



## **Business Action for Africa Submission to the FT supplement on HIV/AIDS**

### **Business Action for Africa**

Business Action for Africa (BAA) is a diverse and global network of OECD and African businesses and business organizations, with a board of companies overseeing its direction. Its six thematic areas of focus, Governance & Transparency; Trade; Climate for Business; Enterprise & Development; Human Development; and Perceptions of Africa reflect the priorities expressed by business, during the Commission for Africa and other consultations.

BAA is a platform for business-focused collective action and by combining an emphasis on core business with collective action, we believe that we can significantly scale up the positive impact of business on international development and poverty reduction. BAA is supported by IBLF.

For more information on Business Action for Africa see [www.businessactionforafrica.org](http://www.businessactionforafrica.org)

### **HIV/Aids**

BAA recognizes that specific attention must be paid to tackling HIV and AIDS and its devastating impact on people's lives, on business and on the economy. Over a number of years businesses have become active in programmes for their workforce which focus on anti-discrimination policies, employee testing, treatment and education. Several companies have well established programmes for example **Anglo American** who have played a leadership role in the private sector response to HIV/AIDS in Africa including implementing the largest directly delivered, private sector anti-retroviral therapy (ART) programme in the world.

Increasingly companies are developing proactive strategies for tackling HIV/AIDS, 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. **SABMiller** has extensive programmes for its employees and their families, but also reaches out to its local communities and its supply chain. For example, both **Zambian Breweries** and **Nile Breweries** in Uganda worked with local partners to run community events offering free voluntary counseling and testing (VCT).

Business are increasingly recognizing the need to work in partnerships with governments and NGOs and integrating programmes into local health systems to maximize the impact that can be achieved. **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 Merck Company Foundation provides both funding, and is donating its two antiretroviral medicines to Botswana's national ARV treatment program, known as "Masa" ("dawn"). The partnership has shown

that treatment programs in Africa can and will produce sustainable results and save lives.

**BAA role in tackling in HIV/AIDS going forward**

BAA is focused on collective action on HIV/Aids going forward and is reviewing options for how businesses operating in Africa can best work together to continue to tackle HIV/Aids. Member companies who are leading with their strategies are sharing their knowledge and expertise with other companies.

## **Further detail on member company programmes**

### **SABMiller: Summary of HIV/AIDS Activities**

SABMiller, the world's second largest brewer, recognises HIV/AIDS as a significant business issue which impacts employees, customers and the communities in which it operates. The company has worked extensively to develop comprehensive programmes to tackle HIV/Aids in the African countries in which it operates.

In the late 1990s SABMiller brought on board a full time manager to guide the senior team in the development and implementation of a strategy to reduce the impact of HIV/Aids on its employees and business future. The initial actions were to conduct prevalence surveys within the countries and SABMiller operations in Africa, in addition to knowledge, attitude and practices (KAP) surveys to better understand the HIV/Aids environment within the companies.

Relevant interventions are developed to mitigate the risks of absenteeism and productivity as well as longer terms concerns over the sustainability of the workforce and customer spend potential. Existing infections are managed through voluntary counselling and testing, early diagnosis and managed healthcare, which includes free anti-retroviral treatment for employees and their immediate families. New infections are reduced and prevented through effective education programmes.

The company has guidelines regarding minimum requirements to implementing a policy, dependent on country and company prevalence rates. The countries which have a prevalence rate of over 5% receive must implement the full HIV/Aids programme. An infrastructure of task teams, workshops, education initiatives, counselling and clinical facilities plus occupational health programmes are set up and at the same time behaviour and attitudes are measured by the KAP survey. Overall, the aim is to understand and change behaviours and attitudes around condom usage, multiple sex partners, sexually transmitted infections, myths and misconceptions, discrimination, fear and stigma.

Each operation has to establish specific measurable outputs during the annual goal setting process. In this way HIV/Aids has been integrated into the company performance management system which has been successful in managing the costs and operational impacts.

Through the programmes so far, 62% of staff have tested for HIV and of those who have been assessed as HIV positive, 60% have gone on to managed healthcare programmes.

