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A publication in the German Health Practice Collection

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German **Health** Practice Collection



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Acronyms & abbreviations

AVRL	Aqua Vitens Rand Limited	ICTs	Information and communication technologies
BMZ	Federal Ministry for Economic Cooperation and Development, Germany	IEC	Information, education and communication
EWP	Employee Wellbeing Programme	KAP	Knowledge, attitudes and practice
GCNet	Ghana Community Network Services Limited	M&E	Monitoring and evaluation
GDC	German Development Cooperation (comprising BMZ, GIZ and KfW)	MoU	Memorandum of Understanding
GHS	Ghana Health Service	NGO	Non-governmental organisation
GHPC	German Health Practice Collection	NHIS	National Health Insurance Scheme
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH	PPP	Public Private Partnership
GRA	Ghana Revenue Authority	ReCHT	Regional Coordination Unit for HIV and Tuberculosis
GUWL	Ghana Urban Water Limited	TB	Tuberculosis
GWCL	Ghana Water Company Limited	UNDP	United Nations Development Programme
HIV	Human immunodeficiency virus	VCT	Voluntary counselling and testing
		WHO	World Health Organization
		WPP	Workplace Programme

More than just good business

Employee Wellbeing Programmes in Ghana

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German Health Practice Collection

Objective

In 2004, experts working for German Development Cooperation (GDC)¹ and its international and country-level partners around the world launched the German **HIV** Practice Collection and, in 2010, expanded it into the German **Health** Practice Collection (GHPC). From the start, the objective has been to share good practices and lessons learnt from BMZ-supported initiatives in health and social protection. The process of defining practice, documenting it and learning from its peer review is as important as the resulting publications.

Process

Managers of GDC-supported initiatives propose promising ones to the Managing Editor of the GHPC at ghpc@giz.de. An editorial board of health experts representing GDC organizations at their head offices and in partner countries select those they deem most worthy of write-up for publication. Professional writers then visit selected programme or project sites and work closely with the national, local and GDC partners primarily responsible for developing and implementing the programmes or projects. Independent, international peer-reviewers with relevant expertise then assess whether the documented approach represents 'good or promising practice', based on eight criteria:

- Effectiveness;
- Transferability;
- Participatory and empowering approach;
- Gender awareness;
- Quality of monitoring and evaluation;
- Innovation;
- Comparative cost-effectiveness;
- Sustainability.

Only approaches meeting most of the criteria are approved for publication.

Publications

All publications in the GHPC describe approaches in enough detail to allow for their replication or adaptation in different contexts. Written in plain language, they aim to appeal to a wide range of readers and not only specialists. They direct readers to more detailed and technical resources, including tools for practitioners. Available in full long versions and summarized short versions, they can be read online, downloaded or ordered in hard copy.

Getinvolved

Do you know of promising practices?

If so, we are always keen to hear from colleagues who are responding to challenges in the fields of health and social protection. You can go to our website to find, rate and comment on all of our existing publications, and also to learn about future publications now being proposed or in process of write-up and peer review. Our website can be found at www.german-practice-collection.org. For more information, please contact the Managing Editor at ghpc@giz.de.

¹ GDC includes the Federal Ministry for Economic Cooperation and Development (BMZ) and its implementing organizations Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH and KfW Entwicklungsbank (KfW).

Executive Summary

The Employee Wellbeing Programme (EWP) implemented in Ghana is an innovative example of the recent trend towards applying holistic approaches to workplace health in developing countries.

The business case for Employee Wellbeing

Infectious and chronic diseases pose serious challenges to Ghana's healthcare system and economy. In both the private and public sectors, they increase employee costs and reduce productivity. Some costs are direct and easily quantified, such as those incurred when the employer pays for medicines or treatment. For example, in addition to the relatively visible burden on employers constituted by absenteeism (time lost while people go to hospital or stay home because they are ill) there is a less easily measured cost associated with 'presenteeism' (when a person who chooses to come to work or remain there even though they are ill and therefore unproductive). Productivity may also be affected by poor financial management at an individual staff member level, particularly when this results in over-indebtedness and domestic stress.

The Employee Wellbeing approach

German Development Cooperation (GDC) began collaborating in 2006 with the Ministry of Health and Ghana AIDS Commission to help implement internal and external HIV mainstreaming activities such as Workplace Programmes (WPPs) in national organizations within both the public and private sectors. With technical support from a team of experts assembled by what is now GIZ², the programmes were implemented with the aim of sensitizing significant numbers of employees about HIV, encouraging behavioural change, and expanding access to voluntary testing and counselling. Persons testing positive initially are referred to an appropriate health institution for a confirmation test and further treatment if required. By early 2009, the initial three-year WPP projects were approaching their completion dates.

In 2010, GDC and its partners began to implement an expanded model of comprehensive HIV prevention under the title of Employee Wellbeing. In addition to a broad conception of health and safety at work, the model includes important elements of social protection (including insurance, financial wellness and preparation for retirement) and efforts to strengthen relevant national systems which deliver health, social protection and environmental management.

The essential features of the approach are:

- Preventive health packages;
- Social protection and financial counselling;
- Health insurance and treatment;
- Confidentiality and non-discrimination.

Ghana Revenue Authority and GCNet

The Ghana Revenue Authority (GRA) is responsible for all aspects of tax and customs duties in Ghana, and employs over 7,000 people around the country. It works with the Ghana Community Network Services (GCNet) Ltd., a private company that provides computerized systems linking the country's trade operators, revenue agencies and regulatory bodies.

The original partnership between GRA, GCNet and GIZ was a three-year Workplace Programme that began in 2006. In 2010, a new programme was agreed. The EWP is guided by a national Working Group that includes permanent staff from the partners along with representatives of the Ministry of Health, National AIDS Control Programme, and National Tuberculosis Programme. GIZ provided an international public health expert to work fulltime within GRA as programme coordinator.

The Strategic Employee Wellbeing Programme Alliance

In October 2010, six major companies operating in Ghana signed an agreement to cooperate in implementing Employee Wellbeing Programmes in their respective operations, with technical support from GIZ in close collaboration with the Ministry of Health. Called the Strategic Employee Wellbeing Programme Alliance, the initiative aims to leverage the various companies' expertise, provide a forum for exchanging experiences and practices, and use the platform of workplaces to reach out to the informal sector and more vulnerable parts of society.

The Alliance includes the following partner companies:

- Accra Brewery Ltd., a subsidiary of the multinational SABMiller, and a major supplier of beer and bottled water products within Ghana;
- Blue Skies Holdings Ltd., which processes fruit products for export and also produces fruit drinks for the local market;

²The Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH was formed on 1 January 2011. It brings together the long-standing expertise of DED, GTZ and InWEnt. For further information, go to www.giz.de.

- Ghana Urban Water Ltd., a state-owned company that manages water supply and sewage systems in urban centres across the country;
- Golden Star (Wassa) Ltd., a gold mining company operating two mines and three processing plants in Ghana;
- Japan Motors Trading Company Ltd., a company whose activities include auto sales, servicing and spare parts, as well as real estate and construction services;
- Newmont Ghana Gold Ltd., a subsidiary of a US-based mining multinational;
- Superlock Technologies Ghana, a high technology company specializing in information and communications technology and security systems;
- UT Group Ltd., a financial services company which includes banking, real estate and trading and logistics among its activities.

The participants all have high profiles in their respective sectors, with a good claim to be 'leading by example' as they advance in their implementation of their EWP. All have an economic and social impact well beyond their actual staff levels: some have many suppliers and sub-contractors, and several 'anchor' local economies in the communities where their principle operations are carried out. Including all employees, their families and the companies' immediate communities, the Alliance has adopted the objective of reaching 137,000 people.

The work of the Alliance is based on individual memoranda of understanding (MoUs) signed by each participating company with GIZ. These provide standardized language and definitions for all participants, and a clear understanding of both the work to be done and the spirit in which it will be carried out. All activities are harmonized with relevant national organizations and enable collaboration on an academic research level with universities from Ghana and Germany.

The Alliance has recently begun to support a GIZ-led initiative to bring health services to the Agbogbloshie 'e-waste' dump in Accra. In late 2011, following extensive outreach work, GIZ conducted tests among a sample of people that included the normal EWP screenings, but also included additional collection of hair, fingernail, urine and blood samples which are being analysed for toxins at the Bernhard Nocht Institute for Tropical Medicine, Hamburg. The next phase will depend on the results of the toxins analysis.

Results and achievements

While rigorous evaluation of the EWPs described in this document has not yet been carried out, the Strategic Alliance can point to a number of achievements to date:

Acceptance of the EWP concept. The concept has not only been gaining acceptance among the staff of different partners, but there is evidence that 'word is getting around' among other employers in Ghana.

Creation of tools and policies. All partners have now adopted Employee Wellbeing Policies which outline the principles and activities involved in their individual EWPs, as well as obligations and responsibilities of employers and employees. A number of technical tools have also been created for activities such as cost-benefit analysis and monitoring and evaluation.

A wealth of information. A database of socio-demographic, behavioural and bio-medical data has been collected for more than 120,000 persons since 2006. This is a valuable information asset for Ghana in the field of health as the Ministry of Health strives to improve health service delivery, disease and risk factors surveillance, health policy decisions and resource allocation.

Lessons learnt

The main lessons learnt in the course of the Employee Wellness Programmes include:

Invest sufficient human and financial resources. Several of the managers and implementing staff noted that, if they had to do it all over again, they would have made EWP focal points fulltime positions, freeing these staff from their other responsibilities.

Mainstream the programme in the corporate structure. It is important to ensure that EWP makes the transition from an externally funded project into the normal operations of a company or institution. A corporate 'home' (most commonly Human Resources) and dedicated budget must be found for this work.

Make the 'business case.' In all participating organizations, the business case had to be made that the EWP would bring concrete benefits to the company, including added value that goodwill and corporate social responsibility contribute to a successful business.

Introduction

The Employee Wellbeing Programme in Ghana is an innovative example of the recent trend towards applying holistic approaches to workplace health in developing countries. The initiative challenges employers and governments to foster healthy lifestyle changes among employees, their families and the nearby community, in addition to more traditional occupational health and safety concerns. As such, it harnesses the capacities, competencies and creativity of the private sector to the task of strengthening national health systems as well as the capacity of the government to engage the private sector.

