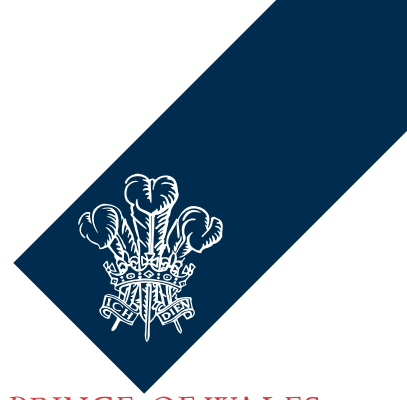




UNAIDS
UNICEF • UNDP • UNFPA • UNDCP
UNESCO • WHO • WORLD BANK



**THE GLOBAL
BUSINESS
COUNCIL
ON HIV&AIDS**



**THE PRINCE OF WALES
BUSINESS LEADERS
FORUM**



**THE BUSINESS
RESPONSE TO
HIV/AIDS:**
Impact and
lessons learned

Author: Kieran Daly
The Prince of Wales Business Leaders Forum
Editor: Julian Parr
The Prince of Wales Business Leaders Forum
Designer: Alison Beanland

We would like to acknowledge David Logan, Corporate Citizenship Company, as the author and Sue McManus, as the editor of the “Business Response to HIV/AIDS: Innovation & Partnership” (1997), which this publication complements.

ISBN: 92-9173-006-8

© Joint United Nations Programme on HIV/AIDS (UNAIDS),
The Prince of Wales Business Leaders Forum (PWBLF) and the
Global Business Council on HIV&AIDS
2000

UNAIDS is a Joint United Nations Programme on HIV/AIDS, bringing together the United Nations Children’s Fund (UNICEF), the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), United Nations Drug Control Programme (UNDCP), the United Nations Educational, Scientific and Cultural Organisation (UNESCO), the World Health Organisation (WHO), and the World Bank.
20, Avenue Appia, CH-1211, Geneva 27, Switzerland
Tel: 41 (22) 791 3666 Fax: 41 (22) 791 4187 Email: unaids@unaids.org

The Prince of Wales Business Leaders Forum is a company limited by guarantee, registered in England 2552695, and a registered charity 1024119.
15-16 Cornwall Terrace, Regent’s Park, London, NW1 4QP, United Kingdom
Tel: 44 (20) 7467 3600 Fax: 44 (20) 7467 3610 Email: info@pwblf.org.uk

The Global Business Council on HIV&AIDS was founded to promote an enlarged and enhanced business response to the challenges of HIV and AIDS.
New City Cloisters, 196 Old Street, London, EC1V 9FR
Tel: 44 (1225) 404 964 Fax: 44 (1225) 404 964
Email: julian.hussey@gbcaids.com

All rights reserved. This document, which is not an official publication of UNAIDS, may be freely reviewed, quoted, reproduced or translated, in part or in full, provided the source is acknowledged. The document may not be sold or used in conjunction with commercial purposes without prior written approval from UNAIDS, The Prince of Wales Business Leaders Forum and The Global Business Council on HIV&AIDS.

The views expressed in the document by named authors are solely the responsibility of those authors. The designations employed and the presentation of the material in the work does not imply the expression of any opinion whatsoever on the part of UNAIDS, The Prince of Wales Business Leaders Forum, and The Global Business Council on HIV&AIDS concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers and boundaries.

The mention of specific companies or of certain manufacturers’ products does not imply that they are endorsed or recommended by UNAIDS, The Prince of Wales Business Leaders Forum or the Global Business Council on HIV&AIDS in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

THE BUSINESS RESPONSE TO HIV/AIDS: Impact and lessons learned

Produced by

The Joint United Nations Programme on HIV/AIDS

The Prince of Wales Business Leaders Forum

and

The Global Business Council on HIV&AIDS

Geneva and London 2000

**Statement from
Peter Piot, Executive Director, UNAIDS
James Wolfensohn, President, World Bank
July 2000**

It is now two decades since the AIDS epidemic first emerged, and though we can point to some areas of the world where AIDS has been effectively addressed, the global impact of the disease is deepening.

The figures are grave. Today, there are more than 33 million people living with HIV/AIDS around the world, the majority of whom live in the developing world. In 1999 alone, there were 5.6 million new infections. Those who are hardest hit by the epidemic are between the ages of 15 and 49, a time when people are in their most productive years of life.

In the worst affected countries, AIDS is single handedly reversing the development gains of several decades. In southern Africa, life expectancy at birth climbed from 44 in the early 1950s to 59 in the early 1990s. With the demographic impact of AIDS, this is expected to drop to 45 sometime between 2005 and 2010. The impact caused by AIDS has reverberated through every sector of the society, from health, to agriculture, education and the private sector, and is draining economies of the vital resources and contributions of a whole generation.

For the private sector, the implications of AIDS are felt both at the micro and macro level. The impact on the workforce is felt in greater absenteeism, high turnover and reduced productivity. At the macro level, AIDS affects the environment in which businesses operate, including markets, investment, services and education.

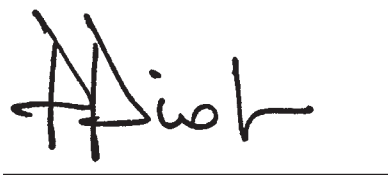
According to a survey of commercial farms in Kenya, illness and death have replaced old age as the leading reason for employees to leave service. Reports from a single company in Kenya, revealed that of 50 employees who died in 1998, 43 died of AIDS.

As this publication highlights, no business is immune from AIDS. But the private sector is also in a unique position to respond to the epidemic, because of its contacts with employees and the wider business community, and the wealth of experience and skills it has accumulated. As the publication also illustrates, there is much that businesses can do, and the benefits of action go well beyond the workplace.

Some of the actions taken by businesses include: promoting prevention and education; improving workplace policies to ensure rights for employees such as access to health care and counseling; giving grants to AIDS service organisations; and encouraging other businesses to get involved. Businesses have also carried out broad programmes to reach out to customers and local communities through cause-related marketing and social investment initiatives. While the impact of these achievements has not been fully documented, there are signs that prevention in the workplace can help reduce levels of HIV infection.

Since the last edition of this publication, significant progress has been made and this is reflected in the growing number of achievements reported on. Nevertheless, there is much that still can be done, and the purpose of this publication is to provide guidance and tools that companies can use in designing their own programmes.

The AIDS epidemic today is unparalleled in the scale of devastation it causes, and it is clearly an issue that no one can address alone. Business is an essential partner in the response to AIDS, and it can and is making a difference.



Peter Piot
Executive Director, UNAIDS



James Wolfensohn
President, World Bank

**Foreword by Bill Roedy,
President, MTV Networks International
Chair, Global Business Council on HIV & AIDS
UNAIDS Ambassador**

In the two decades we have been living with this epidemic the world has learnt many lessons. We should certainly have learnt that HIV and AIDS present us with enormous and varied challenges:

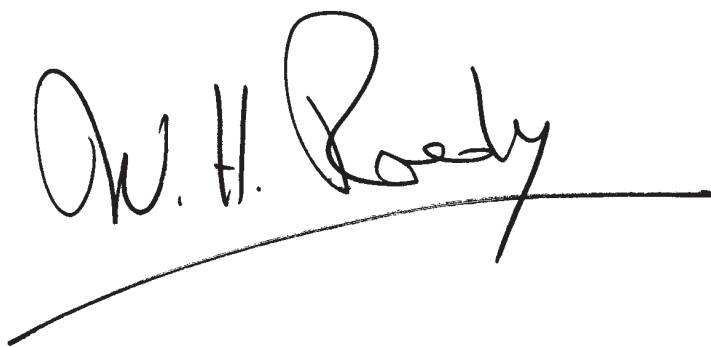
- We must have respect for the rights of those individuals living with HIV and compassion for all those facing the personal tragedies of HIV/AIDS.
- We must be prepared to stand against the prejudices and fears that prevent so many of us from connecting with the epidemic and those it affects.
- We must find the resolve and the patience to identify and implement the changes that can help prevent new infections and improve the circumstances of those people already infected.

Each of these challenges applies to business as much as it does to governments, NGOs and the general public. It has long been evident to me that business can make a critical contribution to the fight against HIV/AIDS. Through the Global Business Council on HIV & AIDS, which I chair, these challenges can be brought to more and more business leaders and their companies.

My company, MTV, and the other Council members, try to lead by example, forming a group of businesses that have modelled good practice of one kind or another. We all began our work on AIDS for different reasons, but we share a common goal: to expand and enhance the business response to HIV/AIDS across the world.

For this reason I welcome this publication. It will be an invaluable tool in pursuing our goal because, like its predecessor “The Business Response to HIV/AIDS: Innovation and Partnership”, it brings together so many examples of real company action on HIV/AIDS that can inform and inspire others. The companies featured all responded to the Council’s Awards for Business Excellence and between them reflect the imagination and commitment shown by businesses all around the world. They all deserve an award, not for doing what every business should try to do in some way – respond to HIV/AIDS – but for being in the vanguard of that response and for exposing their efforts to our scrutiny.

Many people from business will read this publication, as will many concerned with HIV in government and other agencies. Please, as you read, remember that we need to work together. Only through our combined efforts will we find the success that we all crave. We need each other’s support and understanding: this publication is a good place to start.

A handwritten signature in black ink that reads "Bill Roedy". The signature is written in a cursive style and is positioned above a long, horizontal, slightly curved line that spans across the width of the signature.

**Bill Roedy,
President, MTV Networks International
Chair, Global Business Council on HIV & AIDS
UNAIDS Ambassador**

Contents

Introduction	5
SECTION 1 THE CHALLENGE OF HIV/AIDS	7
<hr/>	
1. Profile of HIV/AIDS	7
2. The global and regional trends	8
3. Factors influencing the spread of HIV/AIDS	10
A. Ignorance and denial	10
B. Increase in mobility and industrialisation	10
4. The public and non-profit sector response	11
SECTION 2 THE BUSINESS IMPACT OF HIV/AIDS	13
<hr/>	
1. Macroeconomic impact	13
2. Individual company level impact	14
A. Productivity	15
i. Increased absenteeism	15
ii. Increased organisational disruption	16
B. Increased costs	16
3. Low prevalence rates and inaction	17
SECTION 3 THE BUSINESS RESPONSE TO HIV/AIDS	19
<hr/>	
1. Addressing core business operations	20
A. Protecting the workforce and their families	20
B. Protecting business interests	24
2. Business partners: a multiple stakeholder response	25
A. Participation of small and medium sized enterprises	25
i. Small and medium sized enterprises action	25
ii. Assisting small and medium sized enterprises – business linkages	26
a. Direct partnership with individual small and medium sized enterprises	26
b. Collective cooperation between large enterprise and small and medium sized enterprise sectors	27
B. Educating customers	27
3. Community involvement	28
4. Advocacy and leadership	39
5. Lessons from the Business Response to HIV/AIDS	30

SECTION 4 BUSINESS RESPONSE: PATHWAYS TO PARTNERSHIP ON HIV/AIDS 31

1. Context	32
2. Purpose	32
A. Barriers and benefits	32
B. Scope of activities	34
3. Participants	35
A. Leadership	35
B. Resources and skills	36
i. Private sector	37
ii. Public sector	38
iii. Non-governmental organisations	38
4. Organisation	39
5. Outcomes	39
A call for action	40

SECTION 5 PROFILES OF BUSINESS ACTIVITIES IN RESPONSE TO HIV/AIDS 41

Profile 1	American International Assurance, Thailand Workplace evaluation and accreditation programme	43
Profile 2	The Body Shop, Japan In-store HIV/AIDS campaigns	45
Profile 3	Warsaw Marriott Hotel, Poland Hosting conferences for people living with HIV/AIDS	47
Profile 4	Larsen & Toubro Limited, India Education and prevention programmes	49
Profile 5	Volkswagen do Brasil, Brazil HIV/AIDS Care Programme	51
Profile 6	Molson Breweries, Canada Cause-related marketing support for AIDS service organisations	52
Profile 7	Chevron Nigeria Ltd, Nigeria Education and prevention programmes	53
Profile 8	Standard Chartered Bank, UK HIV/AIDS Policy and Awareness Programme	55
Profile 9	International Hotel & Restaurant Association Workplace HIV/AIDS guide for the hospitality industry	57
Profile 10	Anglo Coal, South Africa Multi-pronged education, prevention and care programmes	59
Profile 11	Eskom, South Africa Education and prevention programmes and monitoring	61
Profile 12	ALMS, Czech Republic Website information service on HIV/AIDS prevention	63

Profile 13	Teddy Exports, India Workplace and local community education campaigns	64
Profile 14	Bristol-Myers Squibb Company, USA Care and support for women and children with HIV/AIDS	66
Profile 15	The Shell Company of Thailand, Thailand Peer Education at the Pump Project	68
Profile 16	Business Coalitions on HIV/AIDS Collaborative Advocacy and Action	69
Profile 17	International HIV/AIDS Alliance Non-governmental organisation partnerships with business	70

FIGURES

Figure 1	Life expectancy with and without AIDS: 2010	9
Figure 2	Adults and children estimated to be living with HIV/AIDS as of end 1999	9
Figure 3	Impact of HIV/AIDS on a company	15
Figure 4	Medical expenditure of an agro-estate in Kenya, with and without AIDS	17
Figure 5	Typical growth of HIV in a southern African country	19
Figure 6	Conceptual business cost curves of responses to HIV/AIDS	18
Figure 7	Corporate motives for addressing HIV/AIDS, 1997	18
Figure 8	Examples of mechanisms for LE and SME responses to HIV/AIDS	26
Figure 9	Key lessons from business experience in responding to HIV/AIDS	30
Figure 10	Summary of key dynamic pathways	31
Figure 11	Scope of partnership activities in response to HIV/AIDS	36
Figure 12	Questions for multinationals on HIV/AIDS policy and programming	36
Figure 13	Private sector resources available for HIV/AIDS partnerships and programmes	37
Figure 14	Key lessons learned from the profiles	42

TABLES

Table 1	Main modes of transmission for adults living with HIV/AIDS	8
Table 2	Company level impact of HIV/AIDS	22

Introduction

There is increasing evidence around the world of a heightened response by business to the spread of HIV/AIDS. Businesses are recognising the impact that the virus is having in terms of the human, financial and social costs to its operations and host communities. Even in countries where the virus has a low prevalence level, early action is essential to avoid serious impacts on economic activity and future markets. The response has manifested itself in many different ways, from action to protect workforces, to community outreach and philanthropy. Moreover, these efforts have not been undertaken in isolation but with the development of partnership on HIV prevention, education and care, between business, the public sector and non-governmental organisations (NGOs).

This publication follows on from the report “Business Response to HIV/AIDS: Innovation and Partnerships” published in 1997. With the increased knowledge and experience of business responses available today, there is a need to update the available statistical information, to provide further evidence of the need for action, and to document new case studies.

Therefore, this report aims to provide assistance to business and associated partners in recognising the business case for further action against HIV/AIDS in the workplace and beyond. This is achieved through providing evidence of the impact that HIV/AIDS has on business activities and by highlighting the lessons learned from past and current responses. Guidance is provided in the form of policy tools, case studies and an examination of how to undertake successful partnerships in response to HIV/AIDS. This publication does not seek to provide standard models but tools to guide effective, efficient and needs-specific responses to HIV/AIDS. It is divided into five sections:

1. A summary of the background information on HIV/AIDS, facts and trends, followed by a brief description of the response to date by the public and non-governmental sectors.
2. A presentation of the impact that HIV/AIDS has on business, at the macroeconomic and individual company levels, providing the business case for early action against HIV/AIDS.
3. An overview of the broad areas of activity by business in response to HIV/AIDS, with guidance on how to undertake HIV/AIDS policies and programmes.
4. An examination of the factors that create and maintain successful partnerships in response to HIV/AIDS.
5. The provision of 17 profiles of business activities in response to the disease, identifying the key lessons learned and providing models of good practice.

1

The Challenge of HIV/AIDS

The Human Immunodeficiency Virus (HIV) which causes AIDS was first identified in 1983. Since then, HIV has spread around the world, causing one of the most severe global epidemics of modern time. The initial response was led by the public and non-profit sectors, which have mobilised increasing human and financial resources to combat the disease, for which there is as yet no cure. Increasingly, the private sector is becoming aware of the impact that HIV/AIDS is having on its workforce, production systems, markets and the local communities in which it operates.

This first section summarises some of the important background information on HIV/AIDS, the global and regional trends, the response by the public and non-profit sectors and their increasing collaboration with the private sector.

1. PROFILE OF HIV/AIDS

Types: There are several recognised strains of HIV, with a number of genetic subtypes, though the biological and epidemiological significance of some is still unclear. Different strains predominate in different parts of the world.

Transmission: HIV is transmitted when blood or body fluids of an infected person come into contact with those of an uninfected person. Modes of transmission include unprotected sexual intercourse through both heterosexual sex and men who have sex with men (MSM), sharing injecting equipment, and receiving transfusions of infected blood. Globally, there are regional differences in the main modes of transmission, with MSM being the main mode for adults in the more developed countries whilst in sub-Saharan Africa and South-East Asia transmission is predominately through heterosexual transmission (see Table 1). Most of the children who are infected acquire the virus directly from their infected mothers.

HIV (Human Immunodeficiency Virus) is a virus that weakens the body's natural defences, the immune system, making a person more susceptible to infections.

AIDS (Acquired Immunodeficiency Syndrome) is diagnosed when a person infected with HIV becomes ill as a result of infections.

Effect: Once in the body of a host, HIV weakens the immune system. As a result, the individual is progressively attacked by opportunistic diseases that may ultimately lead to death. Depending on individual circumstances and environmental conditions, an infected individual can take over a decade to show symptoms. The disease therefore tends to be well established in host populations before it is recognised. In developing countries the time line between initial infection and the appearance of symptoms is considerably shorter, which is due mainly to a higher prevalence of opportunistic infections and lower levels of access to treatment.

Region	Mode of transmission
Sub-Saharan Africa	Hetero
North Africa & Middle East	IDU, Hetero
South & South-East Asia	Hetero
East Asia & Pacific	IDU, Hetero, MSM
Latin America	MSM, IDU, Hetero
Caribbean	Hetero, MSM
Eastern Europe & Central Asia	IDU, MSM
Western Europe	MSM, IDU
North America	MSM, IDU, Hetero
Australia & New Zealand	MSM, IDU

*MSM (sexual transmission among men who have sex with men, IDU (transmission through injecting drug use), Hetero (heterosexual transmission).

Treatment: Significant drug developments have been made in antiretroviral therapy that has been able to prolong life for many in the more developed countries, but there is still no cure. Moreover, for the majority in developing countries the costs of treatment are currently too high and the care infrastructure insufficient. Research into vaccines is currently being undertaken, yet there is little expectation amongst medical specialists of any vaccines being available for at least 10 years. As a result, recent efforts have been undertaken to extend research into drugs and behavioural changes to reduce the virulence and prevalence of the opportunistic diseases.

