

***HIV/AIDS Initiative
Newsletter Issue 7
June 2007***

Welcome to the seventh edition of the Corporate Council on Africa (CCA) HIV/AIDS Initiative newsletter. This newsletter is an online publication to inform you of our most recent and upcoming activities.

Visit CCA's HIV/AIDS Initiative home page:
http://www.africacncl.org/HIV_AIDS/HIV_AIDS.asp

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CCA is a 501(c) 3 non-profit organization comprised of over 180 corporations with direct financial investments in Africa. Collectively, the members represent approximately 85 percent of all U.S. private sector investment in Africa. Visit our website at www.africacncl.org

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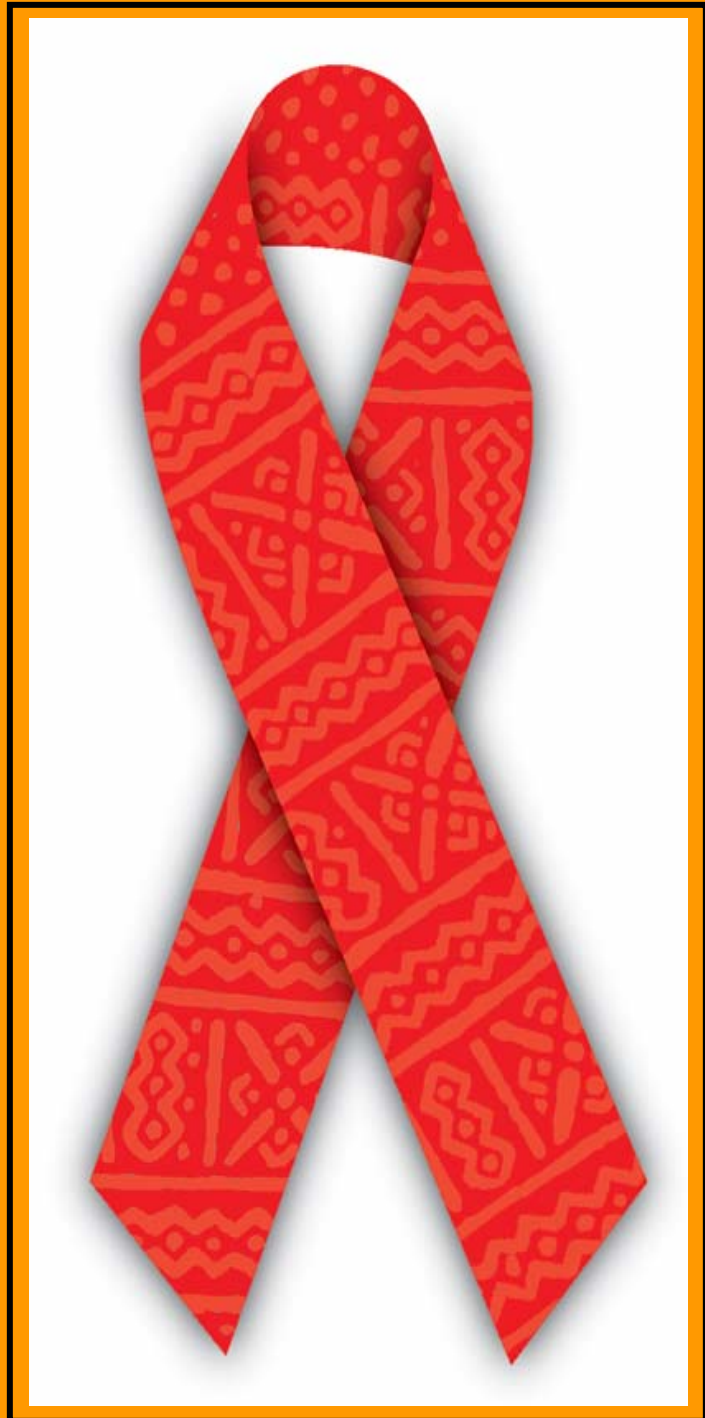
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THE CORPORATE COUNCIL ON

AFRICA



THE HIV/AIDS INITIATIVE

PRIVATE SECTOR HIV/AIDS MISSIONS: Overview of Findings

World Bank Private Sector Mobilization Mission to The Democratic Republic of The Congo

Private sector stakeholders in the DRC have been very engaged over the past four years in the articulation of a

Private Sector Strategy in response to HIV/AIDS. At the national level, in terms of policy, the country has made significant progress. The National AIDS Commission (PNMLS), in collaboration with the Ministry of Labor, UNDP,



Symbol of the Réseau des toutes petites entreprises du Congo (RTEPEC), an active CIELS member

CIELS and other partners, drafted and adopted a national workplace policy and integrated the private sector into the National HIV/AIDS Strategy. The PNMLS also developed and implemented a private sector manual outlining the MAP funding process and is currently developing a manual to guide sub-beneficiaries in the financial and technical implementation and monitoring of MAP projects.