The approach is a departure from well-worn paths of development cooperation. Instead of focusing on economically disadvantaged or especially vulnerable populations, it concentrates on people who have a job and a regular income (who are among those most affected by many non-communicable diseases due to the less active lifestyle shaped by office work, and a richer diet), and creates partnerships with employers of significant size and level of technological and administrative advancement. At the same time, it provides a means of extending its benefits to the employees' families and immediate communities.

EWP considers such employees and employers as an effective entry point for development cooperation. The employer organizations that become partners in EWP tend to be forward-looking, interested in efficient and effective use of their resources, and have strong potential to act as role models for other organizations. The approach also offers a means to reach wider communities, many of whose members will not be as well off. Finally, the Employee Wellbeing Programme has a systemic impact by raising health care standards and injecting greater resources into national health and social protection systems.

Background

Health and development in Ghana

Since the mid-1990s, Ghana's economic development and stable democracy have made it one of the salient success stories in sub-Saharan Africa. It has experienced high rates of economic growth and investment in recent years, and there has been progress in achieving the Millennium Development Goals of reducing extreme poverty, achieving universal primary education, and reducing child mortality (UNDP, 2012).

The country has over 24 million people, almost half of whom now live in urban areas. Agriculture accounts for about one-quarter of the Gross Domestic Product but more than half of employment, and the majority of employment (92% in agriculture, 75% in urban areas).

German programming in Ghana

The Republic of Ghana has been a partner country for German Development Cooperation (GDC) since 1983. Ghana is one of the few African countries to which Germany provides direct budgetary support (GIZ, 2012a), and hosts four regional

programmes: the African Cashew Initiative, the Cocoa Livelihoods Program (both co-financed by the Bill and Melinda Gates Foundation and the private sector), the Kofi Annan International Peacekeeping Training Centre, and the regional coordination unit for HIV and tuberculosis.

GDC in Ghana focuses on three priority areas: agriculture, sustainable economic development, and decentralization. Similarly, good governance is promoted through initiatives such as Support for Decentralisation Reforms and Good Financial Governance programmes. Other focus areas include vocational training, tackling the challenges of climate change with a project aimed at introducing innovative insurance products, adapting agricultural methods and promoting regenerative sources of energy. All projects and programmes include HIV/AIDS prevention, and the Regional Coordination Unit for HIV and Tuberculosis (ReCHT) supports the projects and programmes in this regard. Ghana is a BMZ focus country for Development Partnerships with the Private Sector in Africa, and in this context the Employee Wellbeing Programmes are implemented to strengthen both HIV prevention and public-private cooperation.

The first Workplace Programmes

The current Employee Wellbeing Programmes in Ghana have their roots in the fight against HIV and related diseases such as tuberculosis, which is one of the main causes of death and illness among people living with HIV. In 2001, GDC established HIV and AIDS 'mainstreaming' as a key policy and strategy for its development work in Africa (GHPC, 2011). This meant two things. First, all German development agencies working in Africa were required to establish workplace programmes (WPPs) to prevent HIV and its related diseases among their employees and their families. Second, all agencies were to assess HIV-related risks and impacts on their programming and address these, taking advantage of any opportunities to contribute to local, district or national responses to HIV.

Building on these experiences, GIZ began collaborating in 2006 with the Ministry of Health and Ghana AIDS Commission to help implement internal and external HIV Mainstreaming activities such as Workplace Programmes (WPPs) in national organizations within both the public and private sectors. Three-year programmes running from 2006 to 2009 were implemented with a number of organizations including the Ministry of Justice, the three government Revenue Agencies, the state-owned Ghana Water Company Limited (GWCL – now Ghana Urban Water Ltd.), and the food processing companies Mars Inc. and ADM Cocoa (Ghana) Ltd. With technical support from a team of experts assembled by GIZ, the programmes were implemented with the aim of sensitizing significant numbers of employees about HIV, encouraging behavioural change, and expanding access to voluntary testing and counselling, with referrals to an appropriate health institution for a confirmatory test and further treatment if required.

The establishment of ReCHT

By early 2009, the initial three-year WPP projects were approaching their completion dates. Available evidence supported the view that the WPPs were producing good results (as measured by outputs rather than impacts) and should continue; at the same time, the partners recognized that continued technical support from the GIZ team was essential for the immediate future. Accordingly, the team was re-organized as the GIZ's Regional Coordination Unit for HIV and Tuberculosis (ReCHT).

The unit has three major components. The first is HIV mainstreaming, which continues to be carried out across German cooperation agencies, government ministries (Health, Justice, Food and Agriculture, Local Government and Rural Development) and new partners such as the Kofi Annan International Peacekeeping Training Centre. The second focuses on creating Development Partnerships with the Private Sector in Ghana and across Africa. Finally, ReCHT has begun a series of projects bringing HIV specific interventions with health and social protection components to high-risk or hard-to-reach populations such as street children, sex workers, prisoners, drug users, men who have sex with men, and workers in the hospitality industries such as hotels, night clubs, etc. (GIZ, 2012b). The WPP and EWP programmes cut across these three activity areas, supporting health and related social protection services for a variety of employers and employees, their families and immediate communities.

The business case

The business case for the Employee Wellbeing approach is based on known conditions in Ghana (notably regarding the burden of disease on employees and employers), the experience of participating organizations, and research evidence gathered internationally. The experience of the participating organizations is discussed later in this document; below, the challenges taken into account in creating the business case are described in detail.

Burden of disease on employees and employers

Infectious diseases such as HIV, malaria and tuberculosis are major causes of death and illness in Ghana. In 2008, there were approximately 3.2 million people with malaria in the country, and estimated 23,500 deaths annually. In the same year, the estimated prevalence of tuberculosis (TB) was 363 cases per 100,000 people. In 2007, the prevalence of HIV in the adult population was 1.9%, with an estimated 260,000 HIV positive adults in Ghana (WHO, 2010a, 2012).

Chronic (non-communicable) diseases such as cardiovascular diseases and cancer also impose a serious disease burden on Ghanaians (de-Graft Aikins et al., 2010). These are associated with a number of risk factors such as obesity, inactivity and smoking, particularly in urban areas and among the more well-off citizens.

Infectious and chronic diseases pose serious challenges to Ghana's health and social protection system and economy. In both the private and public sectors, they increase employee costs and reduce productivity. Some costs are direct and easily quantified, such as those incurred when the employer pays for medicines or treatment. Another relatively visible burden on employers is absenteeism, meaning the time lost while people go to hospital or stay home because they are ill. However, there is also a less easily measured cost associated with 'pre-senteeism', when employees chose to come to work or remain there even though they are ill and therefore unproductive. Finally, employee deaths have a serious impact on employers because of the costs of recruiting and training new personnel, and the loss of the employee's knowledge and experience.

A recent study carried out on behalf of GIZ suggests that, based on national epidemiological data, half of productivity losses due to death or illness in Ghana are due to five conditions (see Table 1). All of these conditions are preventable or manageable (Hanlon et al., 2011).

Other factors

Two further challenges include people's lack of awareness of preventive measures they can take to reduce the risk and impact of disease, and lack of access to good-quality diagnosis and treatment. Although the Ghanaian government introduced

Table 1. Top five causes of productivity losses

Ranking	Top five conditions	Percentage of loss
1	Malaria	24.9
2	Hypertension	12.4
3	HIV/AIDS	7.3
4	Skin diseases	5.9
5	Obesity	5.7
Five factors as % of total productivity loss		56.2

Source: Hanlon et al., 2011. Figures have been rounded up.

There is also a less easily measured cost associated with ‘presenteeism’ – the impact of symptoms or disease on a person who chooses to come to work or remain there even though they are ill and therefore unproductive.

its National Health Insurance Scheme (NHIS) in 2005, only two-thirds of eligible citizens have registered with it so far. There are a number of reasons for this, notably lack of trust in the system, and Ghanaians’ lack of familiarity with social protection measures (life and accident insurance, retirement packages, etc.) in general. Moreover, registered persons tend to only renew their registration when need arises, despite the fact that it has to be renewed on an annual basis to stay active and avoid inconvenient and unnecessary waiting periods. As regards access to diagnosis and treatment, about half of health costs are borne privately by Ghanaians, and about 80% of these costs are out-of-pocket (Mensah et al., 2010). Thus, the cost of prescriptions and fees charged by hospitals, clinics and individual physicians can be significant barriers to treatment.

A final factor that may affect productivity is poor financial management at an individual level, particularly when this results in over-indebtedness and domestic stress. Since the 1970s there has been a great deal of research – most of it

from the United States and Europe – suggesting that stress related to poor financial management can result in physical symptoms such as a hypertension, along with psycho-social problems which can ‘spill over’ and affect an employee’s working life (Kim et al., 2003). Moreover, there is little planning for retirement, which can lead to considerable economic and social problems in people’s old age.

Putting the business case together

According to the study mentioned above (Hanlon et al., 2011), a positive net benefit can be realized by employers by investing in best practice health and wellbeing interventions for employees. In particular, interventions aimed at preventing malaria infection and regular health checkups, are shown to have significant benefits. Although the monetized value of the benefit will necessarily be different for each employer depending on specific factors such as number of employees and dependants, working environment, chosen intervention etc., the study indicates that with many interventions employers can recoup most or all of their investment on an annual basis through reduced absenteeism. The study also points to benefits which though undeniable are harder to quantify, such as the value to families of having their breadwinner remain in good health.

The Employee Wellbeing approach

Workplace-based programmes aimed at improving employee health have been in existence for decades in industrialized countries, and have many names and variations. A recent article in the Harvard Business Review defined ‘workplace wellbeing’ as ‘an organized, employer-sponsored program that is designed to support employees (and, sometimes, their families) as they adopt and sustain behaviours that reduce health risks, improve quality of life, enhance personal effectiveness, and benefit the organization’s bottom line’ (Berry et al., 2010). Typically, activities associated with Employee Wellbeing include ‘improving the work organisation and the working environment; promoting the active participation of employees in health activities; encouraging personal development’ (Zungu et al., 2007).