2. THE GLOBAL AND REGIONAL TRENDS

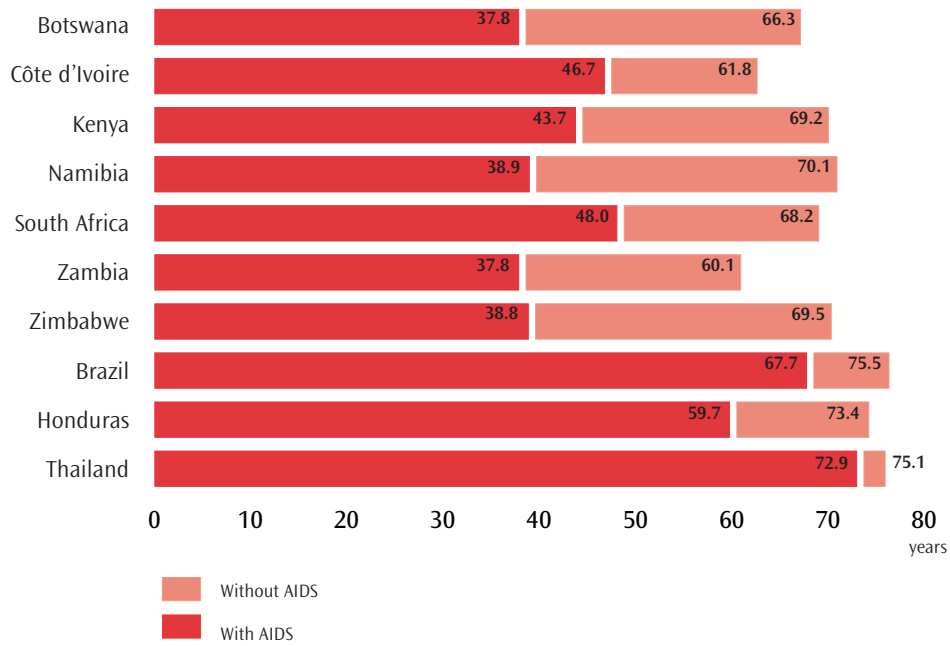
Nearly two decades after HIV/AIDS emerged as a new virus, it has now reached almost every country in the world. UNAIDS figures, reported in June 2000, estimated that globally there were 34.3 million people living with HIV, 5.4 million of which became infected in 1999 alone. This brings the cumulative number of estimated HIV infections worldwide to over 50 million since the beginning of the epidemic.

Breaking these figures down reveals that around half of all people who become infected with HIV do so before they reach the age of 25 and most will die of AIDS or related illnesses before they are 35. This means that HIV/AIDS is affecting some of the most creative and economically active people. In addition, some 95 percent of people with HIV/AIDS live in developing countries, where the ability to provide prevention and care is more limited. As Figure 1 shows, the result will be to reduce significantly the life expectancies within many of these countries. The U.S. Bureau of Census has predicted that by the year 2010, eight to 31 years of life will have been lost in those countries most affected by HIV/AIDS in sub-Saharan Africa. HIV/AIDS is also leading to the resurgence of other diseases, such as tuberculosis (TB), increasing public health threats and reducing the gains made over many years of health programmes.

It is worth noting that the reliability of the HIV/AIDS surveillance data is variable and discrepancies between reported and actual cases may be considerable. This is largely due to low capacities to undertake surveillance and diagnostic tools in some developing countries. In addition, the prevalence of opportunistic infections such as TB and the stigmatisation of HIV/AIDS may result in considerable masking and under-reporting of HIV/AIDS data.

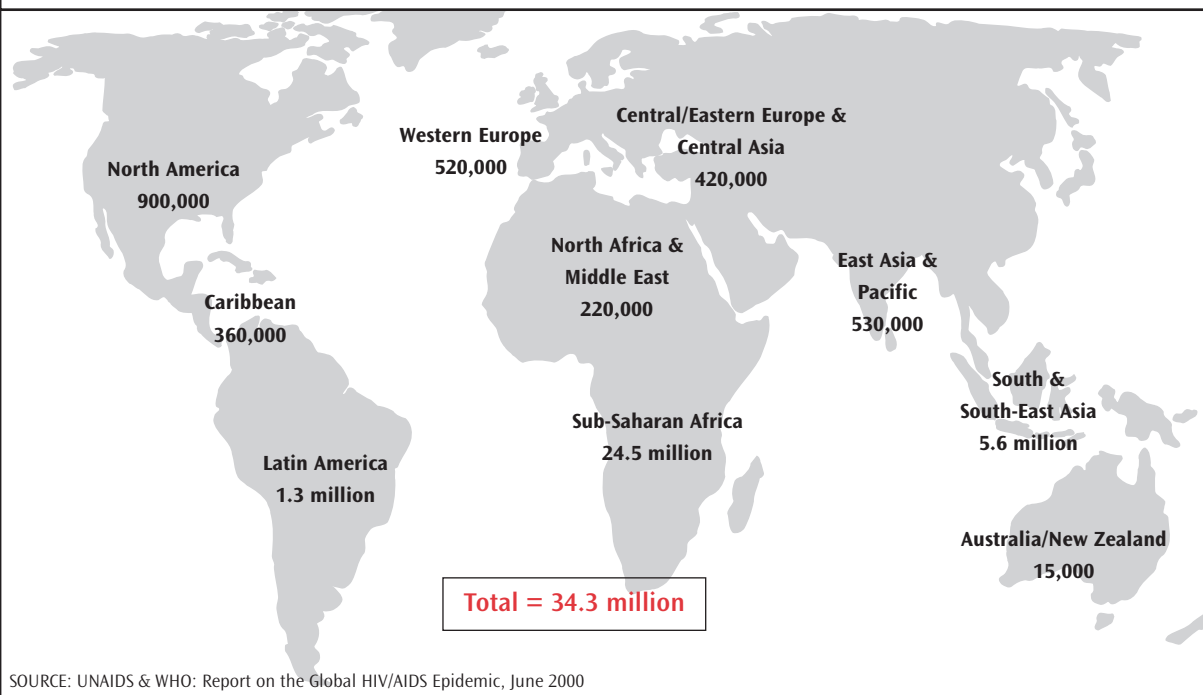
As can be seen from Figure 2, HIV/AIDS has impacted on different regions of the world at very different levels. Sub-Saharan Africa is the worst affected region, constituting 70 percent of people living with HIV/AIDS in the world and 85 percent of the estimated deaths due to HIV/AIDS since the beginning of the epidemic. Another region that has experienced a serious epidemic is Central America and the

FIGURE 1 Estimated life expectancy with and without AIDS: 2010



SOURCE: World Population Report: 1998 (US Census Bureau, *the Official Statistics*™ February 2, 1999)

FIGURE 2 Adults and children estimated to be living with HIV/AIDS as of end 1999



SOURCE: UNAIDS & WHO: Report on the Global HIV/AIDS Epidemic, June 2000

Caribbean, with evidence that infections are on the rise. Within this region there are 10 countries with estimated adult prevalence above 1 percent.

In Asia there are significant variations in terms of the level of the epidemic between countries and local regions. For example, of the estimated 3.7 million people living with HIV/AIDS in South and South-East Asia, India is estimated to account for around two thirds. However, the epidemic varies from state to state with high prevalence levels in the states in the west, south and northeast of India, while other states have only detected their first infections within the last year or two. In other countries such as Thailand, extensive and well-established prevention campaigns appear to be paying off, with studies showing declines in infection rates.

In the more developed countries, the gains made in reducing the rate of spread of HIV/AIDS through aggressive awareness campaigns is being eroded by possible complacency, a result of the successes of life-prolonging antiretroviral therapy. In Eastern Europe there are worrying signs, with the newly independent states of the former Soviet Union seeing the proportion of the population living with HIV/AIDS double between 1997-99, largely through unsafe injection of drugs.

3. FACTORS INFLUENCING THE SPREAD OF HIV/AIDS

There are a significant number of factors that have contributed to the spread of HIV/AIDS, not least poverty, illiteracy, and the status of women. However, two key factors that have been critical to the global spread of the disease are of particular relevance to business:

- A. Ignorance and denial
- B. Increase in mobility and industrialisation.

A. Ignorance and denial

Many people, particularly in the developing world, remain either uninformed or misinformed about the nature of HIV/AIDS and have little access to available preventive measures. Misconceptions about HIV transmission, such as transmission through sharing of food, cups and clothes, kissing and mosquito bites as well as non-transmission through a single unprotected sexual encounter and sex with healthy-looking partners. These and similar misconceptions are common in every part of the world. Such erroneous beliefs have led people not only to ostracise those who are infected, but also to fail to take precautions to protect themselves, thus unwittingly contributing to the spread of the disease.

Through its marketing and other channels, in addition to its extensive reach and influence, business is one of the world's great sources of information and therefore is in some ways uniquely positioned. How business chooses to address and depict HIV/AIDS issues can be a major force in changing attitudes, particularly among young people.

B. Increase in mobility and industrialisation

The rapid spread of the disease is directly linked with the development of the global economy and the significant growth in international trade and travel. Without such extensive and interlinked transportation systems, the disease would never have moved as quickly as it has.

Increases in migration and international travel/transit have made large numbers of people around the world more vulnerable to HIV/AIDS. Certain groups, due to the nature of their professions, are particularly vulnerable to HIV infection, such as those in the transport sectors. In the developing world, males in particular are moving from villages to cities to find work. Industrial enterprises such as mines, oilfields, and road- and dam-building projects attract migrant labour, particularly people from the burgeoning youthful populations living on the edge of poverty. Urbanisation only further exacerbates the situation. In these circumstances, the resulting breakdown in traditional values and rise in multi-partner sexual relations increase the likelihood of infection.

Globalisation of production and economic liberalisation have encouraged companies to search for new workforces and markets around the world. This in turn has contributed to the pattern of migration towards particular areas of employment, with men typically working in heavy industry and women in

light manufacturing. This gender differentiation has promoted the migration of sex workers to these localities, for example to the shipbuilding areas in Gujarat, India, and the mining regions of South Africa. Such situations can affect anyone, including business workforces, customers, and the communities in which they are active. For this reason, the vulnerability of populations to HIV/AIDS is an important consideration for the private sector.

4. THE PUBLIC AND NON-PROFIT SECTOR RESPONSE

Not surprisingly, the main response to the epidemic so far has come from public sector agencies since HIV/AIDS is a public health and development issue of the highest order. In the early years, the main aims were to:

- Identify and understand HIV in its various forms
- Clearly identify the means of transmission
- Protect the public blood supply
- Carry out prevention education, information and communication campaigns to the general public and those whose circumstances put them at particular risk
- Research new drugs, vaccines and treatments, seeking a cure
- Create codes of conduct for governments, employers and others to protect human and employment rights of those with HIV/AIDS.

Work remains to be done in all these areas. The vast majority of human and financial resources committed to fighting HIV/AIDS are deployed by the public sector, but non-profits – or as they are more commonly known in the developing world, non-governmental organisations – have also played a vital role in combating HIV/AIDS. They can provide real expertise in social research, care for those with the disease, and public education campaigns for specific groups and the wider public. While their activities may be small in relative terms compared with public sector agencies, they often undertake highly innovative work. The direct contact that NGOs have with vulnerable populations allows them to influence public policy through example and lobbying. They tend to work closely with the public sector, but are becoming increasingly important to businesses as they seek to find ways to respond to HIV/AIDS.

NGOs involved with business are predominately working as policy advisors and service providers. Some receive philanthropic support from companies for their work. They also undertake lobbying for general changes in business policy on such issues as employment rights for individuals with HIV/AIDS and drug pricing policies adopted by pharmaceutical companies.

The recent proliferation of internet and email-based discussion groups on various aspects of HIV/AIDS is becoming an important mechanism for sharing information amongst the various sectors. Until recently, action has been rather fragmented and collaboration between the public, non-profit sectors and the corporate sector on HIV/AIDS extremely limited. The establishment in December 1999 of the International Partnership against AIDS in Africa (IPAA) is an example of the increasing recognition of the importance of collaboration, drawing upon the strengths of individual sectors. It includes African governments; African and international NGOs; the United Nations System; donors; foundations; NGO networks; and the private sector. This partnership is an attempt to scale up significantly efforts in Africa to reduce the spread and impact of HIV/AIDS.

The growing involvement by business referred to above is largely a result of the increasingly tangible impacts that HIV/AIDS is having on business operations worldwide. The following section clarifies this impact and the important role it has in convincing businesses to engage in the response to HIV/AIDS.

2

The business impact of HIV/AIDS

The economic and human consequences of the spread of HIV/AIDS around the world are much more evident in countries where HIV has been present the longest and where the epidemic is at its highest levels. For many businesses the impact of HIV/AIDS is already severely constraining their ability to be competitive, while for others the potential risks are significant in both high and low HIV/AIDS prevalence regions.

Building awareness of the severity of the impact of HIV/AIDS on business is one of the most important elements in assisting businesses to respond effectively. HIV/AIDS is not purely a health issue; it is also an issue that goes to the very core of business practices. The effects are evident on two levels, the macroeconomic and the individual company levels, both of which require urgent responses if businesses are to remain competitive.

1. MACROECONOMIC IMPACT

It is important to identify the macroeconomic impact of HIV/AIDS as it has a considerable effect on business operations through its influence on markets, savings, investment, services and education. While it is difficult to accurately predict the macroeconomic impact of HIV/AIDS there has been a considerable amount of analysis undertaken around this issue, particularly in sub-Saharan African countries. The long history of the severe effects of HIV/AIDS in this region has led to a concentration of studies. However, the macroeconomic impacts have not solely been experienced in Africa; company profiles within this report are evidence of the globally diverse responses to a very real global HIV/AIDS problem.

Principally, HIV/AIDS affects people within their most productive years of life (most infections before the age of 25), and through reduced earnings as a result of illness, care demands, higher expenditure on health care and premature death; the result is a reduction in savings rates and disposable income. In the long-term this has the combined effect of reducing the market size for business, particularly in markets outside of the basic necessities of food, housing and energy, and reducing total resources available for production and investment, and thus declining economic growth. Early results of on-going estimates by the World Bank suggest that the macroeconomic impact of HIV/AIDS may be significant enough to reduce the growth of national income by up to a third in countries with adult prevalence rates of 10 percent.¹

Through higher morbidity and mortality, no sector of the economy is immune to the impacts of HIV/AIDS, particularly as a result of reducing the available productive and skilled labour and investment. The combined effect of this is to increase the broader service and production costs to business, particularly through the effect on sectors such as transport and

GLOSSARY

Absenteeism:

unplanned/unauthorised absences from work by employees

Capital: physical (e.g. factories) and human (e.g. training) contributions to productive activity

Foreign Direct Investment (FDI): investments in physical assets by non-domestic individuals or organisations

Macroeconomic: combined/aggregate economic activity

Morbidity: incidence of a disease in a specific locality

Mortality: the number of deaths in a given period

Production Costs: the price (finance and time) of creating or manufacturing goods and services

Production Cycle: the process (inputs and outputs) of production of goods and services

Productivity: the amount of output per unit of input (labour, equipment and capital)

Supply Chain: provision of raw materials and manufactured goods to point of sale, including production, assembly and delivery

the utilities that are essential inputs for most market activities. Business is also dependent on the education sector for its future workers, managers and business leaders. This is a sector that is acutely impacted by HIV/AIDS through reduced numbers of experienced teachers and numbers of children attending school (due to lower household incomes, caring for family members, becoming orphaned and HIV/AIDS infection). For example, in Zambia 40 percent of teachers are infected with HIV and are dying at a faster rate than the number of teacher graduations.²

“HIV/AIDS is a major development challenge, if not the most important development challenge confronting us in Africa today.”

James Wolfensohn, President of the World Bank Group

Businesses do not work in isolation and so the impact of HIV/AIDS on all productive sectors, on the business supply chains, the effective labour supply and intellectual capital directly impacts on individual companies. These impacts can significantly affect the ability of business to operate. This may lead to a reduction in foreign direct investment, discouraged by these potential production deficiencies exacerbated by HIV/AIDS. There is a danger at a national level of governments, fearful of a possible negative business response to their experience of the epidemic, maintaining a policy of denial.

There are limitations with macroeconomic impact analysis, such as the unreliability of data on prevalence rates and demographics. However, despite the lack of available information on individual companies, it is much easier to identify clear and substantive impacts.

2. INDIVIDUAL COMPANY LEVEL IMPACT

The importance of identifying the impact of HIV/AIDS on individual companies is two-fold:

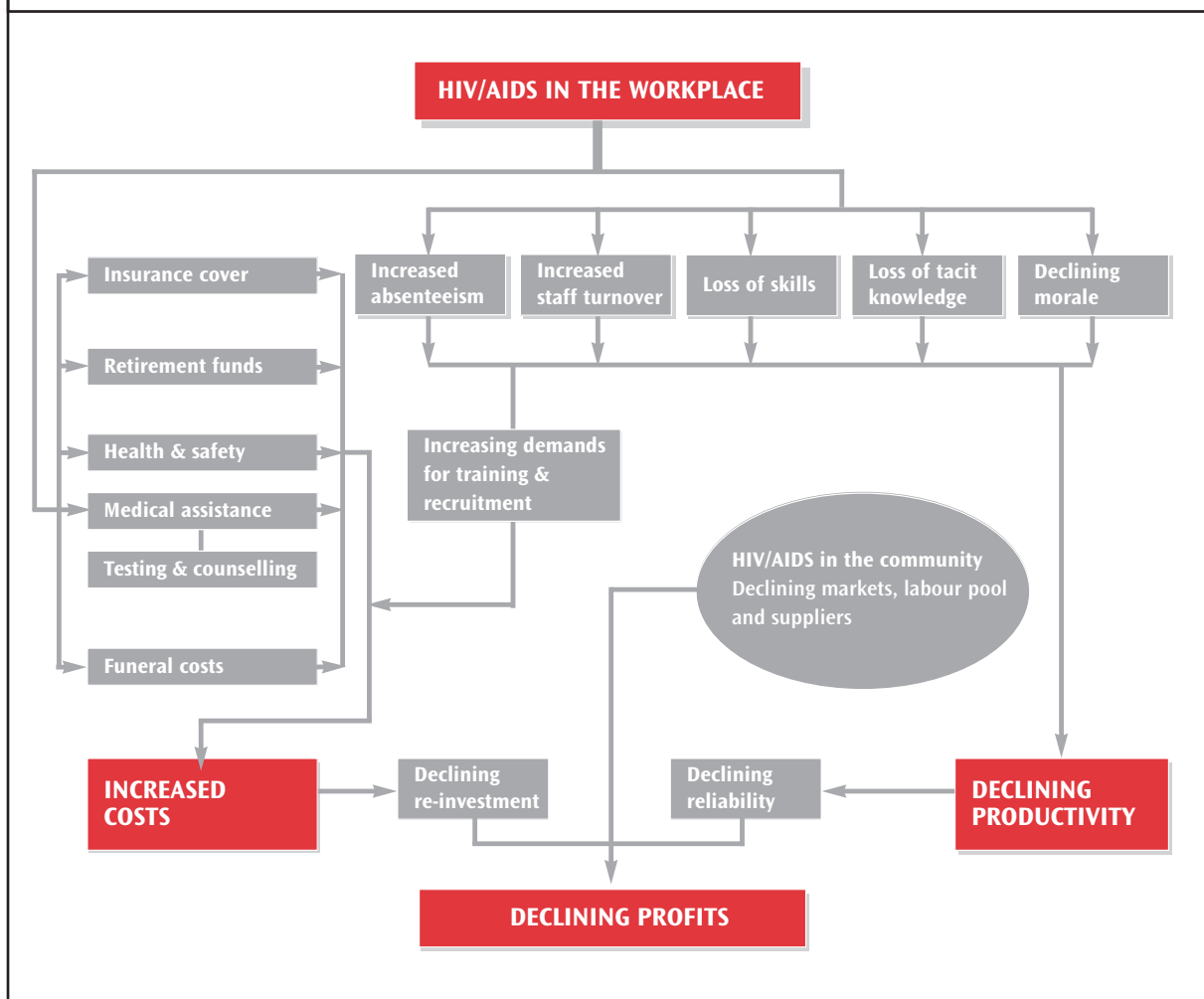
- i. Long-term sustainable business responses will only be achieved if all stakeholders (leadership, managers, personnel, shareholders) within companies are convinced of the real business rationale for action. In particular, a committed and knowledgeable leadership is paramount, as highlighted in many of the Profiles in this report.
- ii. A clear understanding of the specific impacts of HIV/AIDS on a company and of the context in which these occur (e.g. modes of transmission), is a critical factor in the development of effective and appropriate policy and programme responses.

