

**Submission for DFID consultation on 'Updating Taking Action –
the UK's strategy for tackling AIDS in the developing world'**

Background information

1. Name: Business Action for Africa
Type of organisation: network of businesses and business organisations with operations in Africa and committed to supporting Africa's development
Countries: most of sub-Saharan Africa
Type of epidemic: low-level, generalised and hyper-endemic

Business Action for Africa is an international network of over 150 businesses and business organisations. The network was created out of the engagement process surrounding the Commission for Africa and from the involvement of business in supporting the broad thrust of the UK Government's then G8 objectives. DFID (through the Growth and Investment Group) is one of Business Action for Africa's 17 sponsors, sits on our Board and chairs the Business Action for Africa Whitehall Contact Group.

Business Action for Africa has maintained an active advocacy programme throughout its existence including on issues like the private sector's role in development, the Doha Round, trade facilitation, the investment climate, anti-corruption and the recent German G8 Presidency package on Africa.

Business Action for Africa focuses on three areas of activity: collective advocacy on policies needed for growth and poverty reduction; business-led collective action projects and programmes in Africa; and sharing and showcasing good business practice. Around 60% of the network's members are companies; all have operations in Africa, and therefore the great majority of members have to a greater or lesser extent been confronted with the challenges of HIV and AIDS.

Members are active in African countries where the epidemic is generalised as well as a number of hyper-endemic countries. Members also have some experience in countries with low-level epidemics. Comments in this submission therefore do not refer to one particular scenario.

2. Contact details

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1. Introduction

Africa continues to be disproportionately affected by HIV and AIDS. As a network of businesses and business organisations active in Africa and committed to supporting the continent's development, Business Action for Africa has therefore prioritised action to address the impacts of the epidemic. We recognise the leading role that DFID plays in tackling the challenge of AIDS in the developing world, and welcome this consultation on updating its strategy.

However, we are deeply concerned about the fact that the consultation document makes no reference to and invites no comment on the role of business in the fight against AIDS. It is now widely recognised that the involvement of business is critical in helping to scale up effective responses to the epidemic, especially in countries where the public health sector faces severe resource constraints. Indeed, a number of businesses have played a catalytic role, through workplace programmes and in their local communities, in helping to stimulate more effective national responses to the epidemic. This was clearly the case, for example, in South Africa where business took the lead in the provision of anti-retrovirals in advance of the public health service.

If DFID is to realise its goal of achieving universal access, it will be crucial to ensure that it works efficiently with all its potential partners. Moreover given the strong links between the epidemic and poverty, the central role of business in poverty alleviation makes it an essential actor in the overall strategy. We believe that the failure to include a discussion on the best way to utilise the resources of the private sector, in partnership with government and civil society, is a serious omission which we trust will be addressed in the updated strategy.

2. Why business is a crucial partner

AIDS affects working-age people more than any other age group: the ILO has estimated that two-thirds of people living with HIV are workers. In addition, certain workplaces could create an environment where individuals are more vulnerable to HIV transmission. Hence the workplace is an obvious starting point for prevention strategies, and also provides a good route through which to reach affected individuals for treatment and care.

There are persuasive reasons for employers to take action. Over and above the moral imperative, the direct and indirect costs associated with high HIV prevalence among workers and their families mean that businesses also have a strong financial incentive to implement prevention, treatment and care strategies. HIV/AIDS is a core business issue, threatening workers, customers and communities.

There is much that business can do and is doing; the impact of its actions can stretch well beyond the workplace. First, as employers, businesses can ensure that they have in place appropriate policies to address the prevention, care and treatment needs of employees and their families. Formal and unequivocal anti-discrimination policies can also contribute to the protection of the rights of affected individuals and in challenging stigma.

Second, businesses are sharing lessons learned with small, medium and large enterprises in their supplier and customer networks and in the communities where they operate, where they can support local initiatives in prevention, education, treatment, poverty alleviation and other areas.

Third, there is considerable opportunity for business to support and enhance existing public sector programmes through partnerships at the national level to leverage industry resources that complement public sector activities. Where companies have their own medical facilities

or infrastructure, ways should be explored of leveraging this to address some of the obstacles affecting the distribution of anti-retroviral drugs.

