

THE CORPORATE COUNCIL ON  
**AFRICA**  
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# HIV/AIDS & HEALTH INITIATIVE Newsletter



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The Corporate Council on Africa (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 eighty-five percent of all U.S. private sector investment in Africa.

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## CCA Private Sector Health Care Forum

CCA will host its first Private Sector Health Care Forum in Washington, D.C., November 20-21, 2008. The forum will bring together senior U.S. and African government officials, key decision makers from leading U.S. companies, financial institutions, and international and regional organizations with a vested interest in health care in Africa. The goal of the forum is to promote investment opportunities for U.S. companies in the African private health care sector, provide access to the various financing mechanisms available, and highlight innovative and replicable private sector health care models.

The forum will open with a plenary entitled *African Private Health Care - A Growing Investment Sector*. Panelists will discuss the growing private health sector in sub-Saharan Africa and opportunities for investment in collaboration with governments and donors.

Another plenary, *Financing for Health in Africa: Inno-*

*vations and Resources*, will focus on financing options available for new investors, especially mechanisms that target health related businesses and/or small and medium sized enterprises.

On the second day of the conference, participants will gather for the *Investing in Private Health Insurance in Africa* plenary to discuss private insurance models in Africa, including employer-managed health plans, workplace clinics, emerging HMO industries and micro health insurance schemes, and other opportunities for investment.

During the closing plenary, *Health Care Franchising*, panelists will illustrate successful franchising models that increase health care access, assure quality products, and develop private sector-led markets for health in Africa.

Workshops throughout the two days will focus on the following topics:

Pharmacology and Biotechnology Investments for Health in Africa

Investing in Health Care Facilities in Africa

Pharmaceutical Manufacturing in Africa

Innovative Solutions to the Health Worker Shortage: A Hidden Investment Opportunity

Policy Environment and Market Incentives

Pharmaceutical Distribution and Retail Sales in Africa

Medical Technology Sales in Africa

Leveraging Resources for Private Sector Health Investments

Driving Profit through Ethical Leadership

Social Entrepreneurship

Madagascar: A Case Study in Private Sector Investment in Health

### PABC Formalized by African Business Coalitions

Business coalition representatives from across Africa officially approved the legal formation of the Pan African Business Coalition on HIV/AIDS (PABC), and selected the first interim board of directors at a conference held in May 2008 in Kyalami, South Africa.

The primary objective of the PABC is to mobilize and coordinate African country coalitions to take action and create effective, sustainable initiatives to address HIV/AIDS. Presidents from coalitions in the Ivory Coast, the DRC, Mozambique, South Africa, and Zambia were appointed as directors to the new interim PABC board.

The South African Business Coalition on HIV/AIDS (SABCOHA) hosted the conference, and representatives from the Global Business Coalition facilitated the meeting.

More information: <http://www.sabcoha.org/>

### 2008 HIV/AIDS Implementers' Meeting

June 3-7 | Kampala, Uganda

This meeting provided program implementers with the opportunity to share

lessons learned and best practices in the scale-up of HIV/AIDS programs. Victor Barnes, Director of the HIV/AIDS and Health Initiative at CCA, joined Babatunde Osotimehin from Nigeria's National Agency for the Control of AIDS, Michel Sidibe from UNAIDS, and other expert implementers on a panel entitled "Coordination and Harmonization." The panelists represented perspectives from government institutions, non-governmental organizations, faith-based organizations, private sector, people living with HIV/AIDS, and development partners.

Video of the "C & H" session: [http://www.kaisernetwork.org/health\\_cast/hc\\_ast\\_index.cfm?display=detail&hc=2804](http://www.kaisernetwork.org/health_cast/hc_ast_index.cfm?display=detail&hc=2804)

### XVII International AIDS Conference August 3-8 | Mexico City, Mexico

The conference theme – Universal Action Now – emphasizes the need for continued urgency and collective action on all levels in the worldwide response to HIV/AIDS. Universal Action Now is also an important reminder that strengthening health care systems in developing countries and addressing underlying social injustices that con-

tribute to HIV risk and vulnerability are essential strategies in the global response to HIV.

