The Role of Business in Fighting HIV/AIDS

April 21–May 9, 2003

Edited by

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Sponsored by the World Bank Institute and the UN Global Compact
Preface to the report

Over 42 million people are now living with HIV/AIDS, which has already had a devastating impact on business development, particularly in sub-Saharan Africa. The pandemic continues to spread, notably affecting countries such as India, China, and Russia, and is an increasing thread to business operations and economic growth worldwide.

HIV/AIDS affects the bottom line operations of companies in many ways. The discussions in this e-conference illustrate how the role of a company in society is changing. It has become necessary to provide care to its employees to ensure economic survival. To understand what intervention strategies could prevent employees from getting infected, or how a company can lengthen the quality of life for its employees with HIV/AIDS, we need to understand the specific cultural, social and economic factors that influence the spread of the disease in each country or region. Learning from the practices of businesses around the world that have already been addressing HIV issues in their corporate environment provides new insights in how business practices can be shaped.

This report aims to outline the proceedings, findings and recommendations of the global e-conference “The Role of Business Fighting HIV/AIDS” held from April 21 – May 9, 2003. The e-conference provided an opportunity for participants from all over the world to exchange their views on various issues related to the corporate confrontation with HIV/AIDS that affects a business’ bottom-line as well as the society and economy at large.

In addition to the participants, whose written contributions had a critical impact on the overall success and quality of the dialogue, expert moderators also played a key role by providing background readings and guidance, thus maximizing knowledge transfer opportunities. Special mention has to be made of Elisabeth Girrbach of the Gesellschaft für Technische Zusammenarbeit (GTZ), Neeraj Mistry of the Global Business Coalition on HIV/AIDS, and Kate Taylor of the Global Health Initiative of the World Economic Forum for their assistance in designing the global e-conference and summarizing the findings.

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1 Introduction

1.1 Program Concepts

The global e-conference on the Role of Business in Fighting HIV/AIDS took place from April 21 – May 9, 2003. The World Bank Institute and the United Nations Global Compact designed and organized the e-conference, and ensured that the recommendations were shared with decision-makers worldwide. An expert team of international moderators provided background readings for the weekly topics, provided guidance for a constructive debate, and summarized the key findings, outcomes and recommendations of the online dialogue.

1.2 Overview

The report of the e-conference has been organized along the lines of the three weekly discussions. After chapter 2 offers a quick glance at the geographical origin of the participants in the e-conference, chapter 3 of the report gives an overview of the weekly discussions.

Chapter 3 presents the outline and discussion questions for each of the three weeks. Additionally, it shows discussion summaries that the moderators prepared for each week. During the first week of the e-conference the participants discussed ‘The business case for local and international companies to get involved in fighting HIV/AIDS’. The second week focused on ‘The design, implementation, and measurement of HIV/AIDS prevention and treatment strategies for businesses’. Throughout the third week, ‘From measuring impact of corporate HIV/AIDS programs to contributing to national MDG targets: Coalition building for action’, the participants developed concrete recommendations.

During the different weeks in the e-conference, discussion topics tended to overlap. Therefore chapter 4 organizes the contributions of the participants by topic. The discussions covered the following topics; Ignorance, Social stigma, Discrimination, Cost-efficiency and economics, Education and awareness campaigns, Intervention strategies, SME’s, Measuring results and reporting, and Partnerships.

Chapter 5 presents the recommendations of the participants as to how businesses can play a positive role in fighting HIV/AIDS. The moderators for each week summarized the recommendations of the participants, and the outcomes have been shared with policy-makers and decision-makers at international conferences.

Chapter 6 gives an overview of the background readings for each weekly topic, and any additional readings that participant suggested during the three weeks. The last chapter of the report shows the short biographies for each of the moderators.

1.3 Background

The increasing impact of HIV/AIDS on economy and society underscores the need for a better understanding of the role of business in relation to fighting HIV/AIDS. The HIV/AIDS pandemic has severe implications for business and society, and an enormous challenge is managing the dialogue between various stakeholder groups, building coalitions for action and creating additional learning opportunities through implementation of sustainable action plans.

The global e-conference was designed to identify areas where businesses could get involved in fighting HIV/AIDS and how the decision and policy-making institutions can work with businesses to foster and enhance HIV/AIDS care programs. Good practices from all over the world will help us to focus on...
understanding complex issues such as ignorance, social stigma, discrimination, cost-efficiency and economics surrounding the HIV/AIDS pandemic.

Businesses –particularly SME’s- of which an increasing percentage of their employees and other stakeholders are living with HIV/AIDS are confronted with the implications of the epidemic on a daily basis. Understanding the complexity of economic and social consequences for people living with HIV/AIDS will strengthen the capacity of businesses to address HIV/AIDS in the work place. In countries with high HIV prevalence rates, companies are increasingly becoming important players in providing education, initiating awareness campaigns, and intervention strategies. With HIV emerging as a growing problem beyond sub-Saharan Africa, it is even more important to be pro-active and learn from the fight against HIV/AIDS. Prevention and treatment programs of several companies operating in Africa provide examples where businesses significantly benefit the lives of the local working population and make a contribution to wider society. When measuring the results and effectiveness of HIV prevention and intervention strategies, studies show that business can gain significant returns. Transparency in reporting and disclosure of the information to financial markets may become increasingly relevant for the risk-analysis of investors.

HIV/AIDS has the largest impact on people who are part of the working population, and it is the responsibility of society as a whole to address the consequences of the pandemic. Partnerships on different levels might be a crucial path to foster economic growth, restore the well-being of the employees and their families, and guard the economic ‘health’ conditions of the companies they work for.
2 E-Conference Participation

The e-conference was a truly global meeting of minds, with 333 e-conference participants from 60 countries representing a broad range of stakeholder groups, including HIV/medical experts, business professionals, academic researchers, students, members of multilateral institutions and educational civil society organizations.

Figure 1: Participants in the global e-conference on ‘The Role of Business in Fighting HIV/AIDS’

Figure 1 gives an overview on the geographic breakdown of the participants in the e-conference. Of the 163 messages that were posted during the three weeks of the e-conference, there was a strong representation of African participants. Also the hands-on expertise of participants in the East Asian Pacific, Eastern and Central Asia and Latin American and the Caribbean generated an excellent discussion.
3 Overview of the weekly discussions

3.1 Week I: The business case for local and international companies to get involved in fighting HIV/AIDS

This week was moderated by Elisabeth Girrbach.

**Elisabeth Girrbach** works for the Gesellschaft für Technische Zusammenarbeit (GTZ) as the Project Manager and Technical Expert of the supra-regional project "AIDS Control in Companies in Africa." She works on public-private partnerships to help combat AIDS and promote sexual and reproductive health, for example through HIV/AIDS workplace programs.

*Introduction*

Of the 42 million people infected with HIV/AIDS, 95% are living in developing countries (UNAIDS, 2002). The devastating impact of HIV/AIDS affects the population disproportionately, and unlike most other diseases, young and middle-aged adults are at particularly high risk. Complementary to major public programs to fight HIV/AIDS, business initiatives can and must play an important role, particularly since there seems to be a business case for fighting HIV/AIDS.

"It makes good business sense for companies to respond to the epidemic because of the direct impact of AIDS on business resulting from increased costs, loss of productivity and overall threats to the foundations of the economies in which they operate." - Global Business Coalition on HIV/AIDS

*Discussion questions*

- What are the direct and indirect HIV/AIDS costs for employers?
- How to measure the costs of HIV/AIDS within the corporation, taking into account increased sick leave, rising costs of health insurance, funeral costs, as well as recruitment and training of new staff.
- How does HIV/AIDS affect market development and the consumer base?
- What is the impact of HIV/AIDS on the investment climate?
- Why is HIV/AIDS also the business of small and medium sized enterprises (SMEs)?
- What are the industry-specific factors that increase the risk of getting affected with HIV for employees and what professions are most at risk?

My impressions of moderating the first week of the global e-conference were very positive. I was impressed by this cost-effective way of a worldwide exchange of ideas and questions. Additionally, I’ve learned very much by just reading the contributions of the participants.

– Elisabeth Girrbach

*Day 1 and 2*

Besides the recall of the quantitative costs, our first two days of discussion were putting a strong emphasis on the emotional side of AIDS. Marija from Macedonia stressed how AIDS affects people individually, and brought the psychological impact, stigma, individual history, and questions of human right on the agenda. Emomotimi from Nigeria concluded with a more critical opinion about the motives of companies to join in the fight against AIDS: She stressed the interests for good public relations and calls for more tangible action, like funding of research to find a cure in time before more people are dying. Sam and Dimitry mentioned the link to be made between business and civil society, and pointed out that a solo effort won't be successful.
Vinay from India put in the subject of transmission of HIV/AIDS through unsafe health care. In the light of the recent discussion on the impact of unsafe health care on the dynamics of HIV transmission in Africa (http://www.rsm.ac.uk/new/pr126.htm), it seems very likely that also in India this aspect has been underestimated, and improved hygienic standards are necessary to protect people from iatrogenic infection. However, there are no exact data on the fraction of HIV attributable to unsafe health care practices, and the epidemiological pattern points strongly towards sexual transmission as the major vehicle for the spread of HIV. Ginger highlighted the special vulnerability of Small and Medium Enterprises (SME): just one case of AIDS will be devastating for SME. She stresses the need for tools and materials developed for SME Workplace Programs and provided by international agencies at moderate cost.

Cost-benefit analysis (CBA)
An excellent summary of the Rosen et al. analysis was provided by Vlasios with one contribution emphasizing the benefit and lower costs of prevention activities compared to curative action. Further papers (author Rosen) are available under http://www.international-health.org/aids_economics/publications http://www.jointcenter.org/international/hiv-aids/index.htm

On the surface there seems to be a contradiction between a business as a viable "profit-making" center and the additional costs for business caring for their employees living with HIV/AIDS. We are going with this in depth into the potential answers of CBA - can anybody answer Akanksha's (India) questions regarding this subject?

*****************************************************************************************************

Day 3

I really appreciate how the discussion is proceeding, and how this many people all over the world are giving their valuable inputs and thoughts. Our discussion on the 3rd day became more and more complex. Nevertheless, let me try to summarize your comments. Some of them are already heading for the theme of next week (planning and implementing of WPP strategies and approaches).

1. Why is business involved?
The following reasons, besides the impact of AIDS as direct costs on business, were cited by Bart, Daisy, Im Stenseth, Anton, S'khulile: it seems evident that business has a role to play because of their Corporate Social Responsibility. Some mentioned as an additional reason the sometimes non-existence of well functioning national programs and services in the public sector. Vicky, Osama and Michael picked up the subject of "role of government". They stressed the necessity of a national leadership that could be strengthened, but not replaced, by an outspoken leadership of the private sector. The case of China cited by Bill shows how business is dependent of government, being even victims of officials denying the problem and not assuming their attributed role of leadership.

2. How business can respond
Two main areas, which are the core components of a workplace program, were agreed upon. Sam from US, Ginger from Venezuela, Sofija from Serbia, Marija from Macedonia and many others mentioned education and awareness raising and health care (treatment and research), which are both important pillars for WPPs. Some stressed once again the special competitive advantage of the enterprises in the area of awareness creation - also beyond the workplace and into the communities and families: their skills in communication and marketing. Vlasios introduced some of the existing good practices in Congo and South Africa. We should go in depth into different existing approaches next week to respond Akanksha's question on how to go about education "internally (workplace)" and "externally (community)".

See also the documentation of the Daimler Chrysler/GTZ Workplace Program: http://www.daimlerchrysler.co.za/social/aids/index.asp
3. Specific issues on types and categories of businesses (SME)

Thanks to Vlasios for summarizing different existing examples and good practices in his two emails regarding the costs of AIDS (firstly costs of the impact of AIDS and secondly costs of Workplace Programs).

4. Costs

Vlasios and Sydney summarized in an excellent way the different direct and indirect HIV/AIDS costs with some examples trying to measure them. But I think, we still need more detailed and systematic case studies capturing all costs of workplace programs, including the large spectrum from the impact of AIDS to the costs of program-implementation which is indeed in my understanding an organizational development process, as also asked by Akanksha. Alyson brought up the new topic of setting standards of reporting. How could and should business disclose their strategies, plans and policies on HIV/AIDS management and prevention - which counts especially in my consideration for subject of costs and how to mitigate influence of AIDS on investment climate. The remaining questions for the next 2 days of our first session of the e-conference, which we haven't really touched upon during the first days, are:

How does HIV/AIDS affect market development and the consumer base?
* What is the impact of HIV/AIDS on the investment climate?
* What are the industry-specific factors that increase the risk of getting affected with HIV for employees and what professions are most at risk?

Day 4

Thanks to everybody contributing to this very responsive exchange. I benefit a lot from your comments and I agree totally to Ana's comment that we learn more, if diverse thoughts are shared but sorry, it is still my role to do a kind of topic directing I hope, you'll understand that. Here another attempt to wrap up yesterday's subjects and recommendations (it doesn’t intend to be complete & comprehensive!): We've gained a lot of insight on the logic of market, on roots of motivation of managers and CEO, and on questions about investment climate:

In accordance to Ana, the logic of market is different from the logic of development agencies and the classical development ethics - she proposes to look on already existing examples of responsible leadership (example of ethical marketplace, www.hazelhenderson.com/ethical_marketplace.htm)

Paul heads also in this direction success is based on thinking and arguing within the capitalistic system.

Companies are motivated to undergo change and to start up when facing competition.

This supports the opinion of Kristy, saying that greater transparency on how leading companies are already addressing the challenge are valuable tools in encouraging shareholders to be aware of HIV/AIDS as part of successful investment performance. (See also comment from Alyson from Wednesday,23.4.) The subject of appropriate Information, Education and Communication (IEC) was deepened by Cletus, Ksenia, Olga, Daisy, Marija, Nora, Mick and Ellis, Awobokum:

IEC has to be focused on the individual situation and the specific country situation – this needs in my opinion baseline research for targeted prevention (i.e. Knowledge- Attitude V Practice and Behavior Studies at the very beginning of the design of a Workplace Program) Business is in a good position to provide (aggressive) information campaigns Leaders (governmental, business, religious) have to advocate and testify in order to influence people and serve as a model.

Cooperation between government, private sector, and civil society (Public Private Partnership):

There is consensus among participants that this form of cooperation is the most effective way. Successful examples were given by Ana: in the expanded Theme Group of UNAIDS in Brazil, the private sector is participating. Another example from Skhulile from Swaziland: a governmental organization provided funding
for the company’s prevalence survey.