A number of services and educational programmes are typically offered by Employee Wellbeing Programmes to employees and their families. One of the most prominent is comprehensive health screenings which are provided periodically on a voluntary basis. These screenings may include physical examinations, blood and other testing for a number

of diseases and conditions, vaccinations, and behavioural risk assessment (i.e. related to exercise, nutrition, smoking and alcohol consumption). They may also comprise distribution of health-related provisions (notably condoms and in malarial areas insecticide-treated bed nets), counselling, and referral services to appropriate health care providers. Many EWP also include physical fitness activities, dietary advice and quality food services, and measures aimed at stress management.

Extensive research over the years, most of it from North America and Europe, suggest that well-run Employee Wellbeing Programmes can provide significant benefits to both employees and employers. Benefits can include improved clinical results and higher morale for employees, and lower absenteeism, reduced staff turnover, and greater productivity for employers (Pelletier, 2011). However, programmes must be well-designed, resourced and implemented to succeed. A variety of elements are thought to contribute to successful EWPs, with a typical list including ‘engaged leadership at multiple levels; strategic alignment with the company’s identity and aspirations; a design that is broad in scope and

Box 1. The WHO healthy workplaces model

In October 2009, and after a systematic review of literature on healthy workplaces, WHO held a workshop with attendance of the International Labour Organization, 56 experts from 22 countries, international worker and employer representatives, and non-governmental organizations in official relations with WHO.

The result was the healthy workplaces model that combines evidence-based approaches and principles of health protection and health promotion (WHO, 2010b). The model defines a healthy workplace as: one in which workers and managers collaborate to use a continual improvement process to protect and promote the health, safety and well-being of all workers and the sustainability of the workplace by considering the following, based on identified needs:

- health and safety concerns in the physical work environment;
- health, safety and well-being concerns in the psychosocial work environment, including organization of work and workplace culture;
- personal health resources in the workplace;
- ways of participating in the community to improve the health of workers, their families and other members of the community.

The WHO comments that the model demonstrates how understanding of occupational health has ‘evolved from an almost exclusive focus on the physical work environment to inclusion of psychosocial and personal health practice factors. The workplace is increasingly being used as a setting for health promotion and preventive health activities – not only to prevent occupational injury, but to assess and improve people’s overall health. Another increasing emphasis is on workplaces that are supportive and accommodating of older workers and those with chronic diseases or disabilities.’ (WHO, 2010b)

high in relevance and quality; broad accessibility; internal and external partnerships; and effective communications' (Berry et al., 2010). To date, there is little solid research on the subject from programmes in Africa.

In recent years, the World Health Organization has been active in promoting holistic approaches to work-related health in developing countries through its Healthy Workplaces initiative (WHO, 2010b). The initiative challenges employers and governments to foster healthy lifestyle changes among employees, their families and the nearby community, in addition to more traditional occupational health and safety concerns.

A comprehensive model 'made in Ghana'

In Ghana, GIZ-ReCHT and its partners have developed a model of Employee Wellbeing that is in line with the WHO initiative (WHO, 2010b) but has been adapted specifically to conditions in the country and partner demands. In addition to a broad conception of health and safety, the model includes

important elements of social protection (including insurance, financial wellness and preparation for retirement) and efforts to strengthen relevant national systems which deliver health, social protection and environmental management. The model is illustrated in Figure 1. overleaf.

The essential features of the approach are:

- Preventive health packages;
- Social protection and financial counselling;
- Health insurance and treatment;
- Confidentiality and non-discrimination.

These are described in greater detail in the following sections. The steps to be followed in setting up an EWP are listed in Figure 2. on page 16.

Preventive health package

Employee Wellbeing Programmes offer educational programmes and a variety of services to employees and their core families. These include periodic comprehensive health screenings which include physical examinations, testing for a number of diseases, and vaccinations. The basic elements of the disease prevention package are shown in Table 2.

Box 2. 'An innovation we would like to see spread across Ghana'



Dr Edith Clarke is Head of the Occupational Health Unit at the Ghana Health Service, Ministry of Health. She became formally involved with GIZ's Employee Wellbeing Programme efforts in 2011, shortly after she became aware that the EWP shared many of her programme's objectives. 'We at the Ministry were introducing a Healthy Workplace programme based on the World Health Organization's initiative, and were interested in broadening the concept to include financial wellness.'

She adds, 'The Ministry has also been interested in dietary issues for many years, particularly in minimizing the consumption of saturated fats and salt, and to get people to eat more fruits and vegetables. And of course, to exercise more. It is all part of trying to reduce the growing burden of non-communicable diseases in Ghana.'

She now regularly attends meetings with other EWP partners, and has found the Ministry's expertise a welcome addition. For instance, she has been involved in developing a needs assessment tool for companies wanting to start up their own Employee Wellbeing Programmes, and also in helping them carry out their own baseline studies. 'This is very important,' she asserts, 'because it will allow us to monitor the impact of such programmes.'

In May 2012, the Ministry launched its National Steering Committee on Health and Employee Wellbeing to provide guidelines for EWP groups as they multiply. 'EWP is an innovation we would like to see spread across Ghana,' she says, 'but in an organized way. This is the way forward.'

■ Social protection and financial counselling

Taking into account that the health of employees is also affected by their psycho-social wellbeing, Employee Wellbeing Programmes in Ghana provide information and educational material on social protection measures and financial management to their staff members. The programmes support staff members in getting access to retirement schemes, insurances (life, accident, property), and debt counselling. Depending on the preferences of each company the programmes may also include other measures such as fitness activities, quality food services, or information on road safety.

■ Health insurance and treatment

Through the Employee Wellbeing Programmes staff members, their families and immediate communities are encouraged to register with the National Health Insurance Scheme or respective private health insurance providers. Peer educators and counsellors provide information on care, support and health service providers to staff members; in some situations, they might also reach out to families, the company's 'supply chain,' or immediate communities. Some companies directly support clinics or other treatment facilities for staff members and their families (normally this includes up to four children).

■ Confidentiality and non-discrimination

Participation in health screenings is voluntary, although staff members are encouraged to take part. Information on staff member's financial, social and health situation including their HIV status is strictly confidential. In line with recommendations of the International Labour Organisation, HIV screening is not a prerequisite for employment and no employee is required to inform the employer about his or her HIV status.

Figure 1. GIZ-ReCHT's Employee Wellbeing model for Ghana

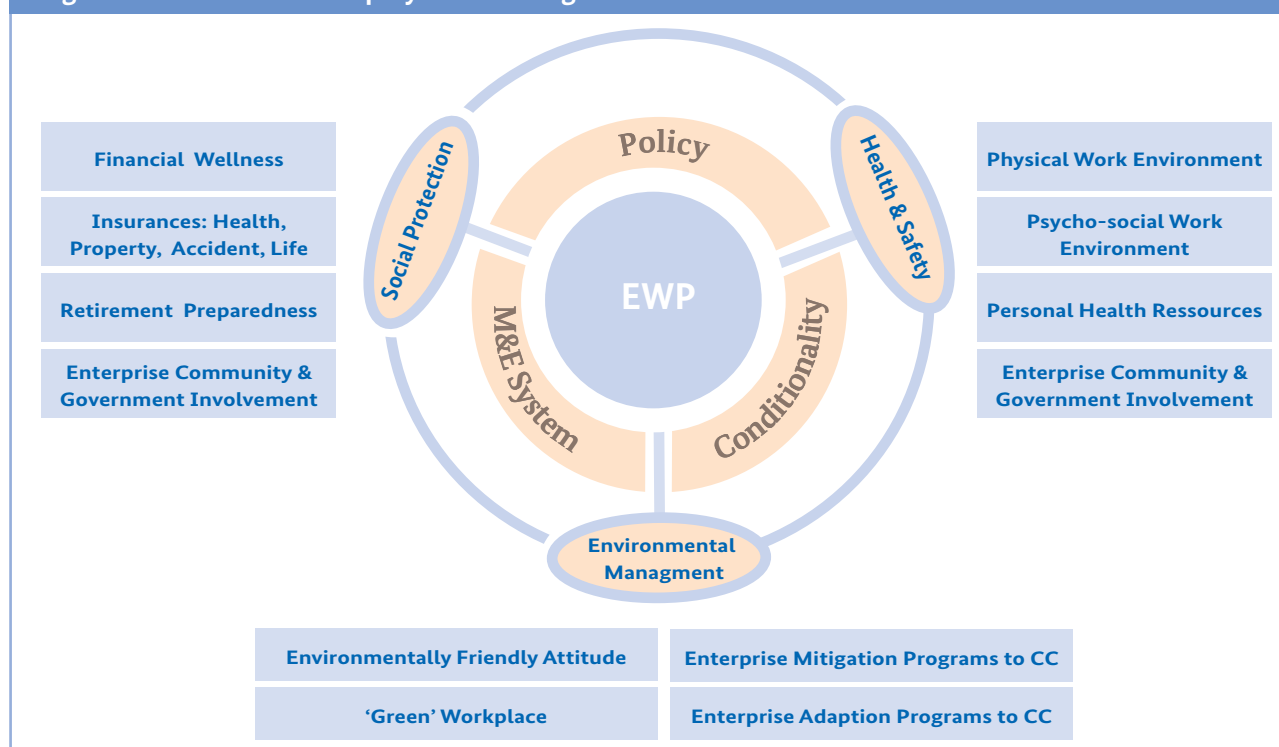


Table 2. Preventive health package for Staff and Family

Condition	Activity	Sex	Age (yrs)	Frequency	Remarks
HIV	Testing	M,F	all	if desired	
TB	Testing	M,F	all	if needed	Testing if HIV + or symptomatic
Hepatitis B	Screening	M,F	all	once	Vaccination if negative
Meningitis	Vaccination	M,F	all	once/3years	for persons living/ travelling to North
Hypertension	BP check	M,F	all	once/2years	
Blood (LFT, U&E, FBC, Cholesterol, Glucose)	Screening	M,F	all	once/2years	
Breast Cancer	Physical exam	F	> 20	once/2years	
Cervical Cancer	Pap Smear	F	20-65	once/3years	
Malaria	PSA	M	> 40	once/3years	
General Health Check (see above, plus heart, lungs, eyes, ears, neurological, thyroid)	Physical Examination	M,F	all	once/2years	