The HIV/Aids programme is included under the umbrella of the life threatening diseases policy. This provides guidelines for managers to ensure confidentiality and the fair and consistent treatment of employees, to inform employees of their rights and benefits and to provide an education framework.

SABMiller employees who have a life threatening disease are treated with sensitivity and compassion. The company endeavours to create a supportive environment within which employees who are HIV positive are able to divulge their HIV status and receive the necessary support. Information regarding the medical condition of employees is kept strictly confidential at all times.

In addition to programmes targeted at employees and their families, SABMiller also reaches out to its local communities and its supply chain.

For example, both Zambian Breweries and Nile Breweries worked with local partners to run community events. In George Compound in Lusaka, free voluntary counselling and testing (VCT) was offered to 1,500 people where 55 trained Zambian Breweries employees provided the counselling. After the event, employee testing rates rose to 80%, an unexpected benefit of the community event. Nearly 400 people from the local Njeru community in Uganda were tested in a fully-equipped, government-accredited clinic supplied by Nile Breweries.

SABMiller's sphere of influence also includes its supply chain where some of its tried and tested activities are being trialled.

A four-hour interactive workshop on HIV/Aids has been rolled out to SAB's 450 owner drivers in South Africa. These drivers are in charge of managing their crews and also managing the HIV situation in terms of discrimination, confidentiality, victimisation and stigma. The delegates received a full training kit which is designed to encourage the owner drivers to pass on the information to their crew and families.

SAB's Newlands Brewery in South Africa ran a pilot project to train taverners as peer educators in partnership with the Planned Parenthood Association. The 10 day course was attended by 190 taverners who also received a resource kit. Follow up support is provided so that taverners can hold monthly workshops to track their activities.

Jenni Gillies, group HIV/Aids manager says 'There is no single approach which will provide a magic wand to combat this disease and we're now facing challenges in other markets such as Russia, China and India as well as Africa. But we believe that knowledge is an essential element in fighting disease on which medical self-help can be based. Ignorance of a serious medical condition is a dangerous approach: ignoring symptoms precludes early and accurate diagnosis and therefore prompt and appropriate care.'

***Further information can be obtained from Jenni Gillies, Group HIV/Aids Manager, Jenni.Gilles@sabmiller.com***

## **Merck**

Merck has programmes to tackle HIV/Aids issues in a number of countries in Africa.

### ***The African Comprehensive HIV/AIDS Partnerships (ACHAP)***

In Botswana the African Comprehensive HIV/AIDS Partnerships (ACHAP) is a partnership involving the Government of Botswana, Merck and The Merck Company Foundation and the Bill & Melinda Gates Foundation to support and enhance Botswana's national response to HIV/AIDS.

Botswana has been one of the fastest growing countries in the region for the last four decades<sup>i</sup>. AIDS threatens to undo all this progress. The country now has one of the world's highest rates of HIV infection (with close to 40 per cent among people aged 15 to 49)<sup>ii</sup>. The disease is hitting every segment of the economy and society—from rural farmers to teachers and civic leaders. Employers are struggling to cope with frequent absenteeism, rising health-care costs, and the loss of skilled workers<sup>iii</sup>.

The Merck Company Foundation and the Bill & Melinda Gates Foundation each have committed more than \$50 million to the African Comprehensive HIV/Aids partnership (ACHAP). Merck & Co., Inc., Whitehouse Station, NJ,<sup>iv</sup> in addition, is also donating its antiretroviral (ARV) medicines to Botswana's national ARV treatment programme for the duration of the partnership, which has been extended to 2009. Merck's long experience in global health and nearly two decades of research work on HIV/AIDS made it clear to the Company early on that the enormity of the HIV/AIDS pandemic required an urgent and coordinated response - particularly in sub-Saharan Africa, where government, the private sector and civil society all faced major challenges in the fight against HIV/AIDS. ACHAP's mission is to support the Government of Botswana's national response to HIV/AIDS. The partners focused primarily on programs that would help to strengthen health care capacity and infrastructure, particularly in the areas of prevention and treatment, and sought to create or expand community-based initiatives to provide HIV/AIDS education and support for those living with the disease.