Questions were raised about how business influences the public policy process and vice versa (Quique). Examples of Workplace Programs were provided by Skhulile, and specific on ARV Treatment as a component of WPP by Vlasios. One thing is sure V no way for business to survive without having a special budget reserved for Workplace Programs (Emomotimi).

The demands (Pholile, Nora, Olya) to provide lists of organizations and manuals helping on designing and implementing Workplace Programs will be answered until end of this week and well probably get more information on that next week.

Questions about law and ethics at the workplace still remain open V how to protect employees at the workplace, and how to provide adequate medical

Day 5
Our first week on "The business case for local and international companies to get involved in fighting HIV/AIDS" was - at least I think - a very interesting one for every participant. You'll find now the summary of our 5th day of discussion, and a list of all web links and literature references mentioned during the first week in an extra mail (subject "http - summary").

Why business? - According to Emomotimi, government has as a fundamental responsibility and has to play the a leading role. But business has to step in (normally without begging and cajoling) to do the necessary for their own good, to be not "left alone" to produce and consume. ? Kit singled out our discussion on the relationship between public and private sectors: "often companies have already their policies in place, while national policies and programs seem to be weak and inefficient". Prevention and Promotion (IEC): The special potential of business was stressed by Beatrice: the support by business would be to allow development aid based organizations to "piggy back" on business specific know how of their marketing strategies. Roula recommended using key advocates for promotion activities.

We've learned from several "country examples" in Central and South America and Uzbekistan (Ginger responding to S'khulile; Osama), showing once again the importance of early intervention to keep prevalence low. Costs of programs including comprehensive care, non discriminatory sensitizations against stigma and discrimination, training of staff about AIDS are linked to prevalence, treatment and length of the period of prevention activities (Kit). The company of S'khulile in Swaziland commissioned a study to analyze a scenario of costs without a workplace program and with medical and non-medical interventions to take long term decisions. SME which can't afford running their own programs should have access to governmental programs or programs supported by international programs.

Charles explained the HIV/AIDS topic from the angle of social protection financing - he pointed out the relationship between work, the - basic needs of employees, the choice to take, and, because of limited resources, maximization of companies' profit through labor, GDP and per capita income. The decrease in demands for goods and services because of HIV/AIDS results in reduced investments due to a fall in household savings. If measures are taken timely, a positive multiplier effect could be there, according to Charles. Some people suggested certain (tax) incentives for businesses having tangible HIV/AIDS programs in place (Amdissa). This supports also Jem's opinion to involve the financial sector (by the way, who is included in the "financial sector"? comment of moderator) and "incentivizing" those who take a longer-term view and consider the financial risks that arise from non-action on HIV/AIDS". Others are going even further, demanding that "business should be prompted to tax benefits and other incentives, as workers should be prompted to work as volunteers" (Mr. Sapovadia).
Thanks to Rudolf, who explained the case of Holiday who sued the City of Chattanooga (USA; Tennessee) for having withdrawn the offer of employment because of Holiday's HIV+ status. Statements on the general influence of AIDS on society were mentioned by Viji - citing the phenomena of the growing number of child-headed households, loss of teachers, which is leading in the opinion of the moderator to the urgent need of scaling up HIV/AIDS Workplace Programs to community involvement.

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3.2 Week II: The design, implementation, and measurement of HIV/AIDS prevention and treatment strategies for business

This week was moderated by Neeraj Mistry of the Global Business Coalition on HIV/AIDS.

Neeraj Mistry, a South African national, is currently the Technical Advisor at the Global Business Coalition on HIV and AIDS (GBC), based in New York. Over the past year, he has worked with companies and organizations on workplace programs and public health policy issues, particularly in the development of "Managing HIV in the Workplace", an online resource of over 50 company workplace programs.

Introduction
Companies from different sectors will face a different set of risks, depending on their operations. Sectors that are characterized by professions involving high mobility, or by employees living distant from their families are at increasingly high risk. Additionally, the impact of HIV/AIDS on SMEs and entrepreneurs is potentially extremely damaging. Micro and household studies demonstrate that inexperienced family members are forced to take over businesses, reducing their effectiveness. On average it is about 8-10 years before an HIV infected person dies, and throughout the different phases the company will also be affected in specific ways.

Discussion Questions
• How can employers pro-act to prevent their workers from getting affected?
• How can corporations contribute to reduce gender-specific vulnerabilities and risks?
• What does it take for business to establish behavioral change with regard to HIV/AIDS?
• Since a strong correlation exists between sexually transmitted diseases (STD) and HIV transmission, could the treatment of STD offer an entry point for HIV awareness raising?
• Can business work with the existing social and family networks to increase awareness about HIV/AIDS?
• How to measure the effectiveness of HIV/AIDS prevention and treatment strategies?

The e-conference impressively received input from various sectors and a wide geographic range. It provided a unique opportunity to share ideas and opinion on the issues pertinent to the Policy Dialogue on HIV/AIDS.

-Neeraj Mistry

Welcome to the 2nd week of the e-conference on "The design, implementation and measurement of HIV/AIDS prevention and treatment strategies for business."

My name is Neeraj Mistry, Technical Advisor with the Global Business Coalition on HIV/AIDS (GBC) (www.businessfightsaids.org), and I look forward to moderating this interesting session of the e-conference.

A brief background on the GBC and the business response to HIV/AIDS- The GBC believes that business can respond in a variety of ways:
• Implementing policies, and prevention and care programs for employees and their immediate communities
• Bringing business' core strengths of innovation and flexibility to improve the reach and effectiveness of AIDS programs
• Advocacy and leadership by business leaders, lobbying for greater action and partnerships with governments and civil society

Visit www.csrwbi.org for more information
In getting more companies to implement workplace programs and improve the quality of existing programs, the GBC has developed a web-resource, "Managing HIV in the Workplace," linked to the GBC web-site http://www.businessfightsaids.org/wpp_tool.asp.

The resource profiles the workplace programs of over 50 companies and organizations, from various industry types, geographic regions and with different work-force sizes. Through information sharing on best practices and effective interventions, companies have access to tried and applied workplace interventions to develop their own strategies. Companies report many obstacles and challenges when implementing workplace programs, similarly there are many effective strategies that companies have implemented.

Severine emphasized the role of communication and media to address stigma, discrimination, and to help facilitate behavior change. He also referred to the ILO Code of Practice on HIV/AIDS as a source of policy principles. Severine raised the important issue of how non-discriminatory policies can be enforced - to avoid pre-employment testing, and prevent workers from being fired because of their HIV status.

Arpana mentioned that the business response can vary by sectors, particularly companies with high-risk workforces and where the impact of HIV threatens the success/sustainability of the business. Arpana further mentioned that while companies have implemented prevention and awareness programs, treatment may not be part of business' operation or expertise therefore companies can use referral/out-sourced services. She also raised the key issues of culturally sensitive workplace interventions; and concerns that companies may have over their public image by engaging the issue of HIV in the workplace.
3.3 Week III: From measuring impact of corporate HIV/AIDS programs to contributing to national MDG targets: Coalition building for action

This week was moderated by Kate Taylor of the Global Health Initiative of the World Economic Forum.

Kate Taylor is an Australian medical doctor who has worked in a range of clinical settings, from ophthalmology to infectious diseases, from university hospitals to remote primary healthcare clinics in Central Australia. She received a Fulbright Scholarship that enabled her to achieve a master's degree in Public Health from Johns Hopkins University. She then spent several years working in business management consulting on a range of projects including financial services strategy and organizational design, food and beverage corporate strategy, health e-commerce and biotechnology start ups.

Introduction
In December 2002 UNAIDS estimated that financial disbursements need to increase significantly to combat AIDS successfully. As a very visible epidemic develops, increased morbidity and mortality is likely to have a severe impact on the long-term economic development in developing countries. Of the US$15 billion a year required approximately seven percent of the total resource need is for workplace prevention. In order to reach the Millennium Development Goals (MDGs) of halting and reversing the spread of HIV/AIDS by 2015, the complementary activities of businesses to fight HIV/AIDS in the work-place will be crucial.

Discussion questions
• Why is business involvement not only critical for creating a sustainable investment climate, but also for a long-term economic development?
• How to leverage the momentum of achieving the MDGs to build capacity for business to play a more positive role in fighting HIV/AIDS?
• What is the role of governments in promoting private sector involvement in fighting HIV/AIDS?
• How can the expertise and resources of public-private partnerships such as the Global Fund on HIV/AIDS also be disseminated to SMEs?
• How can the UNGASS Declaration be used to enhance more effective coalition building for action between business associations, government, and civil society?

During week 3, the e-conference focused more on coalition building than on monitoring the business response. This may well reflect the early stage of the business response in most parts of the world and the relating need to build it and then monitor it. It also highlights the need for business advocacy to be business-led while still being supported by the international community.

We've had some very interesting contributions about the roles of businesses and business coalitions.

Temgenevskaya felt that there should be a significant degree of state control to drive action. I'm not sure to what degree there is consensus about proscriptive methods about preventing the spread of HIV – for business or the populace at large.

Emomotimi was a firm advocate of grouping businesses together to build the scale of the response. She also cited the inducing roles available to government to incentivise business action. The subject line of her email made reference to the MDGs. I wonder whether people have opinions on how relevant the MDGs are.
perceived to be by business? Do people feel that they form a solid base for advocacy or are they not a compelling argument?

Aleksandra argued that we should focus on stronger bottom line arguments. Certainly the Global Health Initiative and the Global Business Coalition are doing so. It is interesting to note (and some of you who were in Barcelona last year may have heard this from governments) that often those who have been convinced to act are more concerned with the feasibility than cost, whereas those who do not yet believe will cite cost. Have others seen this?

Sydney Rosen was skeptical about business partnerships. I would like to recount a little about some of the work PIA has done in Africa: in Kenya they were instrumental in setting up the Kenyan Business Coalition that is working with the NAC to assist in implementation of programs; in Ghana their members are working together on a Global Fund proposal to expand workplace programs to surrounding communities; elsewhere they are supporting research to assist other business alliances.

Sydney does raise an excellent point about the use of the word 'partnership'. I wonder if others have thoughts on how useful this oft-used term really is. I was at a meeting earlier this week at which we had a very strong consensus that the concepts associated with 'joint venture' were more appropriate. A JV includes the principles of shared contributions/responsibilities, risks and rewards and also the understanding that one party will have operational management control. How are people thinking about 'public-private partnerships'?

The paucity of business input limited the ability to develop recommendations that were shaped by business for business. Fora for true debate and understanding – hopefully such as the Global Compact Policy Dialogue on HIV/AIDS – are important to ‘reality check’ the responses of the international community and governments and, at the same time, to build business engagement.
4 Selection of emails from the e-conference

4.1 What participants said about: Ignorance

HIV/AIDS doesn't choose its victims randomly, … it "chooses" their victims by IGNORANCE. People not knowing enough about it, not knowing how to protect themselves and not knowing what are their OWN RIGHTS when protecting themselves against HIV/AIDS.

-Maria Mokrova, student, Macedonia, April 22, 2003

I am so much enthused on the various contributions of participants, however, Marija Mokrova's contribution is exactly what pertains to us in most parts of the country. Ignorance is one of our main problems in fighting the HIV/AIDS menace. Most of the Information, Education and communications programs are city-centered and therefore catching only a third of the total populace. This is where I think business organizations can step in and help in the fight against the infection/disease. To use Marija's word, AGGRESSION is required. All the time, mini vans are found in the villages advertising goods they have for sale. If a little component on HIV/AIDS is added in these adverts, the impact will be tremendous. Though more is required from corporate bodies.

-Cletus Kung Tindana, Biometry/Data Management group of the Navrongo Health Research Centre in Ghana, April 24, 2004

As a corporate participant from a senior mining group in Africa, I know that the practice of business in Africa has from time immemorial being that of mining for the benefit of all stakeholders and not just shareholders. For mining companies in Africa ignoring what is happening to your employees and the communities and countries in which one does business is only a recipe for disaster.

The issues of poverty and disease impact on African businesses so much that there is a business case for seeking to improve the livelihood of these communities. That has been the experience of many businesses in Africa including mine. That is why, you would find corporations in Africa putting up Hospitals, football stadia, schools, bore holes, HIV education programs, etc.

If you see more than a 1000 youth invade your recently blasted surface mine pits seeking to pick your free gold, there is sufficient business case for you to find alternative livelihood schemes for the youth of the area. That is the reality of doing business in Africa.

-Joshua Mortoti, Ashanti Goldfields Company Ltd., Ghana, April 28, 2003
4.2 What participants said about: Social stigma and discrimination

The officially reported figure for HIV/AIDS cases in Bangladesh is in the hundreds, however, according to UN workers and civil society engaged in this area, the estimate is much higher as many have gone undetected.

It is believed that the prevailing social and religious attitudes towards this disease discourage detection due to fear of stigmatization and ostracization by relatives, friends and or co-workers. It was also reported that hospitals refuse to treat HIV/AIDS patients. I've also seen a similar situation in Indonesia where the reported number of cases of infection are also low.

These two countries are geographically located near several others, particularly in the Greater Mekong Subregion, that have higher per capita numbers of reported HIV/AIDS cases, and when considering travel and migration, trafficking and taboos, the lack of accurate data, factors that contribute to the spread of the disease between these countries, it becomes necessary for governments to take effective measures and steps to halt or reverse the spread of the HIV/AIDS. In the absence for such effective measures, I believe then it is incumbent on the business community, the engine of growth in society, to take up the slack.

Business is most likely to bear the brunt of the disease first. Awareness and prevention training should be the first step to address this disease particularly in poorer Asian countries, where treatment will most likely be out of the reach of most of the poor.

-Osama Rajkhan, UNESCAP, Thailand, April 23, 2003

I am participating from Beijing, China the current epicenter of the SARS epidemic now causing a tragic and growing loss of life in Asia and around the world. I have been living and working here for Bayer since 1987.

Beijing's reaction to SARS parallels its response to HIV/ Aids - denial, followed by forced acknowledgement and hesitant mobilization of resources to combat it. It wasn't until August 2001 that the Chinese Government finally admitted that the country was facing a serious AIDS crisis. Now government officials estimate that the total number of people infected with HIV is around 600,000, despite an official figure for last year suggesting that China had only 22,517 people infected with HIV. But many believe that even the figure of 600,000 is a serious underestimate and that the epidemic is much more widely spread, with the true number of people living with HIV being closer to 1.5 million people. Given China's huge population it is hard to predict to when and if this will reach catastrophic proportions.

I have joined this forum for a number of reasons:
- I am responsible for Bayer's CSR initiatives in China, and I see this as a growing important element of our activities and initiatives here in China.
- working for a healthcare/ pharmaceutical company - although our main focus is currently not on HIV/ AIDS - this topic still concerns me deeply.
- my personal interest in working to foster HIV/ AIDS awareness in China has driven me to join and participate.
- I am relatively new to HIV/ AIDS and I need to learn much more about what the role of business can be in fighting HIV/Aids in order to spearhead initiatives in this area in China.