CIELS has been in existence since 2003, and its model differs from other countries in that it is composed of all types of private sector entities: multi-national corporation, national businesses, state-owned companies, small and medium size enterprises, unions, federations and trade associations. Despite the diversity of the membership, management capacity within the secretariat and a need for a more precise menu of services and capac-

ity to communicate the availability of services continue to thwart the effectiveness of the coalition.

Communication and coordination with provincial counterparts remain an obstacle to efficient mobilization of the private sector in the mining, forestry and transport sectors. Long-term sustainability is a primary concern for the coalition. To date the coalition has supplemented membership dues with resources from GTZ, MAP and the Global Fund; however future funding is not assured and will depend upon improved evaluation and monitoring of performance and impact.

The CCA team worked closely with the members of the CIELS secretariat and Board to develop a plan of action for the coming year that includes human resource capacity building and a strategy for development of an internal M&E plan to address coalition weaknesses.

Mobilizing the Private Sector in Mali and Mauritania

Mali and Mauritania have progressed in terms of private sector engagement in the fight against HIV/AIDS and have implemented very different strategies to attain this objective.

In Mali, SIDA-ENTREPRISES, a French organization representing the interests of French multi-national companies (MNCs), drove the formation of the business coalition (CSP) in 2006. The CSP plays the role of facilitator in the creation of public-private partnerships; provides technical support to members in the development and implementation of projects and proposals; and facilitates the exchange of experiences among members and partners.

The CSP is funded primarily by the MAP. Major challenges for the coalition include the development of human resource capacity (the only paid member of the secretariat is the coalition coordinator); solicitation of financial resources; and the development of a strategy to work with federations, SMEs and non-profit organizations (NGOs).

During the mission, CCA worked with the Malian National AIDS Commission focal point and CSP coordinator to develop a 2007/08 coalition action plan and communications strategy to leverage existing technical and financial resources, attract new members and diversify coalition financing. The mission also discussed an approach to engage the informal sector in the national private sector HIV/AIDS strategy.

In Mauritania, beginning in 2005, the World Bank and CCA provided assistance to the National AIDS Commission (SENL) in the development of a national private sector HIV/AIDS strategy, including the creation of a business coalition. The SENL has worked closely with the ten primary federations in the country and a small number of companies already engaged in the fight against HIV/AIDS to develop the overall national strategy and business coalition (CEMA).

Currently, CEMA provides awareness-raising services and trainings for business leaders and employees as well as revises and finances MAP projects submitted by its members. However, the coalition is focused on developing its long-term vision and expanding its services. The MAP provides 80% of the coalition's funding, and 20% is provided by its members. The ILO has recently committed a large sum of money, and several coalition members are ready to provide contributions for conferences, workshops, and other well-defined activities as needed.

During the mission, CCA assisted the SENL private sector focal point and CEMA coordinator to develop a strategy to engage multi-national companies in the national AIDS strategy; identify examples of HIV/AIDS clauses to be included in all international contract bids originating from the Mauritanian government; create a plan to increase CEMA membership among individual companies and communicate membership responsibilities and opportunities to existing members; and develop a coordinated strategy to reach the national target of 10% of private sector employees tested for HIV by 2009.

Leveraging ICT to Address HIV/AIDS in Africa

Information and Communication Technology (ICT) and Healthcare Infrastructure Development in Africa

Mobile phone use increased 5000 percent between 1998 and 2003, according to the Center for Economic and Policy Research. There are now more than 100 million cell phones in Africa. Increased access and use of technology in Africa has widespread implications, particularly in the health sector. ICT can help reduce disparities between services available in urban and rural areas and address constraints such as inaccurate manual recording of health data. Investment in ICT health care systems in Africa can complement basic health services provision by significantly reducing cost, increasing timeliness and maximizing the use of limited resources and knowledge.

The World Bank has recognized the potential for ICT growth in Africa, approving in March 2007 a \$163.5 million financing package for Kenya, Burundi and Madagascar. The finance package is part of a \$424 million regional communications infrastructure program for high-speed connectivity in East and Southern Africa. Currently, businesses are at a competitive disadvantage internationally due to a lack of communication infrastructure. Government agencies face similar communication problems and university students suffer because they cannot access the Internet. The World Bank believes that improving broadband connectivity will add tremendous public value for Africa. By the end of the program, it is expected that all capitals and major cities in East and Southern Africa will be linked to competitively priced, high-bandwidth connectivity.

The micro financing world has also taken notice of the increased accessibility to technology. The Grameen Foundation established the **Grameen Technology Center** with the explicit purpose of exploring technology that makes micro finance operations more efficient; creating income-generating opportunities for the rural poor; and providing poor communities access to information and resources. Village Phone Projects, micro financing projects that extend the benefits of affordable telecommunication access to village entrepreneurs, are now underway in Cameroon, Uganda and Rwanda.