More information: <http://www.aids2008.org/>

### African Growth and Opportunity Act

The African Growth and Opportunity Act (AGOA), signed into law as Title 1 of The Trade and Development Act of 2000, offers tangible incentives for African countries to continue their efforts to open their economies and build free markets. This year's AGOA forum was held on July 15th in Washington, D.C. CCA contributed to a report entitled "Business Models for Private For-Profit Health Investment in Africa" that was presented at the session focused on private investment opportunities for the health sector in Africa. The report explains why private for-profit sector engagement is essential for improving health care in Africa; highlights a selection of profitable and self-sustaining organizations working in the health sector in Africa; and puts forth suggestions of how key ministries, business, and civil society can promote investment in health by the private, for-profit sector.

More information: <http://www.agoa.gov/>

## Ensuring a Healthier Future for Africa: CCA Summit Plenary Session 2007

### PANELISTS

**Dr. Felix Puma**

Deputy Minister of Health, Zambia

**Dr. Robin Gorna**

Global AIDS Policy Team Leader, DFID

**Mr. Ebenezer Omatsola Kpiasi**

Medical Director, Chevron Nigeria and Mid-Africa

**Mr. Alex Cummings**

President and COO, Africa Group, The Coca-Cola Company

### Overview

The 2007 CCA U.S.-Africa Business Summit was held in November in Cape Town, South Africa. The forum included a health track consisting of four workshops and a plenary session. The plenary focused on the role of business and government in ensuring a healthier future for Africa. The panel was moderated by Dr. Jeff Sturchio, Vice President of Corporate Social Responsibility at Merck and Company and current Chairman of the CCA Board.

### Panelist Presentations

Dr. Sturchio opened the session by discussing the irrefutable links between health and economic development. Dr. Puma focused on the numerous opportunities for private sector investment in the health industry in Zambia, especially the acute need for health facilities, ambulances, medical supplies, and other services. He added that because Zambia borders eight countries, investment in health care infrastructure could have a profound impact on the entire region.

Mr. Cummings highlighted Coca-Cola's efforts to ensure that employees and their families can access ARVs, as well as the company's efforts to address water sanitation, education, entrepreneurship, and other health issues. He suggested that the international community should broaden its focus when addressing health, using a framework such as the Millennium Development Goals.

Chevron favors a community participation strategy to address the epidemic. The company works with women in northern Nigeria to educate their community about malaria prevention, clean water practices, and hospital construction through a tripartite partnership approach. Chevron also leads the business response to HIV/AIDS in Nigeria as a founding member and co-chair of the Nigeria Business Coalition against HIV/AIDS (NIBUCA).

Dr. Gorna provided an overview of DFID's support of the private sector response to HIV/AIDS, including the provision of seed-funding to the South African Business Coalition on HIV/AIDS (SABCOHA) and support of the apparel alliance in Lesotho that implements HIV/AIDS workplace policies for female garment workers, many of whom are

HIV positive. DFID is looking to scale-up its activities regarding access to medicines.

### Q&A

Dr. Sturchio asked the panel to describe what makes a successful and sustainable public-private partnership. Mr. Cummings and Dr. Gorna agreed that common goals, multi-year commitments, and recognition of different partner roles are key components of such partnerships.

Victor Barnes, Director of the CCA HIV/AIDS and Health Initiative, inquired about the progress of SABCOHA. Dr. Gorna responded that the coalition has played a strong part ensuring that the business community has a voice at the national level, and it has also supported the grouping of small and medium enterprises (SMEs) to create pooled resources, which allows for shared risk.

The USAID Country Director from Mozambique asked if HIV/AIDS programs could leverage Coca-Cola's distribution system to deliver medication more efficiently. Mr. Cummings responded that Coca-Cola currently uses its



Ugandan President H.E. Yoweri Museveni delivers closing remarks

system to distribute condoms; however, it would be difficult for the company to deliver drugs because of the liability issues, although Coca-Cola would be happy to discuss use of its distribution system with any institution.

A representative from the USDA asked how Chevron defines participation in its HIV/AIDS programs. Dr. Kpiasi replied that Chevron performs rural appraisals in the communities in which they work to learn about what is important to the community. The company's programs are based on these appraisals.

An audience member asked if mining companies in Zambia's copper belt are assisting in fighting malaria. Dr. Puma responded that many companies are involved in spraying, and many also provide ARV treatments for HIV infected employees.

One final participant asked how Chevron was able to stop all mother-to-child (MTC) HIV transmission within its company. Dr. Kpiasi replied that the company adopted a non-traditional "0% new HIV infections" mindset, which helped to halt MTC transmission.