The impact of HIV/ AIDS has not yet hit foreign companies in China because it has been hidden for so long. I must admit that I feel somewhat inadequate in contributing because of the lack of experience and exposure to HIV/ AIDS in China. This is definitely on the verge of dramatic change. Only over the past two years, has the government allowed for this topic to be brought out into the open. Just last month the first large-scale fundraising event sponsored by the Rotary Club and the foreign community in Beijing was held to promote HIV/AIDS awareness and to collect funds to support initiatives in China I will try my best to contribute but at the same time I anticipate that I will learn a lot from the many experts who are taking part.

-Bill Valentino, Bayer Beijing China, April 23, 2003
Now, in what way can organizations bring about the internal change? Many times, the environment is such that there is a fear against accepting that one is HIV+ and a stigma attached to it. It is still a taboo topic in some of the Indian context. What is the most effective way to bring about a change internally? At what level does an organization intervene--Team level, individual level, subsidiary level? Is "organizational development" an appropriate tool to address this change?

-Akanksha Chirania, India, April 23, 2004

I checked out the Louis Holiday v. City of Chattanooga case mentioned by Akanksha Chirania. You can read the full opinion by clicking on this link: http://www4.ocn.ne.jp/~dai-rol/studies/case-holiday.html

For non-lawyers or for lawyers not familiar with the US system, very briefly, this is what the case is about and what the court decided.

Louis Holiday was a police officer with the Tennessee Capitol Police. He applied to be a police officer with the City of Chattanooga (also in the state of Tennessee). During the mandatory physical examination, he disclosed that he was HIV+. The examining physician then reported him as unfit for the job. Relying on that report, the City withdrew its conditional offer of employment and Holiday sued.

Holiday's claim relied, inter alia, on the Americans with Disabilities Act ("ADA" or "the Act"). The ADA protects qualified individuals against discrimination in employment on the basis of disability. Qualified individuals with a disability are people who, with or without reasonable accommodation, can perform the essential functions of the position. The Act mandates an individualized inquiry to determine whether the qualified individual's disability disqualifies him or her from a particular position. The trial court rendered summary judgment for the City, finding that it could rely on the doctor's report. A summary judgment avoids a trial and can only be granted if there is no genuine issue of material fact to be submitted to the trier of facts. On appeal, the Circuit Court of Appeals for the Sixth Circuit found that the examining doctor had failed to investigate the physical effects, if any, of Holiday's HIV+ status, that there had not been the individualized inquiry called for by the ADA, and that the record raised genuine issues of fact as to the effect of the plaintiff's condition. Consequently, the Circuit Court of Appeals reversed the grant of summary judgment.

The reversal of a grant of summary judgment is not a judgment on the merits; it merely sends the case back to the trial court for further proceedings. There is no reported further decision in the case, other than a denial of petition for rehearing en banc (this is a petition for rehearing of the appeal by the full Sixth Circuit Court of Appeals in lieu of the three member panel of the court that decided the appeal). Given the factual record recounted in the appellate court's opinion, I imagine the City settled the case.

-Rudolf V. Van Puymbroeck, World Bank Legal Vice Presidency, USA, April 25, 2003

Dear friends, it was an interesting week, I wish to express my appreciation to all that was part of the conference last week. Employers should endeavor to provide an environment that allows for the dissemination of information without prejudice to the likelihood of an infected employee being dismissed. A cultivation of an attitude of trust between the employer and employee is the first step towards a pro active action in curtailing the spread of the pandemic among employees. We must not make the mistake of discriminating against prospective employees as bringing them closer would provide us with an insight as to how they feel and live which will in turn provide us with the courage to finding a solution fast. biz can change the behavior of their employees by allowing the acceptances of people with AIDS/HIV AS EMPLOYEES AND TREATING THEM RIGHT. with this attitude others would accept the disease as common cold which will affect the psychology, as we know a good psychology is half way through the illness.

-Emomotimi Agama, National Center for Women Development, Nigeria April 28, 2003

A policy paper on Pre-employment testing, and Stigma and Discrimination:
http://www.businessfightsaids.org/pdf/pre_employ_test.pdf
RECOMMENDATIONS BY SUPREME COURT OF INDIA the Government of India Repeal section 377 of the Indian Penal Code, which effectively criminalizes sex between men and is frequently used as justification for harassment of HIV/AIDS educators working with men who have sex with men. Ensure that complaints by HIV/AIDS outreach organizations against law enforcement personnel are promptly and thoroughly investigated by independent, adequately trained investigatory staff of the police department or the judiciary. In particular, implement the recommendations made by the National Police Commission in 1980, specifically those that call for a mandatory judicial inquiry in cases of alleged rape, death, or grievous injury of people in police custody and the establishment of investigative bodies whose members should include civilians as well as police and judicial authorities.

Through the Home Ministry, strengthen training of the police force at all levels on the importance of HIV/AIDS prevention and the life-saving efforts of HIV/AIDS outreach workers. Monitor conditions of detention particularly of women in prostitution and men who have sex with men. Ensure accountability of police officers and wardens who engage in sexual abuse, as well as other violations of national and international standards for conditions of detention. Establish a civilian review board or civilian ombudsman committee comprising judges and lawyers to monitor police stations and ensure that Supreme Court guidelines on treatment of persons in custody, as established in D. K. Basu. State of West Bengal, are strictly enforced. NGO input should also be solicited. Parliament should conduct an inquiry into human rights violations against HIV/AIDS outreach workers with an eye toward strengthening legal protections.

Government officials at all levels should use public events and contacts with the media to condemn police violence against HIV/AIDS workers and to reiterate the extreme importance of HIV/AIDS prevention activities for high-risk groups.

Ratify the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment. India signed the convention in 1997 but has yet to ratify it. Include information on the treatment of HIV/AIDS workers in future periodic reports to human rights treaty bodies established for the: International Covenant on Civil and Political Rights (overdue as of December 31, 2001)

Convention on the Elimination of All Forms of Discrimination Against Women, the National AIDS Control Organization. As a respondent to the petition for repeal of section 377 of the Indian Penal Code, currently before the Delhi High Court, make a strong written statement advocating for repeal of the section on the grounds that it impedes HIV/AIDS prevention and care activities for men who have sex with men.

Ensure that state-level AIDS Control Societies funded by NACO, in consultation with state-level Home Ministries, develop and implement a formal plan for a budgeted program of monitoring of and regular public reporting on violence and abuse against marginalized groups at high risk of HIV/AIDS. Project directors of the State AIDS Control Societies should be required to take effective measures to support NGOs working on HIV/AIDS prevention and information services when they are harassed by local police or other authorities and should work with home ministries to ensure all perpetrators of harassment of AIDS workers are brought to justice.

Require directors of the state-level AIDS Control Societies to work with the state-level Home Ministries to ensure that police at all levels are trained on the fundamentals of HIV transmission and care for persons with AIDS and are sensitized to the importance of HIV/AIDS prevention among high-risk groups.

Expand access to condoms for women in prostitution and men who have sex with men through government health facilities, commercial outlets and other means. Every State AIDS Control Society director should be required regularly to demonstrate his or her society's efforts to ensure that all persons in high-risk groups have a reliable and sustainable means of obtaining condoms. Use the leadership role of NACO, including public statements and appearances by high-level NACO staff, to advocate forcefully for the protection of the human rights of groups vulnerable to HIV/AIDS, including sex workers (both men and women) and men who have sex with men. NACO’s stated position in policy documents on the central importance of reaching out to men who have sex with men in HIV/AIDS programs should be particularly emphasized in public events and meetings, especially those covered by the media.
To the World Bank, United Nations agencies and bilateral donors supporting HIV/AIDS programs in India:
Ensure that monitoring of police harassment of HIV/AIDS outreach workers and other HIV/AIDS-related human
rights abuses is an important and regular part of World Bank project monitoring in India. Accelerate surveillance and
monitoring of NGO reports of police violence through the United Nations-supported monitoring system and other
means, and ensure widespread reporting of data collected on this subject. The World Bank should conduct a thorough
review of NACO’s monitoring of human rights violations that impede HIV/AIDS prevention.
Strengthen monitoring of state-level allocations of national AIDS program funds, paying particular note to the
adequacy of state-level support for groups working with men who have sex with men. Ensure that applications of these
groups for funds are fairly considered.

Support the repeal of section 377 of the Indian Penal Code as a violation of the prohibition against discrimination of
men who have sex with men and as an impediment to the national response to the HIV/AIDS epidemic. Repeal of
section 377 is consistent with the United Nations International Guidelines on HIV/AIDS and Human Rights.
X v. Z (1998) 8 SCC 296 (Supreme Court of India). The full judgment and commentary is available from The Lawyers
Collective http://WWW.HRLCA/PARTNERS/RC. The decision betrays a lack of understanding of the scientific and
epidemiological aspects of the epidemic, indicating an urgent need for the sensitization of the judicial branch of
government, in ways consistent with judicial independence, on the legal, ethical and human rights issues relative to
HIV/AIDS, including through judicial education and the development of judicial materials.

See International Guidelines on HIV/AIDS and Human Rights, Guideline 1, paragraph 21(d).
http://www.hivnet.ch:8000/topics/human-rights/viewR250
http://www.icaso.org/icaso/docs/staticasotounitednat.htm http://www.naco.nic.in/nacp/program/prog5.htm
http://www.parliamentofindia.nic.in/refer/ref99/H001.htm
http://www.goacom.com/community/positivepeople/article1.html
http://www.indianembassy.org/policy/AIDS/Sources_AIDS_India.html

-Prof. V.K. Sapovadia, India, May 5, 2003
4.3 What participants said about: Cost-efficiency and economics

The only cost-effective way to respond is to fight the epidemic. That can take two forms: prevention programs to reduce the number of employees who will get infected and treatment programs to extend the working lives of employees who already have HIV or AIDS.

-Citation from ‘AIDS Is Your Business’ by Sydney Rosen; Vlasios Tigkarakis, IFC, United States, April 22, 2003

From the point of view of economy, HIV/AIDS is a macroeconomic problem and companies prefer not to take part in its solution and then to enjoy the benefits from its solution as it is impossible to exclude any company from sharing the benefits of a more healthy society. Of course we may say that this is also a microeconomic problem as it leads to inefficiency but as a sole company cannot solve the problem and it should join some other companies and government to implement a joint effort then this free rider problem emerge. This leads to the conclusion that government should create efficient incentives for the companies to make contribution in solution of this problem, that is to overcome free rider problem, so that each contribution was awarded.

-Dimitry Lyzenko, student, Saint-Petersburg, April 22, 2003

I think you are right about the difficulty of a private firm capturing the full benefits of its investments in HIV/AIDS programs. This applies in particular to prevention programs. Probably in part for this reason, disease prevention has traditionally been a responsibility of the public health system. It is less true of treatment programs, as the employer can capture the full work-related benefits of treating an HIV-positive employee. There are still positive externalities (and perhaps some negative ones), but the private benefits of providing treatment will be sufficient to make it a good investment for many employers.

-Sydney Rosen, Boston University School of Public Health, United States, April 23, 2003

Quantifying the economic impact of HIV/AIDS and making a business case for it is very difficult. However, if you realize that in Africa where the culture is closely knit with one employee typically supporting 10 dependents, then if that employee dies from AIDS that invariably means taking 10 individuals to the cleaners. Most African mines also tend to be located in very remote places with majority of the community inhabitants having something to do either directly or indirectly with the mine.

Faced with this dilemma, Companies located in Africa cannot decide not to do anything about HIV/AIDS especially when the effect of the disease hits the company's bottom line one way or the other.

-Joshua Mortoti, Ashanti Goldfields Co. Ltd, Ghana, April 22, 2003

Visit www.csruhi.org for more information
Costs of AIDS to a business
A work stoppage at South Africa's Impala Platinum Holdings Ltd. (the world's second-biggest platinum producer), that stemmed from a disagreement over funeral benefits payable to employees who die as a result of non-work related causes, including AIDS, was estimated to cost the company around ZAR24 million a day (about $3 million), in production losses. Source: DJI - Dow Jones International News, Date: 03/18/03

Review of studies: The Impact of HIV/AIDS on Business:
http://www.globaltreatmentaccess.org/content/tools/mnc/bloom_appendix1.pdf

Benefits in terms of improving reputation: An example Odebrecht a Brazilian Construction and Engineering Group, received an Award from the Global Business Council on HIV/AIDS. This is an award for Business Excellence recognizing the business response to HIV and AIDS. Odebrecht's award recognized the work they have done that targets young people. Through the Odebrecht Foundation they have been active in developing and funding sex education and AIDS materials for schools. The Odebrecht Group has its own program of HIV/AIDS training for employees. Through its foundation it has focused its community response on young people. Young people were involved in the development of new materials on sex education and the promotion of safer sex. This work was done in conjunction with government agencies, schools and local authorities. The resulting materials approach sexual health generally with emphasis on safe behavior and avoiding the risks of HIV transmission; they have been used widely.

About the Global Business Coalition Awards:
http://www.businessfightsaids.org/about_what.asp#6

Business is uniquely positioned to fight AIDS. Business often has the capacity to act faster and more effectively than any other sector. The business sector's ability to create and exploit new opportunities could significantly improve the design and implementation of existing HIV strategies. For example: *Communications and marketing skills could improve national behaviour change programs. *Business management and training techniques could improve the administration and efficiency of AIDS organizations. *Logistics expertise and distribution infrastructure could strengthen the reach of information and commodity distribution to hard-to-reach regions. Source: Speech by Ben Plumley, http://www.numeds.com/global/gbc.php

PROVISION OF ARV TREATMENT MAKES BUSINESS SENSE
A study conducted on a private company in Abidjan, Cote d'Ivoire found that, with the provision of ARV, from 1998-1999 to 1999-2000, costs for caring for HIV(+) employees decreased from US $338,462 to US $153,846, and opportunity costs from US $1,539,077 to US $61,538. It also observed a 10-time reduction in absenteeism. Source: Barcelona XIV International AIDS Conference abstracts: The socio-economic impact of HIV/AIDS infection and of investment in antiretroviral therapies (ARVs) on a private company of Abidjan, Cote d'Ivoire S.P. Eholie, E. Bissagnene, A. Gaumon, J. Mambo, J. Guiza, A. Kakou, A. Kadio Service des Maladies Infectieuses et Tropicales, Service des Maladies Infectieuses et Tropicales, BP v 3 Chu Treichville, Abidjan, Cote d'Ivoire

Visit www.csrwbi.org for more information 22
On Public Private Partnerships in the fight against HIV/AIDS: A lesson learned by Heineken's experience in providing a comprehensive medical care program including ARV for HIV infected employees is that Public Private Partnerships in the fight against HIV/AIDS will become characteristic feature for the political economy in many countries and will contribute to a positive spill-over effect into the larger public and other local and international companies.

