

***HIV/AIDS Initiative
Newsletter Issue 5
July 2006***

Welcome!

Welcome to the fifth edition of the Corporate Council on Africa (CCA) HIV/AIDS Initiative quarterly 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

Inside this Issue:

- Private Sector HIV/AIDS Mobilization Forum (page 2)
- Technology and HIV/AIDS (page 4)
- 2006 AGOA Forum: HIV/AIDS & Health Special Session (page 6)
- Family Health International: SafeTStop Program (page 7)
- Member Profile: Merck & Co., Inc. (page 8)
- Funding Opportunities for the Private Sector: USAID's Global Development Alliance (page 9)
- XVI International AIDS Conference (page 10)
- News & Events (page 11)
- Additional Resources (page 12)

*The Corporate Council on Africa
1100 17th St., NW Suite 1100
Washington, DC 20003
(202) 835-1115
www.africacncl.org*

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

*CCA Senior Staff:
Chairman: Frank Fountain
CCA President: Stephen Hayes*

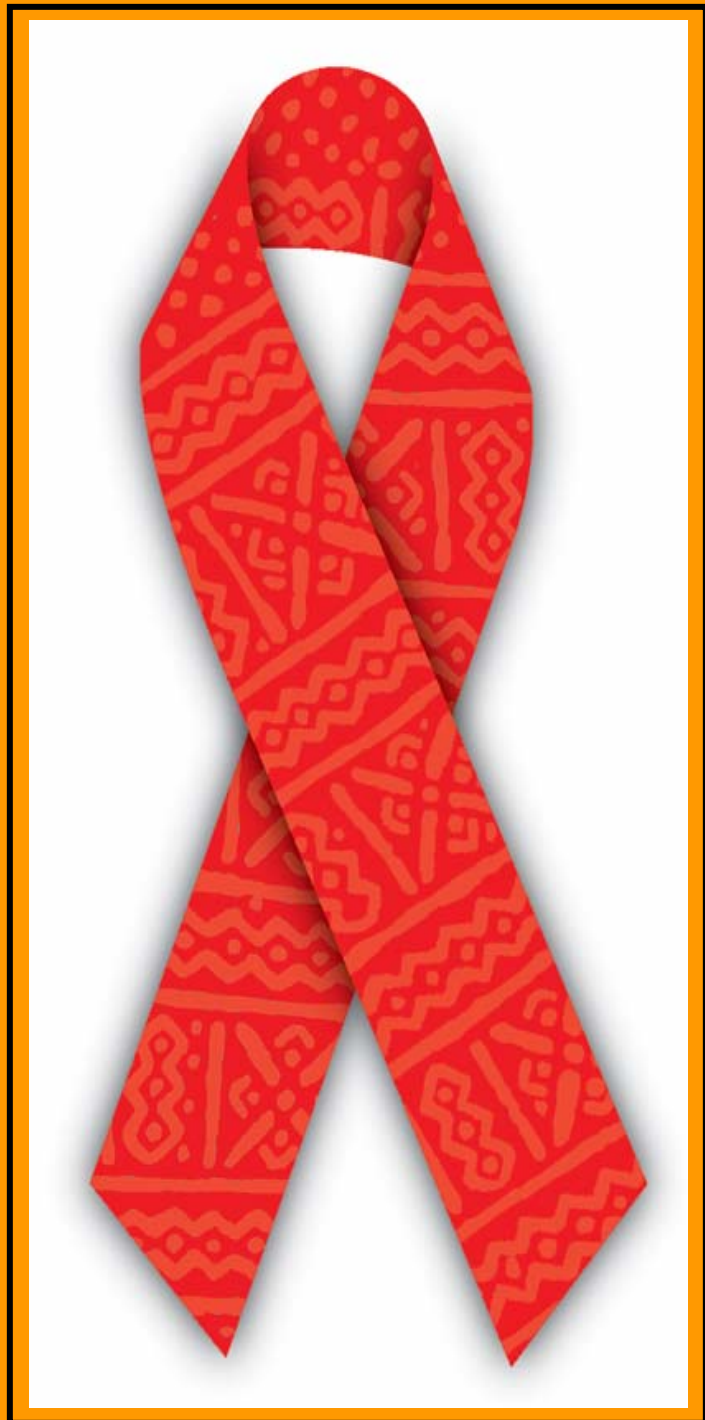
The HIV/AIDS Initiative is a CCA program funded by The Bill and Melinda Gates Foundation, The World Bank, The Ford Foundation & Merck & Co.

*HIV/AIDS Initiative Director:
Victor Barnes – vbarnes@afriacncl.org*

*Initiative Program Managers:
Caroline Hope – chope@afriacncl.org and
Esther Dassanou – edassanou@afriacncl.org
Interns: Adam Klein and Katie Spencer*

THE CORPORATE COUNCIL ON

AFRICA



THE HIV/AIDS INITIATIVE

PRIVATE SECTOR HIV/AIDS MOBILIZATION FORUM

OVERVIEW

The HIV/AIDS Private Sector Mobilization Forum for Francophone Africa 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. Building on the success of private sector meetings in Anglophone Africa¹, this Forum provided access and 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.

ORGANIZERS

The World Bank and the World Economic Forum (WEF), in partnership with the Corporate Council on Africa (CCA), PharmAccess International GTZ, ILO, The Global Business Coalition (GBC), SIDA-ENTREPRISES and UNAIDS organized the **HIV/AIDS Private Sector Mobilization Forum for Francophone Africa**, held at Le Meridien N'Fis in Marrakech, Morocco, 19-23 June 2006.

Participants included directors and private sector focal points from National AIDS Commissions, representatives from national business coalitions against HIV/AIDS, labor unions and employer federations, NGOs, donors, selected companies and development agencies.