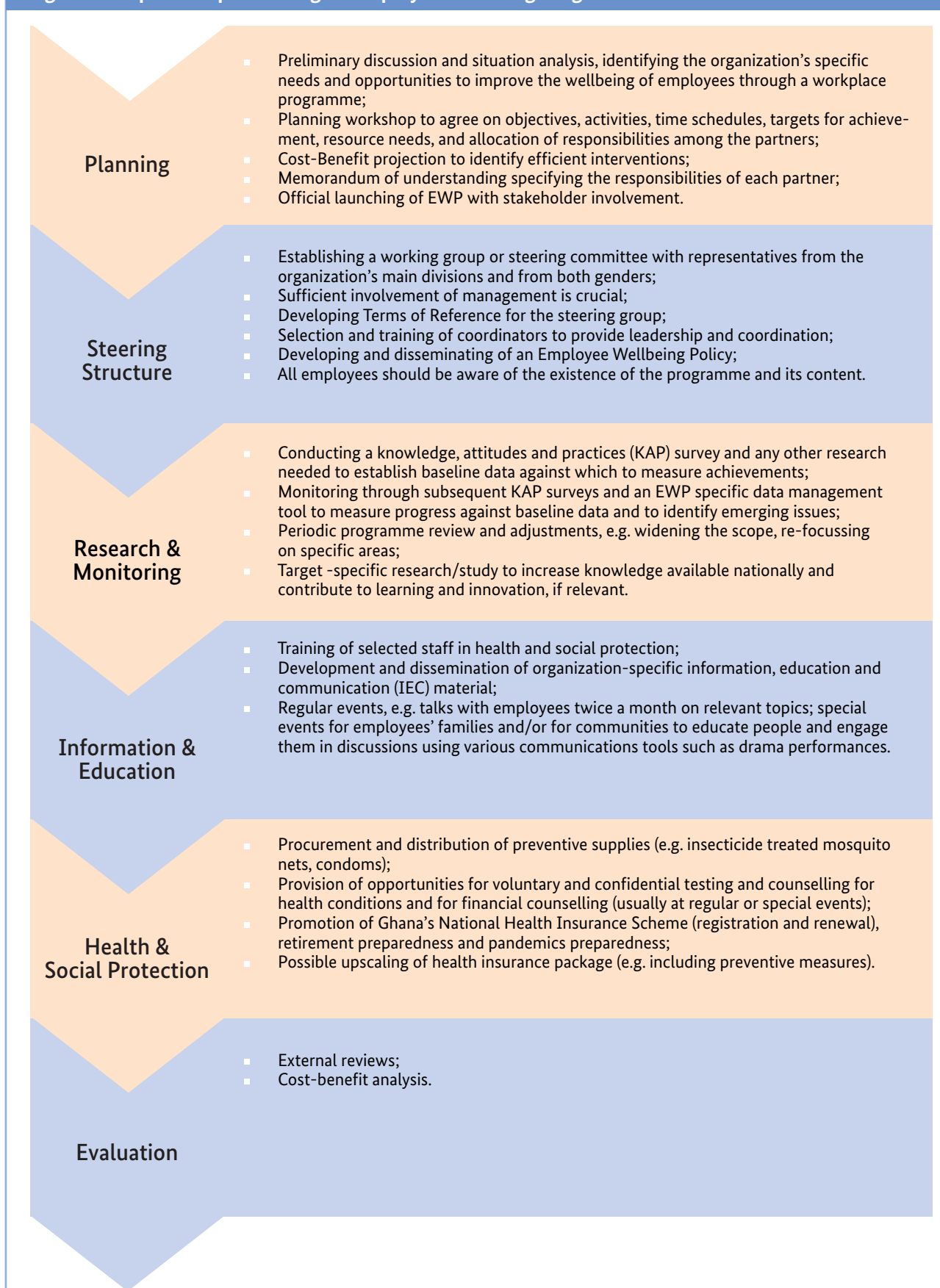
The following sections describe some of the Employee Wellbeing Programmes underway in Ghana. It begins with the Ghana Revenue Authority and its private-sector partner GCNet, and is followed by four examples of companies participating in the Strategic Employee Wellbeing Programme Alliance.

TOOL BOX

The following EWP tools can be downloaded from www.hespa.net:

- Cost Benefit Projection Tool (available from October 2012)
- Data Collection tools
- Sample EWP Policy
- EWP Training Curriculum (available by January 2013)

Figure 2. Steps for implementing an Employee Wellbeing Programme



Employee Wellbeing for a key national service: Ghana Revenue Authority and GCNet

Taxation and revenue collection are key building blocks for all modern states. Since 2003, GIZ has supported the Good Financial Governance Programme in Ghana. This has included assisting in the creation of a single unified tax entity in order to make the country's taxation system more efficient, transparent and oriented towards customer service.

In December 2009, the three tax revenue agencies – the Customs, Excise and Preventive Service, the Internal Revenue Service, the Value Added Tax Service, as well as the Revenue Agencies Governing Board – were merged into one entity: the Ghana Revenue Authority (GRA). The GRA is now responsible for all aspects of tax and customs duties in Ghana, and employs over 7,000 people around the country. GIZ's involvement with the GRA has included support for improvements in planning, training and human resources policy, as well as supporting the tax reform and modernization process.

The Ghana Community Network Services Ltd. is a private company that provides computerized systems linking the country's trade operators, revenue agencies and regulatory bodies. It currently employs 180 people and is an important provider of information technology services to GRA under a longstanding public-private partnership, having recently expanded its business focus from customs and trade to include work on domestic tax infrastructure.

'This type of partnership is good business, but it goes beyond business. It is also part of our Corporate Social Responsibility activities.'

Alwin Hoegerle, General Manager GCNet

The two organizations are very different, not just in size and organization (the one being a large civil service institution and the other a private high technology company) but also in their workforce profile and organizational culture. Yet since 2006, the two have extended their existing partnership to include the provision of an Employee Wellbeing Programme for staff, families and immediate communities of both partners. It currently aims to provide services to about 38,000 persons including staff, family members and people in immediate communities.

According to GCNet's General Manager, Alwin Hoegerle, 'This type of partnership is good business, but it goes beyond business. It is also part of our Corporate Social Responsibility activities.'

2006-2009 Workplace Programme

The initial partnership between three revenue agencies, GCNet and GIZ was a three-year Workplace Programme that began in 2006. Over the three years, the programme evolved considerably. Its original focus was on offering the tax revenue agencies' employees classic interventions focused on HIV and AIDS: peer education, voluntary counselling and testing (VCT), condom distribution, and information, education and communication (IEC) events such as trainings, health talks and workshops. Delivered by volunteers in addition to their normal duties as employees, and with limited involvement by management, early results were not promising, with limited participation by staff and low uptake of HIV testing.

Initially, the programme focused on border guards in the Customs service, many of whom worked in relatively isolated areas and were at high risk of HIV infection. In 2007, the programme expanded to include tuberculosis and other diseases, and widened its focus to include the largely white-collar employee working in urban areas, along with their families. This was rewarded by increased participation by employees and their family members. The following two years saw the appointment and training of regional focal persons to carry out the work of the programme, the offering of certain services to adjacent communities (i.e. people living close to certain offices or outposts of the agencies, largely in rural areas), and increasing support – both financial and administrative – from the agencies' top management.

By the end of the three years, the programme could report that the proportion of employees taking up offers of VCT rose from 62% to 91% when the offer included counselling and testing for other diseases. A total of 4,499 employees received HIV tests, with 2.2% testing positive and a total of 72 referred for clinical care. Among adjacent communities 4,728 people received HIV testing, and 91 HIV-positive cases were referred for treatment.

The programme taught several important lessons. One was that a broad focus on the health conditions that threaten employees and their families was much more successful in attracting participation than a narrow focus on a single, highly stigmatized disease like HIV. Another was that the programme needed to be 'professionalized,' ensuring that key coordination, training and management functions are carried out by staff members assigned full- or part-time to EWP work, rather than relying on unpaid volunteers doing EWP work in their 'spare time.'

2010-2012 Employee Wellbeing

In 2010, a new programme was agreed by the newly amalgamated Ghana Revenue Authority, GCNet and GIZ. Based on lessons learned between 2006 and 2009, the EWP integrated social protection and financial wellness along with a more holistic approach to health-related activities; this is in line with the recent WHO concept of the Healthy Workplace (WHO, 2010b).

Organizational changes

A number of internal changes were made to support the new programme. A consultative process across the GRA and GCNet, including the unions within GRA, led to the agreement and adoption of an Employee Wellbeing Policy document to formalize the objectives of the programme, define its terms and principles, lay out the scope of activities, and clarify the responsibilities of employers and employees (GRA and GCNet, 2010). Among other advances, the organizations agreed that 'the overall responsibility for the programme lies with the top management of GRA and GCNet,' and assigned 'supervision of activities and the M&E function' to a programme coordinator.

To provide technical guidance and a sounding board for new ideas, as well as contribute to monitoring and evaluation, the policy specified the creation of Working Groups at both national and regional level. At national level, the Working Group includes permanent staff from both partners along with representatives of the Ministry of Health, National AIDS Control Programme, and National Tuberculosis Programme. This is mirrored at regional level, along with the designation of Regional Focal Persons and EWP committees.

Importantly, the Support Service Division, which includes GRA's Human Resources, Training and Development, Communication and Public Affairs units, has assumed line responsibility for the programme, providing an organizational 'home' for a programme that was formerly an extra activity of uncertain status. Three National Focal Points are assigned within human resources to work fulltime on activities, rather than doing it during their 'spare time' as was formerly the case, and part-time staff have their EWP activities accounted for in their work plans. For its part, GIZ provided an international public health expert to work fulltime within GRA as programme coordinator.

Box 3. 'The culture is becoming a health-seeking one.'



Anthony Ewerekko Minlah is GRA's Commissioner, Support Services Division. He remembers that back in 2006, when the first GIZ supported workplace programme began, health services were very limited within the various government revenue agencies. 'There was no prevention. People could claim for medical bills and funeral expenses, but it could get complicated, and verifying bills was difficult.'

Early programming was aimed at high-risk staff in remote areas, particularly border guards, but gradually took on the needs of the majority of employees, who are white-collar workers. That meant looking hard at lifestyle issues, and recognizing that what many people regarded as the good life might not in fact be good for their health.