## The Global Fund's Round 8 Regional Private Sector Workshop

### Workshop was organized by Partners Against AIDS and held in Cotonou, Benin - March 25 - 28, 2008

The objective of this workshop was to increase the capacity of the private sector to respond to HIV/AIDS and contribute to Universal Access. Another goal of the workshop was to help facilitate private sector access to funding from the Global Fund. Representatives from Cameroon, DRC, Gabon, Guinea Conakry, Ivory Coast, Senegal, Mauritania, Burkina Faso, Mali, Togo, Comoros, Benin and Liberia attended.

Presenters and facilitators included representatives from The Global Fund (GF), ILO, WHO, UNAIDS, World Bank, Partners against AIDS (PAA), The Global Business Coalition against HIV/AIDS, TB, and Malaria (GBC), the Benin Ministry of Health, and CCA.

One of the primary benefits of the workshop was the opportunity to learn about the revised GF application process and to receive suggestions for submitting competitive applications. Dr. Fatiha Terki, a representative from The Global Fund, provided an overview of the GF and detailed the new eligibility criteria for recipients and Country Coordinating Mechanisms (CCM). Among the most notable changes:

- The CCMs will now have a separate fund for their operations. This funding will no longer be a part of the GF budget.
- CCMs must show that the membership selection process was transparent.
- A minimum of 40% of CCM membership must be from the private sector and civil society, while also respecting gender balance and geographic diversity.
- CCMs are encouraged to show evidence of inclusion of PLWHAs in their membership.
- There must be written rules to manage conflicts of interests as CCM members may be part of other competing structures.
- Each CCM must provide a reference of its work because past performance will be a factor in evaluating the capacity and competence of the CCM to manage new funding.
- Proposals can now have two principal recipients.

Dr. Catherine Bilger, also representing The Global Fund, thoroughly reviewed all aspects of the proposal form. Due to the complex nature of the application, she underlined the importance of collaboration among the business coalitions and government partners to ensure that final proposals are cohesive, complementary and focused on the identified gaps. She reminded national business coalitions of the following critical steps:

- A first draft of the country proposal must be completed a full month before the July 1, 2008 Round 8 deadline to allow time for reviews and corrections. Beginning June 1, there will be a regional review committee available to comment on completed proposals drafts.
- Once completed, final drafts must be submitted to the CCM for signature by every member. The CCM is responsible for the submission of proposals to the GF.
- All statistics used in the proposal must be officially sanctioned by the government.

### PRESENTERS AND FACILITATORS

#### Global Fund

Fatiha Terki, Catherine Bilger, Karima Jaoudi, Sandrine Lourenco, Michel Lavollay (consultant)

#### ILO

A. Cissé

#### WHO

Bah Keita

#### UNAIDS

Meskerem Grunitzky-Bekele

#### World Bank

Tonia Marek

#### PAA

Clémence Barré, Sandra Perrot, Kemal Chérabi

#### GBC

Therèse Lethu

#### The Benin Ministry of Health

Kessilé Tchala Sare, Minister of Health

#### CCA

Marie Baptiste

Another benefit of the workshop was the opportunity it provided existing national business coalitions and private sector representatives to share experiences in terms of coalition structure, membership, and programs. In addition, each country delegation created a roadmap that outlined the application and submission process for GF proposals. The delegations planned to share this action plan with national stakeholders to ensure effective private participation in broader country applications.

More Information:

<http://www.theglobalfund.org/en/apply/opportunities/>



Medtronic is the world leader in medical technology, providing lifelong solutions for people with chronic disease. We offer products, therapies, and services that enhance or extend the lives of millions of people. Each year, 6 million patients benefit from Medtronic's technology, used to treat conditions such as diabetes, heart disease, neurological disorders, and vascular illnesses. Medtronic provides medical technology to address the following health challenges:

### Cardiac Rhythm Disease Management

Manages the full spectrum of cardiac rhythm disorders to improve long-term patient care, including pacemakers to treat patients with bradycardia (too-slow heartbeat); implantable defibrillators to help patients with tachyarrhythmia (too-fast heartbeat); and diagnostic and monitoring innovations that diagnose heart-related syncope (unexplained fainting).