In total, there were 91 participants, including representatives from the following groups:

Francophone Countries

Benin, Burkina Faso, Cameroon, Ivory Coast, Madagascar, Mali, Morocco, Mauritania, Niger, DRC, Rwanda, Senegal

Anglophone Countries

Botswana, Ethiopia, Malawi, Namibia

Private Sector and NGOs

AFD, FHI, GBC, GLOBAL FUND, GSK Foundation, Merck, Pfizer, UNDP

Partners

The World Bank, CCA, PharmAccess International, GTZ, ILO, GBC, SIDA-ENTREPRISES, LTL Strategies, WEF, UNAIDS

OBJECTIVES

The key objectives of the meeting were to:

- Promote a dialogue between stakeholders to clarify and define roles and set common priorities to achieve greater public-private collaboration in addressing HIV/AIDS;
- Develop a cohesive strategy for private sector engagement through the review of the "Private Sector Access to Funding Manual" and refine other materials necessary to assist the

private sector in the development and implementation of HIV/AIDS activities;

- Discuss implementation options for multisectoral partnerships, including leadership and outreach, and complex issues associated with the expansion of treatment and care programs; and
- Identify and map bilateral and multilateral resources – financial and technical – available to the private sector for the design and implementation of comprehensive HIV/AIDS programs.

PROGRAM

The Forum focused on four themes:

1. Identification of obstacles
2. Definition of possible solutions
3. Development of action plans and defining the role of the private sector in the distribution and scale-up of treatment
4. Establishment of next steps

OUTCOMES:

Public-Private Dialogue: The public and private sectors have very different objectives and modes of operation. Often they do not understand one another and therefore do not effectively coordinate their strategies. This forum was an opportunity to facilitate a dialogue between the public and private sectors, in coordination with available partners and resources, around the issue of HIV/AIDS.

- **The Role of the Private Sector:** It is evident that the private sector has an important role to play. However, there are many different ways in which the private sector, in all its manifestations, can become engaged. It is essential that the private sector and government recognize the core competencies of multinational and national companies, companies, unions, federations, SMEs, the informal sector and private clinics in assisting the government and civil society to scale up the national response to the epidemic. Private sector core competencies include the following: efficiency, access to workforce, employee trust, physical infrastructure, marketing mechanisms, management expertise and skills transfer, replicability and scalability, communications, role as advocates and champions, power to change policy and address issues, and financial resources.
- **National Business Coalitions against HIV/AIDS:** Participants examined both the obstacles and the enabling factors contributing to the development and maintenance of business coalitions, including the critical skills and services necessary for a business coalition to address HIV/AIDS effectively and the role of a coalition in monitoring and evaluating member activities. The Forum was an

(continued on next page)

PRIVATE SECTOR HIV/AIDS MOBILIZATION FORUM

opportunity for business coalitions to examine their roles and comparative advantages. It was determined that it is critical for each country to be allowed to form a coalition adapted to its own context, and that the emergence of a national coalition should be the result of an internal process and not be driven from the outside. The role of a business coalition depends on the make-up of the national private sector, the relationship between the NAC and private sector, and the development partners present in the country. During the conference, several different models of business coalitions were presented, highlighting the different forms a coalition could take and roles it could play. The Mauritania business coalition, for example, is primarily composed of federations, while the coalition from the DRC includes national private sector companies, multinational companies (MNCs), parastatals, SMEs, federations and unions.



A Resource Marketplace was held at the end of Day 2 of the conference, during which participants viewed demonstrations and presentations of various monitoring, testing, and team-building tools in the fight against HIV/AIDS. The participants were able to engage in-depth with partner organizations such as GTZ, GBC, WEF, The World Bank, PharmAccess, MSD, Pfizer, GSK, ILO and FHI. In this picture, participants display condom packages designed by youth in Niger and branded as «Le Visa» in response to a contest held by a social marketing group in the country.

- **Coordination and Integration with the National Response:** There was a call to the Forum organizers and development partners in general to provide *coordinated* capacity building support to private sector responses that are *integrated* into the national strategies. Communication among partners is often weak, and some countries feel that they are being pushed along to follow a plan or program of which they have little knowledge and on which they have limited impact.
- **The Role of Unions:** There was a call to more significantly include unions in national private sector HIV/AIDS agendas. A successful campaign to stem the spread of the disease lies in smart partnerships with unions, because of unions' longevity, and because of the fact that workers are the primary beneficiaries of any successful anti-AIDS campaign. Unions should be included and their role be carefully considered in any multi-sectoral response to the disease.
- **Francophone Africa Business Coalition Network:** Forum participants advocated for the creation of a Francophone Africa network to allow coalitions to share experiences and resources; have access to assistance (technical and financial); and strengthen their collective voice vis a vis the public sector in their respective countries. This network would include all Francophone Africa countries interested in participating and would actively collaborate with the Pan-Africa Business Coalition (PABC).
- **Low Prevalence Countries:** In countries with low prevalence rates, the creation of a coalition constitutes a major advantage for the private sector as well as for the national HIV/AIDS program because the early involvement of the private sector can help to prevent the socio-economic impacts that accompany the disease. The private sector has a strong interest in actively participating in the national HIV/AIDS response and the creation of a coalition is one of the most practical, efficient and least expensive ways to be involved.

Attracting and Sustaining Resources: Currently most business coalitions are supported primarily by donor funding. Many are incorporating several types of member fees: fees that vary by the size of the company; flat fees for all members; or fees tied to service delivery. In order to facilitate the financial investment in and by the private sector, it is crucial that companies can articulately express the impact of AIDS on their business as well as demonstrate the impact current HIV/AIDS initiatives have on their operations and personnel.