Source: Barcelona XIV International AIDS Conference abstracts: Public Private Partnership: Heineken's HIV/AIDS prevention and medical care program as a model of best practice D. Denolf1, C. Kitenge, P. Nsalou, P. Sianard, P. Milenge, S. Vander Borght, H. Rijckborst 1 GTZ, Congo, the Democratic Republic of the; 2 Heineken, Kinshasa, Congo; 3 Heineken, Pointe Noire, Congo; 4 Heineken, Brazzaville, Congo; 5 Heineken, Amsterdam, The Netherlands

Issues: The HIV epidemic has a high cost to the business in Africa. The international brewing group Heineken is providing, since more than five years, a comprehensive HIV prevention and care program for the employees of their breweries in Central Africa. The AIDS burden cannot be tackled alone and therefore Heineken developed an innovative Public Private Partnership as a global response.

Description: We highlight some of the groundbreaking efforts of the Public Private Partnership between Heineken and the German Technical Cooperation (GTZ) that aims to strengthen the workplace HIV/AIDS prevention program and to implement a comprehensive medical care program including ARV for HIV infected employees. Countries involved: Congo / Kinshasa, Rwanda, Burundi and Congo / Brazzaville.

Lesson Learned: Data will be presented related to the following activities:

1) Provision of operational policies and practices that are clearly defined, understood, adapted to the local context and consistently followed.
2) Capacity building with training workshops for public and private sector.
3) Provision of minimal package of activities for sustainable HIV prevention.
4) Training of volunteers to act as peer counselors and head campaigns of employee education on the issue of HIV/AIDS.
5) Improve the condom distribution system and the sexually transmitted diseases diagnosis and treatment.
6) Improve the availability and use of data for decision making as well as for monitoring and evaluation purposes.
7) Assess the technical, legal, ethical, educational and political prerequisites for the introduction of antiretroviral drugs.

Recommendations: Public Private Partnerships in the fight against HIV/AIDS will become a characteristic feature for the political economy in many countries and will contribute to a positive spill-over effect into the larger public and other local and international companies. Presenting Author: Danny Denolf

For more information on IFC Against AIDS:
http://www.ifc.org/test/sustainability/docs/IFC_against_AIDS.pdf

-Vlasios Tigkarakis, International Finance Corporation, United States, April 23, 2003
It is important to emphasise that in Nigeria the government is making a strong effort at imparting the message of AIDS/HIV but with the population it becomes more difficult to pass the information down, this is why businesses in Nigeria and Africa must put in concerted effort to educating the people, as the mass of the people who are more prone to the disease are resident in the rural areas and fortunately.

Multinationals operating in Nigeria are very knowledgeable in the terrain of this area and practically have the best access to this places, it is therefore imperative that they see it as a priority to help in fighting the scourge as by and large they would suffer more if they do not perform now, it is important to say that the questions being addressed in this conferences does not seem to have any relevance to the actual motive of investors and businesses as primarily they are concerned more with the public relations aspect rather that its effect on their bottom-line.

If that is not the case, how many of them have done anything tangible aside from awareness campaigns, the direct and indirect cost is very huge as the working/productive population are the most vulnerable, the best way to take care of this cost or measure them is to contribute tangibly by way of an HIV/AIDS research tax imposed on businesses for the next five years to help fund research to finding a cure, at a TIME when people become hopeless as they know that they will die soon productivity will surely drop as well as profit it only follows that businesses will begin to fail and POVERTY would have succeeded in wining the battle.

-Emornotimi Agama, National Center for Women Development, Nigeria, April 22, 2003

I am Kitenge; as a company doctor, I have been working in AIDS field for 10 years. I am from DRC (French speaking country) and I work as medical coordinator in a middle private company. I have just been able to join the conference and I am happy to share experiences of so many people concerned with HIV/AIDS. AIDS is a disease which eats away at the society and increase poverty; it is a development issue: productivity loss, medical costs, reduction of purchasing power, quackes. An effort of everybody is necessary to go to the fight against this plague.

The business world should be involved in its fight if companies need to have sustainable profits. All the society is worried with the Aids epidemic. With the globalisation, we notice that most of the multinationals have a specific policy of fight against the AIDS while our national policies seem too weak and inefficient. These international policies take into account comprehensive care, dignity of persons affected and solidarity. With these elements the forum of the business can influence positively the reduction of the prevalence of the AIDS in the South.

The management of AIDS should start with a good policy and then a step by step implementation of activities against transmission and activities of caring people affected. The costs of fighting HIV/AIDS are linked to the prevalence and the treatment and the length of the period of prevention activities.

-Kit L. Kitenge, Congo, April 25, 2003

An interesting article on the efficacy of a recent media awareness campaign -
http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=17391
Hello Everyone! and THANK YOU MUCH for sharing so many interesting ideas and approaches. I was planning to wait and answer later but the more I read the posted notes and the more excited I get about all the ideas the discussion generates within me and obviously all others.

Having worked on HIV/AIDS in Africa before and now on corporate social responsibility issues in the global supply chain in Asia, I am thrilled to see these two themes being discussed together. In some ways, CSR and HIV/AIDS is a no-brainer because of the impact of the AIDS pandemic in Africa. Businesses do not really have a choice but that of getting aggressively involved in the fight against HIV/AIDS. Let's face it: the workforce is being wiped out. Yet, as many of you already said, not enough is being done.

Speaking of education and awareness raising campaigns let me point out that the Coca Cola Africa Foundation has, to my knowledge, done some very interesting CSR work in Africa on HIV/AIDS (funding components of national strategic communications campaigns). In Cameroon, for instance, I know for a fact that they have contributed to the National AIDS Commission Information, Education and Communication Strategy by funding some of its awareness raising components (rural radio and TV programs/spots). As I was reviewing the communication strategy of the National AIDS Commission, I thought this was a great way for the foundation side of a major corporation (with probably one of the best marketing strategies in Africa) to actually support the national AIDS campaign, not single and possibly ad hoc or uncoordinated efforts. They actually partnered with the government, NGOs and the media to make this happen.

From a communications perspective, I think businesses can make a HUGE difference in supporting education and targeted information campaigns. Sometimes they can do so by simply allowing NGOs and/or international agencies to piggy back on their marketing strategies. THINK ABOUT IT: why can't Coca Cola or Heineken or the local Match Producing company (probably government owned in many countries) place an HIV/AIDS message on their products so that the message gets carried everywhere the product is. (By the way, this has been done for child survival campaigns in Bangladesh twenty years ago through UNICEF). If companies were even more daring and progressive (!), they could possibly help distribute condoms where their products are being sold so that marketing efforts go hand in hand. But there are other ways to contribute like sponsoring an AIDS march (watch for women's AIDS marathon around next ICASA meeting), help build a counseling center, provide confidential counseling services to employees and much more. Truly, I think the time has come for corporations, governments and NGOs to effectively and actively work together! Thanks for your insights and thank you Vlasios for all the resources you passed on.

-Beatrice M. Spadacini, Global Alliance for Workers and Communities, United States, April 24, 2003

I am of the same view in that in we in the private sector cannot simply sit around and watch our employees dying, and hope to replace them with casual, unskilled and trained staff because this means we are shooting ourselves in the foot. Unfortunately hotel resorts are guilty of doing this and to date seem to be taking the head buried in the sand approach which will start to affect them if it has not already.

Sun International many years ago made Aid awareness compulsory in the workplace and set about educating their staff about the pandemic. They are still doing this but then they now need to take it much further by making policies that are tailor made for each of their individual resorts as well as introducing or encouraging home care for their employees. Some resorts have trained peer counselors who are doing a sterling job of counseling their colleagues but unfortunately they have no buy in or commitment from Executive Management. We are working on this as they may not be infected but they are affected directly or indirectly by the death of their staff.

The attitude of waiting for the government to implement this and do that is old, and if we really decide to sit and do nothing whilst government makes decisions then we will not have a work force left. We must help ourselves and if and when government decides to come to the party then at least they'll find us already knee deep in great works.

-Pholile Ngwenya, South Africa, April 28, 2003
4.5 What participants said about: Intervention strategies

Swaziland is one of the countries hardest hit by the pandemic. Businesses therefore cannot afford to be passive because HIV/AIDS directly impacts on the business. Our company has put strategies to fight and one of which was my appointment so that I co-ordinate all HIV/AIDS. I hope from this conference I will have the opportunity of learning what intervention strategies other companies have put in place.

-S’khulile Dlamini, Royal Swaziland Sugar Corporation, Swaziland, April 23, 2003

To share the strategic intervention on HIV/AIDS that the company I work for in Swaziland has put in place:
1. There is a HIV/AIDS Committee under the leadership of the highest Executive, the Managing Director (Chairman) and I, as HIV/AIDS Program Coordinator, am Secretary. In this Committee there are representatives from other stakeholders i.e. Management, employee organizations (Unions). Among other responsibilities the Committee has developed the company HIV/AIDS policy. Policy is key at workplace as it ensures that among other issues, the company does not have procedures that discriminate against HIV positive employees.

2. The Committee also agreed that "It is difficult to manage what has not been measured" and therefore agreed on an a voluntary anonymous, unlinked saliva based HIV prevalence survey. Employees were encouraged to participate in the survey. Campaigns towards this exercise were carried out. It was a success. A reasonable percentage participated. The percentage of the prevalence was extrapolated to the entire workforce, so the company has an idea of the size and magnitude of the HIV prevalence within the company. This survey was carried out by a Consulting company from outside the country.

3. The company is now looking at the possibility of assisting employees with the cost of ante-retroviral treatment on a cost sharing basis. Before a decision is taken we need to do a risk assessment. We are doing that at present. There are concerns: The company needs to compete at the world market & needs skilled productive employees, so there has to be a balance. If the company assists the HIV+ employee, what about the spouse? what about the child? what about when the employee is retired? What about the seasonal worker (who is at work 8 month and off work for 4 months) Anyone who has experience on best practice in this regard, I would really like your input.

4. We also have strategies on prevention e.g. Peer education, condom distribution.

5. The company has also planned to have VCT centers outside the clinic, as a way of encouraging employees with no symptoms of HIV to test.

6. The company clinics continue to aggressively treat STI's.

The HIV prevalence in Swaziland is alarming, so we need to fight extremely hard. We have a Govt. Committee that is also working hard on the scourge. The Swaziland Business Coalition is also assisting businesses fight. There could be other intervention strategies for other organizations. I would like to know about those.

-S’khulile Dlamini, Royal Swaziland Sugar Corporation, Swaziland, April 24, 2003
The International Finance Corporation (the private arm of the World Bank) has in place a program called "IFC Against AIDS" (for which I am working), that works with companies to design and implement HIV/AIDS workplace programs, including provision of antiretroviral treatment. For more information, please see: http://www.ifc.org/test/sustainability/docs/IFC_against_AIDS.pdf

On best practices on antiretroviral treatment and the private sector, the Global Business Coalition database has many such cases. Here are some examples from this database:

Antiretroviral treatment - Companies Case Studies

On August 2002, Anglo American announced further steps in its HIV/AIDS strategy providing anti-retroviral therapy to employees with HIV/AIDS. Operating companies are now being encouraged to enhance their HIV/AIDS wellness programs by making ART available at company expense to HIV positive employees who do not have an ART benefit through a medical aid scheme and who have progressed to a stage of HIV infection where ART is clinically indicated. These companies will consult with both trade unions and government on issues relating to implementation. The costs to individual operating companies will depend on the level of HIV prevalence, the rate of uptake by employees meeting the clinical criteria for ART and on the prices and types of drugs prescribed. It is anticipated that the prices of drugs will fall significantly as usage increases and/or generic alternatives become available. AngloAmerican contracted the management of their Health services and development of Antiretroviral therapy guidelines to Aurum Health research.

British Petroleum (BP) in Africa Care uses a health insurance based scheme (Bankmed) that offers a disease management package for HIV/AIDS for its workforce. The Bankmed HIV/AIDS Program offers the following:
* R30 000 per annum for HIV management. * Medicines to treat HIV (including drugs to prevent mother-to-child transmission and infection after rape or needle stick injury). * Treatments to prevent infections such as TB. * Regular monitoring of disease progression and the patient's response to treatment. * Ongoing support via a HIV/AIDS helpline. * Clinical Guidelines and telephonic support for the insured's doctor.

Compagnie Ivoirienne d'Electricité (CIE) is a private electricity company in Côte d'Ivoire. The company has 3500 employees, 2/3 of which are specialized staff. CIE has established an HIV/AIDS committee chaired by the General Manager of the company and managed by the Director of Human Resources Department (HRD). The members of the committee are all the physicians, nurses, social workers, and the union's representatives. CIE has also established insurance for all the employees. Since October 1999 CIE have initiated an HIV/AIDS solidarity fund which covers the cost of care support and treatment of HIV positive employees. Fund contributions vary according to level of employment within company.

Daimler Chrysler South Africa (DCSA) gives HIV+ employees access to its comprehensive care, support and treatment outreach project, which provides support for those affected by HIV/AIDS. Employees and dependants can confidentiallyjoin a treatment program called Aids for AIDS (AFA), which is offered by DCSA's third party health plan administrator, Medscheme. Since its launch in 1999, the program has enrolled 150 health plan members of whom 130 are currently participants. The 102 participating employees represent 26% of the estimated HIV+ employees at DCSA. The project includes authorization for coverage of antiretroviral therapy (ART). Of the 130 currently active patients in the AFA program, 72 are on ART. 75% are on Highly Active Anti-Retroviral Treatment (HAART), 20% are on Dual Therapy and four are on Mother to Child Transmission Prevention (MTCTP).

DCSA monitors and evaluates how effective it is in attracting employees in the early stages of the disease by tracking their state upon entry into the program. Of the 150 people who have entered the AFA program to date, 20% had a minimally impaired immune system, 18% had a moderately impaired immune system, 30% had symptoms and a moderately impaired immune system, while 32% had AIDS. In addition to the AFA program, employees have access to DCSA's comprehensive on-site wellness project and their regular medical insurance benefits. Of the 130 active participants, 40 receive their medical treatment from DCSA's East London Health Center, while external medical practitioners provide services for the remainder. Both groups of medical practitioners provide treatments that adhere to the AFA treatment guidelines.
Ford motor company in South Africa provides medical coverage for its employees, including antiretroviral treatment, through the Medscheme's "Aid for AIDS" disease management program. Medscheme is a disease management program that has the objective of providing managed access to benefits for HIV/AIDS (including antiretroviral therapy, mother-to-child-transmission and post-exposure prophylaxis according to internationally accepted guidelines) for members of contracted medical aid schemes and companies. The program includes clinical support of health care providers by a group of experts in HIV/AIDS management, and access to a nurse-line to assist people registered on the program with lifestyle and medication-related queries. Regular monitoring of clinical progress, CD4 counts and Viral Loads ensures the best possible outcome for every person on Aid for AIDS.