Many of CCA's members are involved in private-public part-

nerships that promote the use of technology in the health sector. One example of an innovational partnership in ICT is the **Phones-for-Health (PFH) Initiative**. Partners include the GSM Association Development Fund, Accenture Development Partners, Motorola, MTN, Voxiva and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). The alliance aims to expand Voxiva's successful TRACnet program in Rwanda. Voxiva's system has been used for the last two years to manage the country's national HIV/AIDS program. "With TRACnet, we have a powerful tool to manage the HIV and AIDS program and deliver care to Rwanda's patients affected by HIV and AIDS. Health care workers use something as simple as a cell phone - even where there is no electricity - to report on the number of patients on treatment, drug stock levels and other key data we need," said Dr. Agnes Binagwaho, Executive Secretary of Rwanda's National AIDS Control Commission. TRACnet now connects 75% of the country's 340 clinics and covers 32,000 people, a significant portion of whom are HIV positive. Clinics receive messages on cell phones with information about laboratory tests and drug recall alerts. When patients are entered into the system via cell phone, the data is sent to a central database in Kigali, Rwanda.

The goal of the expansion of TRACnet is to leverage technology to ten PEPFAR-supported countries by 2010. Health workers will use a standard Motorola handset equipped with a downloadable application to enter health data. Once entered, the data is transferred via a packet-based mobile connection (GPRS) into a central database. The data is then mapped and analyzed by the system and is immediately available to health authorities at multiple levels via the web. The system also supports communication with field staff through text messaging.

Not only are cell phones useful for tracking patients and data, but they can also be used as HIV/AIDS education and promotion tools. Delhi-based gaming and e-Learning company ZMQ Software Systems designed four mobile games on HIV/AIDS awareness. The games were originally released in India in December 2005 and launched globally in May 2006, with language and content adjustments for Africa, South East Asia, Central Asia and Latin America. The initiative, entitled

How does "Phones-for-Health" Work?

"Phones for Health" is building on the work of the GSM Association Development Fund, Accenture Development Partners, Motorola, MTN, Voxiva and PEPFAR to pilot mobile-phone based solutions for HIV/AIDS care and treatment in PEPFAR-supported countries.



- The system allows health workers to report data from the field using their mobile phones, PCs and PDAs.
- Once entered, the data is mapped and analyzed by the system and becomes immediately available to health authorities at multiple levels via the web.
- The system also supports SMS alerting and notification tools for communication and coordination with field staff.

Leveraging ICT to Address HIV/AIDS in Africa (*cont*)

ICT and Healthcare Infrastructure Development (cont.)

Freedom HIV/AIDS, is comprised of four mobile games targeting different mindsets and psychologies of mobile users. The games can be played on low-end black/white as well as sophisticated high-end colored devices.

According to ZMQ's creative head and chief learning technologist Hilmi, "One of the effective ways of spreading messages and creating awareness is by [the] Play-and-Learn method, which makes learning not only exciting and engaging but also helps in better enhancement and retention of knowledge. These games will educate mobile subscribers, create awareness and reduce stigma and discrimination."

Another way to reach large audiences with HIV/AIDS education is to disseminate information through radio programming. In 2001, **First Voice International, (FVI)** partnered with the **Africa Learning Channel (ALC)** and **Africare** to deliver critical information on the HIV/AIDS epidemic. ALC launched a series of hour-long radio documentary programs and other community events including radio listening clubs for the broadcasts of the ALC. Ten program sites in Uganda and Zambia attracted hundreds of participants each week for three-hour listening sessions. The sessions were preceded by hour-long cultural events and ended with facilitated conversations during which community members discussed the program content and its applicability to their particular concerns.

Evaluation of the project indicated that the number of youth ages 15-24 requesting condoms from hospitals and clinics significantly increased. In some project sites there was also an increase in the use of voluntary counseling and testing services. Overall, project participants felt better equipped to deal with some of the psychosocial aspects of the AIDS pandemic.

Another CCA member, BroadReach Healthcare (BRHC), aims to increase access to healthcare through the innovative use of technology. In South Africa BRHC seeks to overcome critical human resource capacity shortages and enroll as many patients into life-saving HIV/AIDS treatment programs as possible.

The program is run in partnership with Cape Town-based Aid for AIDS (AfA), the world's largest HIV/AIDS disease-management company, and PEPFAR. The joint venture, called **ARVCare**, is based on Botswana's national ARV program, which is one of the largest public-sector HIV/AIDS treatment programs in Africa. Since June 2005, BRHC has established 27 treatment sites in eight communities across three provinces. More than 800 patients have been educated, more than 500 have started ARV therapy, and more than 200 program facilitators have been trained in sessions on treatment literacy and ARV-adherence support.

BroadReach's key to successful expansion is standardization. All the processes - for patients, doctors, labs and pharmacies - are standardized. As with TRACnet, there is a central facility where staff use a secure, computerized patient information management system to link them to general practitioners, laboratories, pharmacies and patients. The computerized ARVCare system helps to achieve program goals in a number of ways. When a patient does not pick up his medications, or a doctor has prescribed the wrong drugs, the appropriate person can use the system to address these issues in a timely manner. General practitioners who are not AIDS specialists also can consult with doctors at the remote center to ensure consistent quality of care. Another advantage of having general practitioners in the system is that stable HIV patients can be down-referred to BRHC's community-based general practitioners, which decreases the burden on AIDS-specialists and opens new slots in the hospital to treat new patients.