- **SMEs and the Informal Sector:** The local private sector is often overlooked or squeezed out by MNCs. Coalitions and NACs still struggle to engage SMEs and the informal sector in the coalition's strategy as well as the national HIV/AIDS response. Some coalitions have been able to involve these sectors by working through federations and professional associations.
- **Monitoring and Evaluation:** There is a need not only to align the private sector strategy with the overall national strategy, but also to harmonize M&E requirements and ensure that private sector initiatives are designed to meet overall health goals and standards at the national level.

To view the entire Forum report, please visit the CCA HIV/AIDS website at http://www.africaencl.org/HIV_AIDS/HIV_AIDS.asp

“The Role of the Technology Sector in the Global Response to HIV/AIDS” Working Session June 27, 2006

The Office of the US Global AIDS Coordinator (OGAC), The Corporate Council on Africa, The Global Business Coalition on HIV/AIDS (GBC), and Interfaith Center on Corporate Responsibility hosted a working session on technology and HIV/AIDS at the OGAC offices in Washington, DC on June 7, 2006. Nine companies and six other organizations involved in international HIV work participated in the working session to engage leading information technology firms in the application of information technology sector skills, products and expertise to form public-private partnerships to combat HIV/AIDS. Constella Futures participated as facilitators for the breakout sessions.

For technology company participants, the session intended to create a collaborative initiative that promotes and leverages core competencies of the technology sector and corporate social commitments through public-private partnerships. For the conveners, the session provided an opportunity to “mine” the ideas of the technology company participants and win greater support and assistance in efforts to address HIV/AIDS.

Information and Communication Technologies and the Global HIV/AIDS Pandemic Opportunities and Challenges - by Robert Mayes, Information Technology Coordinator, OGAC

Capacity, or rather the lack of capacity, is the fundamental challenge in addressing the global HIV/AIDS pandemic, particularly in resource-poor countries. Capacity can refer to several things; system/organizational capacity, human capacity, and the capacity to communicate effectively. All of these are strained in the PEPFAR countries. Modern information management and communication approaches and technologies can offer significant improvements in resolving these capacity issues.

Challenges

Prevention capacity

Although HIV/AIDS is a life-threatening chronic disease, it is preventable. While efforts have increased to provide care and treatment to those already affected, the primary goal of HIV/AIDS interventions remains prevention of any further infections. Behavior change is the foundation of effective prevention and a key aspect of behavior change is communication. It is necessary for individuals and communities to understand the need for change but it is also necessary for those engaged in promoting such change to better understand the barriers to that change both at the community and individual levels. Current prevention activities often follow a “push” model in which information about HIV/AIDS is provided in a largely undifferentiated manner. Through activities such as peer-to-peer counseling there has been an effort to bring a more individual focus to this information sharing, but such efforts are resource intensive and difficult to scale-up effectively. Recently there have been attempts to move to a more “pull” approach through the use of telecommunications technologies such as hotlines, but much more is needed and achievable.

Service delivery capacity

Service delivery models in most resource-poor countries tend to be focused primarily on management of acute infectious diseases and on maternal/child primary care. Both of these models tend to be rather episodic in nature, particularly when implemented in settings that already are overburdened. There is little coordination among services delivered at various times

and in various settings.

Complex chronic diseases, such as HIV/AIDS, have several service delivery aspects that differ from these models. Although chronic disease management doesn't usually require services that are not already available in most health care facilities, it does require two characteristics of these services that are not well developed in most of the PEPFAR countries. First, each service must work consistently. For example, it is possible to provide acute services with intermittent supplies of drugs and other commodities. While individuals who seek services during times of stock-outs might receive sub-optimal care, overall population outcomes may not be significantly depressed. However, in chronic diseases such interruptions have much more significant impacts. In the case of AIDS, drug stock-outs affect not only the individual patient but can also contribute to overall drug resistance problems within the population.

The second characteristic in which chronic disease service delivery differs from acute models is the need for chronic disease services to be delivered in a coordinated fashion regardless of location or time of service delivery. A simple example of this is in Prevention of Mother to Child Transmission (PMTCT). In order to implement effective PMTCT services it is necessary to coordinate services that are usually delivered in separate settings and spanning up to 24 months. First, the pregnant woman must receive counseling and testing during antenatal clinic visits, and if she is found to be HIV+ further counseling is provided. Then, at the time of the birth event, usually at another location, appropriate anti-retrovirals must be administered. Finally, follow-up testing needs to be done on the infant to determine its status, usually several months after the birth and in yet another clinic. In addition, the mother and the infant, if positive, need to be referred for continuing HIV/AIDS care at yet another site. In addition to the services listed above, lab and pharmacy services will also be involved at several steps in the process. In managing an HIV/AIDS patient over the course of the disease, which if successful will be a 15-20 year process, many more other services, including community-based services outside of the formal health sector, will need to be coordinated.

TECHNOLOGY & HIV/AIDS

A fundamental aspect of this service delivery model is the central role that information management and communication play. Effective chronic disease management requires a robust record structure with the ability to communicate and integrate information from multiple sources. In addition, records must be persistent and secure over a very long time.

Human Capacity

Lack of adequate human capacity is the most serious challenge to effectively addressing the HIV/AIDS pandemic in PEPFAR countries. This lack of capacity is felt on many levels. In most PEPFAR countries there are simply not enough qualified health professionals to adequately provide services to those that need them. In order to address this scarcity countries are adapting a two pronged strategy of increasing pre-service training programs for doctors, nurses, and other health professional while at the same time developing or expanding the number of types of ancillary health personnel such as community health workers. The goal is to be able to provide patient management closer to the community and to make better use of specialized expertise. Two significant challenges need to be faced. First, in order to dramatically increase the number of health professionals available, the number trained must be increased. This requires training resources beyond what most PEPFAR countries can currently provide both in terms of infrastructure and, more importantly, in trained teachers. A second challenge is how to effectively oversee services being delivered by ancillary personnel in peripheral health settings.