Heineken's board decided to expand its HIV employee program to include access to care, support and treatment, most notably access to ARVs. The ARV project started on 1 September 2001 with a pilot in Rwanda and Burundi. From this pilot, Heineken learned lessons that enabled the company to start projects in Congo-Kinshasa and Congo-Brazzaville. Access is available to employees, a partner, and children. Heineken is currently considering how to ensure continuing access to treatment for chronic conditions once employees' children cease to qualify for company benefits (at age 18). The ARV program is being piloted in selected sites before being phased in throughout the Company's operations.

The Company has contracted Pharmaccess, a foundation that organizes ARV treatment in Africa, to acquire drugs and advise on the establishment of regimes. The program has been able to take advantage of the price reductions made by manufacturers. Heineken has brought its own doctors to the Netherlands for training and arranged for the training of nurses and lab personnel in country. Treatment is then managed by the company's own clinics which are based in the workplace. The Company supports employees in adhering to treatment: Periods of directly observed treatment are interspersed with times when employees and family members take medication outside of the clinic (including weekends, holidays and more prolonged breaks). To begin with treatment will be based on two regimes of ARV combinations, allowing one to be substituted for the other in the event of treatment failure. Short courses of ARVs to prevent transmission from mother-to-child are also available in the clinics of six of the Company's central African breweries where antenatal HIV testing is carried out with informed consent.


-Vlasios Tigkarakis, International Finance Corporation, United States, April 24, 2003
4.6 What participants said about: SME’s

HIV/AIDS and SMEs

SMEs are most at risk because of the HIV/AIDS threat

SMEs have limited financial, clinical and human resources capacity to handle HIV/AIDS programs. Yet, they experience enhanced financial risks and financial pressures because of impact on markets, size, and low operational margins "freedom." In addition, the loss of a key employee because of AIDS might prove catastrophic to an SME, as opposed to a larger enterprise that usually employs more than one person in key positions. (Source: http://www.osgard.co.za/aids.htm)

A recent study by three University of Port Elizabeth (UPE) academics of 209 small businesses in South Africa identified the disease as one of the three main factors that cause nearly 80% of South African start-up SMEs to fail every year (the other two factors are crime and inadequate management expertise). Source: http://www.leadership.co.za/issues/2001nov/articles/aids.html) Their argument is that a very ill employee has a much greater overall effect in a small company than in a large one. A small company is also unlikely to be able to afford consultants or medical schemes.

The costs of HIV/AIDS to an SME

HIV/AIDS has both direct costs (increased expenditures on medical and health insurance costs, funeral costs, and death benefits, as well as recruitment and training needs due to lost personnel) and indirect costs (decreased revenues as a result of higher absenteeism and staff turnover, reduced productivity, declining morale and a shrinking consumer base) that can be devastating to SMEs. For example, a South African sugar mill found that HIV-positive employees took, on average, 55 additional sick days during the last two years of their lives. (Source: Family Health International (2002): Workplace HIV/AIDS Programs: An Action Guide for Managers, 2002)

Examples of SMEs that take action against AIDS

Many examples have demonstrated that, contrary to common belief, prevention and treatment programs against AIDS for the workforce of small and medium enterprises can be affordable and workable. The key is to find the most affordable solution to fit a company's particular needs, resources, and objectives.

Many businesses find it both necessary and useful to extend their education and awareness efforts beyond the workplace to the local communities in their area of operations and particularly to vulnerable groups such as women and youth. This can be done in an affordable way, as the example of RRR Industries, a small company in India that provides IT services to SMEs and the informal sector, illustrates. Using its own resources (company stationery and promotional material), the media and platforms offered by UNAIDS and Rotary (through its World Community Services Task Force), RRR Industries has promoted its workplace and community activities to a wide audience. Its influence and resources have helped to create training for young trainee drivers, condom distribution to workers in local industrial estates, and awareness raising activities in the wider community. (Source: Global Business Coalition Against HIV/AIDS: RRR Industries (http://www.businessfightsaids.org/wpp_popup.asp?CompanyID=91)

SMEs are often in good position to be creative and innovative through small-scale, and less costly projects. In regards to awareness and education programs, a manufacturing company employing 160 people in Gauteng uses production videos starring local TV soap opera actors in a sitcom/drama format produced in a series, which has been successful in attracting the employees' interest. (Source: http://www.redribbon.co.za/business/default.asp Real life AIDS bytes) "Auntie Merle’s Recipe for HIV/AIDS in the Workplace", a 28-minute educational and skills development video featuring popular comedian in South Africa is part of an innovative initiative aimed at assisting small and medium enterprises in the Western Cape to manage the impact of HIV/AIDS on their businesses. (Source: HR Future - South Africa's Independent Human Resource Magazine: Innovative Strategy to Combat HIV/AIDS Launched in the Western Cape. 2002)
Examples exist of SMEs that even go beyond awareness education and prevention efforts to provide anti-retroviral therapy to their employees in an affordable way. A 250-employee firm located near Johannesburg, which is a member of the South African Business Coalition against HIV/AIDS (SABCOHA), is offering ARV treatment to all 13 of its employees who tested HIV-positive. Two of the five employees on the ARV program have volunteered to become peer educators and help drive the HIV/AIDS campaign. (Source: South Africa Business Coalition Against HIV/AIDS: Case studies ? Anti Retroviral Treatment in a Small Company www.redribbon.co.za/business/default.asp)

Who can help:
Most of the time, companies who want to address the issue of HIV/AIDS in their workplace need not start from scratch. There are often other resources in the wider community from which companies can benefit including NGO activities, public programs undertaken by Ministries of Health or National AIDS Committees, and initiatives launched by other businesses, employer associations or medical organizations.

While there is limited experience of collective action with regards to HIV/AIDS, there is a considerable history of business linkages in the promotion of high-quality SME business practices. Studies have shown that linkage programs, transferring technical, operational and managerial skills from large sized enterprises to SMEs, have resulted in over 17 percent increases in productivity. (Source: The Business Response to HIV/AIDS: Impact and lessons learned. UNAIDS, The Prince of Wales Business Leaders Forum and the Global Business Council on HIV and AIDS. Geneva and London. 2000.) Such strong linkages indicate that HIV/AIDS can have an indirect impact on the business operations of large enterprises through the impact on their small sized suppliers and associated companies. In that respect, they can extend their education prevention and health care programs to their direct business partners. The minimum response could involve advocating and advising on appropriate actions and information on HIV/AIDS workplace policies, at no substantial resource cost to the large sized enterprise.

The International Finance Corporation (IFC) and the World Bank SME department cooperate to help companies address HIV/AIDS in their workforce. One of IFC’s strategic priorities in its involvement in two pipeline projects in Chad-Cameroon and in Azerbaijan-Georgia-Turkey, is to increase Small and Medium Enterprise (SME) participation in the sponsors’ supply and/or distribution chains, and help them develop business know-how and expertise. In that respect, the “IFC Against AIDS” initiative in association with the Linkages Program of the World Bank Group SME department help micro-finance institutions and SMEs in Chad and Azerbaijan develop awareness about risks and vulnerabilities to HIV/AIDS and ways they can cope with the impact of the disease on their operations.

-Vlasios Tigkarakis, International Finance Corporation, United States, April 22, 2003

In South Africa we have serious denial problems from our government who have only recently conceded that HIV causes AIDS. The Minister of Health has invited a nutrition guru to assist the government with the issue by giving them instruction on nutrition because she believes that AIDS is caused by poverty. It is therefore firmly in the hands of the business sector to deal with the crises of this pandemic.

As an SME operating in South Africa, it is difficult to concentrate on the workplace issue because of the other effects of AIDS which are more immediate i.e. AIDS orphans, crime, and also the business of AIDS. AIDS has been the catalyst for thriving businesses springing up in the country producing magic medicines that cure AIDS, potatoes that cure AIDS, the establishment of all sorts of organizations who give advice, run courses and congresses, and make lots of money out of AIDS.

I think business has a role to play in providing education, assistance, treatment sure, but I also think that Aids is big business in South Africa, and the little that an SME can do to short circuit this humanitarian crises would be a drop in the ocean. Perhaps rather target the people who are receiving vast amounts of funding and are misusing it would be a more effective route to take.

-Marlene Martin, South Africa, April 26, 2003

Visit www.csrwbi.org for more information
Simunye underlines a very important point about the burden of cost for the SMEs, although it would seem that he and his company are taking positive steps towards addressing the problem. I think many small companies lack the economic resources to do this. The situation that Bahrom Shukurov describes in Tajikistan has some parallels to the situation here in Venezuela, which is also a developing country. This situation makes HIV/AIDS education programs through SMEs more difficult for at least two reasons:

Because of our very fragile economic situation, most SMEs are struggling just to stay open, and to protect the jobs of the few employees they have left. Expendable programs of all kinds have been cut, and unfortunately, existing or planned educational programs are probably among the sacrifices made. Until we get our basic economic problems under control, survival will have first priority for the SMEs. Secondly, the economic situation brings with it a high unemployment rate, added to the fact that at least 50% of the employed work in the informal economy and are not covered by minimum wage and benefit programs, so any company educational programs that are implemented would probably not reach these people.

This increases the burden on the government and other agencies at a time when all are taxed to their limits. However, the educational issue should not be lost in our political and economical upheavals because Venezuela could still prevent the high prevalence of HIV/AIDS that is seen in Africa if we address these problems in a timely manner. We are in a position to learn from the experiences in Africa because our exposition to the pandemic seems to lag behind that of Africa. We need to have access to educational programs that can be propagated at all levels, but to do so, I think we will need support from outside the SMEs.

The costs of peer education in companies (US$0.26-5.00) and condom distribution in workplace (US$0.10-0.14 per male condom) mentioned by Elisabeth seem very affordable. However, it would appear that these costs are attainable once a program is developed and in place. Since these programs are not readily available here in Venezuela, or are not reaching the SMEs, development and organizational costs are still very high.

If apparent participation in this conference is any indication, it would seem that Africa is very active in the need to address these concerns, but that the South American equivalent is not present (Anybody else out there?). It is worrisome that we possibly are not taking the necessary preventive steps at a time that we could and should do so.

- Ginger Paque, Venezuela, April 24, 2003
Rosen et al's bottom line assessment of the HIV/AIDS pandemic (February 2003) provides an urgent wake-up call to companies with operations in HIV/AIDS hotspots, present and future. Indeed, the promise of breakthrough economic progress in India and China may be severely diminished in the next decade if HIV/AIDS gains a foothold in these vulnerable nations.

With risks to investors intensifying, information on HIV/AIDS must become a routine component of corporate disclosure. Dormancy periods of a decade or more for the disease mean that conventional quarterly earnings and annual financial statements are incapable of delivering such disclosure to the market. Needed is credible disclosure of company strategies, plans and policies on HIV/AIDS management and prevention according to a generally accepted standard. The Johannesburg Securities Exchange (JSE) is moving toward such disclosure for all listed companies. This action is spurred by both investor anxieties and the JSE's embrace of the Code of Corporate Practices and Conduct in the King Report on Corporate Governance for South Africa - 2002 which recommends regular HIV/AIDS reporting. A task force convened by the Global Reporting Initiative (GRI) is contributing to defining the content of such disclosure.

The devastation to workers and communities of the HIV/AIDS pandemic threatens company viability as well. Full and timely disclosure is an essential first step to reassuring the markets that managers grasp the urgency of this threat and are doing something about it. In the same way accounting for stock options and pension funds must be resolved, disclosures related to HIV/AIDS and other non-financial information is integral to building confidence in capital markets. To view GRI's reporting framework for HIV/AIDS visit: http://www.globalreporting.org/guidelines/HIV/hivaids.asp

-Alyson Slater, Global Reporting Initiative, April 23, 2003
I have just been able to join the conference and very much appreciate being able to share the thoughts and experiences of so many people concerned with HIV/AIDS around the world. I work for a UK-based fund management company with £60 billion under management. We focus on integrating key environmental and social issues into our investment analysis, and as such see HIV/AIDS as an extremely important issue for a number of companies that we are invested in.

In our mind, it will be increasingly essential for shareholders to start to understand the possible consequences of companies not taking action on HIV/AIDS, and the benefits for those that do. At present, there seems to be very limited awareness in the broader financial community of the possible impacts of AIDS on the employee and market bases of a number of multi-national corporations.

Investors do not generally ask companies whether they think AIDS is a risk to their business, and if so, how it is being managed. Given that we are operating in such a risk-sensitive environment - this is somewhat surprising. Where there is awareness of AIDS, it is very much limited to companies with operations in Sub-Saharan Africa, rather than to countries such as Russia, China and India - where virtually every MNC has significant operations of some sort.

Through a number of current initiatives we are very much hoping to raise the profile of HIV/AIDS amongst the investment community, not only as an essential part of broader risk management but also as a constructive way of encouraging companies to do what they most effectively can to combat the disease. What we find particularly challenging is defining the roles that companies should play in this - where their responsibilities lie and where they stop - versus the roles of other parties such as governments (where unanimity at this conference indicates that they should shoulder the main burden of responsibility) and civil society organizations. There is increasing evidence that a coordinated govt/business/civil society approach is the most effective for all parties, but defining it remains more elusive.

For investors, the key remains as to whether there is a business case for reacting to social issues such as AIDS and whether the money a company spends on dealing with the disease is less then the benefits to be gained from it. (Harshly speaking, the moral case only really comes into consideration if the reputation damage of not reacting is deemed significant enough to impact share price). The increasing amount of research being done in this area (Rosen at al. is a key example) and greater transparency from how leading companies are already addressing the challenge are likely to prove valuable tools in encouraging shareholders to be aware of HIV/AIDS as part of successful investment performance.

-Kirsty Thomas, ISIS Asset Management, United Kingdom, April 24, 2003
I would like to give details of a study undertaken by Horizons, the Population Council with the Thailand Business Coalition on AIDS (TBCA). This study addressed the question of whether financial incentives can be used to encourage the private sector to become actively involved in developing and improving workplace HIV/AIDS programs. It was hypothesized that a premium reduction on group-life insurance linked to the quality of workplace HIV/AIDS programs would encourage companies to introduce effective HIV/AIDS policies and activities. It was further expected that improvements in workplace HIV/AIDS programs, as measured through an accreditation system, would result in measurable changes in the knowledge, behavior and attitudes of employees in these companies.

