and Health standards? (Explain if unclear)
- 15. If you could be assisted with health audits before your company has to register with the city of Windhoek, would you be interested in this service?
- 16. Would you be interested in any of the following services?
  - a. Company specific policy formulation?



- b. Mobile wellness screening in the workplace, rapid on-site VCT for HIV and TB?
  - c. Workplace programme coordinator training?
  - d. 1-Day Workshops on various topics (e.g. “care and treatment”, “monitoring and evaluation”)
  - e. Cost benefit projection? (Explain this to them) Return on investment tool.
  - f. Assistance in meeting occupational health and safety standards?
17. Under what conditions would you implement these services? (What are the incentives?)
18. What would make you hesitant to implement these services? (What are the disincentives?)
19. Do you offer medical aid or medical insurance for the employees?
- a. What is the employer contribution?
  - b. Mandatory or optional for employees?
20. If not, would you provide your employees with any wellness services if you could receive them at a discounted rate?
21. Do you offer pension for your employees?
22. If you could receive discounted pension or medical aid, would you be interested? If you paid another company and then receive cheaper pension or medical aid?
23. Do you have a budget for health interventions?
- a. How do you agree on this budget?

## Prompts

What is your feeling on the following statements?

1. Workplace programs cost too much
2. Health programs are not a workplace decision
3. I'm spending too much for services that I don't need.
4. Health programs are not important
5. I'd rather give my employers higher salary than pay for healthcare

## Appendix C: Survey



We are a group of students from Worcester Polytechnic Institute (WPI) in America. We are conducting surveys with the employees of Small and Medium sized Enterprise (SMEs) in Namibia to learn more about their health needs and wellness services that would benefit them. We are working with the Namibia Business Coalition on AIDS (NABCOA), and your participation is greatly appreciated. This is a voluntary survey and you may withdraw at any time. No one from your company will see your answers and we will only use your responses for our research purposes. If you would like additional information or help with the survey, please contact Monica Andjaba at NABCOA by email [reception@nabcoa.org](mailto:reception@nabcoa.org) or by phone +264 61-378 750 OR the WPI Team at +264 61-378 768.

### **Instructions for survey:**

**Do not put your name anywhere on this survey.** Please remember that this survey is completely confidential and **optional** and no one will know which answers you selected. When you are finished please fold, place in the envelope, seal it and place in the box provided.

**\*\*NOTE: THIS QUESTION IS OPTIONAL\*\***

Please indicate your job position at your workplace:

Management     Workforce     Other: \_\_\_\_\_

Have you ever used any medical services? Please circle.      Yes      No

<p>Have you ever been tested for any of these? Please mark (X) all that apply</p> <p><b>**NOTE: THIS QUESTION IS OPTIONAL**</b></p>	<p><b>Condition:</b></p>	<p><b>Month and Year (MM/YY) of last test:</b></p>
	<input type="checkbox"/> Blood Pressure	
	<input type="checkbox"/> STIs	
	<input type="checkbox"/> Diabetes	
	<input type="checkbox"/> Heart Disease	
	<input type="checkbox"/> Cancer	
	<input type="checkbox"/> Cholesterol	
	<input type="checkbox"/> HIV	
	<input type="checkbox"/> Tuberculosis	

<p>Have you been diagnosed with any of these? Please mark (X) all that apply.</p> <p><b>**NOTE: THIS QUESTION IS OPTIONAL**</b></p>	<p><b>Condition:</b></p>
	<input type="checkbox"/> Blood Pressure
	<input type="checkbox"/> STIs
	<input type="checkbox"/> Diabetes
	<input type="checkbox"/> Heart Disease
	<input type="checkbox"/> Cancer
	<input type="checkbox"/> Cholesterol
	<input type="checkbox"/> HIV/AIDS
	<input type="checkbox"/> Tuberculosis
	<input type="checkbox"/> None of these
<input type="checkbox"/> Other: _____	

<p>Have you experienced any of these? Please mark (X) all that apply.</p> <p><b>**NOTE: THIS QUESTION IS OPTIONAL**</b></p>	<input type="checkbox"/> Stress
	<input type="checkbox"/> Depression
	<input type="checkbox"/> Alcohol abuse
	<input type="checkbox"/> Drug abuse
	<input type="checkbox"/> Flu
	<input type="checkbox"/> Pneumonia
	<input type="checkbox"/> Stomach issues
	<input type="checkbox"/> None of these
	<input type="checkbox"/> Other: _____