Not only is there a lack of health professionals in these countries but there is also a great need for other organizational capacities such as logistics management and information management expertise.

Opportunities

A common theme in the challenges described above is the need to improve the way in which information is communicated and used. One of the key features of an information system is its ability to allow the provider of information and the user of that information to interact effectively across both time and space. It is this expansion of informational reach that offers, perhaps, the greatest opportunity to improve our response to HIV/AIDS in PEPFAR countries. There are many potential ways in which

information and communication techniques and technologies can provide effective tools for this improvement. Below are a few examples:

In the area of prevention much could be drawn from the information management techniques used in marketing. Today, companies wishing to optimize their market reach are able to focus their messages to ever smaller segments of society. These same approaches might be utilized to hone HIV/AIDS prevention messages to specific at-risk populations within countries thereby utilizing resources more efficiently and increasing message impact. Current telecommunication technologies could also be used to better manage treatment by improving adherence to drug therapies. Cell phones are becoming commonplace in even very remote areas in many PEPFAR countries. Perhaps SMS technology could be used to send reminders to individuals on therapy to take their drugs and to return for follow-up visits.

Service delivery and coordination issues could be fundamentally addressed with the development of better record systems, both paper and electronic. In many PEPFAR countries, even if record systems exist they are commonly not useable. In addition to developing stronger record systems, a great deal could be gained by building infrastructure and capacity to better integrate information that is already being captured across the health system.

Finally, in the area of human capacity information technology could be used to extend the reach of expertise both in terms of making available instructional expertise through efforts such as e-learning and simulation based training, as well as making expertise available at different levels of the health system through various aspects of telemedicine such as tele-consultation or remote monitoring.

Although the challenges facing the PEPFAR countries in responding to the HIV/AIDS pandemic are daunting, there is also tremendous opportunity both to better control the pandemic as well as to increase the overall capacity of the health care systems of these countries. In particular, improvements in information management and communication capabilities will provide fundamental infrastructure that supports improved health status for millions of people beyond those infected with HIV/AIDS.

Participants of the Technology and HIV/AIDS Working Session:

Cynthia Godes & Vincent Bagiire:
bridges.org

Kauloud Odeh: CHF International

Courtney Bickert, Margot Fahnestock &

Bobby Jefferson: Constella Futures

Victor Barnes & Caroline Hope: The
Corporate Council on Africa

Shari Carle: Dell

Mark Holloway & Neeraj Mistry: The
Global Business Coalition on HIV/AIDS

Roselie Vasquez-Yetter & Joel

Schroeder: I-Linx, LLC

Pamela Johnson: Voxiva

Zel Hunter: IBM

Rick Herrmann & Dave Stangis: Intel

Daniel Rosan: Interfaith Center on

Corporate Responsibility

Lauren Compere: Boston Common Asset
Management

Rev. Seamus Finn: JPIC

Sister Eileen Hogan: Sisters of Mercy

Eileen Sweeny: Motorola

Prosser Sterling: Oracle Corp.

Kaakpema Yelapaala & Sarah Zalud:

Network for the Improvement of World
Health

Mark Dybul, Julie DeLaddy, Robert

Mayes, Kristie Mikus & British Robinson:

Office of the US Global AIDS Coordinator

Janet Hernandez: Qualcomm

Christopher Hankin: Sun Microsystems

Catherine Schenck-Yglesias: US Agency
for International Development

Tim Fowler: US Census Bureau

Matthew Hein & Shalizeh Nadjmi: US

Department of Commerce

Summary of the HIV/AIDS & Health Special Session



USAID hosted this Special Session in Washington DC, June 7, 2006, as part of the fifth AGOA Forum. Approximately 150 audience members were present. The session focused on the status and economic impact of HIV/AIDS, malaria and other infectious diseases in Africa and discussed the impact of trade and investment on HIV/AIDS and other diseases and conversely the impact of HIV/AIDS and other diseases on trade and investment on the continent. It also provided the opportunity to discuss the potential actions that Ministers of Trade and Planning could take to enhance trade and development in the face of HIV/AIDS and other diseases and create conducive conditions for reducing the vulnerability of the population, especially youth, to diseases such as HIV/AIDS.

The panel featured Dr. Wasunna Owino, Country Director of the Futures Group in Kenya, and Mr. Victor A. Barnes, Director, The Corporate Council on Africa HIV/AIDS Initiative.

Mr. Michael Miller, Deputy Assistant Administrator of the Bureau of Global Health, USAID, opened the session. His comments emphasized how health problems such as HIV/AIDS, malaria and avian influenza can impact worker productivity, economic growth and development.

Dr. Wasunna Owino gave a presentation on the current status of HIV/AIDS and other infectious diseases including malaria and avian influenza and

discussed their variable economic impacts in Africa.

Dr. Owino explained that prevention efforts need to be intensified in all countries. Ministries such as Trade, Finance and Planning (referred to as Ministries in the remainder of this document) could play an important role. Increasing employment opportunities for youth is an important element of prevention efforts. This is especially true for young women, because females aged 15-24 show a prevalence rate twice as high as their male counterparts. Ministries could also enhance workplace prevention programs, promote public-private partnerships, and spend 15% of public spending on health, as is stated in the 2001 Abuja commitment and reiterated in May of 2006.