'People's eating habits and drinking habits today can lead to serious conditions like hypertension and diabetes, and to cancer,' he points out.

Mr Minlah emphasizes that although a comprehensive approach to wellbeing takes careful thought and proper resource planning, the EWP is good business. 'The benefits are personal for each individual, of course, but on the other hand, GRA employs people to work,' he says. 'We train them, and they are supposed to work at a certain level. If they have to spend time away after falling sick, the organization is losing. It is important to keep people working at a certain level. And it reduces the medical bills, we know that. That is the business case.'

He is confident that the programme will continue to develop in the future. 'The culture within GRA is becoming a health-seeking one, definitely,' he says. 'It used to be that employees only sought medical help when they were very ill, and care for them tended to be hopeless or very expensive. That is changing. They are coming to value prevention.' Overall, he feels that his organization's experiences offers valuable lessons for the country as a whole: 'Doing things properly, as we have done with this programme – that is how Ghana will move forward.'

■ **Emphasis on prevention and early detection**

As specified in the policy, the new programme's overall aim included 'improved access to education, prevention, treatment and care facilities that are related to infectious and non-communicable diseases.' Medical interventions were to be provided to staff and their core families 'at the nearest public or private health service provider, as decided by management.' A new emphasis on prevention and early detection included expanded screening and vaccination for hepatitis B (which has a relatively high infection rate in Ghana), and information, education and communications related to 'lifestyle issues' such as nutrition and stress reduction.

'People's eating and drinking habits today can lead to serious conditions like hypertension and diabetes, and to cancer.'

Anthony Ewereko Minlah, GRA's Commissioner,
Support Services Division

The drive to screen and vaccinate for hepatitis B has been a considerable logistical and financial challenge, but one that shows the partners' commitment to the new programme. Dr Adriana Ignea, a physician and public health manager, and the GIZ integrated expert employed as the EWP coordinator, explains: 'The first dose of hepatitis B vaccine is done at the time of screening (comprising of behavioural and bio-medical assessment). This is followed by a second dose a month later, and a final dose at six months. A follow up of the persons found with risk behaviours or adverse health conditions is conducted at his time. Reminders are essential in order to ensure that patients return for their follow-up dosages and access health services if needed. While GCNet is small enough to screen all employees and family members in a matter of days, and to ensure follow-ups are carried out, GRA is much bigger and spread out across the country. The work is of a different order.' In contrast to the limited hepatitis B screening that began under the Workplace Programme, the EWP campaign to screen and vaccinate all GRA employees and their families has been planned carefully to commence in 2010 and finish in 2012, working on a regional basis. The follow up of the staff with risk behaviours and bio-medical risks or chronic diseases will be regular, as per the recommended frequency.

One way of reaching many employees, families and immediate communities has been to provide events such as Wellbeing Fairs. These are large events that offer a range of activities such as health screening, group counselling and health and social protection education, on-site NHIS registration and renewal,

and financial literacy talks carried out in cooperation with the GRA credit union. They can also be turned into social events in order to attract more of the employees' family members and offer them the same health and wellbeing services.

In early 2012, GRA announced that it would open an onsite clinic at the agency's headquarters. The clinic will permit employees to receive immediate attention for many health issues rather than spending time waiting in a hospital ward, while providing referrals for more urgent problems.

■ **Social protection and financial wellness**

As a matter of policy, the EWP seeks to connect staff to health insurance and other social protection measures for retirement, life, accident and property. This can be done through private and public health and insurance providers. For example, the EWP works closely with Ghana's National Health Insurance Scheme, the country's major social protection initiative and the Ghana Health Service (GHS). It is mandatory for all employees of participating companies to join NHIS and use the health services offered by GHS.

Within GRA, staff are entitled to 'top-ups' for the NHIS, giving staff access to medical services and medicines not offered under the basic package. For example, eight GRA employees currently receive kidney dialysis – an expensive procedure for any health system – under such a 'top-up' arrangement. Designated staff members, EWP Focal Persons, and peer educators are trained in helping employees to access health services.

The EWP's financial wellness component is delivered in a variety of ways, including group lectures, presentations at Wellbeing Fairs, and one-on-one counselling by coordinators. Godwin Aaron Moyo, who is not only a focal point at head office but also chairman of the GRA Credit Union, notes that the Credit Union plays an important role in this respect, particularly in educating staff about the importance of planning for retirement. 'One clear measure of the impact we are having is that savings held by staff in the Credit Union have quadrupled over two years, since the EWP formally began. The message is getting through: employees want to acquire property and to avoid unnecessary debt. In other words, they are thinking about postponing present gratification for the future.'

■ **Monitoring and evaluation**

From the beginning, the EWP has emphasized the importance of monitoring and evaluation. Some of this is achieved by placing formal responsibility for monitoring the EWP on specific bodies such as the national and regional working groups. Another formal requirement, specified in the EWP policy

‘One clear measure of the impact we are having is that savings held by staff in the Credit Union have quadrupled over two years, since the EWP formally began.’

Godwin Aaron Moyo, chairman of GRA Credit Union

document, is for regular monitoring visits to be carried out in the regions using a set questionnaire.

The policy document also requires periodic surveys to be carried out among staff in order to gather information that will permit better targeting of the interventions. At the beginning of the programme in 2010, a baseline study was carried out on knowledge, attitudes and practices (KAP) of GRA employees on a wide variety of health and wellbeing-related issues. This was followed up in 2011 with a survey of approximately 1,000 employees, achieving a 75% response rate.

A wealth of data was collected suggesting where the programme had been effective and where more effort was needed.

For example:

- Staff were relatively well informed about HIV and this was related to having attended IEC events;
- On the other hand, staff need to know more about cancer, malaria, hepatitis B, and hypertension;
- There was widespread stigma and discrimination related to HIV and to homosexuality that need to be addressed;
- In the area of financial wellness, the survey found that loans and debts were significant expenses for most employees, along with school fees. Some staff had multiple loans, however, and spent more than their monthly salaries.

A number of recommendations are currently being considered in order to improve EWP interventions.

Box 4. ‘Mainstreaming wellbeing can’t just be a project that comes and goes’



Yusuf Quainoo is one of the ‘fathers’ of Employee Wellbeing at GRA. A senior auditor, he is also a trained counsellor, and was one of the first focal points in the Workplace Programme back in 2006.

At that time, he and the other focal points did counselling and other activities in addition to their fulltime jobs, including trips to regional offices. ‘We did it because we felt our colleagues’ health was important, but it was hard,’ he remembers. ‘It sapped your energy, and if you couldn’t catch up with your regular work, you might miss your performance target. Today, the EWP is not just an outside project, but has been mainstreamed into Human Resources and fully budgeted. It means that we focal points are full time – a big relief.’

In the early days, when the emphasis was on HIV, there was little enthusiasm among staff. ‘If someone saw you coming out of the counselling room, it was clear you were there about HIV,’ he explains. ‘Now consultations are about many health issues. Our talks used to be about HIV, but now it is health “head to toe”! I don’t have to work so hard to convince people to get tests done.’

Under mainstreaming, EWP is part of new employees’ induction training. It is also part of retirement planning. ‘Retirement used to just hit people – boom! They had never prepared for it. Now as it approaches, you get training about the health, finance and social implications.’

Mr Quainoo is especially enthusiastic about the EWP community component. ‘If you only look after the staff member, and forget about his dependents and community, you have done nothing,’ he argues. ‘An employee cares about the people who cook for him, feed him, live around him. If they are ill, and you do nothing for them? An employee cannot give his best.’

■ The next phase

The EWP at GRA and GCNet is coming towards the end of its three year schedule. The size and complexity of GRA means that significant planning and organizational work remains to be done, including improved coordination between departments and regional structures to accommodate the programme and its interventions. In particular, the process of fully mainstreaming the EWP within its Structures and Support Services Division is still underway. This includes revised job descriptions and assignment planning for all employees involved in delivering the programme. To ensure that the GRA has the internal capacity to independently maintain and improve the EWP, a needs assessment is scheduled to measure training and development needs.

On a logistical level, the programme is preparing for stronger data linkages with the NHIS' records, in order to make registration and renewal more efficient. Greater use of technology in general is planned for, even for such elementary activities as reminding staff of health appointments and follow-ups

through automatic text messages through their mobile phones.

By end of 2012, GIZ's financial and coordination support to the EWP will phase out as the two Ghanaian organizations increasingly integrate the programme within their own corporate structures. However, GIZ support will likely continue in specific areas such as monitoring and evaluation.

The partners are confident that EWP will be fully integrated in both organizations by 2012. The partners are confident that by that time, the EWP will be of a sufficiently high standard to serve as a best practice model for replication in Ghana and elsewhere.

Box 5. 'It would never have occurred to me to get tested for hepatitis B'



In 2008, tax audit supervisor Joseph Oppong was working in the town of Aflao in Ghana's Volta Region. On weekends, he would take a three-hour bus trip to be with his wife and young children in Accra.

When he was offered health testing under the Workplace Programme, he thought, 'Why not?' He was relieved to find that he was HIV-negative, but surprised to learn he had hepatitis B, a disease he knew very little about at that time and which he would never have thought to be tested for. He didn't feel sick, but he knew seeking treatment would strain his family's finances as he had to pay 'up front' for medicines, particularly since it could take a long time for his employer to reimburse him.

In early 2011 however, he began to feel tired and stressed, to the point where his work was being affected. After a prescription from one doctor proved ineffective, he found another who prescribed the antiretroviral tenofovir.

He feels much better since that started (he also was able to get a transfer to Accra, which has reduced his stress level considerably – 'and I eat much better when I am at home' he adds). But his case illustrates the costs involved. The testing and consultation cost the equivalent of US\$ 1,800 (3,200 Ghanaian cedis at the time) and his first two months of tenofovir approximately \$500. Given that the average GRA employee's salary after all deductions is \$453 a month, according to the recent KAP study (see above, with currency conversion as of May 2012), the 'up front' outlay is substantial. Mr Oppong hopes to get reimbursed quickly by the GRA, and is being assisted in this by EWP focal point Yusuf Quainoo.