Beyond the macro-level impacts on markets, labour, savings and investments that are described above, it is possible to identify two broad areas in which HIV/AIDS impacts on individual business operations:

- A. Productivity
- B. Increased costs

Basic business principles combined with extensive experience clearly provide the direct link between HIV/AIDS, declining productivity, rising production costs and declining company profits. For example, a USAID-funded study of a transport company in Zimbabwe estimated the total cost to the company arising from HIV/AIDS was equal to 20 percent of profits.³ In this case, over half of the costs incurred were through higher health-related costs. This causal relationship between HIV/AIDS and declining profitability is more complex than this evidence initially implies, as illustrated in Figure 3.

FIGURE 3 Impact of HIV/AIDS on a company



A. Declining productivity

Declining levels of productivity lead to declining profits when production costs are not declining at an equal or higher rate, as in the presence of HIV/AIDS. Additionally, with declining and fluctuating productivity, the ability to meet supply demands from consumers and buyers (reliability) decreases. This has impacts on the present and future reputation of the company and thus on future profitability. The principal areas in which HIV/AIDS impacts on productivity are increased absenteeism and increased organisational disruption.

i. Increased absenteeism

Increasing absenteeism is one of the primary drivers of rising visible costs and declining productivity in businesses as a consequence of HIV/AIDS. This is affected through the disruption of the production cycle, the under-utilisation of equipment and the use of temporary staff. Recent comparative studies of East African businesses have shown that absenteeism accounts for between 25-54 percent of costs.⁴ This can directly affect the quality of control of products and services, leading to reputation losses and ultimately a reduction in customers.

The observed increase in absenteeism is a result of employees becoming ill due to HIV and its associated opportunistic infections, the demands of caring for family members who are ill, and the need to attend funerals. The level of impact varies according to the flexibility of production systems. But it also depends on the real level of absenteeism determined by prevailing socio-cultural norms, quality and quantity of health care provision and the general economic environment.

ii. Increased organisational disruption

The high rates of morbidity and mortality from HIV/AIDS generate increasing disorganisation within the workforce as a result of rising staff turnover, loss of skills, loss of tacit knowledge (gained from experience of both the work and company environment) and declining morale. These are essentially invisible costs that are difficult to calculate but have an enormous influence on productivity. Loss of skills from the workforce is the most obvious and often cited disruption with clear resultant training costs. However, this disruption is compounded by a loss of tacit knowledge of the specific professional, social and cultural working environments. These losses of intellectual capital have become increasingly important with the progressive changes in the way companies are valued; strength of intellectual capital is becoming increasingly important relative to financial capital.

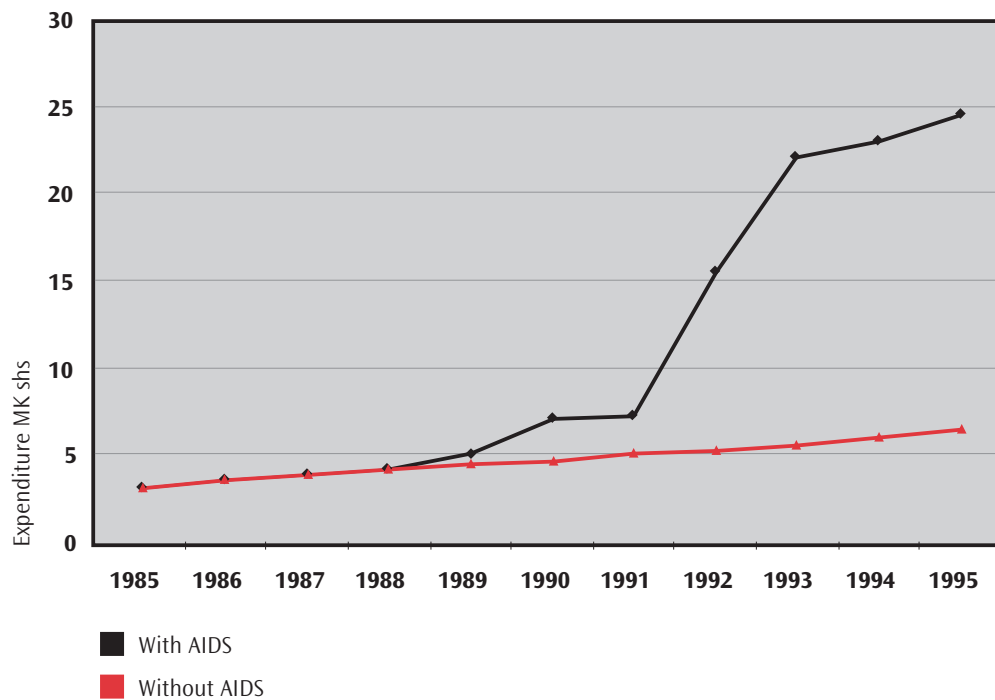
Transmission of skills and knowledge becomes more difficult with high levels of staff turnover, and morale can be severely affected by the loss of colleagues, discrimination against people living with HIV/AIDS and the disruption of work activities. These less visible organisational factors are built up over longer time frames and are critical for a more efficient, effective and ultimately productive workforce. In smaller companies the effects of these losses are amplified. For these reasons, even in areas of high unemployment that potentially provide a sizeable labour pool, the loss of both visible and invisible skills and knowledge offer a significant rationale for responding to the threat of the impact of HIV/AIDS in the workplace.

B. Increased costs

Rising production costs for business not only have the effect of directly impacting on current profit margins but also on future profits by reducing the investment capacity for increasing productivity, expansion, research and development, and workforce training and support. As can be observed from Figure 4, HIV/AIDS increases costs in a number of ways:

- i. Recruitment and training:** demand for recruitment and training rises as a result of increased staff turnover and loss of skills. This may include employing extra labour to cope with staff fluctuations and losses, widening the skills base through multi-skilling and succession strategies and extensive human resource monitoring. In addition, within a situation of scarcity of skilled labour this not only increases training costs but also may result in demands for higher wages.
- ii. Insurance cover and pensions:** company life insurance premiums and pension fund commitments will rise as a result of early retirement or death. This is particularly problematic in the more advanced economies where such benefits are more comprehensive. For example, in Zimbabwe, over a two-year period, life insurance premiums quadrupled as a result of HIV/AIDS.⁵
- iii. Health management:** where health care is provided these costs can increase significantly with rising HIV/AIDS rates. A study of a commercial agro-estate in Kenya showed that medical expenditure as a result of AIDS rose to over 400 percent above that of projected expenditure without AIDS, as shown in Figure 4. These increasing costs may ultimately affect the level of benefits that a business is able to provide for its workforce. However, the provision of health care is not just a cost but is also an investment, preventing or limiting sickness/absenteeism and controlling workforce health risks. This is particularly relevant in countries where public health care provision is limited and private health care expensive.
- iv. Funeral costs:** considerable costs can be added where businesses provide for the funeral costs of employees. This practice is particularly prevalent in many parts of sub-Saharan Africa. These increased funeral costs are primarily a result of the high mortality rate of HIV/AIDS, particularly in developing countries. For example, Barclays Bank in Zambia experienced a rate of AIDS-related deaths of 36 out of 1600 employees, a rate ten times the death rate in most US companies.⁶

FIGURE 4 Medical expenditure of an agro-estate in Kenya, with and without AIDS



Source: Rugalema, G (1999), "HIV/AIDS and the commercial agricultural sector of Kenya", The Institute of Social Studies, The Hague.

Crucially the impact on individual companies will vary depending on a number of factors, primarily: the nature of the company/sector (i.e. organisational structure/activities), the nature of the labour market, and the policies initiated by the company. For example, markets in which there is a scarcity of labour, particularly skilled labour, may incur higher costs through higher wage demands. It is worth noting that significantly high HIV/AIDS prevalence rates have been observed amongst skilled and managerial level employees. In addition, those companies which offer health services, pensions, life insurance and other benefits to their employees will incur varying levels of costs directly dependent on levels of such benefits.

3. LOW PREVALENCE RATES AND INACTION

Probably one of the most important lessons to be learned by all sectors is the consequence of inaction or complacency. To deny the risks for current and future economic development in the face of an emerging epidemic and a refusal to act accordingly has serious ramifications. Low prevalence rates, if left unchecked, rapidly transform into high rates of infection with consequent social and economic costs.

On a more macro level, early and comprehensive responses in Senegal, West Africa, through HIV/AIDS education and prevention, have resulted in one of the lowest rates of infection in sub-Saharan Africa. Through political leadership and the maximisation of existing information and service structures, Senegal mounted a rapid prevention response, particularly towards high-risk groups such as commercial sex workers and encouraging the use of condoms.

The World Bank has shown that once the HIV prevalence rate exceeds 4-5 percent it escalates rapidly, as demonstrated in Figure 5, which shows a typical trajectory of HIV rates in Southern African countries. Early investments such as education and prevention campaigns and health care provision, while initially costly, have long-term cost benefits. Not responding may result in related costs increasing exponentially in association with rising HIV/AIDS rates (through rising production costs and declining productivity).

FIGURE 5 Typical growth of HIV in a southern African country

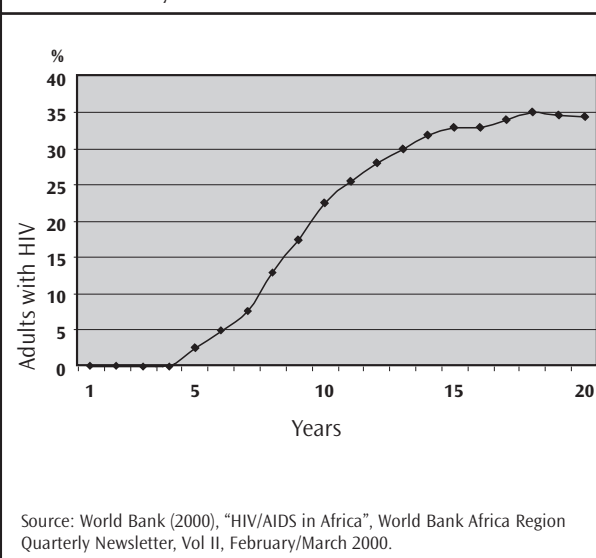
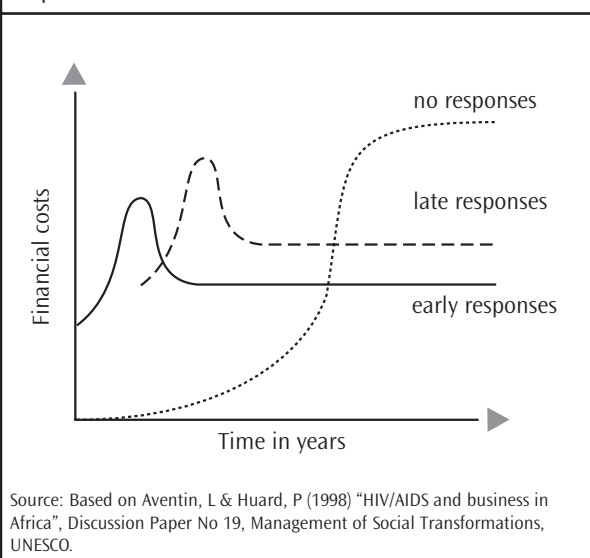


FIGURE 6 Conceptual business cost curves of responses to HIV/AIDS



Delays in responding have the effect of increasing the initial intervention and ongoing costs, as shown in Figure 6. In such a scenario the return on investments in the prevention of HIV/AIDS far exceeds that of standard capital investments. Studies have indicated that these returns, in terms of cost savings through preventing HIV/AIDS, are as high as 3.5 to 7.5 times the cost of intervention.⁷

The availability of specific evidence of the effectiveness of intervention programmes by business is limited, given the general unwillingness of companies to reveal confidential data on economic impact and prevalence rates. However, Profile 11 on the education and prevention programmes and monitoring process of Eskom, a utility company of South Africa, provides some evidence. Well into its established education and prevention programmes an anonymous and voluntary HIV surveillance survey, undertaken in 1999, covered 15 percent of the workforce and results showed a lower HIV prevalence rate than the earlier prediction of 11 percent. In addition, monitoring surveys observed high levels of awareness and knowledge amongst the workforce. Both of these facts provide some evidence of the effectiveness of Eskom's long running education and prevention programmes, and thus long-term cost savings.

Sections 1-3 above draw the clear conclusion that it is imperative that business responds to HIV/AIDS for its own benefit and that of its broader stakeholders. Where there are still opportunities in a number of countries and regions to prevent HIV/AIDS reaching epidemic proportions it is important that business becomes involved in a multi-sectoral response. Early action will reap tremendous savings in both economic and human terms. Ultimately, individual company responses to HIV/AIDS will vary according to the HIV/AIDS prevalence levels, the policy options available and their investment capacity. The next section of this report looks at the various ways businesses can and have responded.

1. Binswanger, H & Ayres, W (1999), "HIV/AIDS Action in developing countries", EU HIV/AIDS Programme in Developing Countries, Issue 5, Dec 1999.
2. Financial Times, Counting the economic cost of Aids, 17 April 2000.
3. Stover, J & Bollinger, L (1999), "The Economic Impact of AIDS", The Policy Project, The Futures Group International.
4. Whiteside, A (1999), "The Economic Impact of AIDS in Africa", Mini Review Article: Canadian Journal of Gastroenterology.
5. Loewenson, R (1999), "Best Practices: Company Actions on HIV/AIDS in Southern Africa", Health & Safety and Environment Programme, Organisation of African Trade Union Unity.
7. Loewenson, R (1999), Ibid.

3 The business response to HIV/AIDS

Businesses are being subjected to the pressures of increasingly competitive national and global markets through globalisation and liberalisation of economies, combined with demands from investors and consumers for increased productivity, efficiency, innovation and quality of products and services. In addition, pressures are mounting for businesses to be more responsible and accountable to their wider stakeholders – workforces, suppliers, communities, governments and the general public.

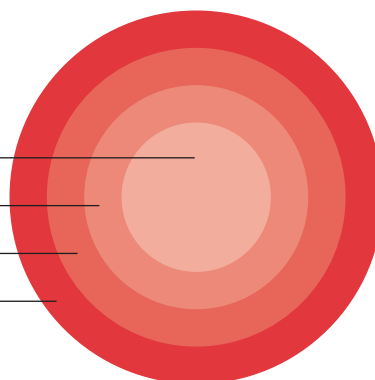
Given this scenario and the known impact that HIV/AIDS has on business and its stakeholders, there is a clear requirement for business to respond. The challenge is clear, the response has been diverse, with a particular emphasis in the early stages of action on addressing and safeguarding core business activities through the protection and support of their own workforces. Increasingly, as businesses have become aware of the significance of other stakeholders in influencing the impact of HIV/AIDS on their ability to operate, they have begun to extend their responses to assist and collaborate in wider prevention and education initiatives.

The motives have been both philanthropic and business focused and the scope has been local, national and international. A well-known but useful example is Levi Strauss & Co, which in 1982 developed an employee and community HIV/AIDS awareness initiative in San Francisco, USA. A few years later Levi Strauss & Co undertook to include HIV/AIDS education and care as an investment focus, further extending the reach. This culminated in 1998 in the development of an education video, in association with UNAIDS, which has been made available to other companies and community organisations worldwide.

Actual responses will depend on numerous factors, in particular, the financial and human resource capacities of businesses. Clearly, larger companies have been able to undertake more extensive and wider-reaching actions. It is more difficult for small and medium sized firms who lack such resources, though they are often able to be more innovative and experimental. The changing structure of the global systems of production and trade towards specialisation, contracting and subcontracting has produced increasingly closer links between large and small businesses. This has led to a greater need and opportunity for collaboration between the two sectors in addressing HIV/AIDS.

Responses to HIV/AIDS by business have shown that their actions and influence can extend into a number of broad areas, as follows:

1. Core business operations
2. Business partners
3. Communities
4. Advocacy and leadership



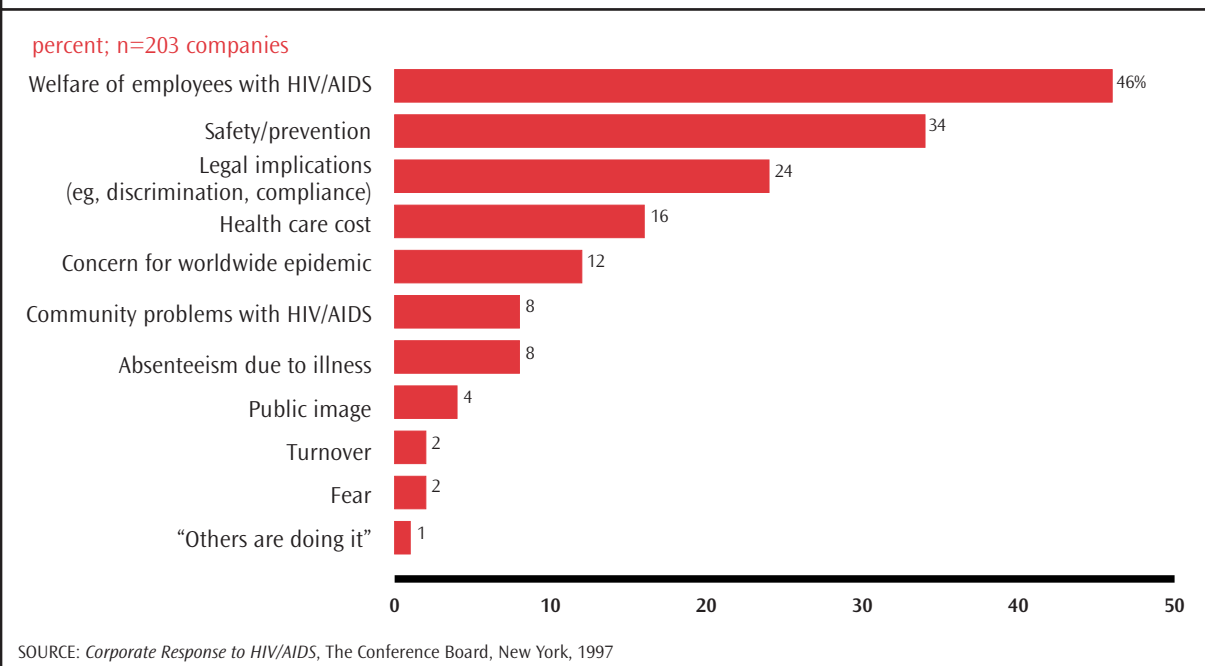
1. ADDRESSING CORE BUSINESS OPERATIONS

Most of the businesses that have developed a response to HIV/AIDS have begun by initiating policies aimed at their workforces. This is a reflection of the recognition by business of the impact of HIV/AIDS. More recently anti-discrimination legislation, sometimes led by businesses in their development of voluntary codes, in a growing number of countries has necessitated, at the minimum, the development of a HIV/AIDS policy. For others, workplace initiatives are a consequence of the identification that HIV/AIDS can result in declining productivity, rising production cost and loss of market positioning. In addition, some responses are a result of direct business interests in HIV/AIDS, in particular the pharmaceutical and insurance sectors.

A. Protecting the workforce and their families

The actual motivation for business responses to HIV/AIDS within the workplace is highly variable and dependent on factors such as the HIV prevalence rate within their area of operation, the level of benefits available to the workforce and the level of knowledge and awareness by the business leadership of the real and potential impacts. In low prevalence industrialised countries, where workforce welfare and health care provision is high and where legislation is long-standing, these become strong motivators. In a UNAIDS-commissioned survey of corporate responses to HIV/AIDS by 203 companies in 14 countries, the U.S.-based business organisation The Conference Board found that the dominant motives for corporate action were the welfare of employees living with HIV/AIDS and the protection and safety of all other employees, followed by legal implications, as Figure 7 shows.

FIGURE 7 Corporate motives for addressing HIV/AIDS, 1997



Responding to the welfare of people living with HIV/AIDS is a response typical in areas where these employees have been most visible, for example, employers on the West Coast of the U.S. in the early 1980s such as Levi Strauss and Packard Bell. In Western Europe initial responses were driven by the fears of employees concerned for their health and safety in the face of a new and alarming epidemic. Extensive training was carried out in those sectors where HIV was encountered or was expected to be encountered, for example, health care providers and the pharmaceutical companies.