<p>What happens when you have any of the conditions above?  Mark (X) all that apply.  Please list the diseases/conditions that are the cause.</p> <p><b>Example:</b>  <input checked="" type="checkbox"/> I miss work when I have:  Tuberculosis, Stomach issues</p>	<input type="checkbox"/> I miss work when I have: <hr/> <input type="checkbox"/> I go to work when I have: <hr/> <input type="checkbox"/> I go to a clinic when I have: <hr/> <input type="checkbox"/> I go to a private doctor when I have: <hr/> <input type="checkbox"/> I can't focus at work when I have: <hr/> <input type="checkbox"/> I get other people sick when I have: <hr/> <input type="checkbox"/> My medical bills go up when I have: <hr/> <input type="checkbox"/> I lose my salary for the day when I have: <hr/> <input type="checkbox"/> Other: <hr/>
<p>Which services would you want at your workplace?  Mark (X) all that apply.</p>	<input type="checkbox"/> TB Screening and Treatment <input type="checkbox"/> Health testing (blood sugar, blood pressure, cancer, etc.) <input type="checkbox"/> HIV testing <input type="checkbox"/> Testing for STIs (syphilis, gonorrhea, chlamydia, etc.) <input type="checkbox"/> Education about diseases <input type="checkbox"/> Medical Aid (health insurance) <input type="checkbox"/> Pension Fund (money for retirement) <input type="checkbox"/> Safety Equipment (if applicable) <input type="checkbox"/> Prevention of Mother To Child Transmission <input type="checkbox"/> Voluntary Male Circumcision <input type="checkbox"/> Treatment Care and Support
<p>In the past 12 months, how many total days of work did you miss for any reason (leave, sick, or personal)?</p>	
<p>In the past year, how many days of work did you miss because you were sick?</p>	

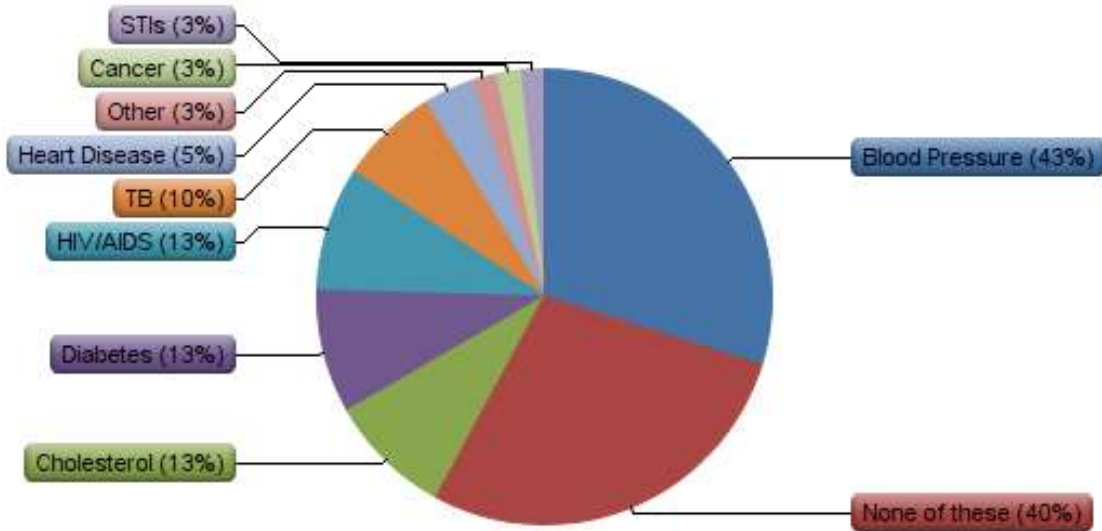
How much money would you give from your salary for health services at your workplace?	<input type="checkbox"/> \$0-\$200	<input type="checkbox"/> \$200-\$300	<input type="checkbox"/> \$300-\$400	<input type="checkbox"/> 400-\$500+
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Question	Yes	No	Sometimes	Explain your answer
When you get sick do you come to work?				
Does your work give you sick days? If yes, how many per year?				
Do you get paid when you take a sick day?				
Does taking sick days decrease the number of leave days that you can take?				
Does your work offer you medical aid or insurance?				
If not, do you have access to medical aid through spouse or family member?				
Does your company provide health related testing or screening?				
Does your company encourage you to go to public centers for testing?				
Do you have condoms at your workplace? If yes, are they accessible?				
Do you have a peer educator?				
If you have a peer educator, do you know who it is?				
If you have a peer educator, are they helpful?				

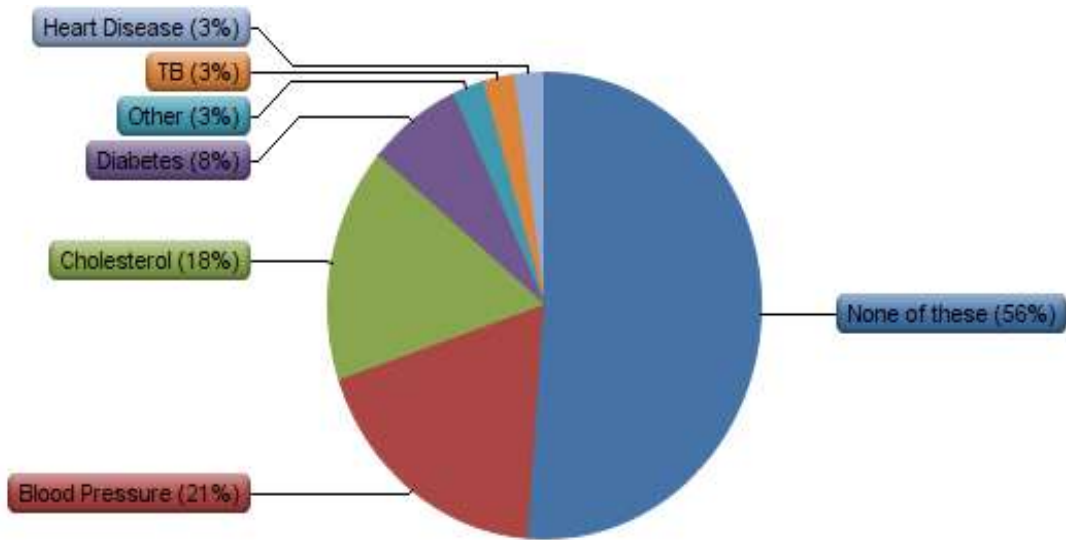
**Thank you once again for your time in completing this survey.**