Fourth, the voice of business leaders can be leveraged to advocate for policy change and increase awareness in both donor countries and many African countries. Businesses are uniquely qualified to deliver the message that the epidemic is an economic and security issue as well as a public health crisis. Business leaders are often viewed as effective and non-political partners and their engagement with government and civil society should be actively encouraged.

Of course, businesses in the pharmaceutical and medical research sectors can make a particularly powerful contribution. Many are already playing a vital role through conducting leading-edge research and developing new medicines and vaccines; accelerating access to medicines in poor countries and those hardest hit by the epidemic, for example through their pricing policies; and engaging in public-private partnerships to help ensure sustainable improvements in healthcare delivery for people living with HIV and AIDS.

In many of the African countries most seriously affected by AIDS, government resources are insufficient to meet the enormous demands of dealing with the epidemic. As a highly incentivised stakeholder, the private sector must be recognised as a valuable partner in the provision of prevention, treatment, care and innovation. Ways need to be found to ensure that its resources are harnessed to greatest effect.

3. Many private sector initiatives are already underway

Companies worldwide are taking action, both individually and collectively. Members of Business Action for Africa engage in this process in several ways.

The **Global Business Coalition** on HIV/AIDS, Tuberculosis and Malaria (GBC) was established in 2001 and now has over 220 members dedicated to combating the AIDS epidemic through the business sector's unique skills and expertise. GBC helps member companies create workplace programmes, build community partnerships, lead advocacy campaigns, and apply their core competencies and products to fight HIV/AIDS. The GBC has also been appointed as the private sector focal point to the Global Fund to fight AIDS, Tuberculosis and Malaria. It has announced a goal of raising \$1 million to help design innovative campaigns and double private sector funding to the Global Fund. With offices in New York, Paris, Geneva, Moscow, Kiev, Nairobi, Johannesburg and Beijing, GBC catalyzes innovative collaborations on both the global and local level. The Coalition is currently chaired by Sir Mark Moody-Stuart, Chairman of Anglo American plc.

The World Economic Forum launched its **Global Health Initiative** (GHI) in 2002, with a mission to engage businesses in public-private partnerships to tackle HIV/AIDS, TB, Malaria and Health Systems. The GHI partners with companies, governments, international organisations and civil society to deliver innovative workplace programmes to tackle HIV/AIDS, TB and Malaria across Africa and South and Southeast Asia. Through these programmes, more than 9 million people have access to life-saving information, prevention, testing and treatment services. The GHI has also done some pioneering work with its "Beyond Big Business" programme to extend workplace programmes to SMEs.

Business Action for Africa provides a platform for companies to share good practice in HIV/AIDS workplace intervention and to take joint action in advocating for greater partnership with the public sector and civil society. Many of our members have had to deal with the impacts of HIV and AIDS for several years, and much has been learnt about what works. Business Action for Africa believes that an opportunity exists to share these lessons and to apply them not only in Africa but also in those developing countries in the rest of the

world where prevalence rates are rising, such as China, India and Russia. As part of this effort the network has, for example, invited a number of senior MPs on a trip to South Africa, to observe workplace intervention programmes in action and to identify ways in which government can encourage more employers to implement effective programmes. This project is supported by BAA members SABMiller, Anglo American, Merck and Standard Chartered. We anticipate that the visit will result in a number of practical policy recommendations, and urge DFID to take these into consideration in its policy review.

Individually **Business Action for Africa member companies** have been at the forefront of the business response to HIV and AIDS in Africa. Details of some of their programmes are attached to this submission as case studies, while some members (eg. **SABMiller**) have made individual submissions.

Anglo American, for example, have played a strong leadership role in the private sector's response to the epidemic and have implemented the largest directly delivered, private sector anti-retroviral therapy (ART) programme in the world. Many members have in place innovative workplace programmes that encompass progressive anti-discrimination policies as well as strategies to encourage employee testing, while many also provide treatment and education. **Diageo's** workplace programme includes counselling, clinical management of opportunistic infections, palliative care and access to anti-retroviral drugs for life, for employees and their families even after the employee has left the Business.

