

***HIV/AIDS Initiative  
Newsletter Issue 8  
November 2007***

Welcome to the eighth 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 as well as highlight developments in the private sector response to HIV/AIDS in Africa.

Visit CCA's HIV/AIDS Initiative home page:  
[http://www.africacncl.org/HIV\\_AIDS/HIV\\_AIDS.asp](http://www.africacncl.org/HIV_AIDS/HIV_AIDS.asp)

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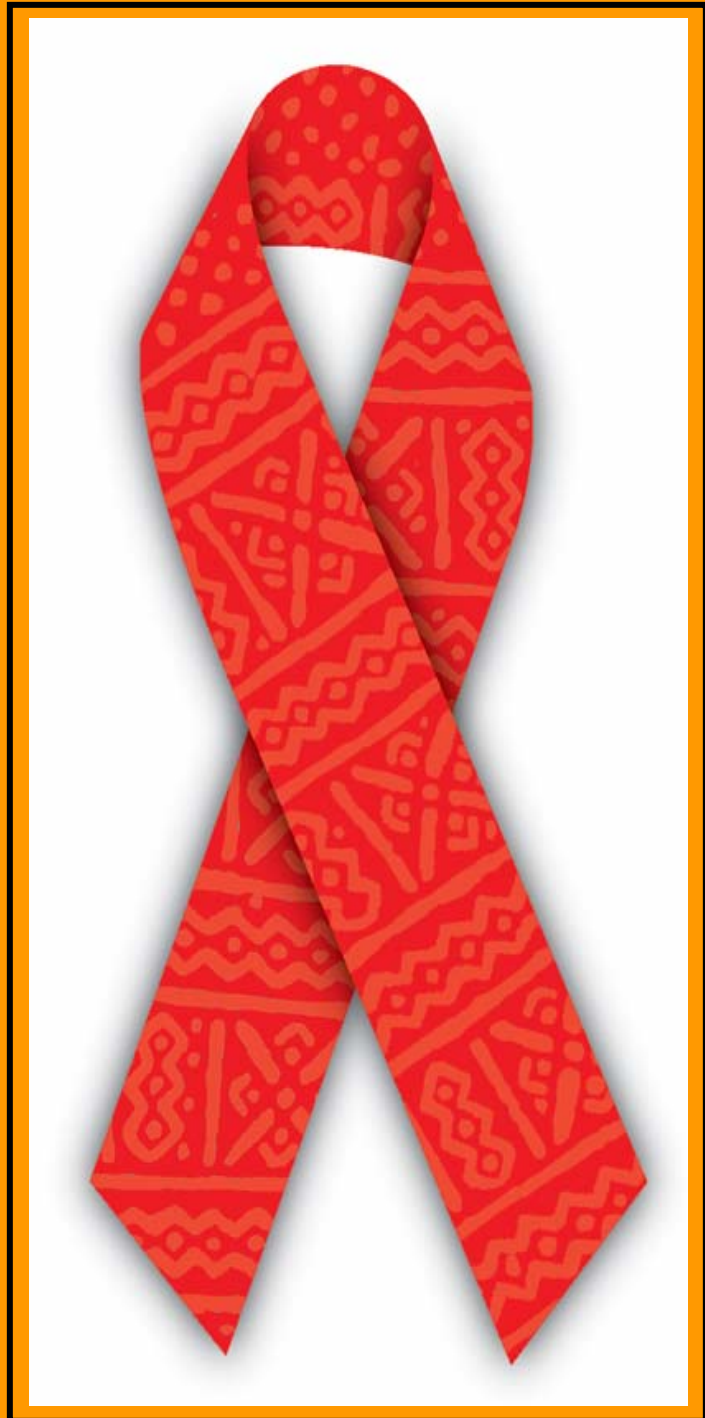
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THE CORPORATE COUNCIL ON

**AFRICA**



**THE HIV/AIDS INITIATIVE**

# What is the CCA HIV/AIDS Initiative?

In many parts of Africa there is a compelling business case for companies to address the challenges of HIV/AIDS in the workplace. Public-private partnerships provide an excellent mechanism for companies to broaden and diversify their response by leveraging resources to address HIV/AIDS and other health related issues affecting the workforce; increasing and diversifying markets; creating leadership opportunities; and providing access to prevention, care and treatment services.

The CCA HIV/AIDS Initiative and its partners work to facilitate public-private partnerships to increase CCA member company involvement and strengthen the overall private sector response to HIV/AIDS in Africa. Below is an overview of CCA's HIV/AIDS Initiative's activities focused on promoting a multi-sector response to the epidemic in Africa during the 2006-07 period, with support from The World Bank, The Ford Foundation and Merck and Company.

## The CCA HIV/AIDS Initiative 2006-07 Annual Activities Report

### **PROGRAMS**

#### **National HIV/AIDS Business Coalitions:**

One of the principal strategies for engaging the private sector is the development of national business coalitions against HIV/AIDS. Business coalitions are intended to facilitate public-private partnerships with key stakeholders such as international donor agencies, foundations, multinational corporations, national companies, private sector organizations (including labor unions, employer federations, business council representatives), National AIDS Commissions and their private sector focal points, other public sector constituencies and non-governmental organizations (NGOs) representing civil society. In 2006, with funding from the World Bank Multi-Country AIDS Program (MAP), the Initiative provided technical assistance to develop country-specific frameworks and strategies for business coalitions and private sector engagement in the Democratic Republic of Congo (DRC), Mali, Mauritania and Senegal and linked these countries to other ongoing private sector initiatives across Africa. The Initiative, under a renewed contract with the World Bank for 2007, conducted missions to the DRC, Mali and Mauritania. In October 2007, CCA also completed a mission to Ghana in collaboration with the World Bank, The Ford Foundation and the Global Business Coalition against HIV/AIDS, TB and Malaria (GBC) to provide technical assistance to the Ghana Business Coalition against AIDS.