As illustrated, ICT can function in numerous domains to reduce the burden of HIV/AIDS in Africa. The obvious advantages of ICT will only continue to appear as technology evolves.

For more information, visit:

- http://www.africacncl.org/HIV_AIDS/news/in_the_news/phones_for_health.pdf
- http://www.grameenfoundation.org/what_we_do/technology_programs/village_phone/
- <http://www.firstvoiceint.org/How/HIVAIDS.html>
- <http://www.broadreachhealthcare.com/globalHealth.html>



The **50x15 Initiative** is an effort led by AMD to connect half of the world's population to the Internet by 2015 through increased access to affordable and effective internet connections. The program was first announced in 2004 in Davos at the World Economic Forum, and the mission of the initiative focuses on partnerships with businesses and governments, including Microsoft, Wyse, Inveneo, Lenovo and NEPAD, to leverage the power of information access so that developing countries can grow in education, economics, and entertainment. AMD and a growing network of partners have launched efforts in India, Brazil, China, and the Caribbean. This year the initiative will expand to parts of Russia and throughout Africa and Central America.

The Learning Labs Program is critical to scaling 50x15 efforts into viable businesses. Learning Labs are deliberate, measured, strategic deployments of technology solutions used to gain insight and knowledge that can be leveraged across as many opportunities as possible. *For more information, visit:* <http://50x15.amd.com/>

MEMBER PROFILE: JOHNSON & JOHNSON

Johnson & Johnson: Social Responsibility and HIV/AIDS

As a global company dedicated to human health for more than 120 years, Johnson & Johnson has a deep and abiding commitment to use its expertise and resources to help address what is surely one of the most critical health issues facing the world today, HIV/AIDS.

Enhancing health care for people suffering from HIV/AIDS is a priority for Johnson & Johnson; it is inherent in the company's responsibility to the global community. Johnson & Johnson aspires to make a difference in the lives of those infected and affected by HIV/AIDS through:

- Developing effective new medicines and diagnostics for HIV and related opportunistic infections;
- Enhancing access to the company's products as well as patient care and support;
- Providing contributions to assist communities and individuals at risk for HIV; and
- Meeting obligations to company employees through HIV/AIDS workplace programs.

Johnson & Johnson also has created a global workplace policy on HIV/AIDS that guarantees four fundamental rights:

- Non-discrimination and confidentiality protections;
- Voluntary counseling and testing programs;
- Care, support and treatment for HIV positive employees and their dependents with HIV; and
- Prevention, education and awareness programs for all employees of Johnson & Johnson and employees' dependents.

Johnson & Johnson supports over 30 programs worldwide that aid in the fight against HIV/AIDS. The company has programs in the following four categories: Access to Medicines; Advances in Science; Children, Women & Families; and Community Care and Support.

The Elizabeth Glaser Pediatric AIDS Foundation

The Elizabeth Glaser Pediatric AIDS Foundation partners with Johnson & Johnson to reduce mother-to-child transmission of HIV in developing countries. The Prevention of Mother-to-Child Transmission of HIV Program is the cornerstone of the Foundation's International Family AIDS Initiative. The project, known as The Call to Action Project, was established in 2000 and brings simplified regimes for prevention of mother-to-child transmission of HIV to over 17 countries. As of January 1, 2007, the Foundation is working in more than 1,500 sites, reaching more than 3.2 million women with access to services to prevent transmission of HIV from mothers to babies. More than 2.5 million women have been tested for HIV through these initiatives. The Foundation is currently supporting PMTCT pro-

grams in Cameroon, China, Côte d'Ivoire, the Democratic Republic of Congo, Dominican Republic, India, Kenya, Lesotho, Malawi, Mozambique, Russia, Rwanda, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe.

Mothers2Mothers

Mothers2Mothers, a South African organization, helps provide for children with HIV-positive mothers. The initiative offers HIV-positive pregnant women and new mothers medical, social and emotional support, which empowers these women to protect their own health and the health of their babies. The program was established as a counseling service and connects HIV-positive new mothers, known as "mentor mothers," with HIV-positive pregnant women accessing services to prevent mother-to-child transmission of HIV. The program has expanded to provide treatment and support to mothers and babies during the critical first year after delivery. Mentor mothers teach the expectant HIV-positive mothers infant feeding techniques and life skills necessary to adjust to their communities as women and mothers living with HIV/AIDS. In 2005, with the support of Johnson & Johnson, the first Mothers2Mothers site was opened at the Frere Hospital in the Eastern Cape, East London, which now serves more than 10,000 women. The program currently operates 65 sites in five provinces in South Africa.