Increasingly companies are broadening their programmes from workplace focused activities to exploring how awareness raising, counselling and testing can most effectively be extended into the communities in which their businesses operate and how their supply chains enforce best practice. **Standard Chartered Bank's** 'Living with HIV' peer education programme has been so successful among employees that the bank has extended it to young people, to the community at large and to the employees of other companies and organisations.

Business recognises the importance of working in partnership with governments and NGOs to maximize the impact that can be achieved. Healthcare companies in particular are engaged in a number of groundbreaking partnerships. In one example, **Merck** and The Merck Company Foundation have formed the African Comprehensive HIV/AIDS Partnership (ACHAP) with the Government of Botswana and the Bill & Melinda Gates Foundation to support and enhance Botswana's national response to HIV/AIDS and provide a comprehensive approach to prevention, care, treatment and support. The partnership has shown that treatment programs in Africa can and will produce sustainable results and save lives. In another example, Uganda's Infectious Diseases Institute is the result of a partnership between **Pfizer**, Makerere University, the Ugandan government, international infectious disease experts and NGOs. The institute is a state-of-the-art regional centre for treatment, training, research, laboratory and diagnostic services, with a focus on strengthening local capacity in HIV/AIDS care.

Companies that have been engaged in addressing the impacts HIV and AIDS for several years are now going beyond just focusing on their own business or workplaces and are finding ways to share their experience. For example, **Merck** supported the launch, in May this year, of a 'Blueprint for Business Action on HIV/AIDS', a free user-friendly tool for use by African companies of all sizes in designing and implementing comprehensive workplace programmes.

The case studies attached describe these programmes in more detail. Further case studies are also available on the Business Action for Africa website (please see below) on the "Human Development – useful information and case studies" page and on individual member companies' web pages.

4. What we would like to see in the updated 'Taking action' policy

There is an urgent need to help ensure that more employers become effectively engaged in fighting HIV and AIDS in the workplace, and to strengthen the commitment to the promotion of increased partnership. Business Action for Africa strongly supports the view that partnerships between governments, the private sector and civil society have the greatest chance of making a lasting impact on infection rates and the wellbeing of people living with HIV and AIDS. We urge DFID to:

- Recognise the private sector as a valuable partner, alongside governments, donor institutions, trade unions and NGOs; and encourage greater partnership with the private sector in implementing prevention strategies and in the provision of treatment, care and support for people living with HIV and AIDS;
- Encourage more employers in developing countries to implement workplace programmes; and facilitate the implementation of such programmes for SMEs or employers with limited resources;
- Convene business leaders along with organisations such as BAA, GBC and GHI with the goal of providing clear entry points for partnership within the DFID initiatives to maximize impact and effectiveness;
- Advocate internationally for the effective harnessing of private sector resources in the global fight against AIDS.

In his speech to the United Nations on 31 July 2007, the Prime Minister referred repeatedly to the need for partnership between the public and private sectors, also in health provision, and undertook to “encourage pathbreaking public private partnerships not just in research but in development and delivery of treatment and drugs”. Business Action for Africa strongly endorses this approach. We urge DFID to ensure that the subject receives proper attention in its new policy on AIDS in developing countries.

More information is available at

www.businessactionforafrica.org

www.businessfightsaids.org (the GBC web site)

<http://www.weforum.org/en/initiatives/globalhealth/index.htm>

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Business Action for Africa
London
8 August 2007

BUSINESS ACTION FOR AFRICA SUBMISSION TO DFID: CASE STUDIES

1. Anglo American: The largest private sector workplace treatment programme in the world

Anglo American first conducted an anonymous HIV prevalence survey amongst its mineworker employees in 1986. The result was estimated to be about 1%. In the intervening years, Anglo carried out extensive education and prevention programmes including free condom distribution, industrial theatre, peer educator programmes aimed at sex workers, income generation schemes designed to divert women from resorting to sex work and more general treatment programmes for sexually transmitted diseases. The Company also participated in a number of multi-business initiatives including among the coal mines of the 'Power Belt' and between the gold companies around Carletonville.

