

# Provision of HIV treatment can be cost-saving for companies in high prevalence settings

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In settings with a high prevalence of HIV, such as South Africa, provision of antiretroviral therapy programmes in the workplace can be cost saving for companies due to reductions in healthcare costs, absenteeism, and staff turnover according to new research by Gesine Meyer-Rath, from Boston University and the University of the Witwatersrand, Peter Vickerman, from University of Bristol, and other colleagues published this week in *PLOS Medicine*. The analysis was the result of a long-standing collaboration with the London School of Hygiene and Tropical Medicine, UK, and the Aurum Institute, South Africa.

Every year, more than 2 million people become newly infected with HIV, the virus that causes AIDS, usually by having unprotected sex with an infected partner. HIV can affect individuals in the prime of their working lives, thereby increasing absenteeism and turnover of the workforce as well as the operating costs of companies working in countries where HIV infection is common.

In their study the authors developed a mathematical model to evaluate the past and future impact and costs to the employer of an antiretroviral treatment program provided since 2002 by a coal mining company operating at a number of South African mines. The company was one of the first to provide services for HIV-infected employees in a poor country, and provided HIV therapy years before it was available in the

government sector. By the end of 2010, out of 9,252 employees, 1,149 had tested HIV positive in confirmatory tests and had been enrolled in the company's wellness programme.

The authors' model estimated that, as ART coverage increased from 10% to 97% of eligible employees, increases in the survival and retention of HIV-positive employees and reductions in absenteeism and benefit payments would lead to overall cost savings compared to a scenario of no antiretroviral treatment provision. Specifically, the annual cost of HIV to the company would decrease by 5% and the average cost per HIV positive employee would decrease by 14% by 2022.

Although the authors acknowledge some limitations, for example that the analysis did not examine the impact of HIV prevention policies on the miners or their families, and a few model inputs were based on limited data, the changes in costs were robust to a very detailed examination of the uncertainty in the data and translate into average savings of nearly US\$1 million per year. Importantly, they found that even in a country with very low HIV prevalence, ART would still save companies money compared to no ART provision. These savings mainly accrue from reductions in benefit payments for death and ill-health retirement and in employee [healthcare costs](#).

The authors conclude, "Beyond making good business sense, a company-level HIV care programme including ART could go a long way towards improving the strained labour relations in the South African mining sector, especially when improved access to healthcare extends to the entire community... It is crucial that strategies such as those under study here are replicated in other companies in similar settings."

**More information:** Meyer-Rath G, Pienaar J, Brink B, van Zyl A, Muirhead D, Grant A, et al. (2015) The Impact of Company-Level ART Provision to a Mining Workforce in South Africa: A Cost-Benefit

Analysis. *PLoS Med* 12(9): e1001869. [DOI: 10.1371/journal.pmed.1001869](https://doi.org/10.1371/journal.pmed.1001869)

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