Dr. Owino also pointed out that economists believe that malaria is responsible for a 'growth penalty' of up to a 1.3% decrease per year in GDP in some African countries. This penalty leads to substantial differences in GDP between countries with and without malaria, and severely restrains the economic growth of the entire region. To combat this effect, it was suggested the Ministers could strengthen disease surveillance and early warning systems; promote the production of artemisia plantations to produce artemisinin-based combination therapies (ACTs); and keep prices of anti-malarials and insecticide-treated nets (ITNs) low by promoting competition and technology transfer.

Mr. Barnes discussed the impact of HIV/AIDS, malaria and other infectious diseases on trade and investment and the business and government responses to mitigate this impact.

Mr. Barnes explained that while trade and economic expansion are imperative to create economic growth and reduce poverty, they also have the potential of contributing to the spread of endemic disease. Factors that contribute to the spread of disease include income inequities, the movement of goods and services, population mobility and the loss of family and community cohesion. Thus the management of the process of economic growth and trade expansion is critical to assure that benefits reach the poorest sections of the population and to minimize the potential negative impacts which can exacerbate disease spread.

Mr. Barnes also went on to explain that the economic impacts of diseases such as HIV/AIDS, malaria and avian influenza—though variable depending upon rates of infection and prevalence—can be better managed and mitigated through strengthening public-private partnerships to better address and articulate a national response to disease. His presentation focused on best practices in public-private partnership programs, which included a project in Nigeria, the African Comprehensive HIV/AIDS Partnership of Botswana and the Merck Sharp & Dohme Supply Chain Initiative. These are all examples of how public-private partnerships are working and having a positive impact on the burden of disease, the scaling-up of national responses and collaboration between and across sectors.

The presentations were followed up by a brief question and answer session moderated by Her Excellency Dr. Inonge Mbikusita-Lewanika, Ambassador of the Republic of Zambia.

Ambassador Lewanika closed the session by briefly reminding the audience of the important relationship between health and economic growth.

www.agoa.gov

MEMBER PROFILE: Merck & Co., Inc



Merck & Co. is a co-sponsor of the CCA HIV/AIDS Initiative

Merck & Co., Inc. is a global research-driven pharmaceutical company dedicated to putting patients first. Established in 1891, Merck discovers, develops, manufactures and markets vaccines and medicines to address unmet medical needs. The company also devotes extensive efforts to increase access to medicines through far-reaching programs that not only donate Merck medicines but help deliver them to the people who need them. Merck also publishes unbiased health information as a not-for-profit service.

The African Comprehensive HIV/AIDS Partnerships (ACHAP)

Since doctors diagnosed the first case of AIDS Botswana in 1985, the disease has spread through the population of 1.7 million at a staggering rate. Today, nearly 2 in 5 adults are infected with HIV. Life expectancy in this small sub-Saharan country has plunged from over 65 to under 40 years.

Five years ago, Merck approached the Government of Botswana and the Bill & Melinda Gates Foundation to develop an innovative partnership to support and enhance Botswana's national response to HIV/AIDS through a comprehensive approach to prevention, care, treatment and support. The partners sought to create a model approach that could be applied to other countries and regions.

Formally established in 2000, the Botswana/Gates/Merck partnership (also known as the African Comprehensive HIV/AIDS Partnerships, or ACHAP) works in full integration with government strategy to build institutional and management capacity, strengthen Botswana's health care system, promote behavior change and support grassroots efforts to tackle HIV/AIDS. The Merck Company Foundation and the Bill & Melinda Gates Foundation are each providing \$50 million to the effort. In addition, Merck is donating its two antiretroviral medicines to Botswana's national ARV treatment program, known as "Masa" ("dawn").

The ICN-Merck Mobile Library project

Since 2002, a partnership between the International Council of Nurses (ICN), Merck and Elsevier, the world's largest publisher of nursing books, has been helping nurses in Africa gain much-needed access to quality health care information. The ICN-Merck Mobile Library project provides health care reference books to nurses in nine African countries, including Swaziland, Kenya, Zimbabwe, Ethiopia, Somalia, Botswana, Tanzania, Zambia and Ghana.

More than 80 mobile libraries, each comprising 91 specially selected books, bring up-to-date information on family and community health, disease prevention, health promotion and health services training to nurses who have limited access to reference books or expert advice. Altogether, the libraries have reached 83 rural communities and helped to improve the quality of care for tens of thousands of people.

The Accelerating Access Initiative (AAI)

Merck is a founding member of the UN/Industry Accelerating Access Initiative (AAI). Established in May 2000, AAI is a cooperative endeavor of UNAIDS, the World Health Organization, UNICEF, UNFPA, The World Bank and several research-based pharmaceutical companies. Participants are committed to working with governments, international organizations and other stakeholders to find ways to broaden access while ensuring rational, affordable, safe and effective use of drugs for HIV infections and AIDS-related illnesses.

To this end, a Joint Statement of Intent was developed with shared principles and a common approach to accelerating access to HIV/AIDS care and treatment in developing countries, which includes:

- Political will and commitment of governments
- Strengthened national healthcare capacity
- Safe, secure and efficient distribution systems
- Involvement of all sectors of society
- Significant additional funding from both national and international sources
- Continued investment in research and development by the pharmaceutical

industry

Merck is strongly committed to the AAI as signatory to the Statement of Intent.

As of March 2005, more than 427,000 HIV patients in developing countries had received ARV treatment at significantly reduced prices through the efforts of AAI companies. The AAI focused initially on Africa, where more 216,000 people now have access to antiretrovirals. This represents a 121 percent increase in the number of patients in Africa who have been treated with medicines produced by AAI companies over the prior 12 months.