## Appendix D: Diseases that employees in all industries have been diagnosed with

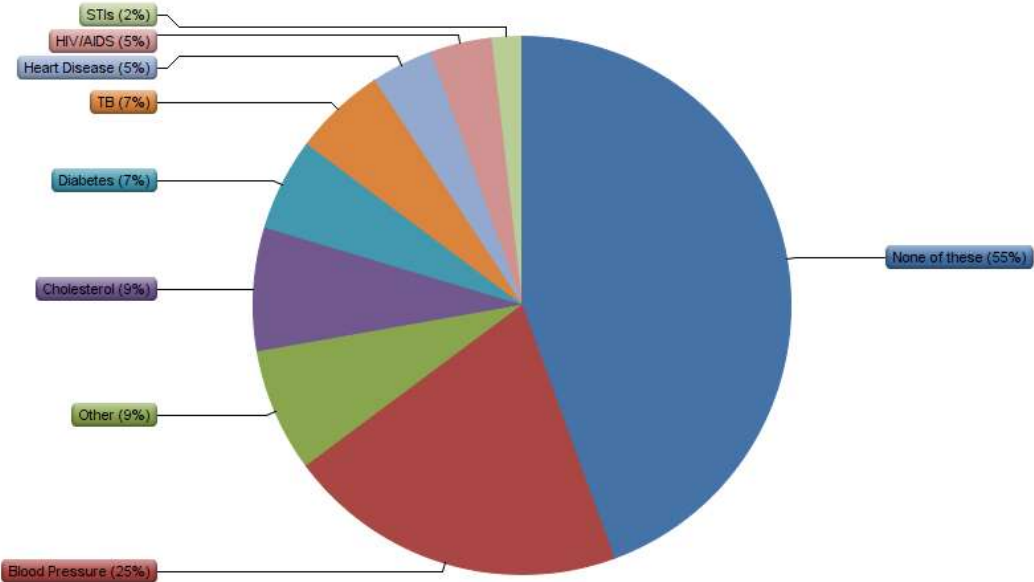
### Education



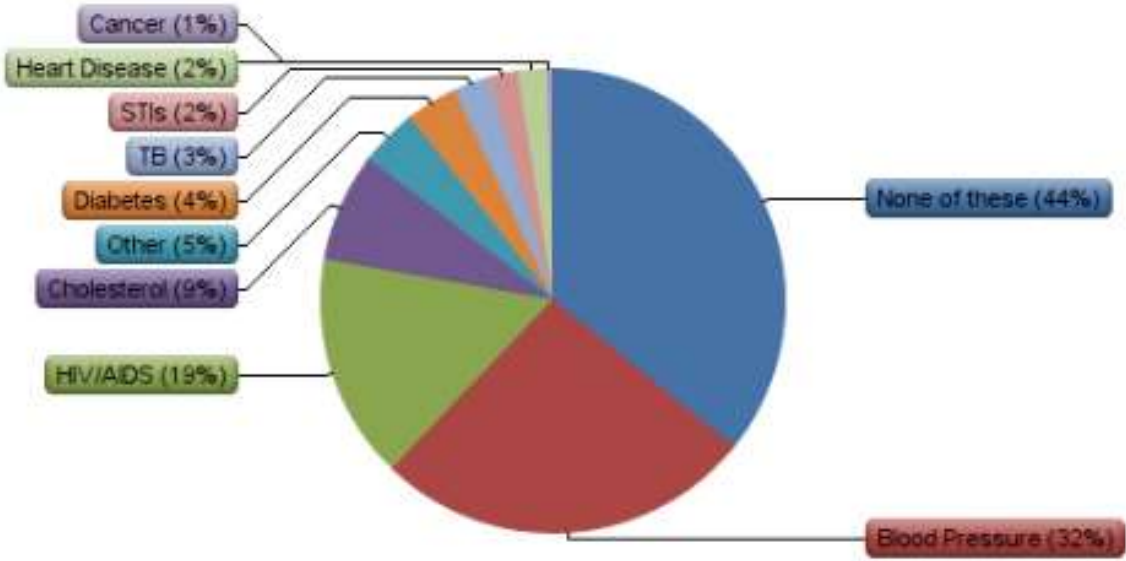
### Financial Services



# Transportation

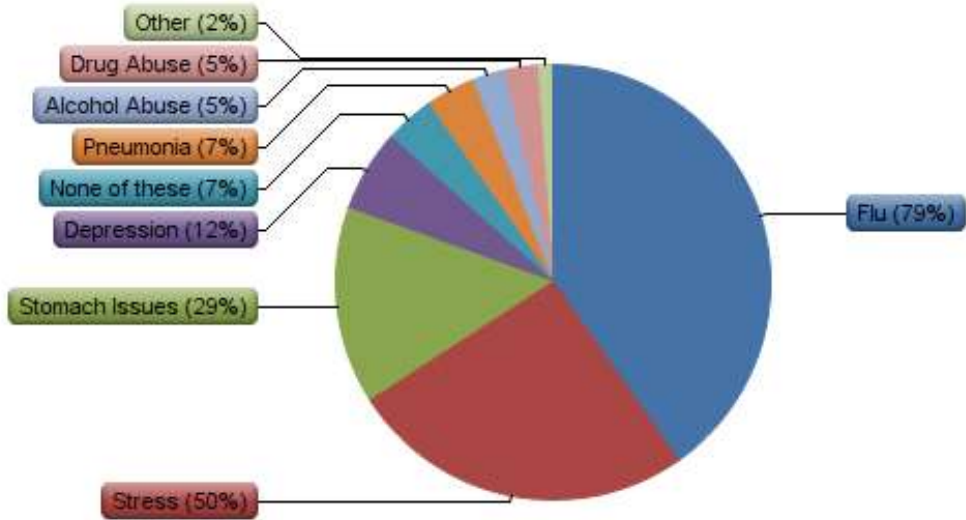


# Manufacturing and Diamond

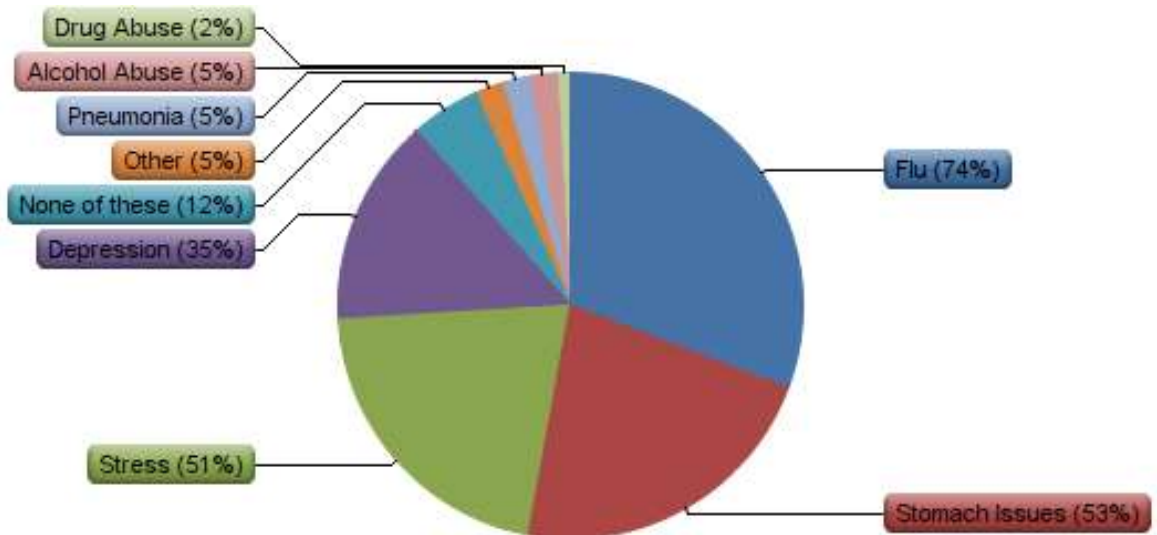


## Appendix E: Conditions that employees in all industries have experienced

### Education

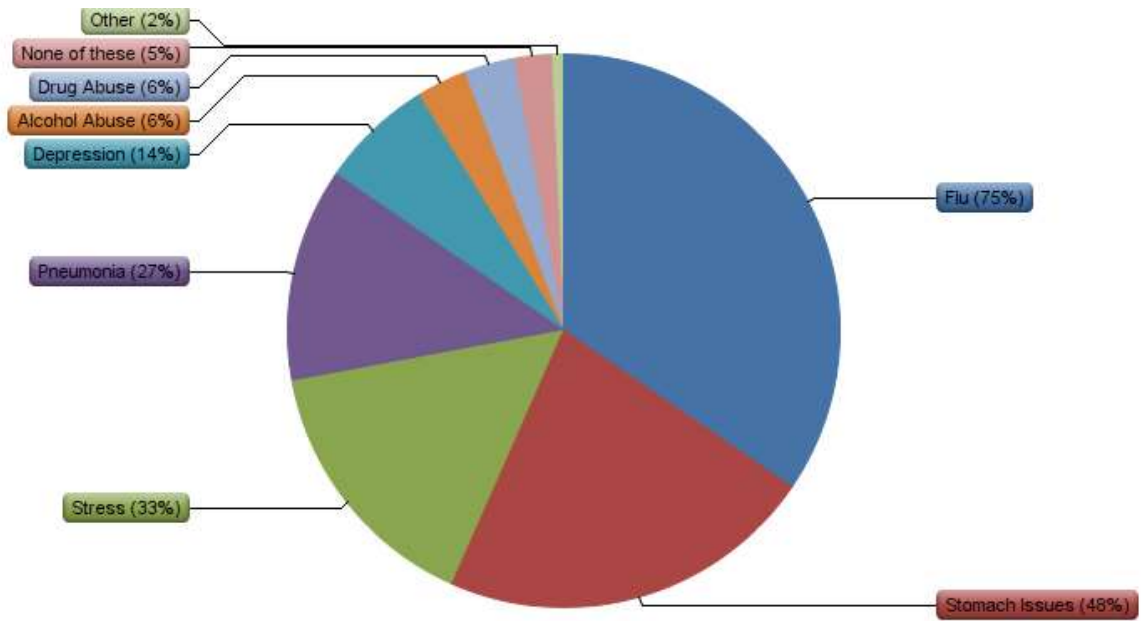


### Financial Services

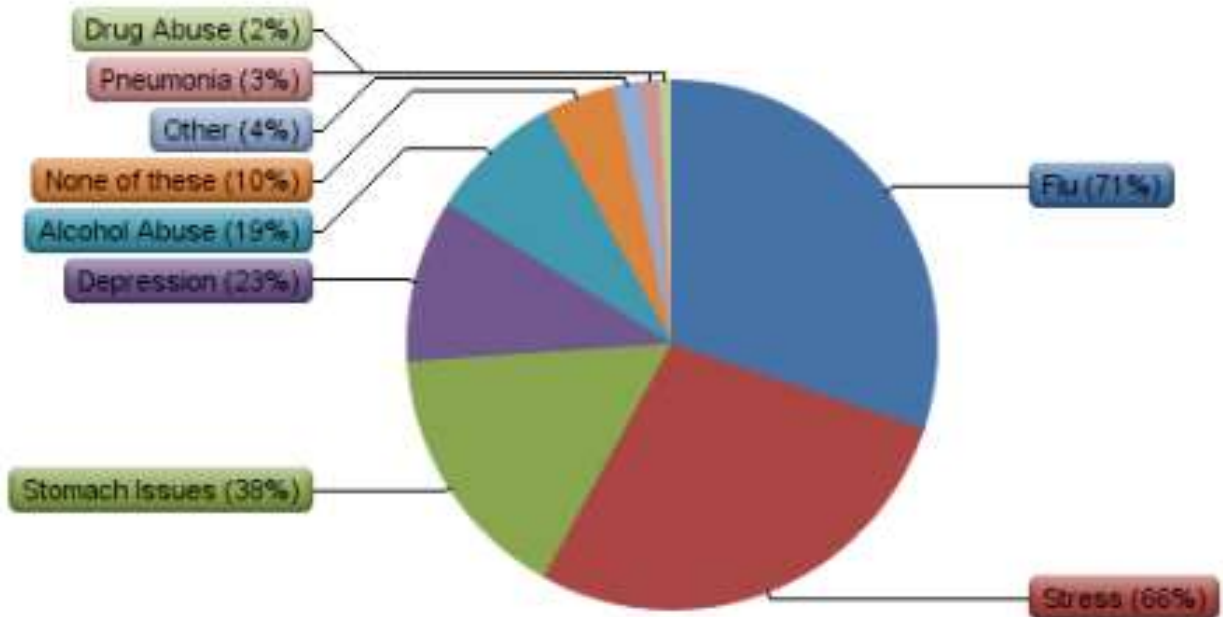