Mr Oppong is grateful for the screening programme and other services provided by EWP, but points out that the financial wellness component faces considerable challenges. He notes, 'As an accountant, I understand how important it is to live within my means, but you need to understand the African family context. When you are working a lot of people are dependent on you. So it throws planning overboard. Family members are constantly calling you for help. It is hard to save for some kind of investment. I am helping many people, my brothers and sisters, and other people who need help with their school fees. If you ignore them, fine, you can save something, but I find it difficult to ignore them.' Nonetheless, he sees the value of financial health being included in the EWP, and hopes his colleagues will participate.

Scaling up: the Strategic Employee Wellbeing Programme Alliance

In October 2010, six major companies operating in Ghana signed an agreement to cooperate in developing Employee Wellbeing Programmes in their respective operations, with technical support from GIZ and close involvement by the Ministry of Health. Called the Strategic Employee Wellbeing Programme Alliance, the initiative aims to leverage the various companies' expertise, and provide a forum for exchanging experiences and practices. Since the Alliance was first formed, two more have joined the initiative, bringing the total to eight.

Partners

The Alliance includes the following partner companies:

- Accra Brewery Ltd., a subsidiary of the multinational SABMiller, and a major supplier of beer and bottled water products within Ghana. It employs approximately 800 people.
- Blue Skies Holdings Ltd., which processes fruit products for export and also produces fruit drinks for the local market. It has approximately 1,800 employees in Ghana, as well as another 400 in Egypt, South Africa, and Brazil.
- Ghana Urban Water Ltd. is a state-owned company with over 3,000 employees that manages water supply and sewage systems in urban centres across the country.
- Golden Star (Wassa) Ltd. is a gold mining company currently operating two mines and three processing plants in Ghana.
- Japan Motors Trading Company Ltd., a family owned company employing almost 1,000 people. Its business activities include auto sales, servicing and spare parts, as well as real estate and construction services.
- Newmont Ghana Gold Ltd. is a subsidiary of a US-based mining multinational. It employs approximately 4,600 regular staff and contractors, with the majority working at its Ahafo Mine (Ghana Money, 2012).
- Superlock Technologies Ghana, with over 400 employees, is a high technology company specializing in information and communications technology and security systems (Satnews Daily, 2011).
- UT Group Ltd. is a financial services company which includes banking, real estate and trading and logistics among its activities. It currently employs about 1,200 people.

The participants all have high profiles in their respective sectors, with a good claim to be 'leading by example' as they advance in their implementation of their EWPs. All have an economic and social impact well beyond their actual staff levels: some have many suppliers and sub-contractors, and several 'anchor' local economies in the communities where

their principle operations are carried out.

Including employees, their families and the companies' immediate communities, the Initiative has adopted the objective of reaching 137,000 people.

Agreement-based policies and activities

The work of the Alliance is based on individual memoranda of understanding signed by each participating company with GIZ. These provide standardized language and definitions for all participants, and a clear understanding of both the work to be done and the spirit in which it will be carried out.

The aims of the Alliance, as cited in the MoUs, are twofold: '(a) to improve the health status as well as the social and financial situation of the employees, their core families and members of the immediate communities of the participating private sector partner and (b) to improve the capacity of the Ministry of Health to deliver comprehensive health programmes through sustainable public-private collaboration.' The second of these aims is an innovative approach, making the Ghanaian Ministry of Health at once a participant in and beneficiary from the Alliance, and giving the initiative a strategic importance on the national level.

The components implemented comprise:

- Basic diagnostic and IEC activities for immediate communities of the partner;
- Capacity development for employers and employees;
- Monitoring and evaluation;
- Diagnostic and IEC activities for employees and their families;
- Health products for employees, their families and immediate communities;
- Information material for employees, their families and immediate communities;
- Capacity development for the Ministries of Health, Social Welfare and Justice;
- Travel, administration, and project management.

All activities are harmonized with relevant organizations such as the National AIDS Control Programme, National Malaria Control Programme, and National Tuberculosis Programme. In addition, the agreements enable collaboration on an academic/research level with the University of Ghana (Legon), the Hamburg University of Applied Sciences, and the Bernhard Nocht Institute for Tropical Medicine, a leading research institution in the field of tropical medicine.

The export-driven food producer: Blue Skies

Blue Sky Holdings Ltd. – known generally as ‘Blue Skies’ – is the most recent addition to the Alliance. Its participation resulted from a chance meeting at a social event, when General Manager Ruth Adjei found herself chatting with GIZ-ReCHT team leader Holger Till. As the manager of a rapidly expanding company with a strong social responsibility ethos, Mrs Adjei was intrigued to hear about the Alliance, and decided its approach had much to offer Blue Skies and its employees.

Blue Skies began corporate life in 1998 near the town of Nsawam just north of Accra. From the beginning, its main business has been exporting freshly cut fruit to overseas clients, particularly in Europe, although it has also branched out with a line of natural juices for the domestic market. The main products are banana, coconut, mango, papaya, passion fruit and pineapple, which are sourced from over 150 farms employing tens of thousands of people in different regions of the country. The company business model has been to add as much value as possible in Ghana, cutting and packaging there rather than simply shipping fruit overseas for processing, with an emphasis on ‘generating social and economic development within the country where the fruit was grown’ (Blue Skies, undated). In recent years the company has begun to source fruits from South Africa, Egypt and Brazil.

The company’s sourcing, processing and ethical practices are certified by a number of external programmes such as Fairtrade. The company has also established the Blue Skies Foundation to carry out corporate social responsibility projects in supplier communities. Examples include providing basic infrastructure such as electricity and potable water, depending on community priorities.

Workforce

The factory in Ghana remains its biggest operation, employing between 1,200 and 1,700 people depending on the season. The workforce is mostly young, in great majority under the age of 50, and education levels vary from basic to graduate level. About 215 employees work in administration, while the rest are production workers. There are almost equal numbers of women and men.

‘Financial advice is important, and I am convinced it contributes to productivity – if you are not happy at home, you are not happy at work.’

Ruth Adjei, General Manager, Blue Skies Holdings Ltd.

Blue Skies already had high standards in employee care when it joined the Alliance in 2011 and began its own EWP. The factory has an onsite crèche, and a health clinic staffed by registered nurses that remains open whenever the factory is in operation: this can sometimes mean 24-hour coverage during peak periods when three shifts work around the clock. The company cafeteria provides nutritious meals, with staff benefiting from an 80% subsidy when they eat there.



>> Cutting fruit in the climate-controlled Blue Skies factory north of Accra

■ Implement the EWP

Ruth Adjei explains that Blue Skies initially intended to locate the EWP within its Foundation, because of the community component would fit with the existing Foundation activities. She finally concluded that it was best 'mainstreamed' within the company's normal human resources structure. In particular, the clinic was able to take on the additional screening and counselling activities, and the human resources staff already provided health advice with each new employee's induction training. The programme is being extended to Blue Skies' South African operations as well.

Mrs Adjei emphasizes two aspects of the EWP among its various benefits. The first is that there is a high level interest among staff in financial wellness. 'The staff are young in the majority, and it is natural they want to buy things. But even

with good salary, they frequently get into debt, which can be very stressful. So the financial advice is important, and I am convinced it contributes to productivity – if you are not happy at home, you are not happy at work.' There are plans for another Alliance partner, the UT Group, to come to the Blue Skies factory to do a financial literacy workshop for the staff.

She also highlights the community component of the EWP, which begins this year. 'We are going to offer health screening in the local villages, including mango and papaya farmers. Staff members and their families who live near here already benefit, but this will extend screening to another 2,500 people.'



>> Ruth Adjei (right) with human resources manager Emily Addo-Boateng and Blue Skies Foundation manager Alistair Djimatey.

The municipal service provider: Ghana Urban Water Ltd.

The provision of potable water is one of the key services that citizens of modern states expect from governments. In Ghana, Ghana Urban Water Limited (GUWL) provides water and sewerage systems to all urban areas with more than 5,000 inhabitants. GUWL is a subsidiary of the state-owned Ghana Water Company Ltd. (GWCL). GUWL currently operates in 82 localities across the country, and employs approximately 3,300 staff. About four-fifths of staff are male, and jobs range from physical labour to complex planning and logistics management.

Evolution of the programme

GUWL's Employee Wellbeing Programme has its roots in the HIV/TB-focused workplace programme run by GWCL and Aqua Vitens Rand Ltd. (AVRL) – a consortium of Vitens and Rand Water of Germany and South Africa respectively that managed operations on behalf of GWCL. Like Ghana Revenue Authority and GCNet, the workplace programme at GWCL was supported by GDC, and ran from 2007 to 2010. During that time, a variety of activities such as health fairs and information sessions were offered to staff, along with HIV testing and counselling. Over time, the programme added screening for hypertension, diabetes and a number of other services including weight checks.

An important part of the programme was the creation of site clinics in the head offices of GWCL and AVRL (now GUWL) respectively, both of which are in Accra, and 11 regional site clinics. These provide access to visiting doctors, nurses and trained focal persons, and operate on a walk-in basis

twice-monthly on average. The clinics have proved popular with staff and their core families. If problems are detected that are beyond the diagnostic or treatment possibilities of the site clinics, staff are referred to designated health facilities with which GUWL has made clinical arrangements.

The services were also extended to people living in communities close to offices and pumping stations in some areas as part of the company's corporate social responsibility programme. The company observed that extending health fairs to the immediate communities afforded opportunities in maintaining good relations with them, and was effective in providing HIV and TB screening to people who otherwise unlikely to have gone for a test. The nurses at these health fairs were hired especially by GIZ, with the company responsible for other costs of the events.

The challenge of changing attitudes

Juliana Amponsah-Asiamah is a Senior Administrative Supervisor (Health and Safety) at GUWL. A trained counselor, she explains, 'Most of the work performed in GUWL is physical. However, there are also sedentary duties that do not involve much exercise, so we try to inform people about diet and their eating habits. Messages such as, 'Don't eat late', or 'don't eat heavy in the evening' are used.'

She noted that there has been a marked change in attitudes towards health in recent years among the employees. 'They now see the importance of health services. They also have a great interest in keeping track of their health status, including



>> The GRA and several partner companies of the EWP Alliance offer free health screenings and awareness raising events addressed at the greater public.

blood pressure, weight etc. Recently, management has begun to send out mobile phone text messages to remind staff of their appointments at the site clinic. Some of the workers come to the site clinic early so that they can get back to work.'