### Neuromodulation

Offers innovative therapies for chronic pain, movement disorders, spasticity, overactive bladder and urinary retention, benign prostatic hyperplasia, and gastroparesis.

### Spinal and Biologics

Offers products that treat a variety of disorders of the cranium and spine, including traumatically induced conditions, deformities, and tumors. Medtronic has developed a variety of image-guided surgical navigation systems and distinguished itself as a global leader in less-invasive surgical techniques.

### Diabetes

Offers insulin pump therapy, continuous glucose monitoring systems, related disposable products, and diabetes management software, making Medtronic a world leader in diabetes management.

### CardioVascular

Develops products that are used throughout the vascular system and those used for arrested and beating heart bypass surgery. These products include coronary, peripheral and neurovascular stents, stent graft systems for diseases and conditions throughout the aorta, and distal protection systems.

### Ear, Nose, and Throat (ENT)

Develops and manufactures minimally invasive products and techniques that treat a wide range of ENT abnormalities and conditions.

### Neurologic Technologies

Produces many technologies, surgical devices and implantable products that enhance the treatment of cranial, spinal, and specialty small bone conditions.

Medtronic's operations in sub-Saharan Africa are based in Johannesburg, South Africa.

### **The Medtronic Foundation *MedLink* Program**

The goal of the Medtronic Foundation is to improve the health of people and communities by focusing on three areas where the company can make unique and positive contributions: health, education, and community.

One of the Foundation's global programs is *MedLink*, which seeks to break down barriers to quality health care by making grants that support educating health professionals in regions with critical health needs. The program focuses on capacity building, "train the trainer," and centers of excellence models. In addition, the Foundation is examining how it can support programs that highlight prevention and education of chronic diseases such as cardiovascular disease, diabetes, and related matters. The program operates in Brazil, China, the Czech Republic, Hungary, India, Japan, Poland, Russia, and South Africa.

One of the Medtronic Foundation's grantees under the *MedLink* program is the Soweto Cardiovascular Research Unit (SOCRU) in Soweto, South Africa. The grant enables nurses to teach people how to recognize and treat heart failure. SOCRU focuses on research in cardiovascular diseases that are commonly found in Southern Africa.

The unit is based at Chris Hani Baragwanath Hospital and researches heart disease in patients that visit the hospital's Cardiac Clinic, which sees approximately 9,000 patients per year. SOCRU is funded primarily by the University of the Witwatersrand and receives projects grants from the South African Medical Research Council, the Circulatory Disorder Research Fund, and the private sector, including Bayer, Pfizer, and Medtronic. Tiger Brands is currently sponsoring a R1-million upgrade of the cardiac clinic under its Unite for Health Programme.

Visit Medtronic's website here: <http://www.medtronic.com/>

## First Global Forum on Human Resources for Health

Kampala, Uganda was the setting of the first Global Forum on Human Resources for Health, which took place in early March 2008. In attendance were nearly 1,500 individuals representing various governments and institutions. The forum's goals were three-fold: 1) to build consensus on accelerating action to address the human resources for health (HRH) crisis; 2) to build implementation capacity to enable HRH action at a global and country level; and 3) to build networks and alliances to facilitate a global movement to address HRH issues, moving from recognition to concrete action.

It was expected that the forum would enhance project implementation capacity and consolidate a revitalized global movement through a nine-year, forum-wide commitment to an Agenda for Global Action (AGA). In addition to its commitment to the (AGA), the forum also endorsed the Kampala Declaration.

The Kampala Declaration, a preamble to the AGA, calls upon participants to act on twelve directives that are designed to reverse the health workforce shortage crisis. These directives include requirements that governments act as stewards in health workforce expansion; that development partners provide adequate, sustained, and timely financial assistance toward health and development projects; and that countries formulate health workforce information systems to fortify research addressing worker shortages. The

Global Health Workforce Alliance is responsible for monitoring the process and implementing the Kampala Declaration and AGA.

The AGA was created to "guide the initial steps in a coordinated global, regional, and national response to the worldwide shortage and maldistribution of health workers, moving towards universal access to quality health care and improved health outcomes. It is meant to unite and intensify the political will and commitments necessary for significant and effective actions to resolve this crisis and to align efforts of all stakeholders at all levels around solutions" (AGA, WHO). The AGA focuses on six strategies to address the global shortage of health workers and includes details about accountability measures to ensure the success of the Agenda.