A minority of businesses developed policies and procedures based on their own limited experiences of managing employees living with HIV/AIDS. In some countries a strong tradition of concern for

employee welfare underpinned HIV prevention campaigns designed to protect the workforce from infection. These have had the additional affect of destigmatising an issue that had generated an often hostile and sensationalist reaction.

The legacy of these early initiatives has been exploited to improve conditions for those people living with HIV who are now benefiting from recent developments in drug therapies. In 2000, the first Edelman Health AIDS and Employment Awards for Europe, organised by the European AIDS and Enterprise Network (EAEN), recognised four companies for their responses to HIV/AIDS:

- 1. Policy Response to HIV/AIDS** – IBM France was selected for its long-standing commitment to principles devised to guide its occupational health managers;
- 2. HIV Education and Training for Employees** – Standard Chartered Bank of the UK was selected for its investment in an extensive programme of peer education that was started in Africa (see Profile 8);
- 3. Steps to Retain and Recruit People Living with HIV/AIDS** – two awards were made, one recognising the important role of small businesses to BEHF Architects of Austria, the other to Lego of Denmark for their support to an employee who wished to remain in employment in spite of a temporary inability to work full time.

In countries where the HIV prevalence rates are high, the principal motivation for business is invariably to minimise the impact of HIV/AIDS on the business operations and employees. This was a primary reason for Anglo Coal (see Profile 10) and Eskom (see Profile 11) of South Africa, and for Standard Chartered Bank of the UK (see Profile 8) to establish extensive peer-education and prevention campaigns for their workforce and dependents. As a result, these companies have observed tremendous gains in HIV/AIDS awareness amongst their workforces, with Eskom having detected lower prevalence rates than was predicted before their long-term prevention campaigns. Moreover, they have recognised the necessity for monitoring the initiatives and learning from the outcomes.

Central to many of the workplace responses, in both the developing and the more developed countries, is the establishment of non-discriminatory practices in relation to people living with HIV/AIDS. For example, Larsen & Toubro (see Profile 4), India, have established a policy to prevent discrimination in the hiring, promotion, transfer and training of its employees and prospective employees. This is coupled with the provision of counselling to people living with HIV/AIDS through NGOs and governmental organisations. These widely used policies are regarded as crucial factors in providing good working environments and for building knowledge of HIV/AIDS amongst the workforce.

Some companies have established HIV/AIDS care programmes in order to manage costs as a result of frequent illness and hospitalisation and loss of employees. Volkswagen, Brazil, provides assistance and care by giving employees access to antiretroviral drugs, regular viral load tests, and referral to specialist hospitals and home care treatments. This is combined with prevention and health education and counselling. The results have been to reduce rates of hospitalisation by 90 percent and costs as a result of HIV/AIDS reduced by 40 percent (see Profile 5). Adopting such an approach is dependent on available resources and as such is invariably an option only the larger companies are able to undertake. Moreover, in many developing countries with significant HIV prevalence rates, the high relative cost of treatment often prevents such care provision. However, some companies, such as Anglo Coal, have established programmes for the treatment of opportunistic infections, condom distribution and counselling for employees and partners as a mechanism of managing care and prevention of HIV/AIDS.

Many businesses that have addressed HIV/AIDS within their workforces have done so in partnership with NGOs and governmental organisations. These partnerships play an important role in accessing specialised knowledge and experience. For example, the Shell Company of Thailand launched a peer education programme aimed at pump attendants at its petrol stations in partnership with two NGOs,

WORKPLACE RESPONSE: Tool for managers

This tool has been developed as a business-focused guide to workplace responses to HIV/AIDS. Particular emphasis should be put on the diversity of responses and options to be considered, dependent on the business type and size and the economic and socio-cultural context. The following sections set out for managers: the guiding principles to be considered; the planning process; the policy options; and the assistance available.

PRINCIPLES

Guiding principles to be considered in developing a workplace response to HIV/AIDS:

1. Promote non-discriminatory practices, where employees are assessed on merit and ability to perform and are not subject to personal discrimination and abuse. Disciplinary procedures should apply where discrimination occurs.
2. No compulsory testing requirements for recruitment, promotion or career development.
3. Ensure confidentiality of employees' HIV/AIDS status.
4. Treat HIV/AIDS as any other illness in terms of employment and health policies and practices.
5. Ensure employment practices, at a minimum, comply with national and international employment and labour legislation and codes.
6. Offer prevention education to workforce (e.g. peer-education) and make accessible to all workforce.
7. Offer support services in conjunction with education provision.
8. Involve people living with HIV/AIDS in the development and appraisal of HIV/AIDS policies and programmes.
9. Adopt core management principles such as targeting, performance and monitoring with clearly structured input-output models (i.e. impact analysis).
10. Incorporate other health, social and economic issues (e.g. housing provision) for a more strategic and responsive approach.

PLANNING

The basic elements of the planning process in responding to HIV/AIDS in the workplace are threefold: identify the factors that influence HIV/AIDS transmission in terms of organisational structure/activities; examine existing workplace practices and policies; establish the real and/or potential impact of HIV/AIDS on the company and its workforce.

1. Factors that could influence HIV/AIDS transmission

It is important to clarify identifiable risks within the workforce, requiring an analysis of workforce demographics (e.g. age, sex), where certain risk groups may be recognised and where priorities can be established. Additionally, workplace practices and demands, such as travel requirements (e.g. transport sector) and the existence of migrant workers are known to influence behaviour and thus levels of risk. Caution must be applied when looking at targeting intervention to avoid stigmatisation of any particular grouping.

2. Existing workplace practices and policies

The identification and categorisation of existing policies and practices serve to highlight both good and bad practice, specific needs, demands and overall requirements. This is especially important for companies such as multinational corporations where invariably their local operating companies have a broad and differing range of policies and practices. Differences may be a result of cultural or context specific factors, but this does not suggest that action should not be taken at the group level, but rather the need to take these factors into consideration.

3. Real and/or potential impact

Identifying the impact and costs on the company is crucial for workforce, managerial and executive commitment to subsequent policies. This is to ensure long-term sustainable economic management of the impact of HIV/AIDS (see business impact section of this publication for a detailed analysis). Table 2 below depicts some of the key potential impacts on productivity and production costs that should be considered in assessing individual companies impacts and actions.

TABLE 2 Company level impact of HIV/AIDS

PRODUCTIVITY	COSTS
1. Declining productivity <ul style="list-style-type: none"> • Increasing absenteeism • Increasing staff turnover • Loss of skills • Loss of tacit knowledge • Declining morale 	1. Increasing costs <ul style="list-style-type: none"> • Training and recruitment • Insurance cover • Retirement funds • Health & safety: medical assistance, testing & counselling • Funeral costs • Education & prevention
2. Declining reliability	2. Declining reinvestment
3. HIV/AIDS in community: Declining markets, productive labour pool and suppliers	
DECLINING PROFITS	

POLICY

The Principles and the impact Table 2 on the previous page highlight some of the available workplace policy options and demands. Primarily, it is essential to identify priorities from the outset.

1. The range of options available and demanded may initially exceed what is logistically and financially feasible. To ensure commitment from senior levels within the company, it may be necessary for a preliminary focus on elements that are directly recognisable as impacts on the company's bottom-line e.g. increasing prevalence of HIV/AIDS amongst the workforce.
2. It is important to aim to create a standard policy and approach for the whole company, making reasonable allowances for local socio-cultural and legislative factors and the involvement of people living with HIV/AIDS. Consideration should be paid to the involvement of experienced and specialised organisations and business coalitions on HIV/AIDS to reduce the scoping period and programme costs (e.g. sharing of materials).

Education and prevention is invariably the starting point of workplace policies and programmes. A phased strategy can be identified:

1. **Minimise:** communicate policy, provide user-friendly (e.g. appropriate languages) and culturally appropriate educational materials and activities for the prevention of HIV/AIDS and the creation of a non-discriminatory environment, ensuring confidentiality.
2. **Manage:** besides the standard managerial practices in line with the guiding principles above, it is important to ensure continued internal communication to all stakeholders of the need for a company policy and programmes. This is to ensure continued buy-in to the response to HIV/AIDS.
3. **Monitor:** the dynamic nature of HIV/AIDS in terms of knowledge, impact and recognised practices necessitates regular monitoring and reviews of programmes and medical data.

A more strategic and successful response to HIV/AIDS could include the provision of the other benefits identified in the impact figure above. Further consideration should be paid to engaging in community outreach, providing advocacy, information, education, prevention and care.

CONTACTS/ASSISTANCE

(telephone, email, website)

1. Workplace programme advice and guidance:

● **AIDS Control and Prevention Project;**
+1 703 516 9779
services@fhi.org
<http://www.fhi.org/en/aids/aidschap/aidschap>

● **Centre for Disease Control;**
+1 800 458 5231
hivmail@cdc.gov
<http://www.brta-lrta.org>

● **Confederation of Indian Industry;**
+91 11 4629 9947
cii@co.cii.ernet.in
<http://www.cionline.org>

● **NAT;**
+44 20 7814 6767, julian.hussey@nat.org.uk
<http://www.nat.org.uk>

● **UNAIDS;**
+41 22 791 3666, unaids@unaids.org
<http://www.unaids.org>

2. Workplace programme and policy experience/materials/action:

● **Business Exchange on AIDS and Development;**
+44 20 7404 2027
beadwork@dircon.co.uk

● **European AIDS and Enterprise Network;**
+33 142 65 51 23
clubesfr@aol.com <http://eaen.org>

● **Futures Group International;**
+1 202 775-9680
tfgi-dc@tfgi.com
<http://www.tfgi.com/hiv aids.asp>

● **Global Business Council on HIV/AIDS;**
+44 1225 404 964
julian.hussey@gbcaids.com
<http://www.gbcaids.com>

● **National Business Coalitions on HIV/AIDS;**
contact the Global Business Council on HIV/AIDS.

3. HIV/AIDS internet information/discussion sites:

● **HIV-impact;** <http://www.edc.org/glg/HIV-impact>

● **HIV-net;** <http://www.hivnet.ch>

● **International AIDS and Economic Network;**
<http://www.iaen.org>

the Programme on Appropriate Technology in Health (PATH) and the Thailand Business Coalition on HIV/AIDS (TBCA). PATH provided the curriculum for the peer educators, while the TBCA acted as the project coordinator, providing information, logistical support and monitoring (see Profile 16). Since 1989, Telepar, a telecommunications company in Brazil, has worked in partnership with government, NGOs and unions, in developing and implementing peer-educator based HIV/AIDS prevention programmes to its workforce of over 4,000.

While many business managers have recognised the need for developing workplace initiatives and policies in response to HIV/AIDS, they are often faced with the daunting challenge of developing their own corporate policies and programmes. However, given the increasingly widespread experience of HIV/AIDS programme development within the private sector and a growing willingness to share experiences, there is no need for reinventing the wheel. Numerous HIV/AIDS workplace guidelines have been developed, some of which are focused on particular business sectors, for example the guide for the hospitality industry developed in 1999 by the International Hotel & Restaurant Association in collaboration with UNAIDS (see Profile 9).

Another example is the Confederation of Indian Industry, with 3,500 Indian business members, which developed a “HIV/AIDS Policy for Industry” in 2000, documenting good practice by Indian businesses and presenting policy recommendations. Standard Chartered Bank’s recent development of a workplace policy and awareness campaign (see Profile 8) was assisted by the sharing of material and information from Glaxo Wellcome and Levi Strauss, through the Global Business Council on HIV&AIDS, and with advice from the business network BEAD. Standard Chartered Bank has since made available their HIV/AIDS awareness packs to other banks, bankers’ associations and NGOs.

As a response to the willingness to share information and experience, a tool for managers has been developed as a business-focused guide to workplace responses on HIV/AIDS (see page 22). This has been based on the experience and information of a number of companies and organisations, including Anglo Coal, AIDSCAP, BP Southern Africa, Business Exchange on AIDS and Development, Confederation of Indian Industry, Eskom, Larsen & Toubro, and Standard Chartered Bank.

B. Protecting business interests

Certain business sectors have a direct commercial interest in HIV/AIDS through their core business operations, primarily the pharmaceutical and insurance industries. The most obvious are the pharmaceutical companies who are involved in the development of HIV/AIDS treatments and research. For example, Glaxo Wellcome’s “Positive Action” programme is a long-standing and respected international strategy for developing partnerships with community-based HIV/AIDS organisations, aimed in part at encouraging dialogue with and between people living with HIV/AIDS. The response has included a partnership with the International HIV/AIDS Alliance (see Profile 17) to assist in the development and dissemination of the lessons learned from community-based HIV/AIDS programmes worldwide.

In 1999, Bristol Myers Squibb launched “Secure the Future”, a major 5-year public-private partnership initiative (see Profile 14). It has committed \$US100 million towards medical research and education, community education and outreach, and capacity-building programmes for women and children infected or affected by HIV/AIDS in Africa. The partnership involves local governments, UNAIDS, medical and religious institutions and communities.

The insurance industry has a direct commercial interest in HIV/AIDS given the impact on the well being of its clients and wider community and thus on the direct costs through insurance payments and future markets. American International Assurance, a life insurance company in Thailand, recently developed an initiative that sought to integrate HIV/AIDS into its core business practices (see Profile 1). The innovative response was the development of an evaluation and accreditation programme that provides credited premium value to policyholder companies implementing HIV/AIDS policies and

education programmes in the workplace. This kind of approach, that seeks to use core business practices to encourage other companies to respond, has considerable potential for replication elsewhere in the insurance and banking sectors.

2. BUSINESS PARTNERS: A MULTIPLE STAKEHOLDER RESPONSE

Given the increasing importance and complexity of the range of stakeholders in the global economy, businesses need to safeguard their direct business partners against the impact of HIV/AIDS in order to remain responsive and competitive and to maintain their reputations. These partners include their supplier and service networks, made up largely of small and medium sized enterprises, and their customers.

A. Participation of small and medium sized enterprises

Much of the focus and information available on the business response to HIV/AIDS has tended to emphasise large national and multinational enterprises (LEs). While this is principally a consequence of the ability of LEs to undertake interventions, as a result of higher capital availability and access to information, it also reflects their higher levels of public visibility and communication capabilities.

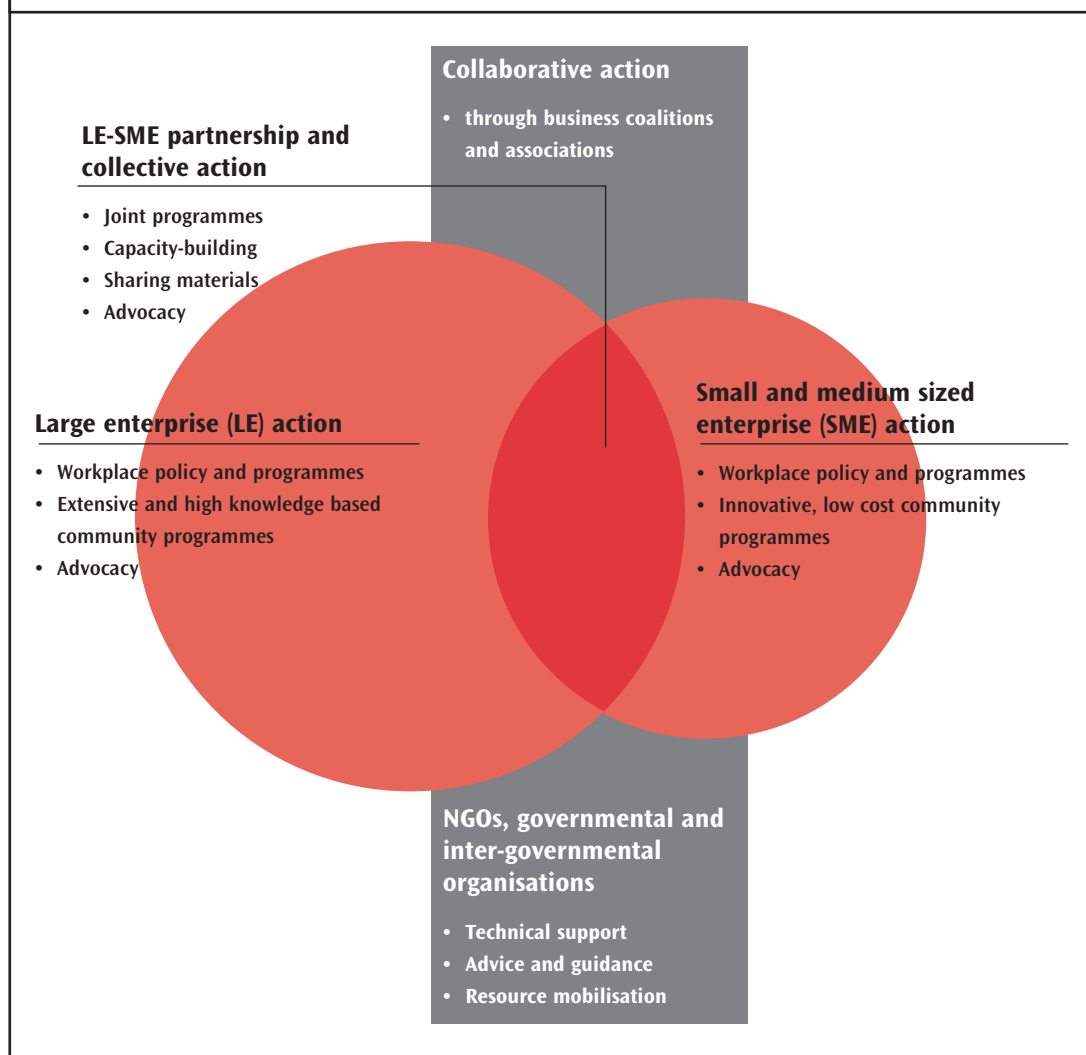
The need for small and medium sized enterprises (SMEs) to respond to HIV/AIDS is particularly important given that in much of the world, particularly in developing countries, they make up the majority of business operations and sources of employment. In addition, the changing trends of global systems of production and trade towards specialisation, contracting and subcontracting have seen SMEs' significance increase in relation to LEs operations and supply chains. With such changes in the organisational structures of LEs, business profitability has become increasingly dependent on the good performance of all other entities within their operations. Therefore, given the impact that HIV/AIDS has on business costs and productivity, it is essential that SMEs respond and are assisted in generating the capacity to respond. Despite the difficulties, SMEs have been undertaking innovative responses to HIV/AIDS, both as independently led actions and in partnership with larger companies, NGOs and governmental organisations. The mechanisms for such responses are shown in Figure 8 and described below.

i. Small and medium sized enterprises' action

In principle, the business case and the wider stakeholder reasons for responding to HIV/AIDS identified earlier apply in the same way to SMEs. For SMEs these reasons become more important where workforce numbers are low, when the loss of one worker can be catastrophic in comparison to LEs. Adopting appropriate HIV/AIDS workplace policies should be one of the primary responses for SMEs given the limited working capital that constrains wider responses. Guidance literature and organisations are available to assist SMEs, such as the Centre for Disease Control Manager's Kit (see Managers Tool, page 20).

More innovative responses to HIV/AIDS by SMEs can be seen where they have applied their comparative advantage, knowledge and skills. For example, in-kind support for education and prevention campaigns to non-governmental HIV/AIDS organisations, such as designing and printing education materials. Some SMEs have taken the lead in developing tools for education and prevention beyond the workplace, for example ALMS, an IT and marketing consultancy company in the Czech Republic (see Profile 12). ALMS designed and host an internet-server-based information service on HIV/AIDS, in partnership with HIV/AIDS professionals from non-governmental organisations and academic institutions. The potentially wide outreach of similar high technology initiatives in disseminating information is huge. The reputation gains that projects such as this produce are invaluable to SMEs. In addition, SMEs are often in a good position to be creative and innovative through small-scale, less costly and less cautious projects that allow for higher adaptability and potential replicability, such as the prevention and education 'truckers booths' of Teddy Exports, India (see Profile 13).