Today, Botswana's national ARV treatment program, Masa, is one of the largest national HIV/AIDS treatment programme in Africa, with 32 sites across the country. Nearly 60,000 people in Botswana are enrolled in Masa, 52,000 of whom are already on treatment. Botswana is one of only three countries in Africa to have achieved the World Health Organisation's "3 x 5" ARV treatment goals, and at 85 per cent leads all countries in Africa in the proportion of people receiving treatment<sup>v</sup>. Also, the incidence of the disease appears to be declining in 15-49 year olds.<sup>vi</sup>

ACHAP has helped to foster this effort by:

- Supporting establishment of a national network of 32 treatment centres, with plans to expand ARV services to 128 satellite clinics.
- Strengthening health care infrastructure and transferring technical skills to build capacity.
- Supporting the development of laboratory capacity to test and monitor patient response to treatment, thereby helping to reduce turnaround time for HIV test results from eight weeks to two days.
- Supporting the development of information technology systems to track patient adherence.
- Providing hands-on, clinic-based training for more than 3,200 health care workers through the partnership's preceptorship program.

- Supporting prevention and disease awareness efforts including a two-pronged blood safety and youth prevention program, outreach to school teachers and students, public education programs, condom distribution and other initiatives.
- Partnering with Botswana's National AIDS Coordinating Agency (NACA) to provide training in behaviour change interventions to professionals in government, civil society and development organisations, especially those working at the district level.
- The strength of the Botswana/Gates/Merck partnership lies in its full integration with government strategy and its ability to harness private-sector expertise in support of national efforts to address HIV/AIDS.

The key PPP lessons learnt are summarised below<sup>vii</sup>.

- High-level political commitment and engagement are critical. The countries that have made significant progress – Botswana, Brazil, Senegal, Thailand, Uganda – could count on the unequivocal commitment of senior political leaders.
- Partnerships have a key role to play in marshalling the necessary resources and expertise. Merck's experience of a multisectoral approach coordinated by the government has mobilized community groups and other sectors of civil society to help in the fight against HIV/AIDS and has ensured local ownership and complementary expertise, making success more likely.
- Programs must be country-led to succeed for the long term. Merck's collaboration in Botswana, for example, is fully integrated with the government's HIV/AIDS strategy. Success is based on common objectives, mutual respect, clear shared targets and agreed metrics to monitor progress, with transparency for all stakeholders involved. Working in this way builds trust and confidence.
- Building local capacity is also a critical element. When Merck began some of their partnerships, they thought that the major challenges would relate to money and access to medicines. But in fact, public officials were more concerned with investing in human resource capacity (e.g. training physicians and nurses) and health infrastructure (e.g., treatment centres and diagnostic facilities).
- A comprehensive approach is needed to make real headway against HIV/AIDS. A range of interventions and programs are needed along the spectrum of prevention, care, treatment and support. Without the availability of treatment, people are reluctant to go for testing. And there also is concern with stigma and discrimination against HIV-positive people.
- Persistence pays off. In establishing the government's ARV treatment programme in Botswana, there was a relatively long period of uptake as the treatment centres were built and patients began to enrol in the program. But by the end of 2005, Botswana had the highest coverage rate on the continent.
- Taken together, these six elements provide a proven prescription for success in global health programs. Progress is possible, with the right level of political commitment, the right policies, and the right partners – including the private sector.
- As lessons are documented<sup>viii</sup>, it is hoped that the partnership's process and content will inform and guide others similarly committed.

The programme won the Second World Business Awards in support of the MDGs, presented by IBLF, UNDP and the International Chamber of Commerce<sup>ix</sup>.

Other Merck programmes include the following:

The National Aids Control Program in Rwanda has been the recipient of continuous Merck support since 1998 with the goal to strengthen local HIV expertise and HIV-

related care and services. Through this support 12 Rwandan physicians received training on ARV therapy and HIV care. Today, these physicians serve as the referral physicians for ARV therapy in Rwanda at the tertiary level. Merck has also supported local workshops/conferences on HIV related issues. The local capacity-building enabled by Merck's support has played an instrumental role in improving HIV/AIDS care and treatment in Rwanda. Since 2002, the number of patients on ARV therapy has increased from 1,200 to more than 22,000 by early 2006.