HIV/AIDS Pricing Policy

Consistent with their commitment to increasing access, Merck provides its current antiretrovirals to developing world and emerging market countries at deeply discounted prices.

In 2001, Merck announced price reduction guidelines for its current HIV/AIDS medicines, based on the generally accepted United Nations Development Program (UNDP) Human Development Index (HDI) and UNAIDS adult HIV prevalence data.

Based on these guidelines, Merck makes no profit on the sale of its current HIV/AIDS medicines in the world's poorest countries and those hardest hit by the pandemic. For medium HDI countries with an adult HIV prevalence of less than 1 percent, the company's two HIV/AIDS vaccines are available at significantly reduced prices. For high HDI countries, Merck makes its antiretroviral (ARV) medicines available at market-based prices that take into account local purchasing power and competitive products.

To date, the company has offered these medicines at discounted prices to purchasers in the public and private sectors in more than 110 countries. The offer extends not only to the governments of these developing countries, but also to other stakeholders undertaking care and treatment programs, including non-governmental organizations (NGOs), charitable organizations and private sector employers. By the end of June 2005, more than 360,000 patients in 76 developing world countries were being treated with regimens containing Merck's HIV/AIDS medicines.

USAID's Global Development Alliance (GDA)

The GDA is USAID's commitment to change the way the organization implements its assistance mandate. The GDA is USAID's response to the new reality of development assistance that recognizes the change in flows between the developed world and the developing world. In 1970, 70% of the resource flows from the United States to the developing world came from official development assistance (ODA) and 30% were from the private sector. Today, roughly 15% of the flows from the U.S. to the developing world are from ODA and 85% are from the private sector (which includes companies, non-profit sector and remittances). These changes in flows reflect the emergence of the private for-profit sector; and the non-governmental, or so-called third, sector, as significant participants in the development process itself. The GDA serves as a catalyst to mobilize ideas, efforts, and resources of the public sector, the private sector and non-governmental organizations in support of shared objectives.

Business Model

The GDA works to enhance development impact by mobilizing the ideas, efforts and

resources of the public sector in coordination with those of the private sector and non-governmental organizations.

In his remarks before Congress on May 10th, 2001, former Secretary of State Colin L. Powell introduced the GDA as "a fundamental reorientation in how USAID sees itself in the context of international development assistance, in how it relates to its traditional partners and in how it seeks out and develops alliances with new partners."

With the GDA, USAID is committed to fulfilling its development mandate through an innovative approach that:

- Responds to a new global environment and new challenges
- Extends USAID's reach and effectiveness in meeting its development objectives
- Leverages additional resources for development impact
- Fosters cooperation between USAID and new partners

USAID considers an "alliance" to be a formal agreement between two or more parties created to jointly define and address a development problem. Alliance

partners combine resources, risks and rewards in pursuit of common objectives.

Alliance partners make financial and/or in-kind contributions to increase the impact and sustainability of development efforts. Their support may take many forms. Mechanisms for collaboration include parallel financing (with common objectives, clear understanding of roles and separate funding tracks) or pooled resources (with agreed upon and legally binding governance structures and common funding tracks).

Public-Private Alliances for Transformational Development

One of four key pillars for the USAID, the GDA links U.S. foreign assistance with the resources, expertise, and creativity of the private firms and NGOs that provide a growing share of finance, human capital, and other resources for global development.

The GDA approach enables alliance partners—corporations, foundations, and NGOs—to bring their strongest assets to address jointly defined development challenges, thereby achieving together a solution that would not be possible for any individual partner.

USAID/DRC Extractive Industries Initiative (EII)

The Extractive Industries Initiative (EII) is a project supported by the United States Agency for International Development (USAID) and implemented by Pact, an international development NGO. The EII is based on the conviction that responsible investment and good business, contributing to a healthy, vibrant and equitable economy, are essential to the future of the DRC. The EII recognizes that the DRC's exceptional mineral wealth, which has, in the past, been implicated in conflict and corruption, is vital to the social stability and prosperity of the country.

EII helps companies negotiate and sustain their social license to operate by linking common issues such as security, human rights, good governance, implementation of the Mining Code, and sustainable social development among companies and between civil society and the government of the Democratic Republic of the Congo (GDRC). EII also links to multilateral institutions and bilateral donors to positively influence GDRC reform. EII deals with common issues across all companies, and does not privilege competitors in any way.

Due to the nature of the industry, miners are at high risk for contracting HIV/AIDS and associated infectious diseases. They often live away from their spouses and families for extended periods of times and are housed in dormitory style accommodations, enabling the sex trade to thrive in surrounding communities. Not only are the miners at higher risk of contracting and transmitting HIV and other sexually transmitted diseases, but the surrounding communities are also placed at higher risk of the introduction of disease as well. One of the objectives of the EII is to ensure that mining royalties are invested in sustainable social development in the provinces and communities of origin and to ensure that such social investment by mining companies is effective, providing tangible local impacts and contributing to national development priorities. As a result of this social impact mitigation commitment, HIV/AIDS prevention, care and treatment programs for miners and the community are included under this element of the GDA agreement.

XVI INTERNATIONAL AIDS CONFERENCE



The CCA HIV/AIDS Initiative will co-host the following sessions at the XVI International AIDS Conference:

National Business Coalitions Against HIV/AIDS Skills Building Session

*Monday, August 14, 2006
10:45 am – 12:15 pm*

Early findings from a recently released report by the World Economic Forum, UNAIDS and The World Bank reviewing the scope and results of nearly fifty business coalitions worldwide suggest coalitions are effective mechanisms for increasing private sector participation in addressing HIV/AIDS and in contributing to a more coherent and appropriately scaled national response. As most of the coalitions are still very young, this session will provide practical input to equip business coalitions and other stakeholders with relevant best practices and skills to advocate for and to advise on the planning, implementation, sustainability and impact monitoring of business coalitions and the workplace programs they support.