#### **HIV/AIDS Private Sector Mobilization Forum:**

Under the auspices of its World Bank contract, CCA assisted The World Bank and the World Economic Forum (WEF), in partnership with PharmAccess International GTZ, ILO, the Global Business Coalition (GBC), SIDA-ENTREPRISES and UNAIDS, to organize the HIV/AIDS Private Sector Mobilization Forum for Francophone Africa held in Marrakech, Morocco, 19-23 June 2006. The forum was part of a larger effort to develop innovative partnerships between the public and private sectors and civil society in the fight against HIV/AIDS. The meeting provided opportunities to exchange information and discuss tools to support and implement action plans and workplace programs that fully engage the power and resources of the private sector in national HIV/AIDS agendas. Participants included directors and private sector focal points from National AIDS Commissions and representatives from national business coalitions against HIV/AIDS, labor unions and employer federations, NGOs, donors, selected companies and development agencies.

#### **Gadgets Technology Platform - An Internet-Based Communication Tool for Business Coalitions:**

CCA is currently facilitating the development of a partnership between AllAfrica Global Media and the DRC Business Coalition against HIV/AIDS whereby AllAfrica will assist the coalition to create an internet platform so that business coalition representatives throughout the country can communicate and share resources more effectively. AllAfrica has agreed to pilot this application in the DRC and plans to adapt, install,

## Annual Activities Report (cont)

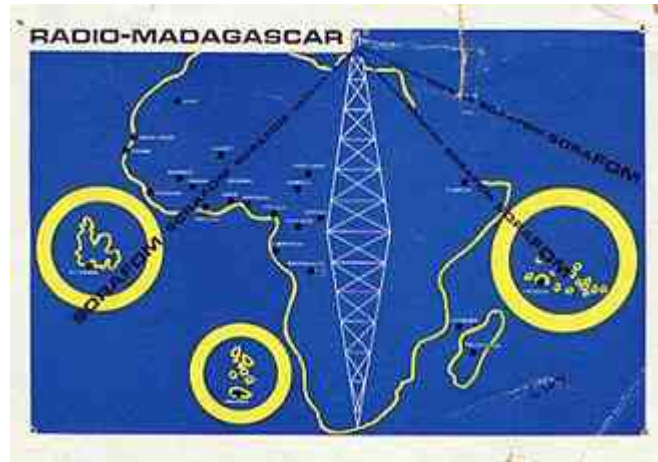
host and manage a version of this communication platform during the defined pilot period. CCA assisted the coalition in organizing a three-day training during which AllAfrica will train coalition representatives on the use of this platform so that the organization can integrate this technology into their activities. CCA is also facilitating a relationship between AllAfrica, AIDS Portal and the Pan-African Business Coalition (PABC) whereby AllAfrica and AIDS Portal will assist the PABC in developing an Internet-based mechanism that will enhance communication among all business coalitions on the continent.

### **Public-Private Partnerships in the Information, Communication and Technology (ICT) Sector:**

In 2006 and 2007, the CCA HIV/AIDS Initiative, in collaboration with the Office of the Global AIDS Coordinator (OGAC), ICCR, Constella/Futures and GBC, convened a series of meetings with CCA members and partners representing the telecommunications and applied information technology industries to discuss the creation of public-private partnerships to meet HIV/AIDS and other health requirements in Africa through the expansion of new and current markets and innovative applications for existing technologies. Appropriate and scalable applied ICT can improve healthcare delivery in developing countries by creating virtual infrastructure to bridge physical infrastructure gaps. The series of meetings resulted in three OGAC-funded pilot activities for implementation in PEPFAR-supported African countries.

### **Global Development Alliance/Radio Madagascar:**

In October 2006, CCA was informed by USAID that its proposal for the development of a Global Development Alliance partnership in support of Madagascar World Radio was approved and had been sent to the Office of Acquisitions and Agreements for funding. CCA will be working with its member company, Madagascar World Voice (MWV), to develop and adapt radio “soap opera” scripts for the delivery of HIV/AIDS prevention messages in Madagascar and throughout the radio’s broadcast region. CCA will also assist MWV in marketing the radio station and its



extensive communication capacity with other CCA members interested in showcasing their corporate social responsibility (CSR) portfolios in Africa.

### **The Population, Health and Nutrition Technical Assistance and Support Contract (TASC3) IQC:**

In January 2007, 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 recently awarded by USAID. The five-year, \$1 billion indefinite quantity contract provides worldwide support to USAID missions and regional bureaus to access efforts to improve conditions in population, health and nutrition. CCA forms an integral component of the FHI-led team that includes seven other leading organizations: The American College of Nurse Midwives, Catholic Relief Services, Dalberg Global Development Advisors, Klett Consulting Group, Inc., Meridian Group International, Inc., Population Reference Bureau and World Relief.

### **MACRO International Evaluation of the Global Fund to Fight AIDS, Tuberculosis and Malaria Evaluation:**

In May 2007, the CCA HIV/AIDS Initiative was awarded a contract by Macro International Inc. to examine the current nature of the public/private sector partnership within the Global Fund. CCA conducted missions to Geneva, Tanzania and Malawi to study the role of the private sector in contributing to the objectives of the Fund in the context of the current Global

## Annual Activities (cont)

Fund Five-Year Evaluation. Results from the in-country contributions studies served both to highlight the private sector participation issues at country level and to inform the broader examination of resource mobilization.