**Key Findings**

Companies that joined the AIDS-response Standard Organization (ASO) improved their workplace HIV/AIDS activities and policies during the course of the project. An accreditation scheme, linked to a reduction in group-life insurance rates, was effective for those companies that were entitled to receive the financial reward. However, the project also demonstrated that financial rewards were not the only factor motivating companies to improve their workplace policies. For most companies in this study, the motivation to join the project and to improve their HIV/AIDS policies and activities was not a financial incentive, as was assumed at the start of this project, but was a desire to provide a service for their workers and to the community.

ASO had a marked impact on the companies' HIV/AIDS policies and programs with 82 percent of companies improving on their evaluation score between the two rounds. Of the remaining 18 percent, 3 percent received exactly the same score as in round 1 and the remaining proportion ended up with a poorer score in the second round. As a result of participating in the project, there was a statistically significant improvement in the number of companies not demanding blood tests from applicants or their current staff, and allowing HIV+ employees to continue to work. Further, there were substantial improvements in the number of companies providing HIV/AIDS training and disseminating HIV/AIDS information to their employees.

Despite the successes of the project it was not easy to recruit companies to join. The main reason was that it was inconvenient to do so. Close to 40 percent of the companies that did not join ASO stated that they were not ready to introduce the scheme, that it would be too time consuming for them that they did not have the personnel to carry out the scheme and that the procedure of two sets of evaluations for the employees was too complicated for the company to coordinate. ASO had a positive influence on the amount of information and training that the employees received about HIV/AIDS, and it changed their attitudes about the disease and also about people living with HIV/AIDS (PLHA). Nevertheless, the overall changes tended to be very small. Further, there was no measurable change in the employees' risk behavior.

The study also showed that the evaluation and accreditation scheme of the ASO project could be based on data collected from company managers. This is an important finding for those who wish to replicate this project. Administering questionnaires to employees to determine the reliability of managers answers and to measure knowledge, attitudes and behavior was time consuming and/or expensive for the employees who completed the questionnaires, the companies that had to arrange time for the questionnaire to be completed, the TBCA, which provided and collected the questionnaires and the researchers who analyzed the data. A similar project to ASO without employee information would cost less and be more manageable, as well as possibly attracting more companies to join. Although the exact costs and benefits of companies participating in the ASO program were difficult to determine, the data suggest that the financial costs exceeded the benefits. Most companies that participated in the study were unable to receive any financial benefits, and the companies that could, spent more per employee on improving their HIV/AIDS workplace policies and activities than they were able to receive from the premium rate reduction on their group-life insurance.

-Simon Baker, Population Council, Thailand, April 30, 2003
Introduction
This research report addresses three main questions: can financial incentives be used to encourage the private sector to become actively involved in developing and improving workplace HIV/AIDS programs, what are the financial costs of such a program, and what are the motivations for, and barriers against, private companies in Thailand joining such a program.

To answer the first question a scheme, the AIDS-response Standard Organization (ASO), was developed by the Thailand Business Coalition on AIDS (TBCA) and the American International Assurance, Thailand (AIA), Thailand's largest insurance provider. ASO, in its original form, linked improvements in companies' HIV/AIDS workplace activities and policies with a staged reduction in group life insurance rates. Depending on the score obtained through accreditation, a company received up to a 10 percent premium reduction. As the project developed a certificate was added to publicly reward companies for their efforts. It was hypothesized that the premium reductions would encourage companies to improve their workplace HIV/AIDS programs. It was further expected that such improvements, as measured through the accreditation system, would result in measurable changes in the knowledge, attitudes and behavior of employees.

The second question, the financial cost of the project, was asked to determine if the project would be economical for all the involved parties and whether the benefits would enable the project to be expanded. The third question, the motivations and barriers for companies to develop and improve workplace HIV/AIDS programs, was added to the study after the project had been half completed. As the recruitment of companies was often through letters and telephone calls it was difficult to gain an in-depth understanding of the reasons why companies were or were not joining the program and hence an additional research component was added to explore this.

The development of the study
The project proposal stated that TBCA would enroll 150 companies, most of which would be AIA clients. This was not achieved, as only 125 companies enrolled in ASO, and of these only 42 companies received AIA insurance. By the study's second round of data collection there were only 117 companies, as four companies went out of business and four other companies no longer wished to participate in the study. Also, by the second round there were only 31 companies insured by AIA. One company, which initially was not an AIA client, had joined AIA by round 2. However, nine companies stopped receiving insurance from AIA, and of the eight companies that had gone out of business or did not wish to participate further in the study three were AIA clients.

Given the difficulties in enrolling AIA-client companies, TBCA and the researchers decided to enroll non-AIA companies, even though they were unable to receive a financial benefit. Instead, a second incentive, an ASO certificate endorsed by the Ministry of Public Health was developed. Both AIA and non-AIA insured companies that developed appropriate HIV/AIDS policies were entitled to receive the certificate from senior ministry officials in public ceremonies to honor them for their interest in the health and welfare of their workers.

For the AIA-client companies, a premium reduction of 5 to 10 percent was available on the life component of their group insurance, depending on how well they meet the standards established by the project. The companies qualified for the minimum-level reduction if they:
1. Did not test job applicants for HIV/AIDS.
2. Did not test employees for HIV/AIDS.
3. Continued to employ HIV+ workers.

Reductions of up to 10 percent were provided, depending on the extent to which the HIV/AIDS workplace programs met measurable standards, such as whether the company was offering staff training and information to workers on HIV/AIDS, were promoting and providing condoms or were engaged in HIV/AIDS community activities.
Research questions
The questions that this study addresses are:

- Can an evaluation and accreditation scheme linked to a reduction in group-life-insurance rates result in improvements in workplace HIV/AIDS programs?
- Why do some companies agree to participate and others refuse to participate in the program?
- Can an evaluation and accreditation scheme be based on data collected from company managers?
- Do improvements in workplace HIV/AIDS programs, as measured through the accreditation scheme, result in improvement in the knowledge, attitude and behavior change (KAB) of company employees?
- Do the financial and associated benefits received by companies through participation in the project exceed the costs of implementing and improving their workplace HIV/AIDS programs?
- Does the evaluation and accreditation project provide benefits to AIA that exceed the costs involved in implementing the project?

Methods
Recruiting companies to the project
TBCA contacted companies to encourage them to implement workplace HIV/AIDS programs under the auspices of the ASO. The contact process was based on a list of companies compiled by AIA and TBCA, as well as from commercial associations and personal networks of the TBCA board members.

The most commonly used strategy by TBCA was to send details of ASO by mail or fax to the companies and to follow this up with telephone calls setting up appointments, usually with the company's personnel manager, to market ASO. TBCA at these meetings provided a package that gave detailed information on ASO, the activities that the company would have to undertake if they joined, the potential benefits of the project, the questionnaires that were to be used in the project and information about TBCA.

At the start of the project the barrier to participation for many companies of not being AIA clients was identified. Even though they were not insured by AIA and thus not entitled to financial benefits, many companies were still interested in joining. It was a difficult and time-consuming process for these companies to change insurance companies, which they would have had to do to participate in the project. TBCA and Horizons staff therefore decided to include in ASO a certificate that was to be signed and presented at a public meeting by a high ranking officer from the Ministry of Public Health for all companies that successfully participated in the project. After deciding to include a certificate in the ASO program the proportion of companies contacted that decided to join increased from about 6 to 16 percent.

The financial incentive provided to AIA clients
The original incentive to join ASO was a 5 to 10 percent reduction on group-life insurance premiums, for the companies that were insured by AIA. The better the company's HIV/AIDS workplace activities were the greater the benefit. However, this benefit was not a large sum for individual companies, although the larger the number of employees insured by AIA the greater the benefit (Table 1).
Table 1: Hypothetical companies and possible economic benefits from participating in the project if they gained the 10 percent premium reduction (costs are in baht except where stated)

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<th>No. of employees</th>
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<th>Total premium reduction per employee</th>
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Note: $1 is equivalent to 42 baht.

Table 1 is based on hypothetical companies. The number of workers, their sex, their age, the assessor’s risk of each group of workers and the maximum coverage that is offered determine the amount each company has to pay on their group-life insurance. The above information is based on an existing-rate calculation in that all these factors are controlled and do not change over time. In reality group insurance is based on a manual rate, where as each person ages they are considered to be at greater risk, and are thus charged extra. At the same time, male employees are regarded at a greater risk than female employees, and employees in certain occupations are considered at greater risk than others. The amount a company pays would constantly change, for example when older workers who are at greater risk retire and are replaced by younger workers.

Also, the group insurance would vary if the structure of the company altered, with more or fewer workers in a particular field that was considered to provide greater risks to the employees, the premium would also change. Although the information presented is based on hypothetical companies the data indicate that the possible benefits of joining the ASO project would be larger the greater number of workers the company employed. Not all employees in a company are covered by AIA insurance. Even though the largest company to join the ASO project had 9,000 employees, the company with the most employees insured by AIA was 1,600. This company, in the hypothetical model would have saved $952 over a year if they had achieved the full 10 percent premium reduction. The smallest number of employees covered by AIA was five, which would have enabled this company to save $3 over the year, if they achieved the full 10 percent premium rate reduction.

Actual financial benefits for the companies participating in the study were not obtained as AIA did not disclose this information and most companies were unable to determine exactly what rate reduction they had received, due to the changes in their workforce, with workers becoming older, changing numbers of male and female workers and changing numbers of employees in different sections of the company. Only one company indicated how much of a premium rate reduction that they received from AIA. This company, which had 1,400 employees insured by AIA, received a rate reduction of 40,000 baht, meaning that it saved 29 baht per employee, slightly higher than suggested by the hypothetical model, where each company would have saved 25 baht per employee.
Data
This study used five data sets:
1. Recruitment data,
2. Company data,
3. Cost-effectiveness data,
4. Employee data, and
5. Quantitative and qualitative data exploring the reasons why companies joined or did not join ASO.

Recruitment data
Between August 2000 and May 2001, 857 companies were asked to join ASO. When contacting each enterprise, TBCA recorded its characteristics using a recruitment checklist. The information included size and type of company, number of employees insured, type of insurance and reasons for joining or not joining the ASO project.

Company data
For each company that joined, TBCA carried out a structured survey of a personnel manager or a company official at a high level, exploring management decisions in relation to the project. The questionnaire, which on average took about 45 minutes to complete, occurred twice, once as the companies joined ASO and a year later, so as to determine any changes in company policies and programs, resulting from joining. The managers were interviewed on the following issues:
1. The company's HIV/AIDS policies,
2. Staff confidentiality policy,
3. Assistance given to HIV+ staff,
4. Activities for the dissemination of HIV/AIDS education materials,
5. The company's social contribution and extent of community involvement on issues related to HIV/AIDS, and
6. An estimation of the company's expenditure on AIDS activities at the workplace, within one year of the survey period.

Cost-effectiveness data
A cost-analysis form was included in the company data questionnaire. Using these data the costs of companies involved in the program with the benefits gained by doing so were compared. The costs included their time and effort to participate in the scheme. The benefits were savings obtained from the premium rate reduction from AIA, reduction of company health care costs, gain of productivity by reducing employee sick leave and decreasing training costs from reduced worker turnover. These data were collected as part of the company questionnaire. Apart from the premium rate reduction all the other possible benefits were long-term benefits, which this study has not been able to measure.

Employee data
A self-administered questionnaire (SAQ) was distributed to 100 employees at each company, or for small companies, to 100 percent of the workforce. Some companies requested that more than 100 employees fill in the SAQ. The SAQ was completed twice, first when the employees’ company joined ASO and a year later, when the company was being re-evaluated, so to measure changes in employee’s HIV/AIDS knowledge, attitudes and risk behavior. Because of restrictions imposed by company management, in only a few cases was TBCA able to directly distribute the SAQ to the employees. In most cases, TBCA made arrangements with the manager to distribute the SAQ to the employees. These arrangements included distributing the questionnaire to every section of the workplace and in a proportional way so to reflect the number of men and women in the company. The lack of control in the collection process and the inability to ensure that the employees were randomly selected limits the generalizations that can be made from the data. Although the results of statistical tests are shown in the report, these tests are based on data that was not collected through probability sampling techniques and hence the conclusions must be treated with caution. The companies took between two and four weeks for all employees to complete the questionnaire, although the average time for individual employees to fill in the SAQ was only 15 minutes.
Exploratory data
Realizing the difficulties of recruiting companies, and in particular AIA-client companies, to join ASO, the researchers and TBCA decided to explore reasons why some companies agreed to join while others refused to participate in the program. As a result, between July and August 2001 a mail questionnaire was sent to the 857 companies that had been contacted to join ASO.

The mail questionnaire was sent to all companies that had been approached during the recruitment stage. However, a different follow up strategy was adopted depending on whether or not the company joined ASO or not. All companies that joined ASO were followed up with a series of telephone calls. Companies that did not join were divided into two groups, those that declined to join before January 2001, and those that declined after this date. These time periods were selected because it was felt that companies that had made the decision more than half a year before were unlikely to clearly remember the reasons for their decision. Only 30 percent of the companies, selected through systematic sampling, in these two groups were followed up with telephone calls.

The questions in the mailed questionnaire included eight sections. These were the managers' attitudes about HIV/AIDS workplace activities; how they received information about the project; knowledge about ASO; companies' HIV/AIDS policies; reaction to the financial incentives and the certificate; the decision making process in the company; companies HIV/AIDS activities and details of the company. From the 857 questionnaires mailed, 243 were returned, including 99 from companies that had joined ASO and 144 that had not. This resulted in a response rate of 79 and 20 percent for companies that had joined and had not joined ASO, respectively. Caution should be taken in the interpretation of the views of companies that had not joined ASO, given the low response rate.

In addition, 23 in-depth interviews were carried out with the person in the company making the decision whether or not to participate in the project. Using multi-stage sampling, 24 companies in were selected, however only 23 interviews took place. The 24 companies were divided into 12 that had joined ASO and 12 that had not, with these two categories being further divided into small companies, those with 200 or fewer employees, and large companies, those with more than 200 workers. Finally, the companies were divided into AIA and non-AIA-client companies.

The guidelines for the in-depth interviews were divided into six sections. The first section was based on the details of the ASO project. The managers were asked how difficult it was for their company to join ASO; why non-AIA-client companies did not join AIA; what they thought of the benefits of the project; were the benefits sufficient for them to join; if not what benefits would motivate them to join; their views of the ASO certificate; about the ASO key policies and if that was a barrier for their company or not. In the other five sections the managers were asked about their personal attitudes about HIV/AIDS; their attitudes about HIV/AIDS workplace programs; whether the way they were contacted by TBCA influenced their decision to join ASO or not; their views of TBCA; and the decision process in their company.