Despite this activity, by the early part of the 21st Century, the estimated prevalence rate had climbed to over 20%. This led the company to re-evaluate its approach and to conclude that the only intervention which would break into the cycle of stigma and denial was to introduce a **voluntary counselling and testing (VCT)** programme supported by the availability of **free anti-retroviral treatment** for those at the right stage of the infection. This was not an easy decision given the political environment at the time around the provision of anti-retrovirals - indeed the company was criticised by the Minister of Health for failing to consult about its decision. Other challenges included the uncertainty about adherence to the drug regimen in the African context, the fact that we did not have a clear idea of likely uptake or the cost of drugs, and that we could not (initially) co-operate with the public health system.

Early take-up was slower than anticipated with an average take-up of VCT of only 10% in 2003, rising to 21% in 2004, 31% in 2005 and 63% in 2006 – with a target of 75% in 2007. Our best performing operations have been our collieries. On average across Anglo Coal we have been able to achieve VCT rates of 82%, with 95% participation at the best operation - based upon an annual re-testing model. At these operations we are able to track – with reasonable levels of confidence – the number of new infections, which seem in this environment to be slowing. 95% of those on treatment are fit enough to do their normal work and our health economics calculations indicate that the treatment programme is becoming self-funding through reduced absenteeism, reduced loss of skills and recruitment costs, and savings on the treatment of opportunistic infections. The increased uptake may come from growing confidence amongst the workforce about confidentiality and non-discrimination. It may also flow from the use of an oral swab test (with minimal waiting time for the result) rather than blood tests and from the fact that Anglo Platinum now include a test option as standard in their staff medicals unless staff choose to opt out (which they are wholly entitled to do). At the end of 2006 we had 4,600 employees on anti-retrovirals with a further 8,000 in the earlier stages of infection on wellness programmes. We believe that this is the largest workplace treatment programme in the world.

We have been seeking to extend treatment to **dependents** (which is complicated by high levels of migrancy in our platinum division and at associate AngloGold Ashanti). Anglo Platinum provide testing and treatment to those families in the vicinity of their own healthcare facilities. Anglo Coal are seeking to extend access through a low-cost health insurance model (co-funded by the company and the employee) but take-up is low and most employees are continuing to rely on the public health service for the treatment of their families.

Anglo American has sought to partner with other organisations, such as PEPFAR and the Global Fund or NGOs such as Love Life in South Africa, in delivering access to treatment to communities.

We have active community HIV projects around eight of our operations. Anglo is also pursuing a project at Bhubezi (in rural Bushbuckridge) aimed at strengthening public health infrastructure in a partnership with PEPFAR and Virgin Unite.

Anglo Platinum has also been supporting a ground-breaking trial that has contributed to a 55% drop in domestic rape – a key route to HIV transmission – among a group of poor women in Limpopo Province. The approach is primarily built around economic empowerment coupled with gender and HIV education to help them to negotiate better sexual relationships and challenge negative attitudes towards women.

2. Merck & Co, Inc: the Blueprint for Business Action on HIV/AIDS

Merck has been engaged in the fight against HIV/AIDS for two decades. Through partnerships developed over the years with the public and private sectors, Merck has seen the difficulties companies often face in setting up HIV/AIDS workplace programs. However, effective measures exist that companies can undertake to manage the impact of HIV/AIDS on their business, while also demonstrating leadership in the community and the marketplace.

In developing the Blueprint for Business Action, Merck drew on its experiences in combating HIV/AIDS and its work with more than a dozen companies in Africa to build sustainable and effective workplace programmes. To ensure the tool reflected the true needs of African businesses, Merck assembled a predominantly African editorial team of HIV/AIDS experts to help develop and test the Blueprint with local African-based companies. Merck also drew on the experience and best practices of various stakeholders such as UNAIDS, the International Labour Organisation, the Global Business Coalition on HIV/AIDS, Tuberculosis and Malaria (GBC), the World Bank, non-governmental organisations (NGOs) and companies that have successfully initiated HIV/AIDS workplace programs.