International Partnership for Microbicides, Tibotec Pharmaceuticals

In 2004, Tibotec Pharmaceuticals Ltd., a Johnson & Johnson subsidiary, established a first-of-its-kind partnership with the International Partnership on Microbicides (IPM) to provide a royalty-free license and technology transfer to develop, manufacture and distribute Dapivirine gel (TMC120) as a topical vaginal microbicide to help protect women from HIV infection in developing countries. Currently undergoing trials in Rwanda, Tanzania, South Africa and Uganda, Dapivirine gel is the first microbicide containing antiretrovirals to be tested in Africa. As a result of this partnership, two other major pharmaceutical companies agreed to grant IPM similar royalty-free licenses for additional compounds. In addition to developing microbicides, Tibotec discovers and develops new antiretrovirals including protease inhibitors, non-nucleoside reverse transcriptase inhibitors and other products.

For more information, please visit
<http://www.jnj.com/community/aids/index.htm>

CCA Contracted to Evaluate the Global Fund's Private Sector Resource Mobilization Strategy

The Global Fund is currently conducting a Five-Year Evaluation, which will examine the implementation of the Global Fund's overall resource mobilization strategy since its inception. The CCA HIV/AIDS Initiative has been contracted to study the Fund's private sector resource mobilization efforts and make recommendations on how best to increase private sector contributions to the Fund.

The study will examine the role of the private sector in contributing to the objectives of the Global Fund and will evaluate the different types of private sector contributions (cash, in-kind, co-investment). CCA will conduct interviews with Global Fund representatives in Geneva as well as with private sector stakeholders in two African countries.

Results from the in-country contributions study will serve both to highlight the private sector participation issues at country level and to inform the broader examination of resource mobilization on the whole.

IFC Allocates \$320 Million for Investment in the Mobile-phone Industry in sub-Saharan Africa

In an effort to maintain the World Bank's efforts in Africa, the International Finance Corporation (the private-sector arm of the World Bank), is allocating an additional \$320 million for investment in the mobile-telephone sectors in sub-Saharan Africa. An initial \$160 million was disbursed to Celtel to invest in mobile telecommunication development in five African countries, including Sierra Leone and the Democratic Republic of Congo (two post-conflict countries).

"It's an extremely positive sign for the continent," says Theyry Tanoh, director of IFC's sub-Saharan Africa division.

The high level of interest is also sup-

CCA Named Sub-Contractor on USAID Global Health IQC Contract

The Corporate Council on Africa (CCA) won a sub-contractor position on the Family Health International (FHI)-led consortium to implement the five-year TASC3 Global Health Indefinite Quantity Contract (IQC) recently awarded by USAID.

The Population, Health and Nutrition Technical Assistance and Support Contract (TASC3) is a five year, \$1 billion IQC awarded to provide worldwide support to USAID efforts to improve conditions in population, health and nutrition. It is an efficient, cost-effective way for USAID missions and regional bureaus to access technical expertise and program assistance from pre-selected teams of leading organizations in these fields.

CCA forms an integral component of the FHI-led team that includes seven other leading organizations with decades of experience managing multi-year, multi-million dollar health projects for the U.S. government, a combined consultant pool of more than 10,000 experts, and established offices and networks in more than 100 countries worldwide.

Partners in the consortium include FHI, The American College of Nurse Midwives, Catholic Relief Services, CCA, Dalberg Global Development Advisors, Klett Consulting Group, Inc., Meridian Group International, Inc., Population Reference Bureau and World Relief.

For more information, please see www.fhi.org/en/res_TASC3.htm

ported by an improving business climate on the continent. The World Bank believes that increasing mobile phone connectivity will add public value to Africa's developing business climate, especially in the area of private confidence.

For more information, please see the AllAfrica report, "Africa: IFC Investment Helps Improve and Expand MTC-Celtel Mobile Services in Five African Countries" www.allafrica.com/stories/200706140471.html

The World Cocoa Foundation, the National Confectioners Association and Family Health International Partnership

The recently announced partnership plans to enhance the well-being of cocoa farming communities in West Africa by targeting malaria and HIV/AIDS. The program is the first of its kind specifically directed at cocoa farmers and will educate the communities on HIV and malaria, promote safe practices, and provide supplies to aid in prevention.

The program will debut in Ghana and the Ivory Coast. Almost five percent of the population of the Ivory Coast is HIV positive, and the infection rate in the agriculture community is even higher. Malaria is the leading cause of death among infants and children in this country. In Ghana, the country's four cocoa-producing regions suffer from the highest HIV/AIDS rates.

The goal of the project is to contribute to the reduction of the spread of HIV/AIDS and malaria in the Ivory Coast and Ghana by focusing on rural cocoa farmers and their dependents. The project works within the framework of the Farmer Field Schools, which are part of the Sustainable Tree Crops Program, a project supported by WCF to improve the economic and social well-being of small crop farmers and their communities.

The Farmer Field Schools have reached over 200,000 cocoa farmers and there is good evidence that farmers who have participated in the training have incorporated what they have learned in their farming techniques and have shared new knowledge with other farmers. Peer educators will be trained in HIV/AIDS awareness and prevention and will be given resources to share with the community such as bed nets, anti-malaria medications and condoms.