More information:  
<http://www.who.int/workforcealliance/forum/en/>



## African Health Care Worker Shortage: Forum on Private Sector Responses



For a region with a disproportionately high disease burden, sub-Saharan Africa faces severe shortages in health care workers. This discrepancy motivated the Health Sector Management program at Duke University's Fuqua School of Business, the Duke Global Health Institute, and the Global Health Workforce Alliance to organize and sponsor the November 2007 "African Health Care Worker Shortage: Forum on Private Sector Responses."

This 140-person forum included distinguished speakers such as Francis Omaswa, MD, Executive Director of the Global Workforce Alliance; Dr. Yoswa M. Dambisya, Senior Professor of the Pharmacy Programme and Faculty of Health Services at the University of Limpopo, South Africa; and Angus O'Shea, Executive Director of the Touch Foundation, Inc. The forum's purpose was to increase awareness regarding the African health care worker shortage and to devise practical strategies for the private sector to address the many challenges surrounding this issue.

Participants stressed that the private sector must become actively involved in solving the health care workforce shortages in Africa. However, the private sector will develop only haltingly unless an enabling environment is formed; key to this will be the development of partnerships. Despite inherent difficulties, participants felt optimistic that a solution would be found. In the short-term, however, many individuals noted that more information is needed, especially country- or industry-specific data. Ideally, local actors would use this information for local development and implementation of capacity-building programs.

Duke University's Fuqua School of Business provided a great venue for the forum; however, many participants suggested that the next meeting should take place in Africa, so as to build upon the success of this past forum.

More information:  
<http://www.fuqua.duke.edu/programs/health/conferences/afhcconf/>

# The Role of the Private Sector in Addressing the Health Workforce Capacity Shortage: A CCA-DUKE University Partnership



A crowded primary health care clinic in Uganda © Sanjoy Ghosh

## Background

An estimated 2.4 million doctors, nurses, and midwives are needed in fifty-seven countries with critical health worker shortages. The challenge is greatest in sub-Saharan Africa, which has only three percent of the world's health workers yet twenty-four percent of the global burden of disease and the highest burden of HIV infection and AIDS in the world. There is an increasing realization that the private sector can strengthen public health systems by offering resources, knowledge, and skills.

The CCA HIV/AIDS and Health Initiative is participating with the Global Health Institute and the Fuqua School of Business at Duke University, and the Global Healthcare Workforce Alliance (GHWA), a partnership administered by the WHO, to examine the role of the private sector (defined as “non-government”) in addressing the healthcare workforce capacity crisis in the developing world. The Rockefeller Foundation and the GHWA are funding this initiative.

## Research Design

In collaboration with a sister project led by the Results for Development Institute and the Brookings Institution, the initiative will compile and review existing research and case studies on innovative private sector responses to the developing world's human resource crisis in three broad areas: insurance, purchasing/contracting, and regulation/accreditation. Initiatives will be evaluated according to their contribution to increasing the supply of health workers, making existing workers more effective and efficient, and/or slowing attrition and misdistribution of work-

ers. Based on its findings, the initiative will make recommendations to the GHWA for policies, practices, and funding applicable at the global and country level.

## Results and Conclusion

Governments and bi-lateral organizations have recognized the importance of the private sector in the development of a comprehensive response to HIV and the human resource capacity crisis in the health sector. However, there is still a pre-existing bias in many public health systems in poor countries against the private sector. The suspicion of the private sector not only has to do with quality and access, but is also informed by the fear of losing jobs or preferred tasks by public health workers. Some innovative private sector projects may have struggled at inception or to scale due to this bias.

A hospitable, “enabling environment,” is critical for the development of a viable private health sector and a sustainable response to HIV and AIDS. Access to capital, amenable government policies, supportive stakeholder at-



titudes, and reliable infrastructure are important factors that affect the ability of private sector initiatives to succeed. Although this study will not focus directly on these issues, these factors will have a critical effect on the environments and contexts in which these projects operate.

## Botswanan ART Scale-Up

In Botswana, contracting out the private sector to assist in the provision of ART-related care has allowed the country to effectively scale-up ART services for its population. This exemplary approach has allowed the country's government to address absorptive capacity issues while continuing to devote its attention to other stewardship and public health functions.