### **Partenaires Contre le SIDA:**

In October 2007, CCA was accepted as a member of the “Partenaires Contre le SIDA (PCS) National and International Expert Database.” PCS, a joint initiative of the Global Business Coalition on AIDS, TB and Malaria (GBC) and SIDA-ENTREPRISES, was founded in May 2006 and is funded by the French Development Agency (AFD) for three years. This project will provide technical expertise and financial assistance to companies, business coalitions and other private sector entities seek-

ing to implement or strengthen their responses to HIV/AIDS. As a member of the “PCS National and International Expert Database,” CCA will provide its expertise in designing and implementing private sector HIV/AIDS initiatives to PCS grantees in Africa.

### **UNAIDS/Sudan:**

UNAIDS/Sudan has requested technical assistance from CCA for the development and support of a business coalition against HIV/AIDS in Sudan. The project is scheduled to begin in early 2008 and will increase the number of countries receiving private sector technical support from CCA to six.

Learn more about these programs @

[www.africacncl.org/HIV\\_AIDS/HIV\\_AIDS.asp](http://www.africacncl.org/HIV_AIDS/HIV_AIDS.asp)

## Private Sector Mobilization Mission to Ghana

### **Private Sector Mobilization Mission to Ghana**

#### **THE NATIONAL RESPONSE**

The Ghana AIDS Commission (GAC) and a group of committed private sector stakeholders have worked diligently to incorporate a private sector component into the country's Second National Strategic Framework for 2006-2010. The GAC has also facilitated the creation of a National Workplace Policy on HIV/AIDS, which serves as the default policy for many national small and medium size enterprises (SMEs) and reinforces previously existing workplace policies in multinational enterprises (MNEs) in Ghana.

In 2006, the GAC organized a private sector working group to create the Ghana Business Coalition Against HIV/AIDS (GBCA), with the mandate to mobilize resources from the private sector to fight HIV/AIDS and to coordinate private sector programs and activities. The GAC has also tasked the business coalition with developing and implementing the private sector component of the national strategy.

The GAC receives financial support from pooled funding from a number of international agencies and donors



including the Global Fund, the World Bank, DFID, GTZ, SIDA, DANIDA and various UN affiliated agencies, which it then distributes to public sector, civil society and the private sector organizations.

National ARV distribution began in 2003, and the GAC is charged with ensuring that 50% of hospitals are appropriately equipped and staffed to administer treatment. Forty-eight treatment sites have opened in the past four years; however while there are 71,000 people in need of ARVs, only 10,000 are receiving treatment as of December 2006. The National AIDS Control Program regulates the accreditation of clinics to provide ARVs, and the NACP has proceeded cautiously in terms of the number of clinics they have accredited to ensure capacity is available for scale-up.

In 2004, the World Bank, WHO and the United Nations Economic Commission for Africa (UNECA) launched the Treatment Acceleration Project (TAP), which is funded by a grant of US\$59.8 million from the IDA, in Mozambique, Burkina Faso and Ghana. The objective of the program is to explore different options for HIV/AIDS treatment scale-up through public-private partnership agreements and provide governments with evidence-based options for developing national treatment management systems. In Ghana, Family Health International (FHI) and National Catholic Health Service (NCHS) are the implementing partners of the TAP and

# Private Sector Mobilization Mission to Ghana

have worked to build the capacity of private clinics to provide comprehensive care and treatment services. The Private Enterprise Foundation (PEF) works with the TAP to increase awareness among private sector companies about the care and treatment services offered by these networks of private clinics.

## **THE GHANA BUSINESS COALITION AGAINST HIV/AIDS (GBCA)**

The GBCA was officially launched in July 2006, but activities only began in February 2007. Currently, there are eight members of the Board of Directors and 21 Founding Members of the coalition. Current board members were all part of the original private sector working group facilitated by the GAC that initiated the creation of the coalition. With the exception of the President, Mr. Charles Cofie from Unilever, the board is composed solely of representatives from private sector federations and associations. The GBCA has also established a committee that provides technical guidance to the coalition and is appointed by the board.

Currently, there are two staff members of the secretariat: the coalition coordinator and a secretary. Support for additional secretariat staff positions has been secured for the coming year: UNAIDS has agreed to support a monitoring and evaluation (M&E) position; GTZ is providing financing for an ex-pat technical expert to work as a Program Officer and assist the coalition to build its capacity; and Stanbic Bank has agreed to finance a financial officer position. Positions should be filled by the end of 2007, and all positions will be financed on a yearly renewable basis.

**OPTIONS FOR SUSTAINABILITY** The GBCA received \$100,000 for 2007 from the GAC's funding pool, and the Commission has pledged additional support renewable on a yearly basis. In addition, WHO has provided IT equipment and has offered funding for an evaluation of coalition activities to date. The ILO has supported travel costs for the coalition coordinator to participate in federation and trade association meetings throughout the country to promote the coalition. The ILO has also provided funding for the coalition to conduct a baseline survey, which will provide information on existing company HIV/AIDS programs and highlight company needs. GTZ is very committed to the success of the business coalition and is willing to provide technical and financial support for training sessions for GBCA member representatives (i.e., peer education, monitoring

and evaluation of workplace programs, program management capacity building, training of human resource managers on HIV/AIDS policies etc.). GTZ is also ready to fill technical gaps identified by the coalition.