FIGURE 8 Examples of mechanisms for LE and SME responses to HIV/AIDS



ii. Assisting small and medium sized enterprises – business linkages

The changes in the global business systems referred to above have culminated in extensive backward and forward linkages between LEs and SMEs. Backward linkages refer to the regular purchasing of goods and services inputs, and forward linkages to the marketing of final products. The prevalence of these linkages in private sector operations constitutes an important rationale for LEs to address the issue of HIV/AIDS. LEs’ capacity to operate effectively and their profitability is dependent on an effective network of supplier and service enterprises, the majority of which are SMEs. The long-term prospects that a company faces as a result of HIV/AIDS are steeply rising prices and reduced productivity of associated SMEs. There are two main options available to the LEs in addressing this issue; direct partnership with individual SMEs or collective cooperation between LEs to assist the SME sector.

a. Direct partnership with individual small and medium sized enterprises

The majority of LEs have still not identified the indirect impact that HIV/AIDS can have on their business operations through the impact on their suppliers and associated companies. LEs’ options include extending their education and prevention and health care programmes to their direct business partners. The minimum response could involve advocating and advising on appropriate actions and information on HIV/AIDS workplace policies, at no substantial resource cost to the LE. One of the few notable and long-standing examples of such partnerships is The Body Shop and its suppliers, for example with Get Paper Industries, a paper producer in Nepal. For a number of years now, The Body

Shop has provided direct technical assistance to enable their suppliers to develop and establish independent HIV/AIDS programmes. An important factor in these relationships is that in the long-term this capacity-building approach requires minimal resource demands as the supplier SMEs have developed innovative, context-specific and autonomous HIV/AIDS programmes.

b. Collective cooperation between large enterprise and small and medium sized enterprise sectors

Business coalitions on HIV/AIDS exist in a number of countries and at a global level (Profile 16) but on the whole do not explicitly support SMEs, concentrating on LEs through membership and associated activities. However, while there is limited experience of collective action with regards to HIV/AIDS, there is a considerable history of business linkages in the promotion of high-quality SME business practices. Studies have shown that linkage programmes, transferring technical, operational and managerial skills from LEs to SMEs, have resulted in over 17 percent increases in productivity¹.

With regards to HIV/AIDS, LEs can cooperate to provide leadership, training, materials, advice and finance where appropriate. The South African Business Council on HIV/AIDS, a coalition of around 20 companies, is currently developing a workplace resource centre to act as a central information and advisory centre for all businesses, with an acknowledgment of the important role this will play for SMEs' responses (see Profile 16).

The benefits of cooperating on a non-competitive issue such as HIV/AIDS are numerous. Beyond the now obvious economic and social benefits of the reduced impact of HIV/AIDS, the pooling of limited resources reduces intervention costs and LEs demonstrate leadership and enhance their reputations. In addition, a principal beneficial feature of such linkages is that they can serve as a highly effective mechanism for the diffusion of information on business responses to HIV/AIDS, given the shared market-orientated knowledge and experience, and provide a mechanism for combining advocacy efforts. This creates the environment in which context-specific and appropriate programmes and policies can be devised and implemented in a mutually advantageous manner, without raising costs significantly for any one LE.

Moreover, given that a crucial factor in the success of private sector HIV/AIDS programmes is a commitment by top management, close cooperation and leadership from LEs increases the likelihood of SME success. This can be complemented by governmental and non-governmental technical assistance on HIV/AIDS programmes and policies. In addition, small business associations and chambers of commerce can act as intermediaries, playing an important role in brokering links between LEs and SMEs around HIV/AIDS interventions.

B. Educating customers

The life-blood of business is its customers. HIV/AIDS threatens not only present consumer markets but also future markets if education and prevention campaigns are not extended to a wider audience. Many of the major companies around the world are the foremost communicators, demand creators and the distributors of goods and services. It is precisely these skills that are needed to combat the spread of HIV/AIDS.

Some of the world's greatest mass-marketing companies not only have extraordinary communications capacities that can help communicate the message about HIV/AIDS through social marketing, but they also command extremely effective distribution systems. Coca-Cola can get its products into small villages that public health officials find extraordinarily difficult to service. These and other such channels could be used for condom distribution and education campaigns in the developing world.

However, there are a number of consumer goods companies that have used their distribution network to promote public health messages. However, brand-name companies are often reluctant to associate themselves in a high-profile way with HIV/AIDS prevention, due to mis-education over modes of

transmission by consumers, despite having some of the most engaging and widely disseminated customer education and product information programmes. Nevertheless, a number of companies have responded. For example, alcohol drinks companies have been concerned about HIV/AIDS issues because their primary target consumers are the young adults that are likely to engage in risky sexual behaviour. They have promoted safe-sex messages and helped distribute condoms. Molson Breweries, Canada, has a long-standing commitment to HIV/AIDS through sponsorship of HIV/AIDS awareness events and advertising campaigns, reaching millions of people (see Profile 6). In India, the Society for Alcohol and Social Policy Initiative, a joint project of the Indian alcohol beverage industry, has undertaken education programmes to prevent alcohol-abuse related behaviour that increases women's risks of HIV infection through sexual abuse.

Some companies with a strong presence in the entertainment and media industry have been active in promoting customer and wider community awareness about HIV/AIDS. MTV International, which reaches over a quarter of the world's television households, has incorporated HIV/AIDS awareness and prevention into its programming. In 1999, MTV undertook a worldwide sexual behaviour study of 16-24 year olds, which highlighted a lack of knowledge but also that television was the most powerful media source in influencing the opinions of the respondents.

Other companies have undertaken HIV/AIDS initiatives directly through their customer outlets. Body Shop, Japan, who have around 15 million customers in their stores per year, have distributed information and condoms via in-store staff and traded goods of an HIV/AIDS NGO that provides support for people living with HIV/AIDS (see Profile 2). This approach enabled young women to access information on HIV/AIDS, who as a result of cultural norms are usually excluded from discussions around HIV/AIDS, sex and drug use.

Some forward-thinking companies have capitalised on the connections between their business operations and their customers' vulnerability to HIV. For example, workers in the transport industry are a vulnerable group, with truckers who use oil-company garages and truck stops being one of the main vectors for spreading the disease. Some of them use the services of commercial sex workers at the truck stops, and then pass the disease on to their wives and local communities. Oil and automotive companies often have good records in road safety promotion, and this concern for preventive education measures on the road could be applied to the spread of HIV/AIDS at rest and refuelling stops. Since the early 1990s the UK Department for International Development has supported trucker intervention projects with the private sector in Tamil Nadu and Kerala, India. Unilever provided initial research and the prevention and education work is contracted out to locally based NGOs. Also see Profile 15 of Shell Thailand's work with pump attendants as a conduit of information.

3. COMMUNITY INVOLVEMENT

Increasingly companies are recognising that their ability to protect their employees is limited if education and outreach efforts are not extended to the local communities. The disease is easily passed from the wider community to employees and their families. Moreover, HIV/AIDS is not just a bio-medical problem; its spread is influenced by behaviours and socio-economic pressures which are present within the communities in which workforces live. Business is also becoming aware that the disease can greatly add to the bill for public services, which may lead to an increase in taxes and further costs. In addition, there is a significant threat to national economies from declining investment, both internally and from foreign direct investment, as a result of high prevalence rates reducing available resources and the appeal to investors.

In localities of importance to companies where the risk of infection is high, companies have engaged in "social investment" programmes to confront the disease. In social investment, companies make a long-term commitment to work on the issues and are looking to see a real "return" to both the community and the business, in terms of a reduced employee infection rate and thereby lower health

care and other costs. Anglo Coal and Eskom of South Africa (see Profiles 10 & 11) both recognised the importance of community involvement in order to prevent workforce initiatives being undermined. The various activities they have undertaken include focusing on wider causes of the spread of the epidemic, particularly in terms of sexual behaviour with regard to commercial sex workers. They also recognised that if they were to protect their future labour supplies their HIV/AIDS education and prevention initiatives would have to be scaled up in cooperation with other companies, governmental organisations and NGOs. Another example is Chevron, Nigeria, whose community outreach programmes have also extended to the local youth, in recognition of the importance of early education and prevention (see Profile 7).

The benefits to the business of social investment initiatives are less immediate and usually less measurable than actions designed to protect employees; nevertheless, they can be substantial. Sustained involvement not only helps reduce the risk to employees, but also promotes a healthy community, which in turn can enhance the company's reputation for social responsibility with public officials, local customers and other community members. Some companies around the world have extended their work with local community stakeholders to support a variety of initiatives in the wider society. For example, the Warsaw Marriott Hotel, Poland, sought to increase knowledge and awareness of HIV/AIDS and prevent discrimination of people living with HIV/AIDS within Poland and other Central and Eastern European countries (see Profile 3).

Many companies have made philanthropic grants to HIV/AIDS education and care projects. While these actions might be of indirect benefit to the business, they are not aimed at protecting the company's bottom-line profits other than building a company's reputation as a good corporate citizen.

A survey in 1998 by the Centre for Disease Control showed that 46 percent of US businesses are involved in some kind of HIV/AIDS philanthropy. Funders Concerned About AIDS have recently observed that these companies are continuing to provide grants for HIV/AIDS, but increasingly through more dynamic, innovative and needs-based approaches. As a result companies are beginning to focus on vulnerable groups and are responding to the changing demographics of the disease, in some regions shifting towards women and children (e.g. see Profile 14 on Bristol Myers Squibb). In India, for example, a business coalition of young Delhi businessmen donated telephones and telephone lines to a "Youth Reach" project, targeted at marginalised groups in urban areas. This project was in partnership with the Naz Foundation Indian Trust, an HIV/AIDS organisation, who provided the personnel for a confidential help line service.

4. ADVOCACY AND LEADERSHIP

Businesses are in a unique position to promote efforts in the prevention of HIV/AIDS. If businesses are seen to recognise the importance of responding to the disease, this has tremendous advocacy potential within communities, the general public, other businesses and governments. Most of the companies profiled within this report seek to take a lead in advocating for a greater business response. A number of high profile multinational companies such as Levi Strauss, The Body Shop, Glaxo Wellcome and Tata have long been recognised as key players in the business response to HIV/AIDS.

On both an international and national level, companies have begun to collaborate on advocacy through business coalitions on HIV/AIDS. For example, at the international level, the Global Business Council on HIV&AIDS is made up of senior-level business leaders from companies that have been spearheading the business response to the disease. Through their activities they have begun to raise the level of business involvement in dialogue and action on HIV/AIDS internationally (e.g. International Partnership Against AIDS in Africa, see Profile 16) and in identifying good practice by business. Important to this work at both levels has been the existence of a few businesses that are willing to take a lead in driving forward initiatives. Sir Richard Sykes, Chairman of Glaxo Wellcome, has made particular efforts at the international level, as the founding Chair of the Global Business Council on HIV&AIDS, to encourage businesses to recognise the importance of responses.

MTV Network International have recently taken a lead through their CEO, Bill Roedy, who is acting as a Goodwill Ambassador for UNAIDS. Central to these activities is the partnerships with NGOs and intergovernmental organisations for mutual assistance and advice in facilitating this advocacy work.

5. LESSONS FROM THE BUSINESS RESPONSE TO HIV/AIDS

Within all the areas of action on HIV/AIDS by business, be it related to core activities, business partners, communities or advocacy, a number of key lessons were consistently identified within the questionnaires completed by the profiled companies within this report, as shown in Figure 9. One central lesson was the crucial role of partnerships between business and other businesses, NGOs, governmental and intergovernmental organisations, in ensuring effective responses. The next section seeks to identify the ways in which successful partnerships on HIV/AIDS can be established and

FIGURE 9 Key lessons from business experience in responding to HIV/AIDS
<ol style="list-style-type: none"> 1. Ensure a committed leadership (CEO, Board and management) and understanding at all levels of the workforce, particularly through demonstrating the business case for addressing HIV/AIDS. 2. Develop initiatives that match the company's core business skills and technical expertise with the needs of the target audience. 3. Engage in a multi-pronged approach to ensure real effectiveness, to go beyond the workplace and address issues within the local community. 4. Demonstrate the business costs and benefits and human resource implications of HIV/AIDS initiatives. 5. Undertake a consultative approach with all stakeholders, particularly with the involvement of people living with HIV/AIDS, to ensure that initiatives are appropriately directed and to allow for prioritisation. 6. Enter into partnerships with NGOs and governmental and intergovernmental organisations to provide the necessary expertise and knowledge of HIV/AIDS issues and to enable the scaling-up of responses. 7. Involve the use of peer educators/leaders from the target groups in the dissemination of education and prevention information. 8. Utilise low cost creative tools to ensure sustainability and replicability. 9. Undertake continual monitoring, and review the effectiveness of HIV/AIDS initiatives, with a willingness to adapt the programmes accordingly.

maintained.

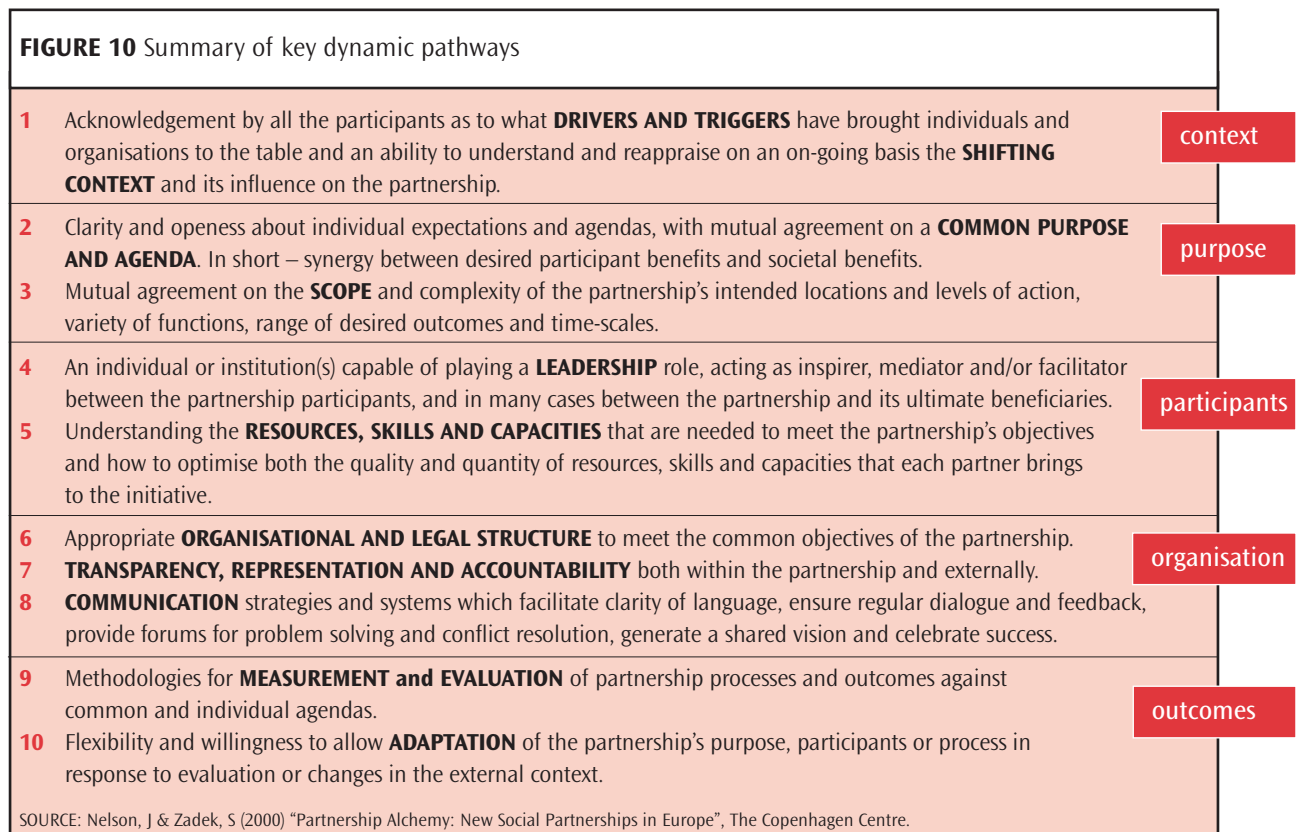
4

Business response: pathways to partnership on HIV/AIDS

There is increasing evidence that the private sector is taking an active role in the fight against HIV/AIDS, as illustrated in the previous section and in the Profiles of this publication. An overwhelming theme in most business responses is the emphasis and importance placed on working in partnership with multilateral and bilateral agencies, national and local governments, civil society institutions and other businesses. The strength of such partnerships is the way in which the private sector’s strength in organisation and communication complementing the social and medical skills of the other sectors. Through joint action, participants are able to undertake HIV/AIDS initiatives that meet each of their individual agendas while creating more effective collective responses, through increased coordination and the pooling of resources.

Partnership “A cross sector alliance in which individuals, groups or organisations agree to: work together to fulfil an obligation or undertake a specific task; share the risks as well as the benefits; and review the relationship regularly, revising their agreement as necessary.”
Tennyson, R “Managing Partnerships”, The Prince of Wales Business Leaders Forum (1998)

Partnerships on HIV/AIDS can take many forms, with a diverse range of participants, structures, objectives and results. However, from experience it is possible to identify clear interdependent pathways for successful partnerships, from the initial development stages through to the actions, learning processes and subsequent adaptations. The Copenhagen Centre¹ has identified that these pathways can be broken down into: **context, purpose, participants, organisation and outcomes**, as summarised in Figure 10. Success is dependent on the quality of each of these pathways and the relationship between them. The following section examines how such successful partnerships can be achieved in the response to HIV/AIDS.



1. CONTEXT

A seemingly obvious but crucial factor in partnerships is for participants to be aware of the reasons for initiating and maintaining collaborative action. Sections 1-3 in this publication identified an array of pressures for action against the spread of HIV/AIDS. For business this has ranged from the recognition of the impact of HIV/AIDS on business operations, to legislative requirements and the demands for corporate social responsibility. Public sector responsibilities and roles require that they play a major role in HIV/AIDS prevention, awareness and care where possible. NGO roles have included providing the services, advice and pressure for action. Identifying and acknowledging the factors that have led to each sector's involvement in partnerships helps to ensure a well defined agenda for action.

The ultimate response and make-up of partnerships are highly dependent on the social, economic, cultural and political contexts in which they are developed. In some countries, such as the UK and USA, the private sector is increasingly being expected to take a lead in addressing socio-economic issues, while in other countries the role of the public sector is more significant. For example, the Brazilian Business Council on HIV/AIDS is spearheaded by the National AIDS Programme, a government initiative, while the South African Business Coalition on HIV/AIDS has been initiated and led by business. The complexity of the underlying factors influencing the creation of partnerships within different settings means that no one type of partnership can be defined as more successful than another. What is apparent is that NGOs are entering partnerships with the private sector on a more equitable basis as both realise the added value that they bring to the relationship.

Importantly, as a result of the dynamic nature of the epidemic (e.g. changing demography, nature of transmission and geographical spread), the influencing factors, purpose, participants and the organisation of partnerships will change over time. This necessarily requires partnerships to be continually assessed and to draw on new knowledge and experiences of other partnerships and responses to HIV/AIDS. Constant evaluation and reassessment is essential. As the virus continuously mutates, so the response has to be equally innovative to stay ahead of the epidemic.

2. PURPOSE

Having identified the reasons for engaging in a partnership, individual agendas need to be placed within a framework of a common agenda. This may focus on a specific area of intervention, for example, HIV/AIDS education and prevention, while at the same time also contributing to overall strategies in health care and education. Identification is primarily achieved through open and honest dialogue between partner organisations to ensure full knowledge of the expectations of the partnership. This is accomplished by undertaking the following:

Guide #1

Acknowledge and confront obstacles in a direct, honest and open way

1. Clarifying the potential **barriers and benefits** of engaging in partnerships.
2. Identifying the **scope of activities** in terms of location, type of action and intended outcomes.