This approach to ART scale-up has met with success in Botswana for several reasons. The enabling and non-market environment of the national health system contains structural, organizational, and managerial systems that provide both public and private actors with adequate skills to engage in effective contracting. In addition, private practice is already a prominent feature of the pluralist Botswanan health system, and medical insurance is available through employment contracts. The discussions between the Ministry of Health, the World Health Organization, and members of the Botswana Medical Association to explore the possibility of expanded involvement with private sector providers is also evidence of the conducive relationship between the public and private sectors on the issue of health care.

Outsourcing has addressed the human resource capacity issue by increasing the number of clinics providing quality ART services, benefited private providers by establishing fee-for-service reimbursement of patients transferred from the public clinics to the private practitioners, and ensured quality by stringent routine monitoring and assessments.

The government decided to use several different mechanisms to obtain a comprehensive scale-up of ART services, including: 1) Establishing a network of qualified private practitioners that would participate in the scheme; 2) Training additional health care staff operating under clinical and other qualified supervision in higher-skill aspects of the ART care flow (for example, authorizing pharmacy care technicians and nurses to dispense ART drugs, permitting nurses to take on a bigger role in the follow-up of stable patients on ART, and training community health workers in counseling and prevention education); 3) Contracting the services of a disease management company and Associated Fund Agency (AFA) Botswana, a health insurance company, to manage the outsourcing process; and 4) Contracting a private courier service to supply medications to the private sector.

Evidence confirms that there are many benefits from this case of public-private cooperation, which was established through purchasing and contracting mechanisms that could be advocated in other countries. The program increased access for patients to medically qualified practitioners offering ART care; lowered costs associated with expansion of ART care through use of existing provider infrastructure; decreased ARV costs; and improved gov-

ernmental efficiency as a result of shared drug procurement lines and bulk purchasing arrangements. The primary challenge that Botswana has experienced thus far has been the limited absorptive capacity of the private sector, which has restricted the number of patients that can be enrolled in the ART program.

Analysis based on: Norbert Dreesch, Jennifer Nyoni, Ontlametse Mokopakgosi, Khumo Seipone, Jean Alfazema Kalilani, Owen Kaluwa and Vincent Musowe. "Public-private options for expanding access to human resources for HIV/AIDS in Botswana." *Human Resources for Health* 2007, 5:25. Text taken from: <http://www.human-resources-health.com/content/5/1/25>



Successful communication is an essential component of any strong national business coalition. Benefits of effective communication include the ability to coordinate services development, disseminate standardized monitoring and evaluation procedures, provide guidance on project execution or financial management, and share information about best practices for workplace programs.

A new internet platform developed by AllAfrica Global Media (in collaboration with CCA) for Le Comité Interentreprises de Lutte contre le VIH/SIDA [The DRC Business Coalition Against HIV/AIDS] (CIELS) is assisting the coalition to strengthen its communication with regional and national counterparts.

The Gadgets Technology Platform, as it is called, allows CIELS members to:

- Hold live online "chats" with a number of participants in various locations.
- Archive the "conversations" as a record for participants and a means of sharing the content with non-participants.
- Search the conversations by date and topic.
- Share documents by placing them in a daily page accompanying the chat archives.

AllAfrica Global Media is currently piloting the platform with CIELS at no cost to the coalition or to the DRC. With the endorsement of CIELS, AllAfrica technicians installed the program and provided on-site training in October 2007. The Gadgets Technology was adapted to CIELS' specifications, and CIELS members were trained so that they could efficiently integrate the technology into their structure. AllAfrica continues to offer remote assistance as the coalition implements the technology. The pilot activity was showcased at the CCA U.S.-Africa Business Summit held in Cape Town, South Africa on November 2008.

Feedback from CIELS has been positive; however, the coalition faces a basic challenge that must be addressed in order for this type of technology to continue to add value

(continued on next page)

to the efforts of the coalition in the future. Maximilien Nkiesolo Luaka, the Secrétaire Général of CIELS discusses the benefits and challenges of this new technology:

“This technology is very useful as it permits our provincial representatives to stay in contact with the national office through teleconferences and allows virtual participation in monthly CIELS meetings. The tool also allows us to post documents and photos on a common website accessible by all CIELS staff throughout the country.

“The primary difficulty is that the user must be connected to the internet in order to have access to the technology. Access in the provinces is limited because the CIELS staff doesn't always have the necessary electronic equipment and internet connectivity is often unreliable.”