**CURRENT ACTIVITIES** To date, the coalition has organized several awareness-raising activities including a reception for the Founding Members to update them on the GBCA's progress and call them to action; a recruitment drive and seminar to disseminate the National HIV/AIDS Workplace policy to more than 140 companies; and a seminar for member company Ambassadors to train them in their role as representatives to the coalition. The coalition also organized a week-long peer education workshop financed by GTZ and facilitated by the Ghana Social Marketing Foundation (GSMF). In addition, the GBCA has created a comprehensive website with a Members Only section that will eventually include resources and best practices.

**THE GBCA'S VISION** A strategic five-year plan determining the long-term vision and direction of the coalition is currently in development. The plan addresses the organizational, operational and programmatic aspects of the organization and sets the framework for the development of GBCA as the coordinating body between the private and the public sector. GBCA is well aware of the customary role played by national business coalitions and wants to expand its scope of intervention beyond the traditional convenor role of a business coalition. For example, GBCA plans to develop coalition activities that engage People Living with HIV/AIDS (PLHIV), such as organizing training sessions for PLHIV associations on stigma reduction and national labour legislation and providing workplaces with information on the services provided by PLHIV associations in the community. GBCA also intends to work with private sector organisations and the Ministry of Education to facilitate programs for students of vocational institutions. This will enable the students to enter the workplace with the right orientation and attitudes to HIV and other health issues. GBCA also plans to create a reporting system where the GBCA collects, summarises and transmits statistical data from private clinics to the national program.

Although the organization is very young and needs to finalize its strategic plan and build its internal capacity, the GBCA has a strong technical and financial support base as well as the creativity and vision needed to successfully expand the private sector response to HIV/AIDS in Ghana.

## Member Profile: Standard Bank

### For Standard Bank, HIV/AIDS Workplace Policies in South Africa are a Template for the African Business Community

**A FOURFOLD FRAMEWORK** As a South-African based financial services company of 45,000 employees that operates in 18 African countries and 21 countries abroad, many of which are emerging markets, Standard Bank understands the importance of investing in the vitality of its workforce. In the vanguard of private sector-led efforts to address high HIV levels among workers and their families, SB has had in place a progressive HIV workplace program since 2002 and continues to drive harmonization of best practices as a founding member of the South African Business Coalition against HIV/AIDS (SABCOHA).

Developed in 2002, SB's HIV workplace program is a fourfold framework with the following components:

- External psychosocial support structure, known as Independent Counseling and Advisory Services (ICAS);
- Medical aid program (BANKMED) for the provision of treatment, support and care;
- Internal department, Corporate Health, with the mandate of managing occupational health and wellness; and
- A supportive role played by HR through alignment of HIV issues with policies and programs.

The program's four components are anchored by a team of around 650 Wellness Champions across its operations in Africa. Wellness Champions are SB employees who volunteer as peer educators. The Wellness Champion cadre is trained for the purpose of disseminating wellness, health, and HIV-related information across multiple channels. In conjunction with its policies, SB employs some creative communication initiatives to disseminate HIV/AIDS awareness from broadcasts to bathrooms to brochures. For example, male condom dispensers and accompanying "Know Your Status" pamphlets are placed in men's and women's lavatories. Champions' influence often extends beyond the workplace as they take part in community activities designed to promote HIV awareness, known as "Social Project Campaigns." So far, over 450 Wellness Champion participants have received training for constructive health-related communication in the workplace and beyond.

Independent Counseling and Advisory Services (ICAS), an international provider of employee assistance programs, performs psychosocial support services for infected bank employees and their family members. Support services entail confidential advice and counseling for contending not only with HIV but also other life issues such as stress management, trauma, divorce, bereavement, legal issues, and wellness.

In order to gain a strong understanding of how HIV poses risks for and impacts the bank's workforce, the SB program takes a data-driven approach to policy creation. ICAS supplies SB with aggregated statistics on employee health, as well as expert advice so the program's committee can take proactive actions to mitigate the impacts of HIV on SB employees. All this is accomplished while maintaining privacy and confidentiality.

**THE VIRTUES OF "CORPORATE HEALTH"** SB's HIV program is part of the Employee Relations department and is run from corporate headquarters. The Corporate Health department is comprised almost entirely of outsourced professionals who operate not only from the Head Office but from "health units" at Cape Town and Durban provincial offices. SB's Corporate Health philosophy demonstrates a paradigmatic shift in employee healthcare. Rather than view HIV/AIDS as a unique set of controversial issues, the disease is "accorded" a "non-contentious" status similar to asthma, heart disease, cancer, TB, malaria and other afflictions that can be mitigated by a consistent wellness philosophy. Just as an employee would receive a cholesterol or blood pressure check when visiting the doctor, Corporate Health encourages that its preferred healthcare providers assign HIV testing with the same level of "normality," the goal being to lessen its stigma over time. In order to steer this wellness philosophy, SB has recognized BANKMED as its preferred supplier for personal health assessments, ART treatment and other medical aid schemes.

SB's Corporate Health department also works in conjunction with its HR department for the purpose of policy alignment. The bank's HIV program contains a sup-

## Member Profile: Standard Bank (*cont*)

porting framework that prohibits workplace discrimination, ensures access to medical treatment, and covers temporary, long-term, and permanent disability. Even funeral benefits are available at affordable monthly premiums.