## Transportation

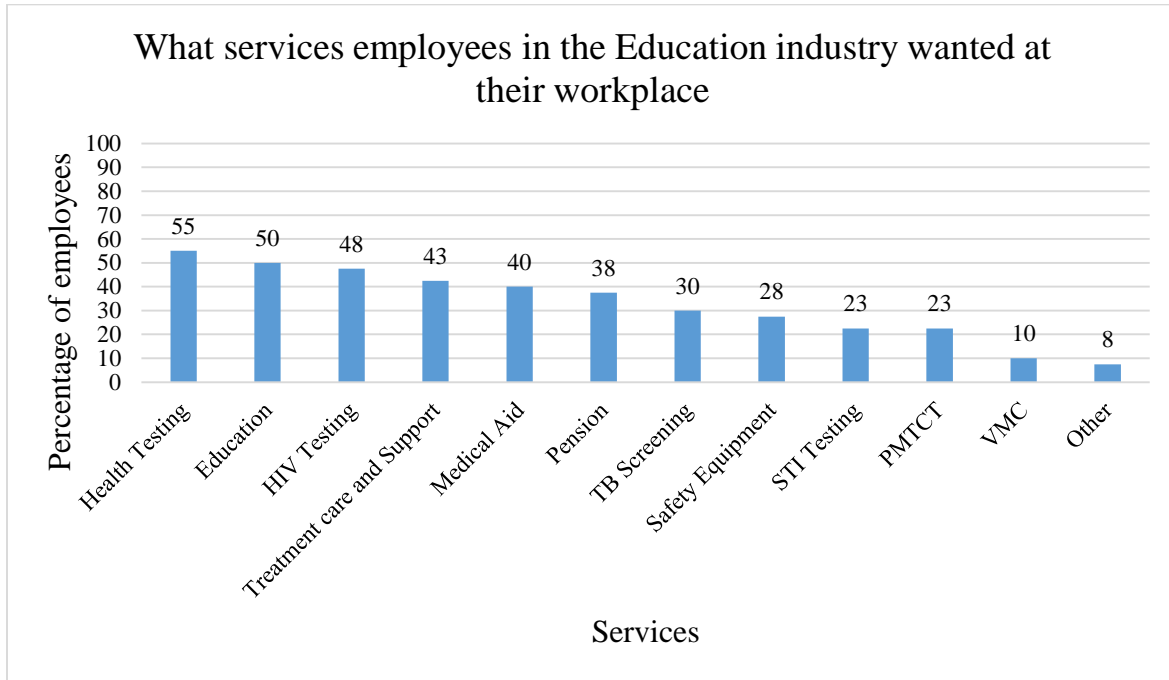


## Manufacturing and Diamond

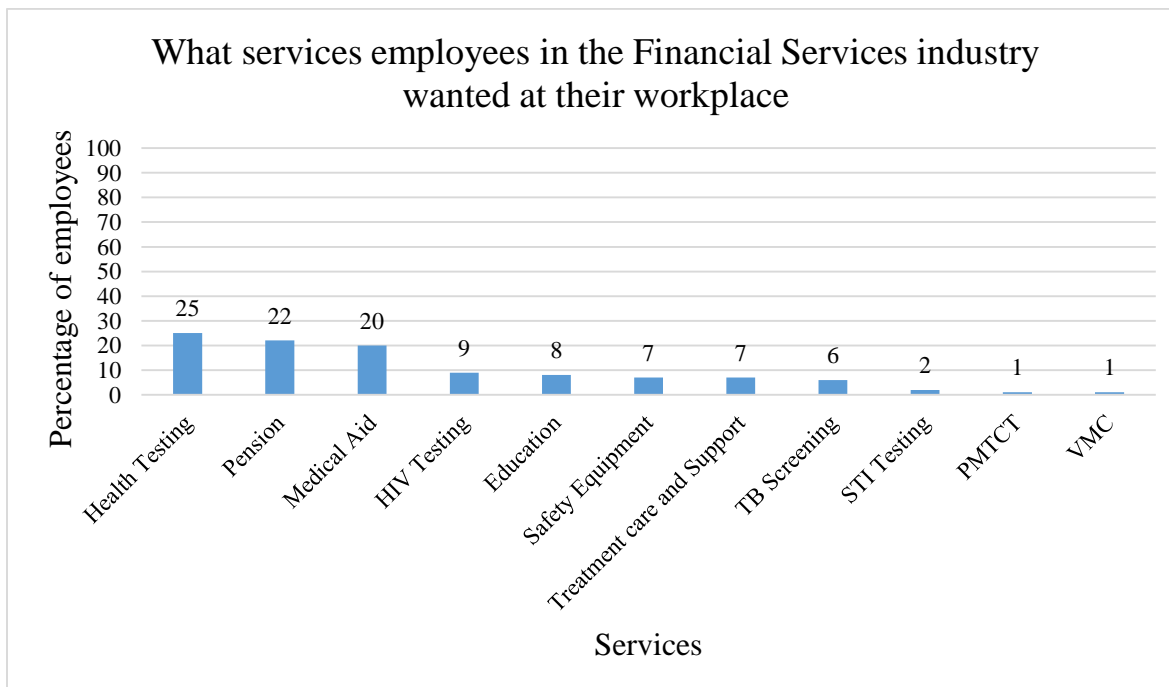


## Appendix F: Health services that employees in all industries said that they wanted at their workplace

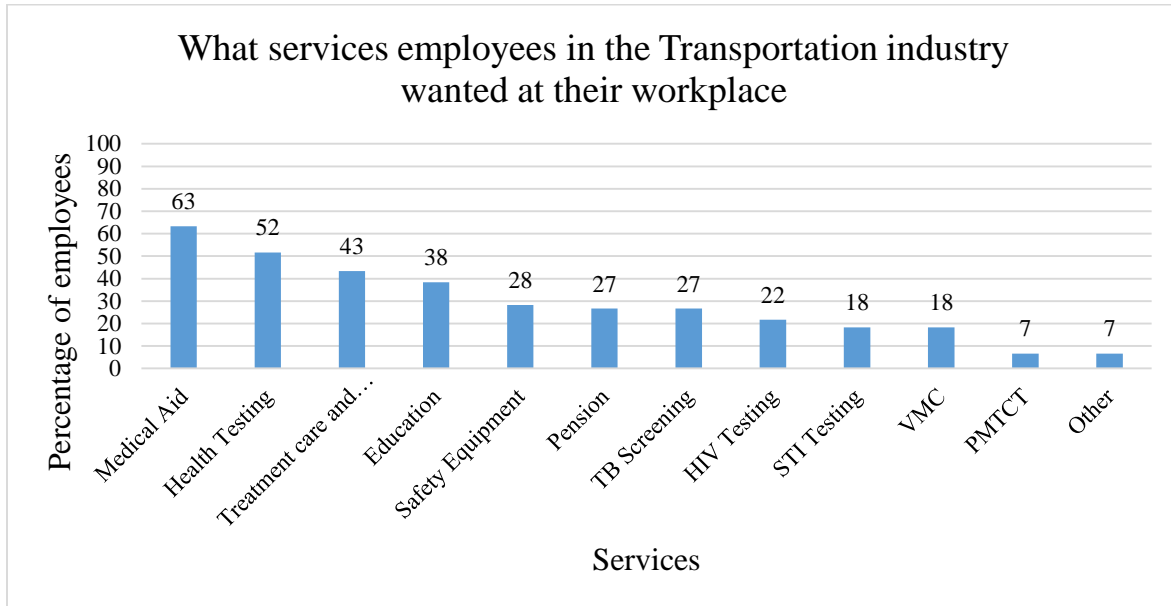
### Education



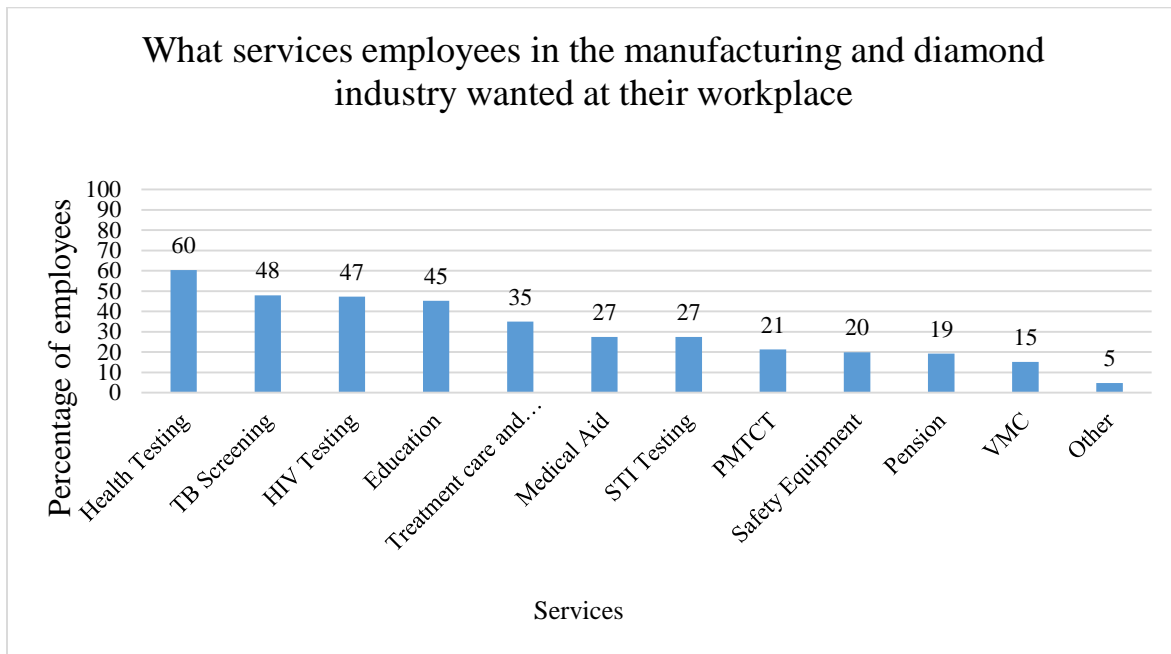
### Financial Services



## Transportation



## Manufacturing and Diamond



## Appendix G: List of companies that we interviewed and surveyed

<b>Name of Company</b>	<b>Name of Contact</b>	<b>Industry</b>	<b>Meeting Date and Time</b>