## Cameroonian Trade Unions Fight AIDS



The National Association of Business and Services Unions, FESCOS-CAM, has mobilized the Cameroon Workers Trade Union, informal sector organizations, and community-based associations in an effort to address HIV/AIDS, Tuberculosis, and Malaria in Cameroon. The Global Business Coalition (GBC) provides the organization with technical support and the Cameroon Chamber of Commerce (CCIMA) offers financial support.

Since 2004, FESCOS-CAM has advocated at the national and international level for the development of an employee and community-based association to address HIV/AIDS, TB, and Malaria. Now, in 2008, the organization has achieved its goal. FESCOS-CAM has become a national network comprised of 29 national trade union organizations, 48 local NGOs and community-based organizations, 11 media organizations, and an assortment of informal economic actors unions, national



**Boris Boniface MBAH,**  
Executive Director of FESCOS-CAM

craftsmen's unions, farmers' unions, service providers, women's organizations, economic operators unions, and common initiative groups.

FESCOS-CAM is currently a sub-recipient of Global Fund (GFTAM) financing through Care International. The objective of this project is to train 40 leaders at the national level, 60 leaders at the provincial level, sensitize 600 people and implement a voluntary testing and counseling campaign in the formal and informal workplace by September 2008.

As a result of extraordinary efforts, FESCOS-CAM has been appointed as a board member of the GFATM Coun-

try Coordinating Mechanism (CCM), the National Roll Back Committee, the Consortium of Civil Society Organizations in the Fight against Malaria, and the Executing Agency of the ILO Child Trafficking program.

Boris Boniface Mbah, Executive Director of FESCOS-CAM, advocates for more involvement by trade unions across the world: “Trade unions have a great role to play in the fight against disease in general, and particularly in the fight against AIDS, Tuberculosis, and Malaria. Just as we proved in Cameroon, unions should defend the rights of workers infected and affected by AIDS or suffering from any other disease. They should always keep in mind that as a trade unionist, it will not be easy to be accepted by other groups engaged in this fight, but they must do their best to work in collaboration with others because together we fight, together we conquer.”

## The CFW Franchise Network

The HealthSTORE<sup>®</sup> Foundation<sup>®</sup>

According to the World Health Organization, nearly 30,000 children die every day, most because they lack access to medicines and preventive services that cost less than a cup of coffee. The HealthStore Foundation<sup>®</sup> was organized in 1997 to prevent such needless suffering and death by improving access to essential drugs and basic health care to families in the developing world. The HealthStore Foundation's Child and Family Wellness (CFW) franchise network in Kenya comprises 67 clinics and drug shops owned and operated by Kenyan nurse practitioners and health care workers. This CFW network has served approximately 2 million patients and customers in Kenya since inception in 2000. The HealthStore Foundation<sup>®</sup> intends to grow the Kenya franchise network to more than 200 outlets within the next five years. The HealthStore Foundation<sup>®</sup> has recently opened its first CFW clinic in Rwanda, and expects to launch as many as 12 more CFW franchise networks in sub-Saharan Africa over the next five years.

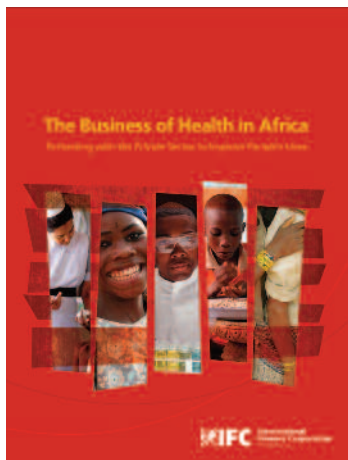
The HealthStore Foundation<sup>®</sup> is a U.S. 501(c)(3) non-profit corporation founded in 1997 and based in Minneapolis, Minnesota. The HealthStore Foundation's international board of directors and advisors include world-class global health experts as well as some of the world's top franchise industry leaders, who have successfully built franchise brands in multiple industries: Mail Boxes, Etc., A&W, Long John Silver's, Postnet, Subway, etc. The HealthStore Foundation<sup>®</sup> has received support from such organizations as ExxonMobil Foundation, Procter & Gamble, USAID, Rockefeller Foundation, the International Finance Corporation, Acumen Fund, the Oswald Family Foundation, Rotary International, Bridgeway Foundation, the Mulago Foundation, Hot Dish Advertising, PostNet, Michael H. Seid & Associates, and the David Weekley Family Foundation.