**BUSINESS COALITION SECONDMENT** As a founding member of the South African Business Coalition against HIV/AIDS (SABCOHA) and a member of the GBC, SB exemplifies proactive businesses citizenship and cooperation in private-sector led efforts to combat HIV/AIDS. SB has agreed to second valuable human resources to help form new business coalitions, improve upon existing ones, and engage in cross-sector projects for economic development in African countries in which the bank conducts its business. Out of goodwill and a commitment to the intersection of business and health infrastructure across Africa, the company has seconded staff to develop and strengthen coalitions in other African countries for specified time periods and specified duties. Current projects for which SB has seconded South African staff members include:

- A venture between Stanbic Botswana, a Standard Bank subsidiary, and the Botswana Business Coalition to implement a HIV program for the Bank's supply chain;
- A venture between Stanbic Swaziland and a newly formed coalition of Swazi companies to form a new business coalition;
- Secondment of two seasoned Standard Bank Namibia employees to a USAID project to identify "problematic" businesses organizations and providing assistance to these organization for 3-6 months; and
- Secondment of an employee of Stanbic Malawi to work with USAID Malawi, the Malawi Ministry of Health and various NGOs.

All of these examples of employee secondment and business coalition strengthening combine to serve as a testament to the bank's role as a champion for Africa-wide policies adopted by businesses to combat HIV. In keeping with this role, Standard Bank will serve as one of the sponsors for the 2008 Pan African Business Coalition Conference on the private sector response to HIV.

**ROLLING OUT STANDARD BANK'S HIV/AIDS WORKPLACE PROGRAM** Standard Bank's commit-

ments to its workers and the greater continent are deepening as the bank rolls out plans to extend its HIV workplace program to all its African operations. This transition is taking place in phases, with the first phase consisting of ICAS service provision for employees in all African countries where the bank operates. Next, Standard Bank identifies and trains Wellness Champions to promote HIV awareness among employees and disseminate useful information such as the group's life threatening disease policy and the ICAS referral process. Wellness Champions in other African countries are already at work, 10 of whom were able to attend a Wellness Champion workshop for top performers in South Africa.

As Standard Bank extends its HIV workplace policies into other African countries, its strategy for doing so is informed by research. In 2007, the bank conducted an extensive Prevalence Survey for its employees, a body of research that builds on past studies conducted in South Africa in 2003, Namibia in 2005, and Swaziland in 2006 (where prevalence was in the double digits). Recent staff surveys have shown a fairly widespread lack of knowledge regarding transmission and human anatomy facts, hinting that programs need to be more thorough in covering HIV basics. Such efforts to continually inform the bank's inter-African HIV workplace policies through research enables the bank to monitor and manage the impact on its operations, evaluate the effectiveness of its programs, and share data with other members of the banking sector for purposes of collaboration.

**A HEALTHY WORKFORCE = SOUND INVESTMENT** The range of Standard Bank's activities in leveraging the banking sector to tackle HIV/AIDS is exemplary. Through a comprehensive, four-fold framework for its HIV workplace program, the extension and advancement of its program to all African operations, and active involvement in the formation and strengthening of business coalitions and public-private partnerships throughout the continent, Standard Bank is sending a clear message to its stakeholders and the African community at large: an educated, nurtured, and wellness-focused workforce is an investment that will keep paying dividends.

# Featured Partnership: DaimlerChrysler and BroadReach

## DaimlerChrysler South Africa, BroadReach Healthcare and Others Offer a Transformative Model for Public-Private Partnerships through the SIYAKHANA PROJECT



### SIYAKHANA'S INCEPTION

DaimlerChrysler South Africa (DCSA), a division of one of the world's leading automakers, and BroadReach Healthcare, a global health solutions company, have recently partnered to provide much needed HIV/AIDS services and treatment to employees of small and medium-sized businesses (SMEs) in the Eastern Cape province of South Africa. This unique and innovative public-private partnership for healthcare delivery draws on and pools resources from a consortium of partners including the Eastern Cape government, the Border Kei Chamber of Business (BKCOB), DEG (a development finance institution and agency of the KfW Bank Group), and local South African enterprises in order to practically treat HIV-infected employees and their dependents in a resource-constrained environment.

DCSA plays a substantial role in the local economy of East London (the Eastern Cape's second largest city) and surrounding areas. The automaker has a large factory in East London that manufactures Mercedes-Benz C Class cars as well as Mitsubishi pick-up trucks, vans and a range of commercial vehicles for export to the United States. Given its role as both employer and citizen of the business community, DCSA began dialoguing with BroadReach in 2005 about plans to create a fund for HIV education and testing for employees of Eastern Cape businesses. The automaker's original intent was that once an SME employee tested positive, the program would refer them to a government clinic. However, after discussing the matter with BroadReach, it became clear that Eastern Cape public sector health services did not yet possess the resources for effective treatment provi-

sion. This turned out to be a logistical gap where BroadReach was able to step in, and in April of 2007, after hammering out the many details, this multi-faceted partnership now known as the Siyakhana Project was set into motion.

### A SUCCESSFUL RESOURCE POOLING STRATEGY

All six consortium members of the Siyakhana Project play a key role in delivering health services to SME employees for whom treatment would likely not be an option otherwise. The process begins with BroadReach presenting the details and mechanisms of the partnership to a breakfast sponsored by the BKCOB, East London's chamber of commerce. The breakfast meeting is attended by local SMEs interested in developing HIV/AIDS programs for their employees. Those SMEs willing to participate are referred to Dr Simeon Odugwu, Siyakhana Project Manager, and his staff in order to devise a company-specific work plan. The workplan involves identifying a "company Focal Person" within each SME who works with Siyakhana staff to organize an awareness campaign and Voluntary Counseling and Testing (VCT) days. On-site VCT is conducted by Siyakhana staff utilizing the Oraquick® rapid HIV saliva test. Testing uptake has increased 30% since instating the self-administered test.