Included in the Blueprint are:

- **Seven modules** that together comprise a step-by-step comprehensive workplace programme to assist African businesses in their response against HIV/AIDS. These modules guide companies on the following topics: examining the role and success factors of **partnerships** with civil society and public health professionals in developing and implementing a company's HIV/AIDS workplace program; development of an HIV/AIDS workplace **policy** and a plan to put it in place; organising a cost-effective **prevention** programme; understanding the importance of **voluntary counselling and testing** as a gateway to other interventions; implementing an HIV/AIDS **treatment** programme for employees and their dependents; considering access to **care and support**; and how to **monitor and evaluate** the effectiveness of an HIV/AIDS workplace programme.
- A **textbook** that provides background on HIV/AIDS and details about why a company should, and how it can, implement an HIV/AIDS workplace program.
- An economic modelling tool that will enable companies to analyse and illustrate the economic impact an HIV/AIDS workplace program would have on the bottom line.

The Blueprint can be downloaded or ordered at no cost at www.hiv-msd.info/blueprint/. The web site also includes a feedback mechanism allowing Blueprint users to share their experiences and recommend changes and suggestions. The editorial board will review feedback and make regular updates, creating a living and constantly evolving tool.

3. Diageo: HIV/Aids employee workplace programme and beyond

Diageo employs around 4,000 people in Africa so it is vital for our businesses across Africa to maintain a healthy workforce and provide them with a safe environment where their full potential can be released. Diageo is committed to developing and implementing a responsible approach to managing HIV/Aids through effective workplace programmes, partnerships and community involvement that seek to reduce the impact of HIV/Aids on our employees, their families and our business partners.

Diageo's **workplace HIV/Aids programme** has four elements:

1. promoting behavioural change to prevent the spread of HIV through educational programmes and by distributing condoms;
2. encouraging employees and their families to enrol for routine counselling and HIV testing;
3. counselling and support for HIV-positive individuals to acknowledge their status and seek treatment;
4. treatment and care, including counselling, clinical management of opportunistic infections, palliative care and access to anti-retroviral drugs for life, for employees and their families even when the employee has left the Business.

Fundamental to the programme is the principle of non-discrimination and confidentiality based on informed and consensual practices that aim to reduce stigma and maintain a secure working environment. The programme is voluntary, and is provided free.

In 2003, Diageo made a commitment to provide employees and their dependents **access to anti-retroviral drugs for life at no cost**. People are more likely to come forward for testing if there is some hope of receiving treatment and are more likely to adopt lower risk behaviours to avoid infecting others. Employees are encouraged to know their HIV status through confidential voluntary counselling and testing carried out by external health service organisations or where the business has an on-site medical health clinic. Treatment for opportunistic infections is also provided along with access to anti-retroviral treatment (ART) and nutritional information to encourage healthy living. Many of our businesses' on-site facilities also provide vital follow-up care, treatment and support.

Most Diageo operations are involved in **community outreach** programmes and extend HIV/Aids education into their supply chain. For example, in Kenya where barley farmers are an important supplier for our breweries, our operation EABL ensures condoms are available at the company barley-collecting centre in Molo and peer educators on site distribute them to farmers. Field Officers also distribute condoms to the farmers during field visits and educate them on HIV/Aids prevention. In addition, EABL distribute condoms, provided by the Ministry of Health free of charge, to a post office in the local area to benefit the wider community. For the past four years EABL have conducted a HIV/Aids 'Family Day' that is a company-wide event that also engages business partners and the community. Information displays, live theatre groups and music all add to the festivities and VCT is offered on site for anyone to be tested. In 2005 around 1,500 people attended with over 140 people requesting VCT. Many were encouraged by the Managing Director of KBL, one of EABL's subsidiary companies, and his wife being publicly tested and announcing their status.

Working with **partners** is a key element of our HIV/Aids programme. Each operation partners with health service providers and NGOs to provide HIV/Aids training for peer educators and in some cases, line managers. They also play a vital role in providing technical assistance, enhancing workplace and community programmes and assisting the company in the delivery of VCT services and effective supply of anti-retroviral drugs.

4. Partnering on Health System Solutions: Pfizer and the Infectious Diseases Institute

The Infectious Diseases Institute (IDI) at Makerere University in Kampala, Uganda is a state-of-the-art regional centre for treatment, training, research, laboratory and diagnostic services that meets the unique challenges of the African HIV/AIDS epidemic.