More information: [www.healthstore.org](http://www.healthstore.org)

## Health in Africa: A Critical Role for the Private Sector

Sub-Saharan Africa needs investment of \$25-30 billion in the next decade to meet the demand for health care—and the private sector could provide up to 60 percent of this amount.

IFC has released *The Business of Health in Africa: Partnering with the Private Sector to Improve People's Lives*, the result of research on the role and impact of Africa's private health sector. The report finds that:



Click picture for IFC Report .pdf

- The private sector already plays a significant role. A poor woman in Africa today is as likely to take her sick child to a private hospital or clinic as to a public facility.
- The private sector is sometimes the only option for health care in rural regions and poor urban slums. Private providers (for-profit and not-for-profit) serve all income levels and have broad geographic reach.
- African health expenditure will keep growing rapidly with the private sector playing a key role.
- The private sector must work with the public sector to develop viable, sustainable, and equitable health care systems. But it can help expand access to services for the poorest people and reduce the financial burden on governments.
- Impediments to the health sector today include limited access to capital, burdensome regulations, shortages of skilled workers, and a lack of risk-pooling mechanisms that can mobilize revenue for providers.

These findings are informing IFC's strategy for the region's health sector.

Text taken from the IFC website: <http://www.ifc.org/HealthinAfrica>

## Business Coalitions Respond to HIV and AIDS

The Global Health Initiative (GHI) of the World Economic Forum, in partnership with UNAIDS, The World Bank, and GTZ has released the first global report on how Business Coalitions are supporting the private sector to tackle AIDS around the world.

Business Coalitions have emerged as a highly effective platform for businesses to come together and address the challenges of AIDS. To date, four regional and 47 national Business Coalitions have been formed, and together they have supported thousands of companies in

implementing local AIDS workplace programs. They are a relatively new concept worldwide; over 40% were launched in the last two years and over 60% in the last five.

The report presents the current global landscape of Business Coalition activity, reviewing their different organizational, governance, membership and financial models, outlining best practices and highlighting the key challenges they face as they strive to serve the private sector.

The report underlines five points of consideration for existing and emerging coalitions to effectively support businesses in tackling AIDS while ensuring their long-term stability.

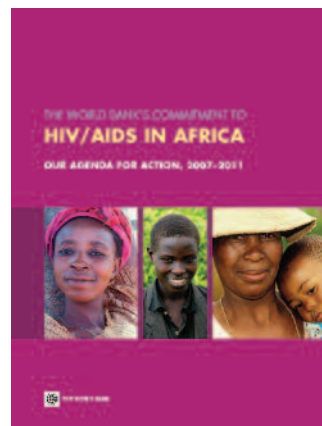
Text taken from the WEF website:

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



Click picture for WEF .pdf

## The World Bank's HIV/AIDS Agenda, 2007-2011



Click picture for WB .pdf

At the turn of the Millennium, the World Bank led the first significant global response to HIV/AIDS in sub-Saharan Africa. For more than thirty countries, the Bank acted primarily as a financier, providing over eight years a sum of 1.5 billion dollars toward the fundamentals of disease response: national strategies, structures of governance, and systems for monitoring and evaluation.

This was part of the "emergency response," the first stage of a fifteen-year Multi-Country HIV/AIDS Program.

With the release of "The World Bank's Commitment to HIV/AIDS in Africa: Our Agenda for Action, 2007-2011," the Bank has begun its transition into the second stage. Due in part to a growth in funding from the Global Fund to Fight HIV/AIDS, Tuberculosis, and Malaria; the President's Emergency Plan for AIDS Relief; and other donors, the World Bank will no longer serve as principal funding source. Instead, it has shifted its focus to facilitation and knowledge contribution, with emphasis on long-term, sustainable responses that fit within national development frameworks.

More information:

[http://siteresources.worldbank.org/INTAFRREGTOPHIVAIDS/Resources/WB\\_HIV-AIDS-AFA\\_2007-2011\\_Advance\\_Copy.pdf](http://siteresources.worldbank.org/INTAFRREGTOPHIVAIDS/Resources/WB_HIV-AIDS-AFA_2007-2011_Advance_Copy.pdf)

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