A. Barriers and benefits

Until recently, business involvement in the responses and partnerships to address HIV/AIDS has generally been limited to low-key workplace responses and restricted philanthropic activity. The barriers to further engagement are both internally and externally generated, but can be overcome through engagement with other businesses and sectors, as explained below.

information

i. Business often lacks information on the issues surrounding the disease and as a consequence many have not recognised the real threats to the business through the impact on core activities, business partners and the wider community. Engaging in partnerships with other sectors provides access to information that in turn can enable businesses to improve their risk management and prevention strategies, and to recognise the wider role they can play in preventing the spread of HIV/AIDS.

resources

ii. Both business and the other sectors do not always have the financial and human resources available to individually address all aspects of the response to HIV/AIDS. Engaging in partnerships has the obvious benefit of increasing access to resources for all participants, reducing costs, raising the effectiveness of programmes and services and increasing the potential of generating a wider impact.

reputation

iii. Business can be uneasy about associating their operations or brand name with a potentially controversial social issue. HIV/AIDS is a threatening disease that entails facing unpleasant realities in respect of suffering and death. It is largely transmitted by sexual intercourse and such socially unacceptable practices as needle sharing among drug users. Multinational companies, in particular, are often put under considerable scrutiny locally and internationally, and sometimes have to deal with the perception that HIV/AIDS is a 'foreign' disease.

These concerns over reputation can be overcome through collaboration with other businesses in direct partnership or through business coalitions and/or through partnerships with the public sector and NGOs. Such collective action can destigmatise the issue. This has been apparent with the brave leadership taken by companies such as Levi Strauss and The Body Shop who were at the forefront of the fight against HIV/AIDS before it became part legitimised as a more mainstream business response. This being said, there is still a huge advocacy role to be played by business champions.

In addition, collective action can reduce the pressures placed on individual businesses from the external perception that they in particular are hard hit or vulnerable to the disease. Other benefits include enhanced business reputations through being seen as acting in a socially responsible manner and improved relations with their various stakeholders (workforces, suppliers, communities, governments and the general public). On the other hand, business endorsement of public sector and NGO campaigns can actually add credibility and recognition.

The private sector will primarily be motivated to engage in activities that are close to their own business interests and therefore HIV/AIDS interventions will be more attractive if they can be seen to be of direct benefit to the business. There is still a huge amount of distrust between the private, public and NGO sectors over the added value that each can bring to a partnership. Extensive work by The Prince of Wales Business Leaders Forum has focused on breaking down negative perceptions between the different sectors. For example, the public sector is often viewed as being moribund and inefficient, NGOs as unfocused and highly politicised and the private sector as self-interested and resource draining. It is only by breaking down these barriers through collaborative action that common aims and objectives can be achieved.

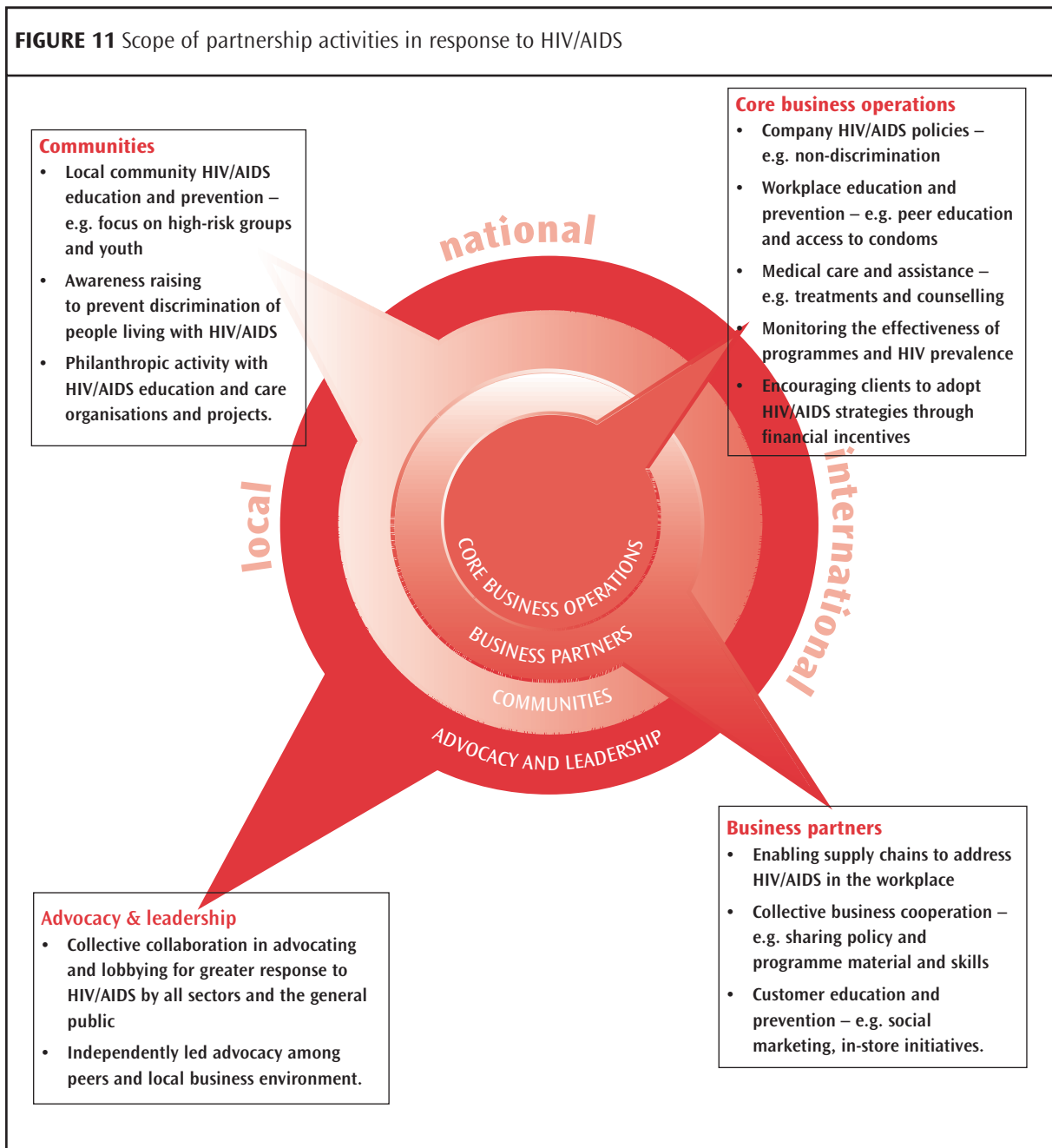
Businesses are not always sure which organisations to partner as there are often concerns over disclosure and confidentiality that may impact on their competitiveness. This can be overcome by sharing experiences of working with other sectors between businesses and by recognising that the benefits in the fight against HIV/AIDS will outweigh the barriers. In addition, some NGOs and governmental organisations have difficulties in collaborating with the private sector for fear that their own agendas may be compromised or viewed as an endorsement of all activities of businesses. Again, when choosing

to engage in partnerships with business, the benefits for NGOs and the public sector (access to workforces, communication networks, human and financial resources and influence over policy) need to be higher than the risks. The barriers can be overcome through mechanisms such as ensuring a diverse funding source, which maintains an NGO's integrity for independent evaluation and intervention (see Profile 17).

B. Scope of activities

Within the common agenda it is necessary to identify the locations and levels of activities to be undertaken within the partnership. Section 3 in this publication has highlighted the areas in which business can involve itself in responding to HIV/AIDS; core business operations, business partners, communities, and advocacy and leadership. Partnerships have been central to most of the activities within these areas, involving operational and strategic actions, locally, nationally, and internationally. Figure 11 summarises some of the key activities in which businesses can enter into partnerships in the response to the disease.

FIGURE 11 Scope of partnership activities in response to HIV/AIDS



Important in this process is ensuring full knowledge of what activities can be achieved through partnership and where individual action can be more effective. For example, individual action may be necessary where speed of action is paramount, since collective and collaborative action is inevitably slower, though often more sustainable in the long term. Therefore, this necessitates the identification of partnership needs. Standard Chartered Bank's recent development of an HIV/AIDS policy and education and awareness campaign was based on a group-wide study in 45 countries (see Profile 8). This study set out to identify current policies, practices and HIV/AIDS prevalence within its branches. With this information they were able to prioritise action on specific localities and programme activities, and to assess where they needed to work in partnership with other organisations (business, public sector and NGOs).

Guide #2

Keep purposeful and results-focused even when partnership building is slow

Overall, it is important to clarify from the outset what the desired outcomes of the partnership activities will be in order to allow for monitoring and evaluation later on. However, the aims will not be static. They will evolve as the partnership and actions develop, as a result of changing interests, commitments, knowledge and priorities. This does not need to undermine the partnership as

long as there is a focus on outcomes, rather than the process of the partnership, and by all partners retaining a degree of flexibility.

3. PARTICIPANTS

An obvious element in successful partnerships is the quality and range of participants, the role they play and the **resources and skills** that they are able to contribute. While it is not always possible, the effectiveness of partnerships will be increased where these aspects are complementary and the availability and limitations of contributions are made clear from the outset. Moreover, probably one of the most important factors in the success of any one partnership is the existence of a committed and competent **leadership**.

A. Leadership

The difficulties of initiating and maintaining activities that involve a diverse array of organisations, with a track record of confrontation, can present problems in terms of trust and cooperation within partnerships and also with the beneficiaries. In part, this is why open dialogue and transparency of purpose are crucial, but this still requires facilitation and mediation through a leadership role. In addition, the presence of a committed leadership serves to motivate and convince the various partners and stakeholders of the efficacy of the partnership and its activities. Often the individual leadership role evolves and transfers to other participants as the partnership develops.

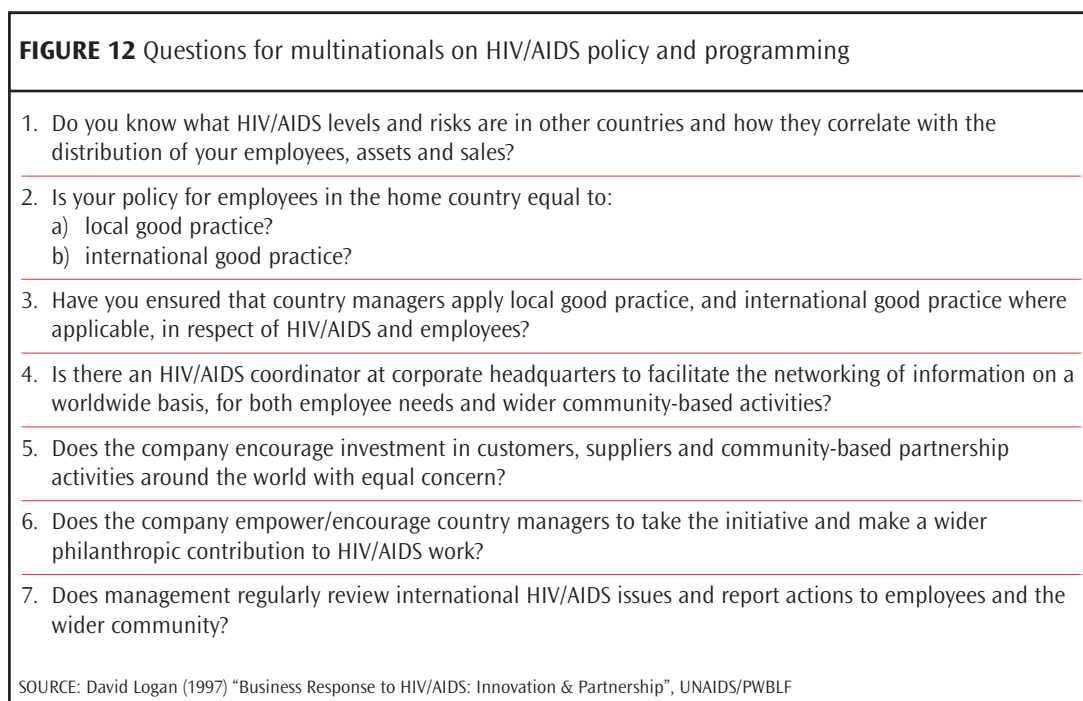
Guide #3

Find champions to 'front' the product and intermediaries to 'steer' the process

There are numerous examples in the response to HIV/AIDS where the leadership role has been a critical factor in the development and success of partnerships. Glaxo Wellcome has spearheaded and supported the activities of the Global Business Council on HIV&AIDS through its role as Chair and Secretariat of the Council, committing financial and human resources to assist in establishing the advocacy position of the Council with business and within international forums. Through open partnership with other leading businesses and NGOs, they have helped provide participatory dialogue and approaches in the efforts to engage international business in the response to HIV/AIDS. In the same way at a national level, Eskom of South Africa has helped focus local businesses to establish a functional and practical South African Business Coalition on HIV/AIDS (see Profile 16).

Another example from South Africa is Anglo Coal which initiated a joint project with other businesses, academic institutions and local government to address the wider causes of the spread of the disease through the HIV/AIDS education of commercial sex workers and their clients. They are now taking the lead in attempts to expand the impact of this programme through engaging more participants and through a wider geographical reach (see Profile 10).

Multinational corporations, in particular, are in a good position to take a lead role in advocacy. This is carried out at an international and national level, where business labour standards have often been incorporated into national legislation within transition economies. They are also able to form effective and powerful lobbying groups which may be motivated by business interests but have obvious wider social benefits and implications, as in the fight against HIV/AIDS. Multinational corporations are also uniquely positioned to influence policy throughout their global operations. They are able to access international knowledge and experience and transfer it from and to their operations around the world. Many local operating companies of large multinationals have relative independence in their day-to-day business activities, but multinationals can take a lead by initiating group level strategies, while allowing for local social, cultural, political and economic norms. Franchisement and joint venture collaboration with indigenous companies are often used as an excuse by multinationals for inaction, fearing accusations of cultural imperialism. However, it has been shown within this report that they can respond, HIV/AIDS affects everyone regardless of race or creed and can not be used as reasons for inaction. Good leadership provides an opportunity for a more coordinated and committed response to HIV/AIDS. Figure 12 lists a number of questions that multinationals should consider in order to take on this leadership approach.



Guide #4
Mobilise non-cash resources to support projects, programmes and partnership organisations

B. Resources and skills

Most partnerships begin with the idea that collaboration will facilitate the release and pooling of resources and therefore be mutually beneficial. While many partnerships involve financial resources, there is an increasing recognition of the valuable contribution provided by human resources (e.g. expertise and skills), physical assets (e.g. premises) and networks/contacts. Appropriate and effective use and recognition of the particular contributions that different sectors and/or participants offer are important for success. Therefore, it is essential to understand the types of resource and skills available to partnerships in response to HIV/AIDS.

i. Private sector

Many businesses have much to contribute through their vast resources, with annual revenues in some major corporations greater than the gross domestic product (GDP) of many countries, employing some of the best-educated and creative people and possessing tremendous communication and management capacities. As recognised in Section 3 of this publication, it is more difficult for small and medium sized businesses to contribute human and financial resources. However, many of the non-financial resources, such as intellectual capital, can be provided as in-kind contributions as a mechanism for increasing the available resources without considerable increases in the costs to business in terms of assets and money. These resources can be divided into three main types: material assets, skills base and networks of contacts, as summarised in Figure 14.



More innovative and efficient resource commitments from business occur when they link responses to their core business activities and skills, such as marketing and public relations companies providing pro-bono assistance. A good example of this is ALMS of the Czech Republic (see Profile 12) which has used its information technology skills to design an HIV/AIDS information website. Another example is Halus Sutera, a printing company in Malaysia, which provided printing services for HIV/AIDS organisations, publications and campaigns.

Other non-finance resources that business can contribute at minimal extra cost include the sharing of data on infection rates amongst the workforce, accurate and concentrated statistics that do not breach confidentiality. These can be invaluable to the public sector and NGOs, particularly in developing countries where reliable statistics are hard to gather. Additionally, the simple process of sharing experience and materials on HIV/AIDS policy, and programmes with other businesses and NGOs is a substantial contribution that can be made to all sectors in the response to HIV/AIDS (see Workplace Tool on page 22). This has the effect of saving time, one of the highest costs to business, by avoiding duplication. Moreover, the human resource developments undertaken by business in response to HIV/AIDS in the workplace, such as training educators and healthcare specialists, can be used to facilitate the extension of education and prevention into local communities.

In areas of weak, corrupt or moribund governments the private sector can often be the only source of health care to communities. However, this should not be at the cost of undermining public health services. A more effective intervention strategy is often to work in partnership to build the capacity of the public services to deliver health messages and care more effectively. The importance of this is that the public sector is often operative and has networks outside the sphere of business influence, particularly in rural areas, where in the developing world the majority of the population lives. These people constitute the future labour pool and markets for business.

ii. Public Sector

The strengths of the public sector lie in its potential ability to bring an overview to the responses to HIV/AIDS and to act as a conduit for information sharing at local, national and international levels. The resources available differ quite substantially from country to country, but include physical and social infrastructure (e.g. health care, education, transport, communications), regulatory authority (e.g. legislation on HIV/AIDS policies) and political influence (e.g. mobilisation of support amongst the general public). Senegal, West Africa, is an example of the successful use of these public sector resources. Through a combination of early and significant political leadership, regulation (e.g. reducing tax on condoms) and financial commitments, the government is seen as being one of the major players in contributing to the country having one of the lowest HIV infection rates in sub-Saharan Africa.

Intergovernmental agencies, such as UNAIDS and the World Bank, can provide the intellectual and financial capital to enable effective and widespread responses to HIV/AIDS. Either through the monitoring of HIV/AIDS and the supply of specialist knowledge or through the provision of substantial financial assistance, intergovernmental agencies have a unique contribution to make to partnerships. Their ability to mobilise and coordinate actions in partnership with all other sectors is illustrated with the example of the International Partnership Against AIDS in Africa (see Profile 16). This initiative is spearheaded by the United Nations, using its worldwide network of contacts and expertise to bring together African governments, donor countries, intergovernmental agencies, private sector, unions and civil society organisations.

iii. NGOs

In terms of cash resources and full-time employees, NGOs and community-based organisations (CBOs) are smaller than their public and private sector counterparts. However, they are public-interest organisations with considerable social and political influence. They have the credibility that comes from working closely with those most affected by the epidemic. Often, NGOs understand

better the conditions and social attitudes that lead to the spread of the virus and, in many parts of the world, have led the campaign to draw public attention to HIV/AIDS issues in the community and the workplace. Their resources are predominantly skills based, although they are often an excellent conduit for information and can be better informed and networked than business on the issue of HIV/AIDS.

Beyond their lobbying and advocacy, NGOs and CBOs that have partnered businesses in the response to HIV/AIDS have invariably played an advisory, service provision or independent monitoring and evaluation role. These range from providing specialised knowledge of the disease in the development of HIV/AIDS policies and programmes, to implementing projects, assisting access to local communities and advising on the needs of, and representing people living with HIV/AIDS.

4. ORGANISATION

The structure of partnerships in response to HIV/AIDS is as varied as the aims and objectives that exist in reaction to this global issue. Partnerships are by nature evolutionary, making them appropriate and flexible mechanisms to respond to an epidemic that proliferates in the manner of HIV, and which requires a fluid response as opposed to standard models. As a consequence, there is a tendency for partnerships to be rather informal, based around particular activities or guiding principles rather than through the creation of legally structured organisations. The current preference is to engage with existing organisations rather than to replicate structures, forming temporary cooperation agreements or signing up to public statements. For example, the Corporate Leadership Statement on the Global Business Council on HIV&AIDS has up until now been the mechanism for engaging businesses as members to undertake advocacy work. Other partnerships may be based on contractual agreements, where an organisation is paid to fulfil a particular task, for example an NGO providing guidance on the formulation of a company's HIV/AIDS policy and programmes.