Through a review of the mapping report and discussions on state-of-the-art knowledge/best practices, the session will discuss essential skills and strategies necessary to effectively engage the private sector in addressing HIV/AIDS in the workplace, and provide how-to guidance on successfully developing and sustaining a business coalition in support of national HIV/AIDS strategies. The workshop will address key questions including business coalition goals and strategies, barriers and challenges facing the private sector and business coalitions around HIV/AIDS, and how best to enhance and sustain the private sector response in national HIV/AIDS efforts.

A panel of experts will present a variety of experiences and tools for technical support in building business coalitions and enhancing private sector responses to HIV/AIDS in Africa. The panel presentations will be followed by opportunities for attendees to interact with the panel and exchange experiences.

Chair: Elizabeth Ashbourne, The World Bank

1. Global Health Initiative Mapping Report, Francesca Boldirini, World Economic Forum
2. Making the Business Case in Low Prevalence Countries (to be confirmed)
3. Building National Business Coalitions against HIV/AIDS: Challenges and Enabling Factors, Rose Kumwenda, Malawi Business Coalition against HIV/AIDS
4. The Value of M&E, Elisabeth Girrback, GTZ
5. Sustainability and Attracting Resources, Brad Mears, South Africa Business Coalition against HIV/AIDS

HIV/AIDS Tools and Resources Marketplace (Satellite Session)

*Monday, August 14, 2006
6:00 pm – 8:00 pm*

The HIV/AIDS Tools and Resources Marketplace will provide participants with the opportunity to engage multilateral and bilateral donors, international non-profit organizations, business coalition representatives and select pharmaceutical companies in individual discussions about the ways in which the private sector can benefit from the variety of tools and resources currently available to meet the needs of the business community in the fight against HIV/AIDS.

The guides and tools to be presented address a variety of issues including:

- Developing and implementing effective workplace programs
- Monitoring and evaluating private sector initiatives
- Creating an effective communication strategy to reach out to private sector companies
- Engaging all stakeholders – public and private sectors and civil society
- Institutionalizing and operating a business coalition against HIV/AIDS

Sample tools that will be presented include:

- ACCA Toolkit (GTZ)
- Africa Business Coalitions against HIV/AIDS Mapping Report (The World Economic Forum Global Health Initiative)
- Behavior Change Toolkit (ILO)
- Global Health Fellows (Pfizer Inc.)
- Guide to Building Business Coalitions against HIV/AIDS (The World Bank, The World Economic Forum, UNAIDS, CCA)
- Manager's HIV/AIDS Workplace Program Guide (FHI)
- Merck Blueprint – a guide to workplace policy development (Merck & Co., Inc)
- Patient Monitoring & Management Library of Solutions (Constella Futures)
- Supply Chain Initiative (The World Economic Forum Global Health Initiative)
- Workplace Policy Builder (Constella Futures)

For more information, visit www.aids2006.org

Africa Economic Forum III; United Against AIDS: Public Private Partnerships

The SIPA Pan African Network (SPAN), a graduate student group at Columbia University's School of International and Public Affairs (SIPA), invited Victor Barnes, CCA HIV/AIDS Initiative Director, to speak on the HIV/AIDS Panel for the African Economic Forum 2006, which was held at Columbia University, March 31, 2006.

The objective of the African Economic Forum (AEF) is to analyze a series of multidisciplinary development issues through the lens of Africa's economic development. This year's Forum highlighted opportunities and challenges in trade, the AIDS epidemic, governance and brain drain.

Mr. Barnes was part of a panel entitled, "United Against AIDS: Public Private Partnerships," which addressed innovative public health service delivery Mechanisms; efforts to negotiate lower prices for AIDS drugs; and the private sector responses to HIV in the workplace through the provision of comprehensive treatment programs.

2006 Harvard University International Development Conference

The International Development Conference at Harvard's Kennedy School of Government (IDC) is the nation's leading student-run conference in the field of international development.

On April 9th, 2006, Victor Barnes, CCA HIV/AIDS Initiative Director, was a panelist at the IDC on a panel entitled, "Sectors and Strategies: A discussion of the Health Needs of the Developing World and Comparing Public, Private and NGO Initiatives to Address Them."

The panel focused on different types of public, private and civil society responses to HIV/AIDS and other global health challenges. It discussed a variety of issues, including the most effective and innovative sectoral responses to HIV/AIDS and options for collaboration across sectors.

WPI's Third US-Africa Business Conference; Building Partnerships for Economic Opportunities in Africa: The Way Forward

The Worcester Polytechnic Institute's Third US-Africa Business Conference was held May 22-23, 2006 in Worcester, MA.

The conference focused on promoting linkages among African and U.S. businesses, governments, and educational institutions to facilitate the development of economic partnerships and a healthy and appropriately trained workforce.

Victor Barnes, CCA HIV/AIDS Initiative Director, was moderator of a panel discussion workshop entitled, "HIV/AIDS and Public Health as they affect international partnerships." Also featured on the panel was Leonard Morse, M.D. Commissioner of Public Health Worcester, and Dr. Syoum Ayehunie, of MatTek Corp.