-Peter Baker, May 5, 2003
4.8 What participants said about: Partnerships

Union leadership should also rise to the challenge and utilize some of its own resources (collected from dues) to assist in the fight against hiv/aids. In some highly unionized sectors in my region (Southern Africa), management is often 'white' and many of management's attempts to reach employees with any message is treated with suspicion. As major stakeholders, trade unions should also initiate programs of their own, using the language that their members understand and the networks that they have developed or proactively work in partnership with the business sector. In my own experience, organized labour in my country often participates in hiv/aids awareness programs at the invitation of management.

-Nelisiwe Dlamini, April 26, 2003

The issue of HIV/AIDS in South Africa, and most notably the rural areas of our country is not one that is capable of resolution through the inflow of funds from charitable organizations and countries. As I write this, the Treatment Action Campaign, a non-profit activist organization which has as its main aim the provision of treatment for HIV positive, people, anti-retrovirals for infected mothers and a generally articulate policy at the hands of the ANC is campaigning outside one of our largest pharmaceutical companies. Where are these funds of yours going?

The good minister, Dr. Manto Tshabalala-Msimang, has a notorious history of allowing personal feelings of paranoia and aggression to completely cloud her vision. Her insistence on obscuring the issue by consistently trying to undercut the accepted HIV/AIDS medical knowledge by ridiculous claims and dissent are not conducive to confidence. Is she the one who decides where the funds will go? She has already set a ghastly precedent by ignoring orders from both the High Court in South Africa as well as the Constitutional Court. Can you trust her with your funds? The Social Services section of the Government now has the most abysmal track-record for honesty and efficiency in a government already festering with corruption. Will they provide the treatment allowed by the funds? Will the funds even be used for treatment, or will they be used to finance more obscure advertising campaigns?

Advertising campaigns that seek to warn people of the dangers of unprotected sex, and yet show procreating couples, while giving us no indication that the message is one of social welfare! How is it possible that this could escape the attention of the United Nations? The treatment action campaign is one of the world's most publicized activist groups. One of the more patent problems in our country, is the fact that the people most severely affected by the disease are in a state of utter confusion. A generally lower level of education, symptoms of sickness, and a death-toll that is drastically on the increase (as seen on last night's edition 29th April 2003 of "Special Assignment", a South African investigative television program) is leading to panic amongst the people of South Africa. More than ever, they need the certainty of an articulate government policy that allows us to look to some defined plan of action. Big business, such as Anglo-American, has understood this need. They started treatment programs for workers that cost them millions of Rands.

They have been severely criticized by our government for doing so. Individual doctors at state-run hospitals have lost their jobs for providing treatment programs. The TAC has been accused, by the Minister of Health, as being a group of blacks marching to the tune of a racist white man. Trust me, there is no race issue in the fear people feel when they know they're going to die a painful death.

All in all, we have a situation of chaos. Merely feeding this chaos with increased funds will not solve the problem. The international community must attach some degree of consequence to the actions of our government. They do not listen to their voters, the recent floor-crossing legislation proved this. They do not listen to the Courts, as I mentioned above. They do not heed the advice of medical science, as the dissident view on AIDS taken by the Ministry has shown. If the International Community does not aid the people of this country by demanding lucid programs and some degree of concrete proof that their money is being utilized, then we are lost. The issue of the disease in this country involves far more than charity and selective optimism, it involves a program that strips useless and confused Ministers and government officials of their power over the life and death of the weakest in their society.

-Marlene Martin, South Africa, April 30, 2003
I would like to share with you the experience of some NGOs operating in the south Asian region in the promotion of HIV/AIDS workplace intervention. One of these NGOs, ISHIMA <http://www.ishima.info>, has helped several companies, small and large, codify its HIV/AIDS policies with much success.

The companies that received the assistance had one thing in common: baseline surveys commissioned by these companies indicated that there were conditions present for HIV that would significantly harm profitability and hence the future of the company itself and by extension the country it operates in. Among the successful workplace interventions were community prevention programs focusing on behavioural change through the use of education, peer educators, condom distribution, community outreach, and outreach to commercial sex workers and other high-risk groups.

Naturally, not all companies are equal and disparity between them are wide. To bridge the gap and standardize efforts and knowledge about the type of needed services by employees, ISHIMA developed key strategies for establishing workplace intervention programs on HIV/AIDS that involve these steps:

1) Secure the support of the CEO
2) Address AIDS in the workplace effectively
3) Develop a fund-raising strategy
4) Share good practices and failure studies
5) Codify workplace policy on HIV/AIDS
6) Talk about legal, stigma, gender and discrimination issues in the workplace
7) Provide care and medical support for those affected by the HIV/AIDS
8) Work with business groups or coalitions in the area to maximize the potential of efforts

Follow-up workshops have proven to be necessary after awareness sessions especially in large companies to address needs, services, difficulties, resources, control measures, and the present status. Would testing among the target groups be feasible considering cultures and preferences. The next round of workshops could then focus on Training of Trainers (TOT) to create a multiplier effect where several employees would be trained as necessary. Company doctors would be trained in HIV/AIDS case management and treatment. Other health care provider employed by the company could also be trained on providing counseling and behavior change communication in addition to caring for those affected by HIV/AIDS.

In talking to care providers and trainers from India, Indonesia, Bangladesh, and Malaysia, a consistent message comes across time and time again: building bonds between government, NGOs and business are crucial for transferring the intervention role from the funding agency to the company. Support to activists - usually positive people - in the form of greater access to anti-retroviral medication (ARV) is also crucial in spreading information about epidemic. Treatment cost has come down lately to US$1 per day in most Asian countries. Governments and NGO are increasingly recognizing the need to involve positive people to respond successfully to AIDS.

The names of Suzana Murni, from Indonesia, and Ashok Pillai, from India, come to mind. These two have made a notable difference in spreading the message, unfortunately, according to their peers, by the time these two have become proficient in the subject of HIV/AIDS, they became ill and passed away. The lesson is that without access to ARV they die. Fortunately, positive activists continue to emerge and with the support of funds set up to provide affordable ARV to positive people, they can stay alive to build their skills to advocate effectively and pass their skills to others. It is estimated that US$1,000 will guarantee the supply of ARV for three years per person. For more information on these activists and their activities, please email: <s.paxton@postresponse.org>.

-Osama Rajkhan, United Nations Economic and Social Commission for Asia and Pacific, Thailand, May 2, 2003

Visit www.csrweb.org for more information
in my last letter, I talked about the view which many in the world on HIV as "Someone else's problem". There is a growing acknowledgement among many in the first world to the fact that HIV is a problem, and if one were to rattle a collecting tin under their noses, these people would give something to help. But essentially, HIV is seen as being a phenomenon of "elsewhere" and where it is seen in the first world, as being a Gay problem. Much if the problem is down to the fact that HIV is a cumulative thing, like the straw that breaks the camels back, you don’t know its going to happen until it does. Also unlike SARS, it is seen a disease of poverty. SARS has until now attacked the traveling Business community (and those who are in contact with them), and is publicized as affecting Business on an immediate level, so reactions by governments are instant to the clamor from the business community.

There is a need for Businesses to make the same clamor over HIV/AIDS. Governments tend to listen to Business people (at least in areas other than taxation!) and, if Business organizations clamor hard enough, it may make governments (particularly here in Western Europe where there are functioning Social Welfare systems) appoint a specific body to both answer questions by Business leaders as how best to educate their staff on HIV, and to run workshops for the workers inside a company, on the subject of HIV prevention.

One recent Business contributor to the debate has said that he is glad that Business is loosing the "tag" of being uncaring, and simply interested in the bottom line. Now this may be true of his own company, and true of certain companies who are either within the pandemic, or rely on trade or work undertaken in pandemic areas, but it is doubtful that this is happening in many of the European countries. Where, and I have to say it again, there is a "Someone else's problem" mentality. In order to break this mentality, there needs to be political will to set up a small body (as I have already indicated), which is pro - active, and offers Business skilled "teachers" who go into companies and highlight the dangers of HIV. Europe is in the unique position of having the state health structures (paid for through taxation) capable of doing this, and a low incidence of HIV which means that infection can be slowed down and reversed.

However, if the present upwards trends in STD infection continues, then Europe is going to find itself with escalating HIV infection rates. As Europe also has state run health systems, it becomes possible for those of us who are aware of the dangers (whether Artists like myself, Business Executives, or any concerned citizen here in the UK) to write to a member of the Scottish, or Westminster, or European parliament) and say - What are you doing about this? Citizens of other European countries can do the same. Personally I have argued long and hard for us here, to learn from South Africa as to the AIDS Awareness systems currently being organized in that country, and use similar ones here. In South Africa there are some very well run Awareness systems which have come on stream out of necessity. Look at www.ahr.org.za for example. We in Europe have the luxury of being able to use these systems pro - actively, whereas South Africa is having to be reactive.

However, given the upturn in HIV infection we need to be pro - active NOW.

-Alex Flett, Scotland, United Kingdom, May 4, 2003

The question of coalitions and partnerships comes up very often in discussions of the private sector response to HIV/AIDS. I am skeptical about the potential for such partnerships to deliver on their promises unless substantial outside resources are made available. It seems to me that private sector firms are by nature competitive, not cooperative. While some managers choose to involve their companies in socially responsible activities for personal or ethical reasons, most firms collaborate voluntarily only when it is in their clear financial interest to do so. I doubt that we can expect the private sector to make substantial contributions of resources to partnerships beyond what appears to be profitable for the firms themselves. If this is so, then we may have to start regarding the private sector as a sink, rather than a source, for funds for HIV/AIDS programs. This in turn calls into question the role that we can expect business to play in the global response. I realize that voluntary business associations have been very effective in marketing companies' products, in lobbying for legislations and funding, and in providing educational resources for their members. Taking meaningful action on HIV/AIDS, however, will require them to implement complicated and expensive activities over long periods of time. Are there examples from other sectors of unrelated companies voluntarily creating partnerships to implement activities that are not in their immediate interest?

-Sydney Rosen, Boston University School of Public Health, United States, May 6, 2003
Here are two examples of Business Coalitions in Africa that have been created to coordinate a national/regional private sector initiative against HIV/AIDS:

**KENYA BUSINESS COALITION ON HIV/AIDS**

In March, 2000 Unilever Kenya Ltd sponsored a seminar and invited 20 private sector representatives. The main objective was to agree on a private sector initiative on HIV/AIDS. In May, 2000 at a meeting of joint stakeholders it was decided to turn the initiative into a business council, which was formally launched in August, 2000 with 48 companies. In November, 2000 a seminar was organized and was attended by representatives from 87 companies, who now form the membership of the business council.


**THE PRIVATE INVESTORS FOR AFRICA**

Private Investors for Africa joins together six companies from the international private sector with interests in Africa (Barclays, CFAO, Diageo, Heineken, Standard Bank, Unilever). The objective of the group is to seek a constructive dialogue and co-operate where possible with the principal international institutions in order to contribute towards improving the business environment in Africa. More specifically, the group wishes to use its extensive knowledge, experience and if required its infrastructure in Africa to achieve a sustained and productive dialogue with the International Monetary Fund (IMF), the World Bank Group, and when relevant with the European Commission with the ultimate aim of further contributing towards economic and social development in Africa.

The PIA's HIV/AIDS working group comprises representatives from all the PIA member companies, the IFC and the EU. The working group's objectives are to foster the exchange of experience in confidence within the group, to share representation with HIV/AIDS organization's, identify possible synergies that can be achieved by working together and to have their experiences demonstrate to the international and African based private sector the necessity to tackle AIDS.

Source: IFC Against AIDS - PIA Partner [http://www.ifc.org/test/sustainability/docs/IFC_against_AIDS.pdf](http://www.ifc.org/test/sustainability/docs/IFC_against_AIDS.pdf)

Such examples can demonstrate that business alliances in the fight against AIDS are viable and can offer great help to companies by leveraging know-how and by building networks. Furthermore, business coalitions (rather than individual companies) are in a better position to act as representatives of a country's private sector when dealing with international organizations, NGOs or their national governments to forge a common front against the disease.

-Vlasios Tigkarakis, International Finance Corporation, United States, May 6, 2003

These are good examples of business associations serving as discussion fora and information distributors, which does seem to have a track record of success for partnerships. I'm curious, though, as to whether either of these groups (KBCA, PIA) has ever implemented any activities that require a larger and more sustained investment or involve any risk. I know that several member firms of PIA, such as Unilever and Heineken, have very active HIV/AIDS programs at their operations in Africa, but they have developed these programs independently. I don't doubt that business associations have a useful role to play, but I am not convinced that it is an active a role as much of the current rhetoric about partnerships implies.

-Sydney Rosen, Boston University School of Public Health, United States, May 7, 2003
The member companies of the Private Investors for Africa (PIA) have taken a proactive stance to confronting HIV/AIDS in the workplace and have joined together as a means of learning from each other's experiences. The PIA has established a growing dialogue with representatives of the World Bank Group and European Commission aimed at addressing HIV/AIDS prevention at work, and is keen to position itself as a catalyst to a broader business response to HIV/AIDS at international and local level.

The experience of the PIA companies shows that the business community can adopt different policies from the prevention and health support for HIV/AIDS patients to providing therapy, while still benefiting from sharing common methodologies. Through the use of an internal Roadmap methodology, our members are able to benchmark progress on a variety of measures ranging from treatment and care, impact assessments, awareness education prevention, and policies and management. We have found this to be a very effective means of creating best practice whilst still allowing companies enough room to adapt activities to their particular local situations.

For more information on the Private Investors for Africa activities please contact:

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Here are some examples where business partnerships can be vital in achieving results that single companies cannot achieve in the fight against AIDS:

*Networking-Lobbying:
Business coalitions have more leverage than single companies in the international and/or political front, like the example of the Global Business Coalition on HIV/AIDS. The US President George W. Bush invited the GBC Chairman Jürgen E. Schrempp in a meeting on April 29, 2003, where he recognized the exemplary work of the GBC, and elaborated on the 15-billion dollar financing package for the global campaign against HIV/AIDS and subsequently discussed it with a small group of visitors from corporate business and NGOs.

*International Organizations:
A major source of funds for HIV/AIDS programs is the Global Fund to Fight AIDS, Tuberculosis and Malaria. Although the fund is not yet working with the private sector, the executive director of the Global Fund, Professor Richard Feachem, has recently said that he expected it would have received proposals for co-funding on a private/public-partnership basis by the time the fund decided on its third round of funding later this year. Although this has not materialized yet, it seems almost impossible for individual companies (and especially for Small and Medium Enterprises, that want to take action but lack the necessary funds) to receive such financial help for the Fund without private sector partnerships.