Focal Persons serve as in-house co-ordinators of the Siyakhana project and they regularly meet to share advice and challenges. In addition to the coordinators, each company has a group of peer educators who are available to provide moral and logistical support to co-workers grappling with the disease.

Once an employee tests positive, BroadReach steps in. BroadReach, which received a grant from the President's Emergency Plan for AIDS Relief (PEPFAR) for this particular project, provides patient education in the form of counseling and workshops about the disease, ways to live positively with AIDS, and Antiretroviral Therapy (ART). Concurrently, BroadReach connects patients with a network of private doctors qualified to provide

## Featured Partnership (cont)

treatment. These doctors are educated by BroadReach on best practices for ART and other forms of tangible treatment.

Looking to the future, the Siyakhana Project partnership design incorporates the Eastern Cape Department of Health as financiers and providers of antiretroviral drugs and treatment for SME employees. Presently, the Siyakhana Project and BroadReach are working with local and provincial government agencies to build greater capacity for HIV/AIDS health service delivery.

Behind the scenes, DCSA and DEG provide most of the seed money for the project's trust fund. Partners have thus far raised a total of R4.4 million with 58% contributed by DCSA, 36% by DEG, and another 6% by the BKCOB. In addition to Dr Odugwu, the project employs a VCT coordinator, secretarial support and three nurses. DCSA and DEG have expressed commitments to contribute more money to the trust fund in the future given the achievement of certain benchmarks.

SMEs also play their part in augmenting the Siyakhana Project's fund. A trust fund contribution scheme, based on size of workforce, entails slight increases in contributions up until 2011 when the fund is intended to be fully sustainable. The fund, which under South African law is classified as a Public Benefit Organisation, is managed by a Board of Trustees that includes representatives from DCSA, BKCOB and DEG. It is designed to cover awareness and mobilization efforts, staff training, testing for participating SMEs, and incidental health care costs not covered by the PEPFAR grant.

*SIYAKHANA'S ACHIEVEMENTS AND CHALLENGES*  
Among the 17 SMEs currently participating in the Siyakhana Project, 3,078 employees have taken on-site HIV tests. As of July 2007, 267 employees tested positive for the virus and were referred to the BroadReach-facilitated treatment program.

One observation of those familiar with the partnership has been lower-than-anticipated numbers of employees registered for treatment. This serves to underscore the deep-seated stigma associated with admitting to HIV infections in the workplace, but also offers hope in that the proliferation of such partnerships will mitigate this stigma in the long-run.

*WIDER IMPLICATIONS OF THE PARTNERSHIP*  
The Siyakhana Project not only succeeds at creatively pooling resources for the benefit of SME employees and the East London community, but also succeeds at providing a paradigm-shifting model for other companies, business coalitions, and local governments looking to jointly tackle any number of life-threatening illnesses. If the partnership continues to make inroads, then new donors and partners will likely jump on board, further evolving this win-win model. As John Sargent, President of BroadReach, one of the partnership's architects explains, "This partnership has so many wider implications. In communities where workers are dying, and governments are not equipped with sufficient resources, multinational companies are doing what they can to keep HIV positive employees strong and economically active."

### Strengths of this SME Public-Private Model of HIV and ART Care

- ✓ Coordination of public and private healthcare sectors
- ✓ Balancing demand-side and supply-side solutions to HIV/ART care
- ✓ Leveraging existing infrastructures and resources – "use what you've got"
- ✓ Indirect increase of capacity in public sector HIV & ART care
- ✓ Comprehensive HIV and ART management
- ✓ Sustainable
- ✓ Scalable

*Courtesy of the DaimlerChrysler Chamber Health Trust*

# National Business Coalitions against HIV/AIDS



## National Business Coalitions: A Unified Voice for the Private Sector in the Fight against HIV/AIDS

HIV/AIDS continues to pose a threat to the health and living standards of communities across the globe. Nearly 40 million people are living with HIV/AIDS worldwide. Annually, another 4.1 million become newly infected, and almost 3 million die from the disease. HIV/AIDS remains a threat to the economic well-being of countries with high infection rates, and its impact is felt throughout the global economy. The disease has the capacity to devastate communities, dramatically shorten life expectancy, and thwart the potential of future generations. In some developing economies, the loss of skilled labor and worker absenteeism can result in declining productivity and a diminished foreign investment climate.

There is growing evidence that private sector prevention and intervention strategies contribute effectively to slow the spread of HIV/AIDS. One of the key strategies for engaging the private sector is through the development of national business coalitions against HIV/AIDS, which facilitate public-private partnerships and enable companies to leverage their resources more effectively to combat the epidemic.

## CCA AND ITS PARTNERS WORK TO BUILD THE CAPACITY OF AFRICAN BUSINESS COALITIONS

In 2003, to address the epidemic's threat to the private sector and to leverage the core competencies of companies to assist in the fight against HIV/AIDS, the World Bank, UNAIDS, the World Eco-

nomics Forum Global Health Initiative (WEF/GHI) and other collaborators initiated a partnership to increase the engagement of the private sector in national HIV/AIDS strategies in 15 Anglophone African countries. In doing so, the World Bank and its partners reminded the international community that no individual government or region can face the epidemic alone without the participation of other sectors and particularly the private sector.