The IDI is the result of a partnership between Pfizer, Makerere University, international infectious disease experts, the Ugandan government, and NGOs. The focus of this regional training and treatment centre is to strengthen local capacity in HIV/AIDS care. Training health care professionals in the latest treatment options is an important component in fighting the HIV/AIDS crisis and infectious disease experts based in the Institute train doctors from multiple African countries in the prevention and treatment of HIV/AIDS.

The Institute has a significant impact in Africa, striking at the core of the AIDS epidemic by providing extensive training to health care providers and advanced treatment methods to patients, including:

- The provision of enhanced HIV care for adults, children and families, including anti-retrovirals and prophylaxis for opportunistic infections;
- Education and training for African physicians and health care providers in HIV care and prevention;
- A state-of-the-art diagnostic laboratory to monitor HIV therapy and to support diagnosis of opportunistic infections, tropical diseases and sexually-transmitted diseases;
- Clinical research to identify the best approaches for patient care, including directly observed therapy and once-a-day treatment regimens.

Since 2004, the IDI has trained more than 1,200 healthcare providers from 26 African countries. The centre currently provides care to approximately 10,000 patients.

5. Standard Chartered Bank: 'Living with HIV'

As one of the world's most international banks, Standard Chartered employs almost 60,000 people, representing over 100 nationalities, worldwide. The Bank derives over 90% cent of profits from Asia, Africa and the Middle East. In 1999, Standard Chartered estimated that 10% of its employees in Kenya were absent from work at any one time due to HIV/AIDS. More recent business impact assessments undertaken in Kenya and Zambia identified that the cost of HIV/AIDS to the business was 0.5% and 1% of total costs respectively – and this is indicative of the position in many of Standard Chartered markets. In response to these worrying trends, a **peer education program** was launched across Africa. Extended in 2003, the revised program, 'Living with HIV', aims to address the global challenge of HIV/AIDS.

The 'Living with HIV' program's key aim is to educate all Standard Chartered employees about HIV/AIDS, how it spreads, how it can be prevented and how to care for those who are infected or affected by HIV. However, the tremendous success of the 'Living with HIV' program for Standard Chartered employees and their families has inspired the bank to extend the program to young people, to the community at large and to the employees of other companies and organizations. One of the most important goals of the program is to take away the stigma attached to HIV/AIDS in the hope that more people will seek testing and treatment.

The 'Living with HIV' program is based on peer to peer education. Critical to its success have been Standard Chartered's **HIV Champions**, who have driven the program forwards across the business. In 2006 the Bank had 300 HIV Champions across its geographic footprint. They are responsible for preparing programs that reflect the priorities of their own country and delivering awareness raising activities for employees. The HIV Champions have led the way by not only educating employees, but also using their skills and experience to take 'Living with HIV' externally to benefit customers, suppliers, governments and wider communities. Champions develop relationships and work closely with NGOs operating in their country or with target groups to develop and deliver education activities. Resources are made widely available both through central mechanisms such as the Bank's website (e.g. the HIV e-learning resource) as well as through individual activities led by HIV Champions.

Although the core focus of the 'Living with HIV' program is peer to peer education amongst Standard Chartered's employees, the Bank is keen to build on the success of the program; using the skills and capacity developed to benefit a broader network of people. In 2006, Standard Chartered made three pledges at the Clinton Global Initiative, one of which was to extend 'Living with HIV' to reach 1 million people over the next three years. The Bank will achieve this by strengthening its commitment to existing partnerships, including those with customers, suppliers and NGOs. The Bank has also formalized an approach for employee volunteering, providing two days paid leave for employees to contribute to community projects. Over 1,000 employees benefited from this opportunity in 2006, with many providing skills to support the 'Living with HIV' initiative.

Standard Chartered's 'Living with HIV' program aims to address the key business risks associated with HIV/AIDS by supporting a healthy, stable workforce and customer base. The program helps Standard Chartered to support and engage employees (through family involvement and employee volunteering opportunities), build customer relations (corporate clients can benefit from education activities) and develop relationships with NGO, government, regulatory and industry stakeholders. It also demonstrates the Bank's commitment to using its international status to address a global problem.