*Scaling up AIDS anti-retroviral treatment programs through private enterprises:
IFC Against AIDS has the valuable support of the Private Investors for Africa in its research efforts. For example, documenting on the experiences of private companies and NGOs in implementing ARV treatment programs can result in an analysis of the potential and the limitations of ARV treatment programs in the private sector, that could be valuable to private companies, as well as donors, policy makers, and IFC Against AIDS.

New international normative networks are built offering no resistance to the local protection systems and without our knowing, a priori, how much the national states will be affected, that is, the national states going through a crisis as independent subjects to the International Law and which are trying to protect aspects of their formal sovereignty. A complete and precise regulation of social rights in the international field has not appeared yet; on the other hand, it is certain that the national legislations no longer help to solve all the labor problems in the social context.

Due to the introduction of new international rules in the field of labor, principles not linked to the labor law tradition of certain countries may be spread, demanding legislative changes and at times, the slimming of protections sometimes rigid regarding certain aspects of the Labor relationship, generating the flexibilization of some standards. A new need for balance rises among the international and national, public and private areas of labor. The Social State invested marginally in the new needs of globalization.

Issues like tax barriers, investments overrun local discussions and the world economic and social processes are asymmetric with the state sovereignty from the political and juridical point of view. Thus, there is a growing lack of worker protection in a global environment in which ILO rules do not enhance the social growth, as they reproduce the States mechanisms in their weaknesses.

In this context, the linkage of some workers rights to the fundamental human rights was an ILO strategy which reveals a re-approach of human rights to social rights, bringing up new arguments to the debate that places another perspective in opposition to this one, the economist, which says that be labor is a by-product of the competition right, though both of them might have the same anthropological basis.

At last, one questions the possibility of redefining human rights, bringing into life new consistency for the concept of social justice which limits the International Labor Law to carry out this task nowadays. Because this reason, I think that the most important action is the governmental action against HIV. It means that we need more security actions to give support for people with HIV disease with subsiarity collaboration with private sector.

My suggestion is that United Nations and ILO, with Word Bank make a unique document (human right document) that underline the importance of right to survive on HIV situation.

- Luciane Cardos, May 9, 2003

I wish that we at Artists for Human Rights could find the money to be able to put young artists from South Africa, and Africa generally, into schools all over the first world. Because nothing wakes young people up better than those who are closer to their own age, yet are dealing with matters far beyond their own experiences.

- Alex Flett, Scotland, United Kingdom, May 9, 2003
5 Recommendations

During the weekly discussions participants made concrete recommendations on the topics that were discussed. The moderators for each week prepared an overview of the recommendations for action. These recommendations have been shared with the participants at the Global Compact Policy Dialogue in Geneva, May 12-13, 2003 and the Private Sector Forum on Business and HIV in Zambia, July 14-18, 2003.

5.1 Recommendations week I

<table>
<thead>
<tr>
<th>Recommendations of the participants:</th>
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<tbody>
<tr>
<td>1) Motivations for the private sector to take HIV/AIDS as a business case:</td>
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<tr>
<td>The arguments for action were:</td>
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<tr>
<td>➢ Felt need: pressure of the epidemic and its costs implications</td>
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<tr>
<td>➢ Corporate Social Responsibility</td>
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<tr>
<td>➢ Good Public Relation</td>
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<tr>
<td>Non-existence of well functioning national programs and inadequate infrastructure are regarded as barriers for private sector to become involved in fighting HIV/AIDS.</td>
</tr>
<tr>
<td>Motivations for action could be explored by setting standards of reporting through systematic disclosure of business strategies, plans and policies on HIV/AIDS management and prevention. Another way could be by studying the proper logic of market, because this logic is different from the logic of development agencies and the classical development ethics. Analysing already existing examples of responsible leadership could reveal how to approach and convince the different types and categories of the private sector to take HIV/AIDS as a business case, as i.e. the vulnerable small and medium enterprises.</td>
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<tr>
<td>2) Costs and question of financial risks</td>
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<tr>
<td>A still remaining question is “How does HIV/AIDS affect market development and the consumer base?”</td>
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<tr>
<td>Businesses should involve the financial sector and provide incentives for those who take a longer-term view. Additionally they should consider the financial risks that arise from non-action on HIV/AIDS.</td>
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<tr>
<td>3) PPP - Relationship between public and private sector</td>
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<tr>
<td>How do businesses influence the public policy process and vice versa?</td>
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<tr>
<td>How to keep the balance so that government is (still) taking the leading role?</td>
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<tr>
<td>How to cooperate effectively (i.e. SME which can’t afford running their own programs should have access to governmental or international programs)?</td>
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5.2 Recommendations week II

**Recommendations of the participants:**

- Many resources to support business action in the workplace were referred to during the conference as well as presented as background reading. Further input may be necessary to evaluate the appropriateness and effectiveness of these resources for the workplace setting.
- Business collaboration with NGOs, government and other stakeholders, was considered important for the implementation of workplace programs, together with networking with other businesses, and support through access to resources and facilities.
- Senior management commitment was emphasized to create a environment conducive to promoting workplace related activities and uptake of services.
- Initiatives like AIDS Response Standards Organization was referred to as a mechanism of ensuring quality workplace programs through accreditation and financial incentives. Company practice however, indicates that the impetus to respond may not always be financial, and business may be hesitant to align itself to accreditation standards.
- For program development and implementation to be successful, it needs “multifaceted and multi-layered support” to be sustainable and be a reproducible model.
- Sectoral or industry-wide collaboration for workplace programs may be helpful in improving the quality and increasing the momentum of the workplace response.
- Context specific factors, including political, socio-economic and cultural sensitivities are important in the design of programs.
5.3 Recommendations week III

Recommendations of the participants:

*How can international advocacy to businesses be more impactful?*

The MDGs are both advocacy and monitoring tools. What was not clear from the e-conference was the degree of perceived relevance of the MDGs to business as an advocacy or mobilization tool. The importance of the business case was again highlighted, but at the same time it was recognized that the economics were either used as reasons not to act or as necessary calculations for a programmatic response. Economics, however, are rarely the deciding factor to act.

Much emphasis was placed on using a human rights framework to motivate businesses and shape their actions. Others highlighted the largely accepted concept of corporate social responsibility as an important foundation for additional action by business targeting HIV. There were discussions whether mechanisms should be self-regulated or should have national or international support.

*Mention was made of the challenges in eliciting a business response in low-prevalence settings. There are issues around defining what constitutes an appropriate level of activity and how to make the case so that HIV policies and programs are recognized as being pertinent and worthwhile investments. Multinational can play an important role here by using their global policies to set standards for national activities – including their own and those of their business partners and others.*

*How can governments galvanize the business response?*

Much focus was given to the role of government to ensure their own appropriate responses initially but then to facilitate those of business. Financial mechanisms such as tax incentives were the focus of the discussion. Also recognized were the importance of preparing bespoke materials targeting business, e.g. translating the ILO Code of Conduct into local languages, tailoring it for the local environment and linking it to the national AIDS strategy. Ensuring that the business response is broadly included in the NAS was also mentioned. It is also important to note that governments are often larger employers in countries than any individual company, and so there is an opportunity for government to lead by example in the workplace response against HIV.

As often occurs, the term ‘public-private partnership’ was frequently used. Little granularity about what this means in practice was added, a real challenge for constructive recommendations.

*How can business organizations facilitate and broaden the business response?*

There are examples of successful use of non-public sector initiatives to mobilize business and to build the scale of the private sector response. Often, the largest companies in a country will join together and then reach out to national companies and SMEs. More work is need to support these efforts, and the joint UNAIDS/World Bank/World Economic Forum work that will be launched in Zambia in July should be an important step.
6 Background readings

6.1 Background readings week I

UN Global Compact > Learning > Priority Issues > HIV/AIDS

AIDS Epidemic Update (2002) UNAIDS, December


The International HIV Alliance supports community action on AIDS in developing countries

6.2 Background readings week II

UN Global Compact > Learning > Priority Issues > HIV/AIDS


ILO (2002) short summary

Global Business Coalition on HIV/AIDS, Managing HIV in the Workplace

GHI Resource Paper


The faces, voices and skills behind the GIPA Workplace Model in South Africa (2002) UNAIDS case study, June


Visit www.csrwbi.org for more information
Brazilian Business Council on HIV/AIDS Prevention

UNAIDS Fact Sheet 2003: Latin America and the Caribbean

6.3 Background readings week III

UN Global Compact > Learning > Priority Issues > HIV/AIDS


World Economic Forum (2002) CEOs Call for Greater Corporate Engagement Against HIV/AIDS, TB and Malaria, February

World Economic Forum Global Health Initiative

World Economic Forum Global Health Initiative Case Studies

IAEN Online Conference Center
### 6.4 Summary of web links and literature

<table>
<thead>
<tr>
<th>Title</th>
<th>URL</th>
</tr>
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<tbody>
<tr>
<td>HIV/AIDS e-conference (by the moderator) Case of Holiday who sued the City of Chattanooga (USA; Tennessee) for having withdrawn the offer of employment because of Holiday’s HIV+ status</td>
<td><a href="http://www4.ocn.ne.jp/~dai-rol/studies/case-holiday.html">http://www4.ocn.ne.jp/~dai-rol/studies/case-holiday.html</a></td>
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<tr>
<td>IFC against AIDS</td>
<td><a href="http://www.ifc.org/test/sustainability/docs/IFC_against_AIDS.pdf">http://www.ifc.org/test/sustainability/docs/IFC_against_AIDS.pdf</a></td>
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<tr>
<td>The Impact of HIV/AIDS on Business</td>
<td><a href="http://www.globaltreatmentaccess.org/content/tools/mnc/bloom_appendix1.pdf">http://www.globaltreatmentaccess.org/content/tools/mnc/bloom_appendix1.pdf</a></td>
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<tr>
<td>About the Global Business Coalition Awards</td>
<td><a href="http://www.businessfightsaids.org/about_what.asp#6">http://www.businessfightsaids.org/about_what.asp#6</a></td>
</tr>
<tr>
<td>Speech by Ben Plumley</td>
<td><a href="http://www.numedx.com/global/gbc.php">http://www.numedx.com/global/gbc.php</a></td>
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<td>Professor Nicolas Eberstadt from the American Enterprise Institute Approaches of awareness raising in SME</td>
<td><a href="http://www.osgard.co.za/aids.htm">http://www.osgard.co.za/aids.htm</a></td>
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<td>Study about 209 small businesses in South Africa</td>
<td><a href="http://www.leadership.co.za/issues/2001nov/articles/aids.html">http://www.leadership.co.za/issues/2001nov/articles/aids.html</a></td>
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<td>Impact of unsafe health care on the dynamics of HIV transmission in Africa</td>
<td><a href="http://www.rsm.ac.uk/new/pr126.htm">http://www.rsm.ac.uk/new/pr126.htm</a></td>
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<td>Further readings on economics (South Africa)</td>
<td><a href="http://www.jointcenter.org/international/hiv-aids/index.htm">http://www.jointcenter.org/international/hiv-aids/index.htm</a></td>
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<tr>
<td>Council's interventions in the field of HIV/AIDS in the workplace can be accessed at</td>
<td><a href="http://www.aids.gov.br/ecn/index.html">http://www.aids.gov.br/ecn/index.html</a></td>
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<tr>
<td>HIV/AIDS and on corporate responsibility for social development. Key publications can be downloaded from UNRISD</td>
<td><a href="http://www.unrisd.org">http://www.unrisd.org</a></td>
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<tr>
<td>An interesting article on the efficacy of a recent media awareness campaign</td>
<td><a href="http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=17391">http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=17391</a></td>
</tr>
<tr>
<td>The GBC has developed a web-resource, &quot;Managing HIV in the Workplace,&quot; linked to the GBC web-site</td>
<td><a href="http://www.businessfightsaids.org/wpp_tool.asp">http://www.businessfightsaids.org/wpp_tool.asp</a></td>
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Visit www.csrwbh.org for more information
7 Short biographies of the moderators

7.1 Biography Elisabeth Girrbach

Elisabeth Girrbach works for the Gesellschaft für Technische Zusammenarbeit (GTZ) as the Project Manager and Technical Expert of the supra-regional project "AIDS Control in Companies in Africa." She works on public-private partnerships to help combat AIDS and promote sexual and reproductive health, for example through HIV/AIDS workplace programs. With substantial field experience, most recently in Africa, Elisabeth has researched issues of sexual health at the Institute for Medical Statistics and Health System and on traineeships with the Federal Ministry of Economic Cooperation and Development Service in Germany. She published “Hands on! A Manual for Reproductive Health Services for Youth” in 2001. Elisabeth has a Masters in Public Health and a Masters in Cultural Science.

7.2 Biography Neeraj Mistry

Neeraj Mistry, a South African national, is currently the Technical Advisor at the Global Business Coalition on HIV and AIDS (GBC), based in New York. Over the past year, he has worked with companies and organizations on workplace programs and public health policy issues, particularly in the development of “Managing HIV in the Workplace,” an online resource of over 50 company workplace programs. Prior to joining the GBC, he completed an internship in the Public Affairs Department for Middle East, Europe and Africa at Merck & Co. in New Jersey, a course requirement for his Masters of Science degree in International Health Policy and Health Economics (equivalent MPH) from the London School of Economics and Political Science. Neeraj worked in the United Kingdom as a clinician in the private health sector and the National Health Service in internal medicine, emergency medicine, and psychiatry. After studying at the University of the Witwatersrand Medical School (Johannesburg) graduating with an MBBCh - Bachelor of Medicine and Bachelor of Surgery, he completed his medical internship at Hillbrow Hospital and thereafter worked in various medical fields including rural medicine, occupational health in the mining environment, general practice, sexual and reproductive health, and medical administration.

7.3 Biography Kate Taylor

Kate Taylor is the Associate Director for the Global Health Initiative of the World Economic Forum. Kate is an Australian medical doctor who has worked in a range of clinical settings, from ophthalmology to infectious diseases, from university hospitals to remote primary healthcare clinics in Central Australia. She received a Fulbright Scholarship that enabled her to achieve a master's degree in Public Health from Johns Hopkins University. She then spent several years working in business management consulting on a range of projects including financial services strategy and organizational design, food and beverage corporate strategy, health e-commerce and biotechnology start ups.

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For questions/comments regarding this report, please contact Djordjija Petkoski (dpetkoski@worldbank.org) or Saskia Kersemaekers (skersemaekers@worldbank.org)

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