In 2005, the Corporate Council on Africa (CCA) joined the World Bank and its partners to expand these efforts into Francophone Africa. CCA's work in this context has included the provision of country-level technical assistance to five African countries with the objective of strengthening the private sector components of National AIDS Commission secretariats, building the capacity of national business coalitions against HIV/AIDS, and facilitating public-private partnerships with other stakeholders such as international donor agencies, foundations, non-governmental organizations (NGOs) and multinational corporations.

**WHAT ARE THE UNIQUE PROPOSITIONS OF A BUSINESS COALITION?** National business coalitions engage in a broad range of activities such as assisting companies by fostering information sharing, creating economies of scale in the development of workplace HIV/AIDS products and services, and developing a strong, unified front for public policy debate and advocacy. They can also serve as service and product providers, offering constituents help with impact analyses, training of peer educators, design and development of prevention education programs, and other workplace and community interventions including testing and treatment services. National business coalitions against HIV/AIDS often serve as important focal points for engaging with other stakeholders, particularly national governmental programs. In essence, national business coalitions lend a voice to the private sector in its efforts to align the business response to HIV/AIDS and take action towards healthy communities large and small.

Coalition member companies are uniquely positioned with financial resources, well-established business and

## National Business Coalitions against HIV/AIDS (*cont*)

political networks and strong incentives to combat the disease. Through partnerships, these attributes can be combined with the existing knowledge and expertise of HIV/AIDS interventions in the public sector, allowing heightened outreach and impact. Acting through a business coalition also reduces potential public relations challenges that a single company might face when tackling a sensitive and politicized topic such as HIV/AIDS.

**THE LANDSCAPE OF BUSINESS COALITIONS IN FRANCOPHONE AFRICA** Over the last two years, CCA has supported the development of several business coalitions in Francophone Africa. The coalitions are constructed according to the private sector situation in each country, and while some are still in the early stages of maturation, they have already begun to make a difference in their country environments.

**THE DEMOCRATIC REPUBLIC OF CONGO:** The national business coalition in the Democratic Republic of the Congo, le Comité Interentreprises de Lutte contre le VIH/SIDA (CIELS), has been in existence since 2003, and the organization is composed of all types of private sector entities: multinational corporations, national businesses, state-owned companies, small and medium size enterprises, unions, federations and trade associations. CIELS, with its two regional offices, has focused on raising awareness of the disease among its membership through peer education and training for HIV prevention, workplace condom distribution programs, radio talk shows featuring business leaders, and monthly membership meetings to disseminate best practices in the workplace. In terms of policy, CIELS, in collaboration with the Ministry of Labor, the UNDP and the ILO has supported the National AIDS Commission in the development of a national workplace policy and integration of the private sector into the national AIDS strategy.

With an impressive 115 members across the DRC, CIELS serves as an inspiring example of what can be accomplished using the national business coalition model to scale up the private sector response. If its resource pool continues to deepen with new partners and funding sources, CIELS members are poised to advance

national HIV/AIDS objectives in the next four years; including medical and psychosocial services for all employees and their dependents as well as mobile treatment centers for coalition members without company medical facilities.

**MALI:** SIDA-ENTREPRISES, a French organization representing the interests of French multinational companies (MNCs), drove the formation of Mali's national business coalition, la Coalition du Secteur Privé dans la lutte contre le VIH/SIDA (CSP VIH/SIDA), in 2006. The strength of the CSP resides in the coalition coordinator's commitment to provide direct one-on-one technical assistance and guidance to coalition members in the development of workplace policies and programs as well as the creation and submission of proposals for funding to support company activities. The coalition has also attracted the support of the Glaxo Smith Kline (GSK) Foundation and recently collaborated with the Foundation to produce a documentary on the fight against HIV/AIDS in Mali. In addition to profiling the activities of the National AIDS Commission, a public hospital and various NGOs, initiatives of several multinational and national companies were highlighted. The documentary was created in October 2006 and launched in Paris at a GSK Foundation conference in March 2007. As a nationally aligned business coalition with strong domestic and international ties, CSP adds value to the Malian government's HIV/AIDS program by organizing national private sector efforts to combat the pandemic.

**MAURITANIA:** Over the past two years, the National AIDS Commission in Mauritania 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 country's national business coalition against HIV/AIDS, la Coalition d'Entreprises Mauritanienes Contre le VIH/SIDA (CEMA). CEMA has targeted its awareness raising efforts among high-risk sectors in Mauritania – primarily fishing and agriculture – and has established a committee to review member proposals for funding as well as a mechanism to allocate World Bank MAP financing to the companies once the submitted projects are approved. The organiza-

## National Business Coalitions (*cont*)

tion is currently working with the National AIDS Commission to develop a strategy to train additional laboratory technicians and counselors within inter-company clinics in order to increase the availability of voluntary counseling and testing (VCT) services within the private sector. This partnership-driven strategy will bolster Mauritania's efforts in reaching its goal of 10% of private sector employees tested for HIV by 2009. Given that HIV/AIDS is often stigmatized and ignored in Mauritanian society, CEMA embodies a bold willingness on the part of the government and business community to bring the issue closer to the forefront of public discourse. Diseases like malaria, polio, TB and other STDs will likely join HIV/AIDS on the coalition's agenda, underscoring how resources can be maximized to address the employee's overall health portfolio.

*HARMONIZATION THROUGH THE PABC* In addition to individual country efforts to engage the private sector in the fight against HIV/AIDS, a country-led effort was launched in 2004 to create a continent-wide business coalition that could provide each national coalition with technical and financial guidance and act as a communication mechanism for the individual coalitions.