GUWL has started to take a closer look at the relationship between health and absenteeism. In the past it was difficult to know to what degree the two were related, and even to know whether a person had been absent from work. 'Due to cultural traditions, staff refrain from reporting each other when one does not show up, so we didn't have full data. However with the help of GIZ, research is being carried out which will provide us with information that will help us focus our activities on real problems rather than guessing.'

Box 6. The challenge of tradition

Emmanuel Odartei Lamptey and Juliana Amponsah-Asiamah are having a friendly argument about diet.

Emmanuel has worked for the Water Company for 32 years, and has done a wide variety of jobs: excavation, pipe laying, leakage repair ('There were many late shifts fixing burst pipes – hard work!') Currently, he works at headquarters and repairs about 60 water meters a day that come from GUWL operations all over Ghana.

'I like fufu,' he tells the Health and Safety Supervisor, referring to the ball of pounded cassava with plantain which is one of the staples of the Ghanaian diet. Fufu is usually dipped in a soup made with ingredients such as groundnuts or palm nut. In nutritional terms, it provides energy but little protein (FAO, 2009). 'I eat it every day.'

Juliana lectures him gently about needing to balance his diet. 'At least, don't eat it late in the day,' she says, shaking her head. Emmanuel is not convinced; he has a traditional attitude not only to diet but to health in general. He doesn't go to the company clinic unless he feels really ill, he says. Still, he appreciates the health coverage the company provides for him, his wife and his four children: 'It is good that the children are covered up to the age of 18, or longer if they stay in education.' And it turns out that he actually has used the screening services. 'I have done the tests,' he says. 'HIV, hepatitis B and my blood pressure.'

Juliana smiled when he said that. First things first, she reasons: Emmanuel may be hearing more from her about diet in the future.



>> Juliana Amponsah-Asiamah in her office and Emmanuel Odartei Lamptey in the meter shop.

The third-generation family firm: Japan Motors Ltd.

Japan Motors Ltd. recently celebrated 100 years of corporate history in Ghana. Still owned by the Kalmoni family, who immigrated from Lebanon in the early part of the last century, the business now includes seven companies covering a range of fields, including sales of brand new cars, real estate and construction.

Nonetheless, most of its 960 employees work in its core business of auto sales, service and spare parts, with offices in five of the country's regions. The vast majority of employees are male, many of them married with families, and most have trade or professional qualifications, from National Vocational Training Institute certificates up to graduate degrees.

Until recently, Japan Motors Ltd. had no structured health programme for health education. Under company policy, all staff were registered with the National Health Insurance Scheme, but had access to 'top-ups' to pay for additional drugs and treatment not covered by the NHIS on a pay-as-you-go basis or on receipt of a monthly bill under an arrangement between the company and approved hospitals. Other medical bills from approved medical doctors or government hospitals and institutions could also be reimbursed by the company.

Joining the Alliance

When she first received a letter from GIZ about the Alliance, the company's manager of Human Resources and Administration, Serwah Akoto Opoku-Ampomah was sceptical. 'I was tempted to put the letter aside because our employees were happy with our health arrangements. But my boss, Salem Kalmoni, was enthusiastic when I mentioned it to him. So we had some meetings with GIZ, and I quickly saw there were a lot of advantages to joining.'

With GIZ's support, the company carried out a baseline survey to establish employees' knowledge about certain diseases, and started 'training of trainers' to implement different aspects of the EWP with the support of both senior and junior staff unions. Activities like weekend Fun Games and five-kilometre runs were organized, which included health screening and counselling opportunities. 'The Fun Games especially attract the wives and children, and it helps get the message out there about healthy living,' she comments. 'We invited people from other companies as well.'

Serwah says that she was surprised at how enthusiastic the employees were about the financial wellness talks that were given in all branches. The talks usually ended up as lively discussions, as employees talked about their own circumstances and problems, and how their families' money might be better managed.

The benefits of membership

For Serwah, one of the benefits of being in the Alliance has been the meetings with other participating companies. 'The meetings are hosted by different partners, and you all feel valued because you aren't just there to listen. You also contribute your own experiences, and they are listened to seriously.'

She is also pleased with the increased focus that the EWP has given Japan Motors' corporate social responsibility activities. The company has been supporting health outreach to a heavily industrialized area of Accra called Kaneshie, and a new health initiative work in the nearby 'e-waste' dump at Agbogbloshie (see page 31). 'That is in our neighbourhood,' comments Serwah, 'so we need to be concerned.'

Box 7. For good health and a prosperous future



Hayford Nyarko George is a warranty officer in the Service Department at Japan Motors Ltd. qualified in auto engineering and with additional studies in management and administration, he now follows up on warranty claims around the country.

He remembers that before the EWP, Japan Motors Ltd. worked hard to maintain good on-the-job health and safety standards, and paid for additional medical care as needed. But he feels the more comprehensive approach to health and wellbeing has made a difference to his life. 'The screening for various diseases actually challenges you to think in a different way about your health, rather than just dealing with things when they go wrong,' he says. 'I actually talk to my friends about diet and exercise now. And things like getting your eyes tested, it just never really seemed important.'

Hayford is getting married this year, and found the financial planning sessions came into his life just when he could use this kind of information most. 'Some of it is for now,' he notes, 'like being aware of impulse buying – you need to think about your needs, not your wants. But they also get us thinking about retirement, even if it seems a long way in the future.'

The financial services firm: UT Group

The UT Group is a fast-growing Ghanaian business established in 1997. The company business is centred on financial services, having begun by offering loans to small and medium sized enterprises. Since then it has branched out into other areas such as collections, logistics, insurance and banking. It also has international operations in Germany, Nigeria and South Africa, and is listed on the Ghana Stock Exchange. However, although it now does a great deal of its work with the formal sector, it remains an important player in providing financial services to informal sector that is not catered to by traditional lending institutions.

Overall, the UT Group has over 1,200 employees, most of them well educated and working in white-collar activities. Prior to joining the Alliance and implementing its own EWP, the company was already very health-conscious. The UT Group provided its employees with nutritionally balanced mid-day meals, and had its own corporate 'Olympics' emphasizing participation and team-building. Each staff member had private health insurance that paid for screenings and checkups. UT Group has also been a strong corporate supporter of awareness and treatment of breast cancer, the second leading cause of death by cancer in Ghana, carrying out activities such as early diagnosis campaigns and fundraising.

A strong Corporate Social Responsibility focus

When GIZ first got in touch by letter, the company management and human relations department were sceptical about the benefits of joining the Alliance. They felt the company was already doing an effective job of looking after their employees' health needs. However, Sophia Lissah, the company's Media and Public Relations Manager, was impressed by what she saw as an opportunity to enhance the UT Group's corporate social responsibility activities. After discussing it with the Chief

Executive Officer, she got the go-ahead for the Group to join the Alliance.

As well as the full range of EWP activities described earlier, the UT Group has made its expertise in financial services the focus of its community outreach by promoting 'financial literacy' among two very different types of audiences. First, it takes a financial literacy 'clinic' to marketplaces where large numbers of Ghanaians do their shopping. The clinics include instructional drama, talks by UT Group managers about subjects such as basic book keeping, responsible borrowing, and savings, and a tent in which health personnel provide free screenings and counselling. It is normal for about 200 people to be screened at one of these events.

Second, the company provides more advanced financial literacy workshops for UT Group customers and suppliers, with the same health component. Sophia Lissah comments, 'These are often our key customers such as banking clients and small and medium business owners, who are very bright and dynamic but don't necessarily have a lot of financial education. The workshops help them work through important business issues such as risk management and consumer protection, but they also have the chance to do screening while they are there.' In both types of event, the UT Group finances the event and rents the venue, while GIZ pays for the medical personnel and testing kits and condoms.

People are talking

Within the company, Ms Lissah has seen a rapid change in employee culture. 'People talk all the time about cholesterol, and about going on fat-free diets. And they are going for complete checkups spontaneously, something they never used to do,' she says.



>> Drama for development techniques are used to educate the public at a UT financial literacy clinic at a public market.

Being in the Alliance has brought three main benefits, in her view. The first is the emphasis on wellbeing, which is a good thing in itself for general health of the staff. Second, the company's corporate social responsibility budget goes much further through the added value of the health screenings in their financial literacy activities. Finally, she appreciates the co-

operation with other Alliance members. She gives an example: 'I had a request for help with a Father's Day programme for prostate cancer. I didn't have the time and resources to do it myself because I had already committed to breast cancer, but I was able to hand it over to Blue Skies and Japan Motors.'

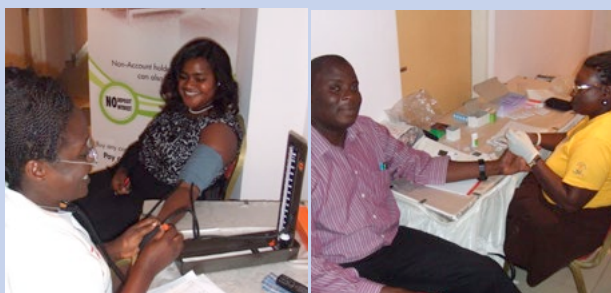
Box 8. A good reminder for busy executives

At a UT Group financial literacy workshop, about 60 small and medium business owners and managers listen to a leading academic discuss financial risk. Every few minutes, two slip out into the corridor where Ghana Health Service nurse-counselors have set up tables and are screening for a variety of health problems.

Naa Ashiaa Amanquarnor is Deputy Chief Operations Manager for a company called African Support Network, a UT Bank client. She had been happy to receive the invitation to the workshop, since financial risk is always a concern for a prudent business, but the tests on offer were a pleasant surprise. She checks her own blood pressure regularly, but was glad to have the opportunity to test her blood sugar and have other checks done. 'It makes sense for UT Group to do this,' she smiles. 'Staying healthy is a good thing for everyone, obviously. And if you stay healthy, then you're more likely to keep going back to them for business reasons.'

Following her is Samuel Asazoa Sulemana, CEO of Saazo Ghana Ltd. A client of UT Group for four years now, he started out in real estate and recently acquired a bottled water business. Samuel is enthusiastic about the workshop's risk theme, and about attempts to increase financial literacy in general. 'This kind of training might contribute to reducing loan default rates in Ghana, which are quite high,' he says. 'A lot of enterprises need help to create proper business plans that take risk into account.'