For more information, see the CSR article: "NCA Announces Project to Focus on Health Issues in West African Cocoa Communities," 13 Feb. 2007 <http://www.csrwire.com/News/7504.html>

The Information and Communications Technology Best Practice Forum

June 7-9, 2007

Ouagadougou, Burkina Faso

“On almost every block of every street, you will find a ‘telecenter,’ which provides a range of telephone and communication services. These centers are to Burkina Faso what Starbucks is to the United States.” (An E-Week.com reporter account of the conference, June 2007)

The Information and Communications Technology Best Practices Forum held in Ouagadougou, Burkina Faso, June 7-9, 2007, reflected an increasing awareness of technology as a key element to poverty reduction in Africa. The two-day conference was organized by the United Nations Economic Commission for Africa (UNECA) in concert with the African Development Bank, Microsoft and the Government of Burkina Faso. The organizers identified public-private partnerships as crucial elements to technological development in Africa. The conference centered around two main themes: the need for greater access to technology in Africa and the strategy that Microsoft and the United Nations Industrial Development Organization (UNIDO) suggest to address the issue.

Experience has shown that Africans are restricted from becoming active participants in the global market because technology and technical tools are unavailable. The environment of the host country is an example of this challenge. For example, Burkina Faso’s largest secondary school, with a population of 6000 students, has only twenty computers. Furthermore, the cost for a refurbished computer is \$800 in a country with an average daily income of less than \$2.

Despite this lack of access, the continent has enormous potential for technology usage: students can use computers to access online classes, participate in e-commerce or create social forums, and young entrepreneurs can use the internet to participate in the global market. In fact, with 60 percent of the population

under the age of thirty, the continent has a vibrant and promising pool of workers along with numerous business opportunities. Despite the prevailing poverty, African consumers also have come to rely on technological innovations. As observed by one reporter attending the conference, “the most striking thing for me was the prevalence of hole-in-the-wall Internet cafes in the back of shanty-like structures on the streets, as well as more sophisticated cafes with multiple machines and wireless and Blue-tooth connectivity.”

To address these types of technological challenges, UNIDO and Microsoft have teamed up to help provide accessible and affordable technology to Africans. Microsoft has pledged to provide one billion people with access to computers by the year 2015.

UNIDO and Microsoft plan to establish computer refurbishment centers in several countries in Africa. This project has three interconnected goals: 1) to build indigenous refurbish centers on the continent to lower the price of refurbished computers, 2) create local jobs, and 3) transfer technical knowledge to the local workforce. The organizers understand that providing humanitarian aid is essential, but that innovation in public-private sector partnerships is key to sustainable development. The ultimate aim is to provide Africans with the opportunity to utilize used and retired computers from the United States (it is estimated that 70 million computers are available each year) through a home-grown “refurbished” system. Kandeh Yumkella, Director-General of UNIDO observed that this project “is designed to enable new avenues of economic and social empowerment through access to innovative technology.”

The conference concluded that technological innovation on the continent must include the public sector, especially local government. A number of African governments have already committed to investing in the technology sector. Ac-

ording to Dr. Ini Urua, a Divisional Manager and Principal Engineer at the African Development Bank, there has been “an increasing commitment from governments in the region [Africa] to apply technology to help achieve their socio-economic and political goals.” This position was echoed by Mr. Blaise Compaore, president of Burkina Faso, “I would like this forum to be an occasion for African governments...to share their experiences, so that we can build an inclusive information society to serve the sustainable development of our countries.”

In summary, the conference set forth strategies for technology development process in Africa, emphasizing the importance of public-private partnerships.

The Corporate Council on Africa (CCA) will be highlighting some of these strategies and discussing the continuing need for infrastructure and applied technology in Africa later this year at the CCA U.S. - Africa Infrastructure Conference in Washington DC, October 8 - 10, 2007. Workshops are being developed that focus on a variety of technology applications to address infrastructure requirements for many areas, including national governance, finance and banking, health and health care delivery, education, security and telecommunications. CCA and its members in the ICT field, along with African governments and private sector representatives, continue to seek out innovative partnerships to apply ICT best practices in response to Africa's infrastructure requirements.

Article based on report by eWEEK’s senior editor, Peter Galli. For more information see eWEEK www.eweek.com/category2/0.1738.2142827.00.asp

For more information about the CCA U.S.–Africa Infrastructure Conference, please see www.africacncl.org

EVENTS

The 34th Annual International Conference on Global Health Partnerships: "Partnerships: Working Together for Global Health"

May 29 – June 1, Washington, D.C.

During the conference, **Ms. Reeta Roy**, Divisional Vice President for Global Citizenship and Policy at Abbott and **Dr. John Tedstrom**, Executive Director of the Global Business Coalition, went beyond the traditional perception of corporate investment in global health as philanthropy, highlighting how such investments make good business sense. In addition, **Dr. Steven Phillips**, Medical Director at Exxon Mobil Corporation, shared his public-private partnership experiences. Another session was devoted to USAID's Global Development Alliance Model. **Dr. Henry J McKinnell Jr.**, former Chairman and CEO of Pfizer Inc., moderated a session featuring **Mr. Themba L. Moeti**, Managing Director of The African Comprehensive HIV/AIDS Partnerships (ACHAP), and **Ms. Elizabeth Ashbourne**, Global Coordinator for the World Bank's Managing for Development Results Program, on the importance of the partnership between pharmaceutical companies and the public sector.