The PABC's vision is to facilitate learning between coalitions by sharing information and best practices about member services as well as educating staff members on operational issues at the secretariat level. There are a number of additional roles that the PABC could develop. These include becoming the voice of business coalitions across Africa or acting as a coordinating and disbursement mechanism for donors interested in financing business coalitions. Although initial discussions

took place between member coalitions in 2004, the PABC has yet to reach operational capacity. The PABC was officially launched in December 2005, and the current chair is the South African Business Coalition on HIV/AIDS (SABCOHA). The PABC, which encompasses 22 countries and hundreds of members, embodies the momentum that national business coalitions have thus far achieved throughout the African continent.

*DEEPENING THE PRIVATE SECTOR'S ROLE* Clearly, relationships between the private sector, civil society and government are not as typical or as easy to facilitate as public sector partnerships with NGOs in the HIV/AIDS arena. However, there is a growing experience-based consensus that initiatives inclusive of the private sector are making valuable contributions to national HIV efforts in Africa, and national business coalitions against HIV/AIDS have proven to be effective mechanisms for coordinating the private sector response. Coalitions often face challenges, including difficulties in mobilizing private sector leadership, achieving financial sustainability, and monitoring and evaluating organizational activities; however on the whole, coalitions in sub-Saharan Africa have assisted countless companies in developing a more concrete understanding of the impact of HIV/AIDS on their business and consequently creating workplace programs to address these effects. These organizations have also succeeded in raising the profile of the private sector among governments, donors and civil society and confirming the role of business as a critical stakeholder in the fight against HIV/AIDS.

## Resources

### **Pop!Tech's Project Masiluleke Benefits from Human, Financial and Cerebral Resources**

**Pop!Tech** is annual conference, community and "ongoing conversation" that seeks to better the world through technology and innovation. Over five-hundred multifarious thinkers and visionaries converge to explore how cutting-edge technologies and new modes of thought are shaping our future. [www.poptech.com](http://www.poptech.com)

## Resources (cont)

**Pop!Tech** recently launched a new initiative known as Project Masiluleke (the Zulu word for counsel) that deploys specialized software to support HIV education, counseling and treatment in South Africa. The partnership was conceptualized and actualized by conference organizers after discovering that similar corporate responsibility projects had been designed based on discussions at the conference. [www.poptech.com/masiluleke/](http://www.poptech.com/masiluleke/)

### **Our Commitment: The World Bank's Africa Region HIV/AIDS Agenda for Action, 2007-2011**

This new and extensive document details strategies to be undertaken by the Bank and its many partners (client countries, stakeholders of all sectors, UN agencies etc) in the coming five years to combat HIV/AIDS in Africa. The Agenda for Action reaffirms the Bank's commitment to working beyond emergency responses.

<http://go.worldbank.org/Q4XRS7VDC0>

### **Mapping Multilateral Development Banks' Reproductive Health and HIV/AIDS Spending**

This updated report by Gender Action assesses the quantity and quality of Multilateral Development Bank (MDB) spending on HIV/AIDS and reproductive health. The report demonstrates a decline in MDB spending on HIV/AIDS and reproductive issues from 2003-2006, explores the impacts of loan conditionalities, and provides a wealth of data for informing advocacy.

<http://www.genderaction.org/images/Gender%20Action%20MDBs%20RH-AIDS.pdf>

## Upcoming Events

### **AFRICAN HEALTHCARE WORKER SHORT-AGE CONFERENCE—DUKE UNIVERSITY**

A conference titled *African Healthcare Worker Shortage: A Forum on Private Sector Responses* will be held at **Duke University from November 29 - December 1, 2007**. Organized by the Health Sector Management program at Duke University's Fuqua School of Business and the Duke Global Health Institute and co-sponsored by the Global Health Workforce Alliance (a partnership administered by WHO), the conference is focused on the lack of healthcare labor in Africa and will feature speakers from the private sector who are pursuing innovative, effective ways to respond to the pressing needs of the health workforce in Africa.

The conference will cover analyses of the labor force shortage, impacts of the shortage on existing healthcare initiatives, incentives and economics of private sector involvement, and implications for the future of African healthcare. The agenda will be organized around the following topics:

- Analysis of the labor force shortage
- Impact of the shortage on existing African health-oriented initiatives
- Incentives and the economics of private sector involvement
- Future directions and priorities.

### **HEALTH PLENARIES AND WORKSHOPS AT THE 2007 US-AFRICA BUSINESS SUMMIT IN CAPE TOWN, SOUTH AFRICA**



#### **Health Plenary: Nov 16, 2007 @ 8:30 to 9:45 AM**

Ensuring a Healthier Future for Africa: What can business and government do? A dialogue among American private sector health advocates and African decision makers

#### **Health Track Workshops**

**Nov 15, 2007 @ 10:30 AM to 12:00 PM** The Role of Public-Private Partnerships (PPPs) in mitigating the impact of disease on business and communities

**Nov 15, 2007 @ 2:30 PM to 4:00 PM** Mobilizing for Health in Africa: Best practices in leveraging private sector expertise

**Nov 16, 2007 @ 10:30 AM to 12:00 PM:** Broadening the National Business Coalition against HIV/AIDS

**Nov 16, 2007 @ 4:00 PM to 5:30 PM:** Ethical Business Practices in the Health Sector and Beyond: Implications for Africa Business and Society

THE CORPORATE COUNCIL ON

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