He too was pleased to find the testing on offer when he got to the seminar. 'I've been thinking about going to the hospital to do some of these tests, but I was always busy with one thing or another so I never got around to it.' He reflects, 'We business people like to be doing things now, not planning for future problems whether it's risk exposure or potential health problems. So this has been a good reminder. It's on my mind now, and I'll remember to make time for health checkups in the future.'



>> L. to r. Naa Ashiaa Amanquarnor with nurse-counselor Edith Asare-Mensah

>> Samuel Asazoa Sulemana with nurse-counselor Celestina Agezo

Community outreach: The Agbogbloshie ‘e-waste’ site

Agbogbloshie is an area in the industrial northwest of Accra that has become one of the most notorious unregulated dumps for electronic waste. An estimated 40,000 people earn their living by recycling electronic equipment that comes mainly from North America and Europe, under working conditions that are hazardous to their health. Much of the work is done by teenage boys and young men without any safety equipment, and involves direct contact with toxic materials.

While the problems facing those living and working in Agbogbloshie have been widely known since the late 1990s, and addressed over the years by several national and international initiatives, there has been relatively little progress – not least because the people in Agbogbloshie are suspicious of anything that might take away their livelihoods. Most are already ‘outsiders’ in Accra; in contrast to the local population, they come from North Ghana, and have their own ethnic, religious and linguistic backgrounds.

Through an intermediary from Greenpeace, and with the support of Alliance members, GIZ made contact with Agbogbloshie community leaders in 2011, in an effort to extend health services to the area. The work began with some essential community sensitization to reduce local people’s suspicions. After this was done, GIZ conducted tests among

a sample of people (40 exposed and 40 in the control group). The tests included the normal EWP screenings, but also included additional collection of urine and blood samples which are being analysed for toxins at the Bernhard Nocht Institute for Tropical Medicine in Hamburg.

The next phase will depend on the results of the toxins analysis, and will have to be carefully designed and implemented. A stakeholder event is planned to present the findings and develop a joint road map for the mitigation of negative impacts, with the participation of institutions such as the Environmental Protection Agency of Ghana, Ministry of Health, and Ministry of Employment and Social Welfare. Also planned are studies of toxin levels in employees of companies located near Agbogbloshie and children attending nearby schools.

It is too early to know what impact the Alliance’s support will have on the health of people living and working in the Agbogbloshie ‘e-waste’ site, given that a number of difficult issues need to be navigated that are not directly related to health (lack of formal stakeholder representation within the site, unclear or extra-legal status of the people and their work, etc.). Nonetheless, the initiative has begun well, and the limitation of its objectives to health outcomes is helping to manage the complexity surrounding it.



>> A young man gathers computer components at the Agbogbloshie ‘e-waste’ dump.

>> GIZ’s team prepares to screen for toxins and other health issues.

Results and achievements

While rigorous evaluation of the EWP described in this document has not yet been carried out, the Strategic Alliance can point to a number of achievements to date:

- **Acceptance of the EWP concept.** Various facets of the concept (notably comprehensive screening for communicable and non-communicable diseases, and financial wellness) have not only been gaining acceptance among the staff of different partners, but it is clear that ‘word is getting around’ among other employers in Ghana. All of the partners, from the Ministry of Health to the participating companies, report that they are getting requests from other companies for information about Employee Wellbeing. The fact that individual partners, notably a key government institution like the GRA, have ‘mainstreamed’ EWP into their normal business activities and structures, suggests future sustainability when GIZ eventually ceases its financial contribution to the project. The Alliance is a particular advance for Ghana’s private sector, providing a powerful demonstration of structured engagement by forward-looking, successful enterprises in both employee health and corporate social responsibility.
- **Creation of tools and policies.** On the level of policy, all partners have now adopted Employee Wellbeing Policies which outline the principles and activities involved in their individual EWPs, as well as obligations and responsibilities of employers and employees. The Policies are a step forward in various ways, notably in signalling the acceptance of ‘immediate community’ objectives for the programme, which extends the reach and range of beneficiaries of the programme for relatively little financial outlay. A number of technical tools have also been created for activities such as cost-benefit analysis and monitoring and evaluation.
- **Quantifiable outputs.** Five companies have established on-site clinics for their staff members since the programme began. Almost 175 thousands persons have participated in health screenings since GIZ supported Workplace Programmes first began in 2006. In line with national prevalence statistics, about 2.5% of those tested HIV-positive and about 10% tested positive for hepatitis B. Approximately 2% were diagnosed to with high sugar levels and about 10% with high blood pressure. All of them were referred to appropriate health services.

- **A wealth of information.** A database of socio-demographic, behavioural and bio-medical data has been collected for 174,468 persons since 2006. This is a valuable information asset for Ghana in the field of health as the Ministry of Health strives to improve health service delivery, disease and risk factors surveillance, health policy decisions and resource allocation. GIZ-ReCHT has also commissioned the development of a new data management system for monitoring and evaluation, which eventually will be handed over to the participating companies. This will permit them to monitor the health status of their employees, keep track of their company’s EWP activities, and to perform periodic evaluation exercises. Such advances make a broader contribution to setting up Health Management Information Systems at institutional and national level. This is in line with Ghana’s ICT For Accelerated Development (ICT4AD) policy, which aims to transform Ghana into an information-rich knowledge based society and economy through the development, deployment and exploitation of ICTs within the economy and society.

The way forward

Based on the promising results registered by these Employee Wellbeing Programmes on both institutional and national levels, it is hoped that the benefits can also be realized on a regional level. For this reason, an EWP proposal for West Africa has been submitted to BMZ, with the aim of extending the approach to neighbouring states. The initiative will be carried out as an example of ‘South-South Cooperation’ with member states of the Economic Community of West African States.

A related initiative is the inclusion of Disaster Preparedness interventions into the EWP approach. This will occur both within Ghana and at a regional level. Potential interventions include: increasing awareness on pandemics and disasters, creation of institutional pandemic preparedness and response plans for public and private sectors, and development of business continuity plans and risk communication tools. Preparation for natural disasters, pandemics, and other environmental or medical risks to regional and cross-border security may also receive increasing priority on a regional basis.

Lessons learnt

The main lessons learnt in the course of the Employee Wellness Programmes are as follows:

- **Invest sufficient human and financial resources.** Several managers and implementing staff noted that, if they had to do it all over again, they would have made EWP focal points fulltime positions, freeing these staff from other responsibilities. The idea that WPP and EWP work should be carried out on a voluntary basis is now recognized as a mistake.
- **Mainstream the programme in the corporate structure.** It is important to ensure that EWP makes the transition from an externally funded project into the normal operations of a company or institution. A corporate 'home' (most commonly Human Resources) and dedicated budget must be found for this work.
- **Make the business case.** Senior management in the Alliance partners were not uniformly supportive when the EWP was proposed to them. Some immediately accepted the approach while others were more sceptical. In all cases, the 'business case' had to be made that the EWP would bring concrete benefits to the company. It is important to stress, however, that the business case is not a purely financial one, since many of the benefits are

hard to quantify. Fortunately, the experience has proved that many of Ghana's business leaders fully take on board the contribution of staff health and morale to corporate performance, and the added value that goodwill and corporate social responsibility contribute to a successful business.

- **Partnership approach.** Many of those interviewed for this report commented without any prompting that the GIZ approach has been consistently respectful, collaborative, and oriented towards sharing information and problem-solving. This has been an added incentive for busy people with many other responsibilities to stay with the programme and to contribute their time, experience and creativity.



GHPC
VIDEO

For the first time since its beginning, the German Health Practice Collection launches a short video alongside this written report. It gives vivid impressions of some activities of GRA/GCNet and the EWP Alliance members. See the film at www.german-practice-collection.org/en/videos.

Peer review

The German Health Practice Collection (GHPC) has established criteria that programmes and projects must meet to qualify for publication as part of this series. The two expert reviewers of this report concluded that the approach described here is a worthy examples of current practice in occupational health and employee wellbeing. One reviewer summarized by saying, ‘this approach supports and gives excellent examples for the current discussion in the business community, to make a business case for employee health and to showcase the overlap between business interests in healthy employees and the health of people. It therefore reflects the state of the art debates in modern health management and human resources management.’

The peer reviewers offered the following reflections on the specific criteria used by GHPC to identify promising practices. The reviewers noted that the available evidence about effectiveness is anecdotal rather than based on data regarding programme impact on health or business indicators.

Effectiveness

The reviewers noted that the available evidence about effectiveness is anecdotal rather than based on data regarding programme impact on health or business indicators.

Transferability

The approach was judged transferable on the basis that EWP have been successfully established in a variety of settings and industries. One reviewer emphasized that Ghana’s welfare system is relatively advanced compared to other countries in the region, and the EWP’s success transfer outside Ghana would depend on its being done in a holistic way, including social protection, health insurance, pension funds, etc.

Participatory and empowering approach

Both reviewers noted evidence of the participatory nature of the EWPs described in the publication. In particular, the use of awareness raising and information sharing, and the voluntary nature of the programming were remarked upon.

Gender awareness

The reviewers both stated that the approach did not appear to have a specific gender component, although one remarked that women were implicitly ‘the conductors of health messages and that they are often targeted through extramural events.’

Quality of monitoring and evaluation

One reviewer referred to the M&E in the approach as ‘solid.’ The other suggested that extending the data collected to include mental health would be a valuable improvement.

Innovation

The reviewers agreed that while none of the individual components of the approach were new, the overall approach to delivery and outreach of services was innovative. One reviewer described an institutional arrangement (the inclusion of health issues on companies’ and policy makers’ agendas through high-level involvement of the Occupational Health Unit of the Ghana Health Service) as ‘a great step forward.’

Comparative cost-effectiveness

Neither reviewer felt able to comment on this aspect of the approach given the available data.

Sustainability

Both reviewers concurred that the approach’s sustainability was likely to be high because of its mainstreaming within and funding from the various partners’ corporate structures (rather than treating EWP as an externally-driven project with a limited lifetime). One expressed confidence that ‘in the long run, growing health and prosperity will show the positive impact of the EWP.’

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