Partnerships evolve to match the needs of the particular objectives and so there is no one successful mechanism. As partnerships develop they tend to become either more formalised, such as companies paying a membership fee to business coalitions, for example the Thailand Business Coalition on HIV/AIDS and the Hungarian Business Leaders Forum. Alternatively, the partnership ends having completed the set activities, or momentum is lost due to a lack of leadership or conflicting objectives. What is essential is a clarification of responsibilities of individual partners and to ensure some degree of participation in the decision-making process. This requires clear communication of decisions, action points and benchmarks, particularly as many partnerships involve different sectors and thus differing working methodologies.

5. OUTCOMES

Business culture is performance driven. Unless companies can see clear, measurable impacts from the inputs of resources they contribute, they will be reluctant to be involved in the work on HIV/AIDS. Most corporate initiatives on HIV/AIDS must have clear goals and performance indicators for success, to help ensure that companies optimise their resources. Areas of mutual benefit to both business and society will inevitably receive most corporate attention.

The closer the threat of HIV/AIDS is to the commercial interests that lie at the heart of business, the more identifiable the business benefits of intervention will be. In contrast, the more company activity moves away from stakeholder-related responses to pure philanthropy, the clarity of measurable business benefits will decline, particularly if a company is practising its philanthropy in a low-key way and not as a public relations exercise. In some philanthropic activity, the benefit to core business operations may well be low, while the benefit to society is substantial. That situation does not automatically disqualify an initiative from private sector support. Some managers are motivated to make a contribution precisely because a small amount of effort on their part can achieve significant social benefit. Their involvement is made even easier if they can use non-financial resources that are not a direct charge to the financial bottom line.

Guide #5

Use stakeholder-based research as a feedback mechanism for keeping track

Partnerships on HIV/AIDS have not been rigorous in monitoring and evaluating the outcomes of activities, which may conserve resources in the short term but limits the effectiveness in relation to scale-up, replication and refinement. This is particularly important given the dynamic nature of the disease and the complex variables influencing its spread and level of impact.

Setting short-term and long-term objectives may help this process by allowing regular feedback on the progress of the partnership. The benefit of such a process is that lessons can be learned and adaptations can be continually made to improve the partnership's effectiveness.

While partnerships are advocated as being beneficial, their effectiveness is notoriously difficult to measure. The assumption is that more is achievable by collaborating on shared objectives. However, there is very little empirical evidence on measuring the impact of partnerships, whether negative or positive, in terms of achieving agreed objectives. The research that does exist points to the value of partnerships where concrete outcomes can be measured.⁴

A CALL FOR ACTION

This publication reiterates the business case for a response to HIV/AIDS, identifying the real impacts that it has on the economic bottom line. If business is to have any significant influence over the prevention of HIV/AIDS in the workplace and amongst its stakeholders, it has to act early and engage in genuine activities that go beyond mere public relations exercises in order to maximise the efficacy of its intervention and awareness programmes. HIV/AIDS has no barriers and will continue to impact on current and future business operations and markets if responses remain localised, uncoordinated and low-key affairs. HIV/AIDS awareness and prevention have to be positioned at the core of the business strategy of any forward thinking company. The private sector, for reasons identified in this publication, is uniquely positioned to respond to the epidemic given the vast intellectual, resource and financial capital it has at its disposal.

This publication does not attempt to provide a standard model or overall solution to combating the impact of HIV/AIDS on business and its stakeholders. One of the biggest mistakes in the development of appropriate responses to HIV/AIDS is the attempt to blindly scale up and replicate successful models across geographical, social and cultural boundaries. Business is more aware than any other sector of the concept that what "sells" in one market may not be a best seller in the next. The advice, guidance and good practice examples contained within this publication can be used as a toolkit for constructive, effective and cost-cutting responses to HIV/AIDS. However, it is not an instruction manual. It is necessary to build appropriate partnerships and structures through innovative and creative approaches. Business cannot afford to ignore the reality of a disease that has the potential to destroy the very foundations on which it is built, namely human capital.

-
1. Nelson, J & Zadek, S (2000) "Partnership Alchemy: New Social Partnerships in Europe", The Copenhagen Centre.
 2. Guides 1-5 are taken from "Golden Rules for Managing Cross-sector Partnerships" in Tennyson, R (1998), Managing Partnerships, The Prince of Wales Business Leaders Forum.
 3. Pisani, E (1999) "Acting early to prevent AIDS: The case of Senegal", UNAIDS.
 4. The Prince of Wales Business Leaders Forum has conducted innovative research on the effectiveness of cross-sector partnerships, assessing 50 multinational corporations, in Jane Nelson's (1998) "Building competitiveness and communities" in collaboration with the World Bank and the United Nations Development Programme. Also in collaboration with the World Bank, they have conducted research across four continents on measuring the impact of partnership structures and have developed evaluation tools to measure the effectiveness of partnerships, "Measuring Impact" PWBLF/WB (2000).

5

Profiles of business activities in response to HIV/AIDS

The previous sections in this publication have highlighted the diverse range of business responses to HIV/AIDS. The Profiles in this section represent a small sample of the global response. Some of this information was provided through the Global Business Council on HIV&AIDS Awards for Business Excellence in response to HIV/AIDS. These Profiles serve as models of good practice that have the potential to be replicated by other businesses, the public sector and NGOs in response to HIV/AIDS.

Within the Profiles an attempt has been made to identify the origins and motivations for action, the details of actions, the results and the ingredients of success of each of the responses. This process has been undertaken with the cooperation of the profiled companies who have kindly provided the information to assist in identifying how effective responses can be created. Four interrelated areas have been identified from the Profiles:

- 1. A role for core business operations:** highlighting ways in which a business can undertake initiatives that draw on their own resources and activities;
- 2. The importance of information and monitoring:** addressing the significance of the need to gain full knowledge of how best to respond to HIV/AIDS, drawing on information from others and through continual reassessment of actions;
- 3. The involvement of small enterprises:** identifying the effective and innovative role that small enterprises can play in the response to the disease;
- 4. The effectiveness of partnerships:** clarifying the central position that partnerships have played in strengthening the effectiveness and sustainability of responses.

One should note that while this publication has associated individual companies and organisations as being illustrative of certain key lessons (see Figure 14), most of the examples do employ a much more holistic and integrated approach to tackling HIV/AIDS in the workplace and communities. For example, partnership of one kind or another has been key to the success of the project activities of each of the profiled companies.

FIGURE 14 Key lessons learned from the Profiles

A ROLE FOR CORE BUSINESS OPERATIONS

- | | |
|------------------|---|
| Profile 1 | American International Assurance, Thailand
INNOVATIVE PROGRAMME INVOLVING CORE BUSINESS PRACTICES |
| Profile 2 | The Body Shop, Japan
AWARENESS INITIATIVES THROUGH CORE BUSINESS SITES |
| Profile 3 | Warsaw Marriott Hotel, Poland
SUPPORT FOR HIV/AIDS COMMUNITY THROUGH CORE BUSINESS ACTIVITIES |
| Profile 4 | Larsen & Toubro Limited, India
LONG-TERM COMMITMENT TO WORKFORCE AWARENESS |
| Profile 5 | Volkswagen do Brasil, Brazil
BUSINESS BENEFITS OF CARE PROGRAMMES |
| Profile 6 | Molson Breweries, Canada
CAUSE-RELATED MARKETING STRATEGIES |

THE IMPORTANCE OF INFORMATION AND MONITORING

- | | |
|-------------------|---|
| Profile 7 | Chevron Nigeria Ltd, Nigeria
KNOWLEDGE-BASED AND TARGETED RESPONSES |
| Profile 8 | Standard Chartered Bank, UK
INFORMATION COLLATION FOR EFFECTIVE PLANNING |
| Profile 9 | International Hotel & Restaurant Association
PROVIDING INFORMATION THROUGH BUSINESS NETWORK ORGANISATIONS |
| Profile 10 | Anglo Coal, South Africa
CONTINUAL MONITORING AND ADAPTATION OF PROGRAMMES |
| Profile 11 | Eskom, South Africa
MONITORING AND SHARING PROGRAMME EXPERIENCE |

THE INVOLVEMENT OF SMALL ENTERPRISES

- | | |
|-------------------|---|
| Profile 12 | ALMS, Czech Republic
SMALL ENTERPRISE RESPONSE LINKED TO CORE BUSINESS ACTIVITIES |
| Profile 13 | Teddy Exports, India
SMALL ENTERPRISE (SUPPLIER) INNOVATION |

THE EFFECTIVENESS OF PARTNERSHIPS

- | | |
|-------------------|---|
| Profile 14 | Bristol Myers Squibb Company, USA
MULTI-SECTORAL PARTNERSHIPS |
| Profile 15 | The Shell Company of Thailand, Thailand
PREVENTION AND AWARENESS THROUGH PARTNERSHIP |
| Profile 16 | Business Coalitions on HIV/AIDS
COLLABORATION BETWEEN BUSINESS |
| Profile 17 | International HIV/AIDS Alliance
NON-GOVERNMENTAL ORGANISATION PARTNERSHIP WITH BUSINESS |

Key lesson: Innovative programme involving core business practices

American International Assurance, Thailand

WORKPLACE EVALUATION AND ACCREDITATION PROGRAMME

1

● **Business description:**

American International Assurance (AIA), a subsidiary of American International Group, the leading US-based international insurance organisation, was established in Thailand in 1938. AIA is the largest life insurance company in Thailand. In December 1999, AIA had a market share of over 45 percent, 2 million policyholders, over 97,000 million baht (approx. \$US 1,600 million) in assets, premium income of 34,000 million baht and writes 6,300 million baht in new premiums each year.

- **Number of employees:** 1,300
- **Contact:** Galayanee Chaturaphit
Corporate Communications
AI Tower 181 Surawongse Road
Bangkok 10500
Thailand
- **Tel:** +66 2 634 8888
- **Fax:** +66 2 266 7847

1. Motivation for action

AIA first began to recognise the seriousness of the spread of HIV/AIDS in 1992 when Thailand was experiencing a rapid rise in HIV rates. They recognised the leading role that the public sector and NGOs had taken, but believed they needed support in order to achieve a greater impact on the epidemic. Thus, they sought to complement this work by applying business expertise and resources through partnership in the response to HIV/AIDS. AIA regards a response to HIV/AIDS as an essential part of its commitment to its customers and corporate philosophy, and its role in society. Moreover, as a life insurance company, AIA has a clear vested interest in the health and wellbeing of its clients and national community in terms of direct costs on insurance payments and future markets.

2. Business response to HIV/AIDS

From 1992 to 1999 AIA entered into partnership with various NGOs and public health organisations on a range of projects involving community donations and corporate philanthropy, focusing on HIV/AIDS prevention. For example, in 1993 they partnered CARE International Thailand in an on-going HIV/AIDS prevention programme for factory workers in the Samut Prakarn Province, creating an HIV/AIDS information network and support to individuals and the community. In addition, AIA provide HIV/AIDS education and information on prevention to its workforce and supply HIV/AIDS information manuals to its policyholders (over 2 million distributed).

AIA have undertaken to advocate for greater business involvement in the response to HIV/AIDS. In October 1999, AIA and several other business leaders from the Asia-Pacific region signed an executive declaration of commitment against HIV/AIDS, setting out to recognise businesses responsibilities and the critical role they can play. For example, the declaration states:

“With access to marketing, organisational resources and communication technologies and the ability to mobilise employees and in turn local communities, businesses are in a unique position to implement effective HIV/AIDS prevention programmes and play a major role in reducing the spread of HIV/AIDS.”

Significantly, AIA recently set itself the task of integrating HIV/AIDS initiatives into its core business operations, in this way assuring the sustainability of response. A study in 1997 showed many Thai businesses still had not initiated HIV/AIDS workplace programmes, which AIA attributed to a perceived lack of incentives and tangible benefits. As a result AIA have developed the following programme:

Evaluation and Accreditation Programme

In the latter part of 1999, AIA, in partnership with the Thailand Business Coalition on AIDS (TBCA), a business membership NGO providing leadership in the business response to HIV/AIDS, set about developing an innovative evaluation and accreditation programme. This is aimed at providing credited premium value to companies

continued

implementing HIV/AIDS policies and education programmes in the workplace.

The primary aim of this programme is to promote HIV/AIDS prevention and non-discrimination in the workplace of AIA policyholders using financial incentives. Through an accreditation scheme indexing the strength of policyholder's workplace and community HIV/AIDS programmes, these companies will be rewarded with a 5-10 percent credited premium value group life insurance. There are three percentage levels offered (5, 7 and 10 percent) which will depend upon the accreditation scoring, assessed by the TBCA regarding the following activities:

1. Policy on HIV/AIDS
2. HIV/AIDS staff training
3. HIV/AIDS staff information and education
4. Confidentiality
5. Collaboration from staff living with HIV/AIDS
6. Policies/procedures providing a supportive environment for staff with HIV/AIDS
7. Assistance of staff living with HIV/AIDS
8. HIV/AIDS activities in the community

Accreditation is followed by two evaluation stages, once on entry to the scheme and once before the yearly renewal of the policy. In this way companies are given an incentive to improve programmes, as assessed through measurable progress in knowledge, behaviour and attitudes of the workforce. The costs to AIA of this programme in 1999 were approximately 3.3 million baht (circa. \$US 85,000), which includes the development costs.

In addition, AIA recognise that current and potential policyholders will need to be provided with the technical capacity to undertake HIV/AIDS programmes, and the information to develop a clear understanding of the resulting company and community benefits. AIA experience has shown that the best method of achieving this is to develop partnerships with existing government and non-governmental organisations specialising in HIV/AIDS responses.

3. Results and lessons

Given that the Evaluation and Accreditation Programme is in its infancy, it is not possible to assess its effectiveness. It is however an excellent example of how businesses can begin to assess ways in which core business practices may be affected by HIV/AIDS and then develop innovative mechanisms to contain the economic and human impacts.

For AIA the potential benefits go beyond the positive public perception gains of AIA as a socially responsible business and leader in the response to HIV/AIDS. They include the potential reductions in direct costs (insurance payouts) as a result of healthier workforces amongst its policyholders. In addition, it has the potential to attract new business as a result of AIA demonstrating its commitment to its customers, and the potential gains for policyholders through obtaining credited premium value group insurance.

In addition, the work AIA has undertaken over the years has highlighted the importance of partnerships with NGOs and governmental organisations in scaling-up responses and providing the necessary expertise and understanding of HIV/AIDS issues and networks. The TBCA in particular has been important in assisting AIA in developing credible, effective and innovative programmes.

Key lesson: Awareness initiatives through core business sites

The Body Shop, Japan

IN-STORE HIV/AIDS CAMPAIGNS

2

● **Business description:**

The Body Shop in Japan, owned by Aeon Forest Co. Ltd, is a franchised company of The Body Shop International plc. It was established in 1990, retailing high-quality skin and hair care products and attracting some 4.5 million customers per year into around 116 stores. Turnover for 1999 was around ¥8billion (approx. \$US 75 million). The company is committed to promoting corporate social responsibility and environmental responsibility as a core value in the business.

- **Number of employees:** 1,000
- **Contact:** Grace Chang
Asia-Pacific Regional Office
The Body Shop (Singapore) Pte Ltd
163 Penang Road
06-01 Winsland House II
Singapore 238 463
- **Tel:** +65 836 2322
- **Fax:** +65 836 2115
- **email:** grace.chang@the-body-shop.com.sg

1. Motivation for action

In the mid 1990s, The Body Shop in Japan observed the rapid spread and impact of the HIV/AIDS epidemic in parts of Asia, and while Japan had not been hit as hard as other countries the company recognised the threat it posed. Through their approach to business, The Body Shop in Japan believe that they have a responsibility to the communities in which they operate. Therefore, they sought to raise awareness of HIV/AIDS amongst their customers and to engage them in the response through in-store campaigns.

2. Business response to HIV/AIDS

Since 1997, The Body Shop in Japan has been running HIV/AIDS campaigns around World AIDS Day, primarily to raise awareness of the disease and to break down stigmatisation and discrimination of people living with HIV/AIDS. The approach has been to make use of their human resources as a mechanism for providing HIV/AIDS campaigners with an outlet for information dissemination, while minimising additional costs. The Body Shop in Japan has taken the campaigns into its stores with the aim of integrating HIV/AIDS into every day environments. In particular, in-store activities assist in accessing women who, in Japan, are often excluded from discussions surrounding the issue of HIV/AIDS, such as sex and drug use.

Each year the campaigns themselves have focused on different HIV/AIDS issues and organisations, at an annual cost of around ¥1.4 million (circa \$US 13,000):

- In 1997, The Body Shop in Japan partnered with a local NGO, HIV and Human Rights Information Centre, a local organisation that supports people living with HIV/AIDS. The company donated 2% of the sales of one product to the NGO and distributed to customers free condoms and HIV/AIDS information that was provided by the NGO.
- In 1998, the campaign focused on drawing attention to the global pandemic by providing global information from UNAIDS to its customers. In addition, they collaborated with Levi Strauss Japan to create and sell T-shirts with an HIV/AIDS message, donating profits to an NGO in Thailand.
- In 1999, The Body Shop in Japan supported an NGO working with people living with HIV/AIDS by trading the NGO's teddy bears which had information tags attached to assist in raising awareness about discrimination. In addition they sold T-shirts and red ribbon badges, donating profits to the HIV and Human Rights Information Centre.

continued

3. Results and lessons

The cause-related marketing activities (T-shirts, red ribbons, Japan-specific products) were highly successful in generating public awareness for the campaigns. There were also reputation gains for the company on a topic that is now being legitimised as an important issue, especially amongst the young.

The Body Shop in Japan also identified benefits to their employees, through observed improvement in staff morale and productivity through involvement in the in-store campaigns. They also held workshops for all store managers to raise the level of understanding of HIV/AIDS, which had the effect of convincing many of them of the importance of such close involvement. In addition, The Body Shop Japan recognised from experience that the use of simplified and concise HIV/AIDS information is important if both customers and staff are to be engaged.

Key lesson: Support for HIV/AIDS community through core business activities

Warsaw Marriott Hotel, Poland

HOSTING CONFERENCES FOR PEOPLE LIVING WITH HIV/AIDS

3

● **Business description:**

The Warsaw Marriott, part of the worldwide chain of Marriott International hotels, is a five star hotel located in central Warsaw. Its facilities include 523 rooms and over 2500 sq metres of meeting space, with 16 function rooms able to accommodate 700 persons for a meeting and 1,000 persons for a reception.

- **Number of employees:** 850
- **Contact:** Jolanta Tylus
Warsaw Marriott Hotel
Al. Jerozolimskie 65779
Warsaw
Poland
- **Tel:** +48 22 630 5208
- **Fax:** +48 22 629 8810
- **Email:** jola.tylus@marriott.com

1. Motivation for action

The Marriott International has a commitment to assisting the communities in which they operate, believing that business enterprises should be active and prominent in supporting community concerns. The Warsaw Marriott identified HIV/AIDS as an issue that was not openly and practically discussed in Poland and other countries in Central and Eastern Europe, as a result of a lack of knowledge of HIV/AIDS and discrimination against people living with HIV/AIDS. They sought to serve as an example to other businesses in Poland and to assist their staff and local community in improving awareness of HIV/AIDS.

2. Business response to HIV/AIDS

Since 1994, the Warsaw Marriott has undertaken a number of initiatives to assist in the promotion of HIV/AIDS awareness to their own staff and supporting people living with HIV/AIDS, largely in collaboration with the Polish Foundation for Humanitarian AIDS “Res Humanae”. Significant activities undertaken include:

- In December 1998 the Warsaw Marriott hosted the 5th Conference of People Living with HIV/AIDS and Family and Society. This brought together a number of Polish and East European medical and social professionals and community leaders in the field of HIV/AIDS, offering financial assistance through reduced rates and complementary services.