The Africa Journal: "AGOA Private Sector Report: Promoting Trade and Investment in Sub Saharan Africa: Opportunities, Obstacles, and Rewards"

The 2006 AGOA Private Sector Report is a collection of papers from the private sector which provide an overview of AGOA as well as the challenges that remain to effectively promote AGOA trade and investment opportunities to the U.S. business community. Subjects covered in the report include: Understanding the Growing Trade and Development Consensus on Africa; Addressing Key Issues in Trade; Understanding How Best to Overcome Key Obstacles to Investment; and Best Practice Trade Case Studies. The report also addresses capacity building for the textiles and apparel, sugar, and cocoa industries in Africa.

Please visit www.africacncl.org, and click on *Publications* for more information.

SCENARIO BUILDING: PLANNING FOR A FUTURE WITH HIV/AIDS A TOOL FOR POLITICAL AND SOCIO-ECONOMIC DIALOGUE

The HIV/AIDS epidemic presents long term problems –both in its impact and possible solutions. Organisations and individuals need to be prepared for futures they might not have anticipated. Thinking strategically and collectively about these at the scenarios workshop will enable them to prepare for a range of conceivable futures. The workshop will provide an introduction to the usefulness, techniques and applications of scenarios, futures thinking and the need for generating alternative perspectives on where the epidemic might be heading. We will guide participants through one well-established method for building scenarios and demonstrate the use of scenarios and how to work with existing scenarios. The workshop will be interactive and strengthened by the high-calibre and experience of those selected to participate.

The event will be held at the London School of Economics in central London. In order to maintain quality and to ensure that the group size remains small and productive, the next workshop will run over two days on the 12 and 13 October, 2006; each day from 9.30am-5.30pm.

Tony Barnett, DESTIN, LSE, a.s.barnett@lse.ac.uk
44.207.852 3722 (t)
44.207.955 6844 (f)
www.lse.ac.uk/LSE/AIDS

Patrick Noack, SDCConsultants, pnoack@patricknoack.net
+44.1798 865 342 (t)
+44.7905 356 381 (f)
www.patricknoack.net

RESOURCES

In each issue of the HIV/AIDS Initiative Newsletter, a brief list of resources is featured focusing on HIV/AIDS prevention and treatment in Africa and the role of the private sector in the fight against the pandemic. Please contact Esther Dassanou at 202-835-1115, or use the information listed below, to obtain copies of these documents.

Reports

- **Saving Lives, Protecting Jobs: International HIV/AIDS Workplace Education Programme.** ILO/AIDS, May, 2006. <http://www.ilo.org/public/english/protection/trav/aids/publ/savingbook.pdf> This report illustrates that workplace HIV/AIDS prevention and care programmes are both essential and effective.
- **The State of Business and HIV/AIDS (2006): A Baseline Report.** GBC, May, 2006. <http://www.businessfightsaids.org/StateofBusinessandAIDS2006> By addressing the private sector's progress in the battle against HIV/AIDS, the report sets the first baseline of best practices and illuminates the most effective paths for future action.

Guides & Toolkits

- **HIV/AIDS and the Public Sector Workforce: An Action Guide For Managers.** GTZ, 2004. <http://www.acca-toolbox.org/> The ACCA Toolbox is a collection of information materials and implementation tools, designed to facilitate the introduction of workplace interventions against HIV/AIDS. It is meant for representatives of companies and business associations as well as for technical staff of development organizations.
- **Strategies for an Expanded and Comprehensive Response (ECR) to a National HIV/AIDS Epidemic: Engaging the Business Sector.** Family Health International, 2004. <http://www.fhi.org/en/HIVAIDS/ECR/index.htm> (Under New Modules) This handbook provides a broad overview of the business sector, its potential role in an expanded and comprehensive response (ECR) to HIV/AIDS, and some general approaches to engaging private institutions in an ECR. It also identifies key factors that have motivated businesses to respond to HIV/AIDS and helps managers understand which business sector capabilities (e.g., material assets, skills and networks) can be leveraged to benefit an HIV/AIDS response.
- **A Workplace Guide For Managers and Labor Leaders: HIV/AIDS Policies and Programs.** AED Smartwork Program. <http://www.smartwork.org/pub/> After extensive piloting in six project countries, this guide is now available on Smartwork's website. The Workplace Guide provides a thorough, step-by-step approach to help workplaces respond effectively. The Workplace Guide is unique: it describes how to create an HIV/AIDS workplace policy and program with the full involvement of both business and labor representatives. Although it is currently available only in English, it will soon be available in Spanish, French, Russian, and Vietnamese.
- **HIV/AIDS: Prevention, Care & Treatment Resources 2004: For Use in Developing Countries.** FHI, 2004. A wide-ranging collection of resources (fact sheets, 'strategic approaches', training manuals, books and reports) produced by Family Health International's Institute for HIV/AIDS. Available in English, French, Spanish and Russian on CD-ROM. To obtain a copy, please contact AIDSpubs@fhi.org.

HIV/AIDS Knowledge = Life Bracelet

**Knowledge = Life
Know Your Status, Take Action, Live Life!**

Help contribute to the ongoing efforts of Africans and Americans in the battle against HIV and AIDS in Africa. The purchase of this unique Braille bracelet supports the ongoing efforts of The Corporate Council on Africa to engage the private sector in fighting AIDS in Africa and to provide treatment and care for those already infected with the virus. This rubber bracelet (in red or yellow) with the phrase Knowledge = Life in Braille will show your commitment to fighting HIV/AIDS and the stigma and denial that allow it to continue to decimate much of Africa and the world. Show you care today.

Pricing

10 bracelets = \$14.95
20 bracelets = \$29.90
40 bracelets = \$74.75
100 bracelets = \$149.50



Shipping is \$3.25 for any quantity. Please specify color (red or yellow) when you order.

Call (202) 263-3533 to order your Knowledge = Life Bracelets today or visit www.africancl.org/HIV_AIDS/about_aai/how_to_help.asp for more Information.