Sessions highlighted specific pharmaceutical public-private partnerships, including the Mectizan Donation Program, the Community Directed Treatment with Ivermectin Strategy, and the Diflucan Partnership Program. Infrastructure was the focus of Coca-Cola's presentation on the company's transportation project in Bolivia, and Wellcome Trust presented on health research capacity in developing countries. Other sessions discussed product marketing and placement in the developing world. Case studies included the Aman Tirta public-private partnership in Indonesia, which developed a sustainable commercial model for a new point-of-use water disinfectant product, and a Tanzanian venture between AED and Shelys Pharmaceuticals to market locally produced zinc for diarrhea treatment. The conference also included a



CCA U.S. - Africa Agribusiness Forum This Forum is an occasion for U.S. agribusiness to identify investment and trading opportunities in Africa. It will feature specific commodity investment discussions and present greenfield-type projects with potential for scale-up. Participants will obtain the latest information on consumer markets, financing landscapes and growing industries such as botanicals for pharmaceuticals and bio-fuels. *For more information visit:* www.africancl.org

CCA 2007 U.S.-Africa Infrastructure Conference



This conference will build on the foundation laid at last year's forum and will allow participants to:

- Obtain information on infrastructure development opportunities in Africa;
- Network with key African and U.S. private sector and government representatives;
- Identify specific growth areas and projects;
- Discover the latest financing options and instruments;
- Meet and vet potential partners;
- Reduce exposure to financial, legal and political risk;
- Discover best practices; and
- Ensure the security of personnel, investment, and critical infrastructure.

For more information, visit www.africancl.org

conversation on how efficient pharmaceutical management can help a corporation to advance its public sector health agenda. Wrapping up the conference was a discussion titled "Reaching the At-Risk at Work: Workplace Programs for Better Health," moderated by CCA's HIV/AIDS Initiative Director **Mr. Victor Barnes**.

CCA U.S.-Africa Business Summit

Cape Town, South Africa
November 14-16, 2007



Are You Ready to Open the Door to Opportunity?

CCA has worked for years to encourage U.S. companies to invest in Africa. This year, for the first time, CCA will host its biennial Summit on the continent of Africa.

The Summit will focus on relevant areas of business for Africa, including:

- Energy
- Power
- Telecommunications
- Mining
- Infrastructure
- Tourism
- Finance
- Health
- Small Business Opportunities

The 2007 U.S.-Africa Business Summit will include a Trade Expo, where companies will showcase new products and services. This high energy environment will no doubt be the center for many new relationships.

Trade missions to more than 25 African countries will also be offered after the Summit has concluded.

For more information, visit www.africancl.org

RESOURCES

Global Reach: How Trade Unions are Responding to HIV/AIDS (ILO, ICFTU, Global UNION AIDS Program, and UNAIDS) The case studies in this document show union action in all regions and in all spheres of activity, including collective bargaining, couples' training, treatment provision and campaigns against stigma and discrimination.

<http://www.unaids.org/en/GetStarted/BusinessAndLabour.asp>

Evaluating Programs for HIV/AIDS Prevention and Care in Developing Countries (FHI, 2003) This handbook provides a comprehensive framework to help country program managers determine the effectiveness of their programs. This Handbook describes the methods needed to answer three simple but important questions: Are we doing the right things? Are we doing them right? Are we doing them on a large enough scale to make a difference?

www.fhi.org/en/HIVAIDS/pub/Archive/evalchap/index.htm

The ACCA Toolbox (GTZ) The Toolbox was developed by GTZ to support ACCA (AIDS Control in Companies in Africa) Initiatives in Namibia, Tanzania, Zambia and Kenya. The toolbox provides companies with information on planning and implementing a workplace program in a company as well as establishes the measures that will create a sustainable organizational structure. The ACCA toolbox contains a wealth of current documents, templates, guidelines and other tips to assist the company in managing the lifecycle of a workplace program. www.accatoolbox.org/toolbox/dsp_toolbox.php

Implementing the ILO Code of Practice on HIV/AIDS and the World of Work: an Education and Training Manual

The manual is designed to help the ILO's partners understand HIV/AIDS workplace issues and apply *The ILO Code of Practice on HIV/AIDS and the World of Work* (<http://www.ilo.org/public/english/protection/trav/aids/publ/code.htm>). The Code is at the core of the ILO's Program on HIV/AIDS, providing guidance to governments, employers and workers, as well as other stakeholders on national action plans and workplace policies and programs to combat HIV/AIDS.