Chep	Ferdie Van Rooyen	Transportation	April 8th 10:00-11:00 am
NAMCOT	Tjiratjeza Murema	Diamond	April 8th 11:30-12:30 pm
Meat Corporation of Namibia	Willem /Nanub	Manufacturing	April 8th 3:00-4:00 pm
Trau Bros Diamonds	Gisela Lesar	Diamond	April 10th 10:00-11:00 am
IUM	S. Naruseb	Education	April 10th 11:30-12:30 pm
AFROX	Robert Hanekom	Transportation	April 14th 10:00-11:00 am
Neo Paints	Francois DeBeer	Manufacturing	April 14th 11:30-12:30 pm
Aon	Helen Muller	Financial Services	April 15th 8:30-9:30 am
Wispeco	Martie Ilse	Manufacturing	April 15 <sup>th</sup> 11:30-12:30 pm
Deloitte & Touche	Nikia Bauernschmitt	Financial Services	April 16 <sup>th</sup> 10:00am-11:00 am
Transworld Cargo	Paulo Faustino	Transportation	April 16 <sup>th</sup> 4:30-5:30 pm
Alexander Forbes & Marsh	Rodney van Wyk	Financial Services	April 17 <sup>th</sup> 10:00-11:30 am
Barloworld Equipment	Boyckie Sakeus	Manufacturing	April 17 <sup>th</sup> 2:00-3:00 pm
Kalahari Wire	Rommy Madison	Manufacturing	April 22 <sup>nd</sup> 10:00-11:00 am

Roads Contractor Company	Gebhard Timotheus	Construction	April 25 <sup>th</sup> 9:30-10:30 am
August 26 Textile Factory	Paulous Moshana	Textile	April 28 <sup>th</sup> 2:30-3:30 pm

## Appendix H: Services offered By Bophelo!

### The Wellness Screening Process

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The wellness screening measures health indicators of diseases that:

- are preventable through lifestyle changes
- cause significant morbidity yet can easily be treated
- require long-term treatment, and will lead to reduced morbidity if detected in time

The wellness screening process consists of:

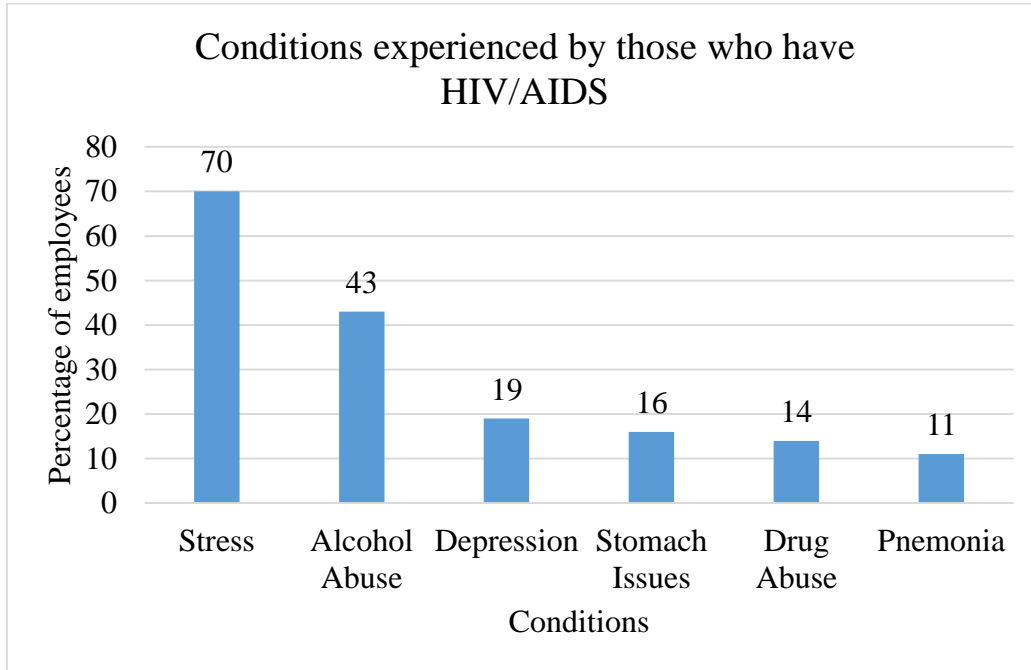
- KAPB surveys / Biomedical surveys:
  - Questionnaire that measures knowledge, attitude, practices and behaviour on certain wellness conditions
- On-site Voluntary Counselling and Testing (VCT) for HIV/AIDS
- Wellness screening, consisting of tests for:
  - Blood pressure : *risk factor for strokes and heart attacks*
  - Cholesterol : *risk factor for strokes and heart attacks*
  - Glucose/Blood sugar : *risk factor for diabetes*
  - Haemoglobin : *risk factor for anaemia*
  - Syphilis : *can result in long-term damage*
  - Hepatitis B : *can result in liver damage*
  - Body Mass Index (BMI) : *risk factor for diabetes, heart problems, cancer, high blood pressure, depression*

The wellness screening measures health conditions which may not show symptoms, but are indicators for potentially serious health problems. Early identification is very important for effective treatment. Therefore it is important that persons are regularly tested on their wellness.

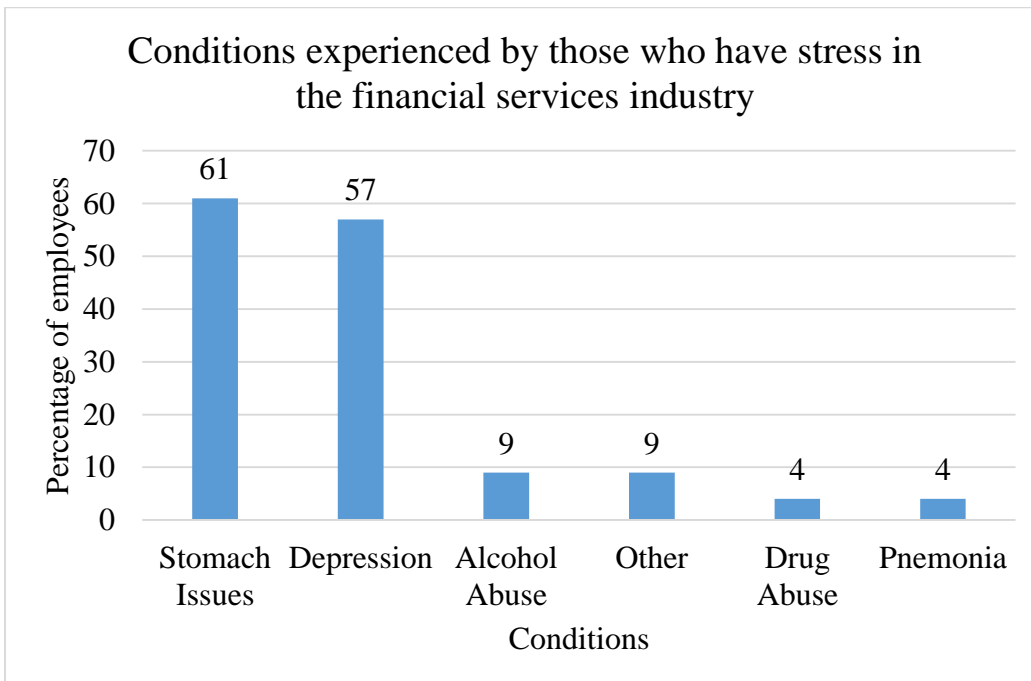
Our mobile testing units ensure that your employees can be tested at your company. This minimizes the time needed for wellness screening to approximately one hour. The process that employees have to go through is depicted below. Anonymity and confidentiality is guaranteed throughout the whole wellness screening.

## Appendix I: Correlations between diseases

### Conditions experienced by those with HIV/AIDS



### Conditions experienced by those with stress in the Financial Industry



**Conditions experienced by those with alcohol abuse**