**The Regional AIDS Initiative of Southern Africa:** For several years, Merck has supported the Regional AIDS Initiative of Southern Africa (RAISA), a project of the organization Voluntary Service Overseas (VSO). RAISA works with government institutions and civil society organizations to provide effective prevention, treatment, care and advocacy support for people affected by HIV/AIDS, and to mitigate the personal, social and economic impact of the pandemic. This regional initiative works in Malawi, Mozambique, Namibia, South Africa, Zambia and Zimbabwe.

**Merck-ANADER Partnership Programme:** Merck is working with the National Agency for the Support to Rural Development in Côte d'Ivoire (ANADER) to support Côte d'Ivoire's response to HIV/AIDS. The partnership initially began with an HIV prevention and workplace care program, including access to ARV treatment for ANADER's 2,500 employees. Since then, ANADER has extended its services to 3.8 million people living in rural areas.

**IBANI-SE HIV/AIDS Initiative:** Driven by expanding industrial development, Bonny Island in the Niger Delta region of Nigeria has become a hive of social activity and mobility, and is a focal point for the regional HIV epidemic in West Africa. Merck is providing technical guidance and is helping to facilitate a community-led, comprehensive HIV/AIDS and malaria program on Bonny Island. The program concentrates on several key areas: behavior modification among vulnerable groups; promoting safe sexual practices, awareness and education in schools; managing sexually transmitted infections; prevention and treatment of malaria; and access to ARV medicines.

**For more information on Merck's activities please contact Brenda D. Colatrella, Executive Director, HIV Policy & External Affairs, EMEAC on [brenda\\_colatrella@merck.com](mailto:brenda_colatrella@merck.com)**

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<sup>i</sup> Ndulu, B (2004) *The Challenges for Improving Access to Infrastructure Services in Africa*, Background paper prepared for the Commission for Africa.

<sup>ii</sup> UNDP (2003) *Human Development Report 2003*, Geneva: UNDP. UNDP (2004) *Human Development Report 2004*, Geneva: UNDP.

<sup>iii</sup> <http://www.gatesfoundation.org/AboutUs/OurWork/Learning/ACHAP/>

<sup>iv</sup> USAMerck & Co., Inc., Whitehouse Station, NJ, USA, is known in most countries outside of the United States as Merck Sharp & Dohme (or MSD).

<sup>v</sup> WHO, 2006

<sup>vi</sup> <http://www.aidsmap.com/en/news/FA96D301-87C5-43E5-BB63-6F6921A12F7A.asp>

<sup>vii</sup> Dr. Jeffrey L. Sturchio, Background Note for Commonwealth Health Ministers Meeting "Public/Private Partnerships in Global Health: Lessons from the Experience of Merck & Co., Inc" Geneva, May 21, 2006

<sup>viii</sup> See: Ramiah I. and Reich M.R. *Health Affairs March/April 2005 24(2):545-551 "Public-Private Partnerships And Antiretroviral Drugs for HIV/AIDS: Lessons From Botswana."*; DeKorte D. et al. WHO, Geneva, 2004 *"Introducing ARV therapy in the public sector in Botswana."* Perspectives and Practice in Antiretroviral Treatment; ([www.achap.org/downloads/DonaldWHO\\_ARV\\_Botswana.pdf](http://www.achap.org/downloads/DonaldWHO_ARV_Botswana.pdf)); [www.achap.org](http://www.achap.org)

<sup>ix</sup> [www.iblf.org/activities/leadership/mdqs.jsp](http://www.iblf.org/activities/leadership/mdqs.jsp)

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## **Anglo American**

Anglo American has played a leadership role in the private sector response to HIV/AIDS in Africa including implementing the largest directly delivered, private sector anti-retroviral therapy (ART) programme in the world. Some 23% of Anglo American's workforce in Southern Africa is HIV positive. As a result of the company's HIV/AIDS policy, nearly 2,200 Anglo American employees are receiving antiretroviral therapy.

A further 4,000 in the earlier stages of infection are on 'wellness' programmes involving health monitoring and lifestyle and nutritional support.

Some 94% of those on treatment are completely well and are able to carry out their normal work and to continue to support their family.