<http://www.ilo.org/public/english/protection/trav/aids/publ/manualen.htm>

Evaluation of a Community-Based Response to the Needs of Orphans and Vulnerable Children

The Challenge

Over 12 million of the world's children orphaned by HIV/AIDS live in sub-Saharan Africa. The poorest households in the region are currently suffering a 20% decline in income due to HIV/AIDS, yet these same households are assumed to be absorbing most of the growing population of orphaned and vulnerable children (OVC). The number of OVC has overwhelmed the traditional response of placing children with extended family; at the same time, removing children from their home communities by placing them in orphanages has been highly criticized both for high costs and detrimental effects on the children.

The Idweli Experiment

The Godfrey's Children Center in Idweli, Tanzania is an example of a community-based alternative, providing shelter, supplementing nutrition and supporting schooling of OVC in their home community. Since May 2005, the Center has provided residential care for 58 OVC. From the early planning stages to the Center's current decision-making body, community members, including village women and children, have been integral to the functioning of the Center.

With funding from the Rockefeller Foundation, a Lundy Foundation team of Tanzanian and American researchers conducted an 18-month evaluation of this community-based approach to caring for OVC. Using a combination of quantitative and qualitative instruments, the team collected data from Center orphans, village orphans and village children

living with both parents for analysis and comparison of the over-all well-being of the Center OVC.

Evaluation Findings

The study concluded that Center orphans were significantly less depressed than their village counterparts, while other emotional and behavioral functioning as well as physical health remained equivalent across all three groups. The study also found that Center orphans remained integrated in the community and did not suffer from increased stigma or isolation. Center orphans had higher school attendance and levels of hope and optimism about the future than did children in the village. Although the cost of housing a child at home appears less expensive than maintaining them at the Center, both of these costs are significantly less than those associated with traditional orphanage care. However, ongoing external financial support is still necessary for the Center's sustainability.

Policy Implications

- Community involvement in decision-making is important to develop a solution that a community owns and sustains;
- Community-based alternatives offer a promising response to the growing numbers of OVC; and
- Conducting comparative, longitudinal evaluations of community-based alternatives is a vital first step in identifying best practices for improving OCV well-being.

For more information, please contact: Dr. Sylvia Kaaya, Muhimbili University College, Dept. of Psychiatry and Mental Health, skaaya@gmail.com or Vic Dukay, PhD, Lundy Foundation, v.dukay@att.net or visit <http://www.lundy-africa.org/index.html>

FEATURED RESOURCE

The Blueprint for Business Action on HIV/AIDS: Reducing the Impact of HIV/AIDS in the Workplace

Launched in May 2007, the Blueprint for Business Action on HIV/AIDS is a free, user-friendly tool developed with the support of Merck & Co., Inc. by a predominantly African editorial board for use by African companies of all sizes – small, medium and large – in designing and implementing comprehensive HIV/AIDS workplace programs. Available in French and English, the tool shows how prevention and treatment programs in the workplace are not only important contributions to the fight against the HIV/AIDS pandemic, but also are sound business decisions. <http://www.hiv-msd.info/Blueprint/>



SEVEN MODULES OF THE BLUEPRINT

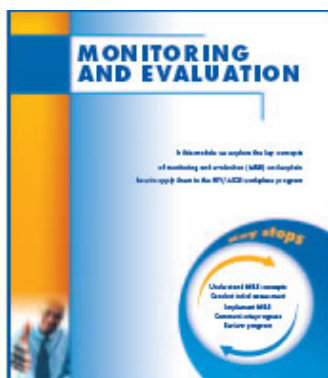
The seven Blueprint modules are concise booklets that guide companies on the following topics:

- **Partnerships:** Examining the role and success factors of partnerships with civil society and public health professionals in developing and implementing a company's HIV/AIDS workplace program
- **Policy:** Developing an HIV/AIDS workplace policy and a plan to put the policy in place
- **Prevention:** Organizing a cost-effective prevention program
- **Voluntary Counseling and Testing:** Understanding the importance of voluntary counseling and testing as a gateway to other interventions
- **Treatment:** Implementing an HIV/AIDS treatment program for employees and their dependents
- **Care and Support:** Considering access to care and support to employees and dependents affected by HIV/AIDS
- **Monitoring and Evaluation:** Monitoring and evaluating the effectiveness of an HIV/AIDS workplace program

BLUEPRINT TEXTBOOK

A textbook included in the Blueprint introduces information on the following topics:

- Macroeconomic impact of HIV/AIDS
- Microeconomic impact of HIV/AIDS
- Rationale for comprehensive programs
- Seven modules to start the program



ECONOMIC MODELING TOOL

The interactive economic modeling tool component of the Blueprint will enable businesses to determine the medical and economic impact of a comprehensive HIV/AIDS program on their operations over the ensuing 15 years. Using the tool, businesses will be able to determine the estimated total cumulative costs of HIV/AIDS to business in the following areas:

- Prevention
- Healthcare
- AIDS absenteeism
- AIDS deaths
- New hires

The modeling tool also demonstrates the costs/benefits of different approaches to managing HIV/AIDS, ranging from no program to a prevention program to a comprehensive program that includes prevention, treatment, care and support.

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