- In August 1999 the Warsaw Marriott supported and hosted the 9th International Conference for People Living with HIV/AIDS. The conference was attended by almost 500 delegates from over 60 countries, most of whom were HIV positive. Again the hotel assisted the conference by providing some complementary rooms, reduced conference space rates, free equipment hire, and reduced catering services costs. Hotel staff underwent HIV/AIDS education training to increase their awareness and sensitivity to these issues for the conference, for their own information and for future guests. The hotel has since made a commitment to undertake a longer-term (5 year) HIV/AIDS education programme to continue to train its full and part-time staff.

- The General Manager undertakes advocacy work at business events to encourage other business leaders and executives to incorporate HIV/AIDS programmes and initiatives into their firm’s activities by illustrating how and why business should be more active.

3. Results and lessons

The hotel sought to evaluate the effectiveness of the staff training programme and the value of this investment by surveying staff attitudes and knowledge of HIV/AIDS prior to and after training. The majority of staff indicated that they directly benefited, personally and professionally, as a

continued

3

result of the training and that they felt better informed and less frightened of the issues related to HIV/AIDS. The significant value of this programme to the hotel is the prevention of HIV/AIDS amongst the workforce and a more professional approach to HIV/AIDS issues with regards to service provision to future guests of the hotel.

As a result of the success of the experience of the training programmes and support for people living with HIV/AIDS, the Warsaw Marriott is seeking to share their practices with other Marriott Hotels, and affiliated hotels and resorts worldwide, through their international staff/management publications and headquarters. Within Poland there still remains an observable lack of open discussion and fear in the business sector of HIV/AIDS. However, as Witold Liwiski, President of the Res Humanae Foundation, stated: *“The attitude of the management and staff of the Warsaw Marriott Hotel is courageous and can be used as a good example, and encourage the Polish business environment to be more aware and sensitive to HIV/AIDS issues”*.

Key lesson: Long-term commitment to workforce awareness

Larsen & Toubro Limited, India

EDUCATION AND PREVENTION PROGRAMMES

4

● **Business description:**

Larsen & Toubro, founded in 1938, is one of the top private sector companies in India, with net profits for 1998-99 at Rs. 4,710 million (approx. \$US 105 million). The company is engaged in engineering and construction, cement, electricals and electronics and construction equipment, with manufacturing facilities in 20 locations throughout India. Larsen & Toubro makes a commitment to the wellbeing of its employees and to the local communities, providing social and economic assistance programmes.

- **Number of employees:** 26,000
- **Contact:**
 - Rupam Nangia
 - Senior Executive – Employee Welfare
 - Larsen & Toubro Limited
 - Powai Works
 - Saki Vihar Road
 - PO Box 8901
 - Mumbai 400 072
 - India
- **Tel:** +91 22 858 1401
- **Fax:** +91 22 858 1111
- **Email:** m-pwd@powai.ltindia.com

1. Motivation for action

Larsen & Toubro recognised that HIV/AIDS placed the private sector in a vulnerable position as a result of the high level of incidence of HIV in the age group 18-35, placing at risk the most productive section of their human resources. In addition, by recognising that the combination of the absence of good quality medical facilities available to most people in India and the lack of any cure, prevention was the principal way for them to assist in containing the spread of HIV/AIDS. Importantly, they sought to achieve this through extensive education programmes and by attempting to remove the prejudice, myths and social stigma around HIV/AIDS and those living with HIV/AIDS and their families. Essentially, the principal aims were to prevent an epidemic, ensure a healthy workforce, maintain productivity and morale and fulfil the company's social responsibility.

2. Business response to HIV/AIDS

Larsen and Toubro have a long history of responding to HIV/AIDS, dating back to 1985 when they first launched an awareness-raising programme. The commitment has remained to the current day with a diverse range of programmes undertaken, including the following:

- **Awareness-raising programme:** Initially involving the training of trainers, held in English and the local language, in order to give them the knowledge, skills and sensitivity to conduct HIV/AIDS awareness programmes. Over the years the programme has involved 85 trainers and social workers on over 200 training programmes and covered approximately 10,000 employees, 4,500 members of employees, families and 1,500 local school children. A particular focus has been made on youth, including the apprentice trainees, new graduate trainees, the employees' children and local municipal schools and slum communities. These programmes are ongoing, becoming an integral part of the company training schedule.
- **Supporting people living with HIV/AIDS and prevention of discrimination:** Larsen & Toubro actively promote non-discrimination of people living with HIV/AIDS for hiring, promotion, transfer and training of its employees. There is no mandatory testing at any stage, pre- or post- employment. The company provides counselling to people living with HIV/AIDS and is engaged in partnerships with governmental organisations and NGOs to ensure good practice and

continued

assistance provision. Through peer education the company seeks to create a better acceptance and integration of employees living with HIV/AIDS.

- **Involvement in external initiatives on HIV/AIDS:** In 1995, Larsen and Toubro participated in the formation of one of the earliest private sector led participatory bodies in response to HIV/AIDS, the Industry Response to AIDS, which consisted of management level representatives from 13 large companies in Mumbai. While this was not a long-standing arrangement it stood as an example of future approaches in the business response to HIV/AIDS. In addition, representatives from Larson & Toubro are members of technical working groups on local and international bodies devising HIV/AIDS intervention strategies for the local communities.
- **Sharing workplace experiences of HIV/AIDS:** Personnel from Larsen & Toubro were instrumental in designing and writing a HIV/AIDS policy guideline for Indian industries, "Corporate Response to AIDS: Policy Guidelines", in partnership with the Bombay Chamber of Commerce and Industry. Moreover, through several different local and national industrial associations Larsen & Toubro provide access to their HIV/AIDS workplace and community education and prevention training modules and materials.

3. Results and lessons

Due to the long-term commitment and willingness to share knowledge and materials on HIV/AIDS, Larsen & Toubro have become well respected throughout the private, governmental and NGO sectors within India, resulting in an increasing interest in replicating the company's HIV/AIDS programmes. While there has not been any specific monitoring studies undertaken, company observations reveal that the incidence of HIV cases amongst the workforce has declined. In addition, employees and their families are more prepared to discuss HIV/AIDS with the company's Employee Welfare Department.

The extensive experience of Larsen & Toubro provides useful lessons in how to undertake and maintain private sector responses to HIV/AIDS. Principal ingredients of success of the company's activities have been identified as follows:

1. Internal commitment from senior management within the company;
2. A multi-pronged intervention strategy implemented at all levels within the company and the local community;
3. The education and prevention programmes built into the training strategy of the company;
4. The development of multicultural and multilingual educational materials appropriately directed at specific target groups;
5. Involvement of labour unions in the planning and implementation of the programmes;
6. Involvement of peer leaders from the target groups in the dissemination of the education and prevention information;
7. Positioning the company's programme implementation department as a professional, non-threatening and neutral body;
8. Care and support for people living with HIV/AIDS and their families.

Key lesson: Business benefits from care programmes

Volkswagen do Brasil, Brazil

HIV/AIDS CARE PROGRAMME

● **Business description:**

Volkswagen do Brasil is a subsidiary company of the Volkswagen Group, the fourth largest automobile manufacturer in the world. The Brazilian company's operations focus on production and sales of automobiles. With a total of 92,773 units sold between January to March 2000, Volkswagen do Brasil remains the market leader in Brazil.

● **Number of employees:** 30,000

● **Contact:** Murilo Alves Moreira
Volkswagen do Brasil
Via Anchieta Km 23,5 – Ala 7
CEP:09823-990
Sao Bernardo do Campo/Sao Paulo
Brazil

● **Tel:** +55 11 753 4843

● **Fax:** +55 11 753 4830

● **Email:** sbc.mmoreira@vwmail.de

The HIV/AIDS prevention programme in the workplace used educational presentations and videos, information dissemination via the company radio, internal newspapers, bulletin boards and HIV/AIDS brochures. In addition, they sought to facilitate the use of condoms through the installation of condom machines in the workplace.

A principal feature of the care of people living with HIV/AIDS by the company was the establishment of a Technical Protocol which sought to standardise the assistance provided within the programme, while allowing a degree of flexibility to enable assistance to be provided dependent on individual needs. The treatment and counselling provided by the programme includes access to infectious disease specialists, social workers,

nutritionists, psychologists, referrals to specialised hospitals and home care treatment. Patients are also given access to antiretroviral drug treatment and clinical tests such as measuring viral load. In addition, as part of the company's non-discrimination policy, assistance is given to personnel in order to reintegrate them into the workplace and society.

3. Results and lessons

The outcomes identified by Volkswagen do Brasil are both quantitative and qualitative. By the end of 1999, the company reported that since the initiation of the care programme its monitoring systems had shown a 90 percent reduction in hospitalisations, 40 percent reduction of costs of treatments and care, and 90 percent of the patients were active and without symptoms. In addition, the company notes the benefits of greater clinical control of patients, improved quality of life for people living with HIV/AIDS within the workplace and in society, and a perceived increase level of employee satisfaction with the company. The experience of Volkswagen do Brasil has provided evidence of the effectiveness and costs savings to companies initiating, where possible, coordinated and specialised treatment and care to its workforce. The saving from reduced absenteeism and loss of employees is central to this approach.

1. Motivation for action

In 1986, the first HIV infection was detected amongst the 105,000 users of the Volkswagen Medical Health Plan, covering employees, dependents and retired personnel and employing over 2,000 personnel. Between that period and 1996, the company detected an increasing number of new infections with a high frequency of long hospitalisations, high incidence of opportunistic diseases, high cost of treatments with minimal benefits as a result of low adherence to treatment, and a resulting low life expectancy. In addition, the medical personnel lacked the specialised knowledge to adequately treat people living with HIV/AIDS. Therefore, Volkswagen do Brasil recognised the need to address HIV/AIDS care to prevent costs escalating and to create a more effective and efficient service to its Health Plan members.

2. Business response to HIV/AIDS

In June 1996, Volkswagen do Brasil initiated the AIDS Care Programme, centralised in the headquarters at Sao Bernardo do Campo with specialised technical personnel and incorporated into the overall company health care structure. The multiple purpose initiative involved focusing on HIV/AIDS prevention and control and the treatment of patients living with HIV/AIDS.

5

Key lesson: Innovative programme involving core business practices

Molson, Canada

CAUSE-RELATED MARKETING SUPPORT FOR AIDS SERVICE ORGANISATIONS

6

● **Business description:**

Molson, founded in 1786, is Canada's pre-eminent brewer with more than 2 billion Canadian dollars (approx. \$US 1.3 billion) in annual sales. It also has a 49.9 percent interest in the Coors Canada partnership, and 24.95 percent of Molson USA, which markets and distributes the Molson and Foster's brands in the United States. Molson is one of Canada's oldest consumer brand names.

- **Number of employees:** 3,800
- **Contact:** Lisa Jedan
Molson Inc.
175 Bloor St. East
Toronto, MYW 354
Ontario
Canada
- **Tel:** +1 416 966 6190
- **Fax:** +1 416 966 6135
- **Email:** lisa.jedan@molson.com

entered into partnership with the Canadian AIDS Society and MacLaren McCann Advertising to create a radio, television and print advertising campaign that reached more than 18 million Canadians. By 1999, AIDS Walk involved 110 communities and had raised more than 10 million Canadian dollars in support of local HIV/AIDS care, treatment and support services and education and prevention programmes. Molson has taken a leadership role and has provided an important long-term commitment.

Molson has focused their support on entertainment-related events

1. Motivation for action

Molson's involvement in HIV/AIDS began in 1988 when they were requested by an AIDS service organisation in Toronto to provide support for a fund-raising event ('Dancers for Life') that, at the time, involved little more than contributing drinks for a post-performance party. This involvement led to the company undertaking market research to determine the relevance of HIV/AIDS to young adult males, the primary target audience of Molson. Having recognised this link, the company then proceeded to seek out opportunities to support HIV/AIDS awareness through a combination of corporate giving and the use of marketing expertise for projects throughout Canada.

2. Business response to HIV/AIDS

Molson's long-term commitment to HIV/AIDS has been based around a cause-related marketing programme called "Molson: Partners in the fight against AIDS". This programme is aimed at supporting community based AIDS service organisations (ASOs) raising awareness of HIV/AIDS, and also at helping raise other private sector support.

The activities have involved various events and organisations. For example, in 1996, Molson became the national founding sponsor of AIDS Walk Canada, a national public awareness campaign. In the first year the company

that attract their target audience, such as an annual rock festival involving key music stars in Canada to raise awareness and money for community AIDS groups. Another long-term commitment has been the sponsorship of Dancers for Life, an annual event involving Canada's most celebrated artists, and raising funds for the AIDS Committee of Toronto, Canada's largest AIDS service organisation.

3. Results and lessons

Molson's long-term commitment and involvement in HIV/AIDS events and organisations has been recognised by the Government of Canada and the Canadian AIDS Society as a pioneer in the private sector support for ASOs. The cause-related marketing programme has been used as a case study for broadening corporate support. By using the Molson name and logo, a household name product in Canada, it is seen as lending credibility and acceptability to HIV/AIDS issues and organisations. In addition, the long-term nature of the company's commitment to certain events and organisations is important as it provides stability and basic support structures to the HIV/AIDS initiatives to facilitate efforts in accessing further funding and support from other organisations.

Key lesson: Knowledge-based, targeted responses

Chevron Nigeria Ltd, Nigeria

EDUCATION AND PREVENTION PROGRAMMES

7

● **Business description:**

Chevron Nigeria Limited is the local operating company of Chevron Corporation, one of the largest integrated petroleum companies in the world. Chevron has been operating in Nigeria since 1961 and in 1999 they were producing around 420,000 barrels of oil per day. The company makes an explicit commitment to contribute to the well-being of the communities where it operates by providing jobs, training opportunities and economic development.

● **Number of employees:** 2,600 (1,600 direct, 1,000 contractors)

● **Contact:** Dr Bode-Law Faleyimu
Staff Obstetrician/Gynecologist
Chevron Nigeria Limited
2 Chevron Drive
Lekki Peninsula
PMB 12825, Lagos
Nigeria

● **Tel:** +234 1 2600 600 (ext. 2224)

● **Fax:** +234 1 2600 395

● **Email:** bofa@chevron.com

1. Motivation for action

In 1997, Chevron Nigeria sought to address the problem of HIV/AIDS as a result of a number of diverse motivational factors, including: a recognition of the enormous impact that HIV/AIDS has on business and its workforce; surveys that revealed high levels of ignorance and misconceptions about the disease; the presence of sexual networking at oil locations; high levels of sexually transmitted diseases detected in some of the company's health clinics; an understanding of the high level of risk amongst a mobile workforce; and documented advantages of workplace-based HIV/AIDS prevention programmes.

Principally, the company recognised the primacy of education as a mechanism to prevent the spread of HIV/AIDS amongst its workforce. In addition, with an acknowledgment of the lack of information available within local communities, combined with the company's commitment to assist the local communities in which they operate, they sought to extend their response beyond the workplace.

2. Business response to HIV/AIDS

From 1997 onwards, Chevron Nigeria has engaged in a range of HIV/AIDS education activities as part of the Chevron Workplace AIDS Prevention Program (CWAPP).

Having undertaken research, the company recognised they needed targeted and tailored HIV/AIDS activities to meet the requirements of different groups amongst the companies employees (particularly field-based workers), local communities and commercial sex workers. In addition, there has been a particular emphasis on youth education through the Chevron Adolescent Reproductive Health Programme (CHARP), with a wide variety of HIV/AIDS workshops and campaigns, including youth health clubs and a yearly Youth Festival of Life. In January 2000, they held a workshop to gain feedback from the youths involved in the education programmes in order to assess the effectiveness of the HIV/AIDS activities and to share best practice.

Workplace awareness and prevention campaigns have focused on different types of employees, ranging from workshops for administrative office employees to construction workers, management staff and field-based oil workers. They have also engaged with labour unions to identify and map out union leaders' roles in workplace intervention and in support of management efforts. Community outreach programmes have mainly involved extending HIV/AIDS education workshops to include the local community and increasing safer sex practices amongst commercial sex workers.

continued

This multi-pronged programme has been based on well researched, knowledge-based activities to ensure effectiveness. The main approach has been to present factual based education using a variety of mechanisms: jokes, cartoons, poetry, drama, music video shows and story telling. This is followed by question and answer sessions and handouts on the disease, safe sex and living with HIV/AIDS. Many of the projects have also been undertaken in partnership with local, national and international organisations that have provided the technical support.

3. Results and lessons

Chevron Nigeria believe that the HIV/AIDS education programme has been cost-effective, through reducing health costs and investing in a workforce that will be less at risk to HIV infection. Costs have been kept down through producing materials in-house. Peer-education is seen as a long term investment ensuring sustainability of the programmes. The finance department is currently assessing the actual costs per worker.

Other results identified by the company are: increased condom use; better informed employees; increased demand for counselling; reduction of prejudice and discrimination against people living with HIV/AIDS; support for the company's HIV/AIDS response from the labour unions; and engagement from the community in facing the challenge of HIV/AIDS.

The extensive work that has been undertaken has highlighted some key issues. One the most important elements being the need to lobby and educate senior management within the company and labour unions in order to initiate and maintain responses to HIV/AIDS. The support of these two groups is essential if employees are to take seriously the HIV/AIDS education programmes. Encouraging employees to be proactive in seeking assistance and counselling is a slow process, but results from Chevron Nigeria have shown that continual education has worked over the long-term.

Key lesson: Information collation for effective planning

Standard Chartered Bank, UK

HIV/AIDS POLICY AND AWARENESS PROGRAMME

8

● **Business description:**

Standard Chartered Bank, founded in 1853, is an international commercial bank focused on emerging markets in Asia, the sub-continent, the Middle East, Africa and in Latin America. The Bank's core business is in Consumer Banking, Corporate and Institutional Banking and Treasury, working in 570 offices in over 50 countries.

● **Number of employees:** 26,000

● **Contact:** Naomi Junghae
Standard Chartered Bank
1 Oldham Manbury
London
EC2V 7SV

● **Tel:** +44 20 7280 7140

● **Fax:** +44 20 7280 7208

● **Email:** naomi.junghae@uk.standardchartered.com

1. Motivation for action

The origin of Standard Chartered Bank's response to HIV/AIDS stemmed largely from Country Managing Directors, particularly in Africa, who experienced increased pressures within their operations over policy decisions regarding employees living with HIV/AIDS. This was a result of the lack of clearly defined Group level, regional or local human resource policies to guide managers on recruitment, training and employee support. This was coupled with the fact that HIV/AIDS had started to impact on the Bank's bottom line through the loss of personnel, absenteeism, medical and welfare costs. Moreover, Standard Chartered Bank realised that the impact of HIV/AIDS on its various stakeholders was likely to be significant in the future.

2. Business response to HIV/AIDS

In 1999, Standard Chartered Bank undertook a major assessment of its branches in 45 different countries to identify existing policies, practices and the prevalence of HIV/AIDS. This initial assessment was extremely important in enabling clear and informed decisions to be made and an understanding of the priorities for action. The strategy is based on a three step process: educate, monitor, and manage.

The first element of the response was the development of a clearly defined non-discriminatory HIV/AIDS policy linked to the Bank's policy on the protection and enhancement of human rights in the workplace and equal opportunity

regardless of colour, race, gender and ethnicity. The policy incorporates procedures and practices in managing individuals living with HIV/AIDS, including treating them in the same way as those with other progressive or debilitating illnesses. Importantly, while the policy and procedures are set at the Group level for all its global operations, they are flexible enough to enable branches to take account of local practices, procedure, culture and legislation.

In addition to the policy, Standard Chartered Bank initiated a HIV/AIDS Awareness Campaign in March 2000. The objectives of the campaign are: to create awareness of the magnitude and impact of HIV/AIDS, educate staff in order to minimise and control the impact, and to change risky behaviours. The initial research identified the need for focussing on Africa in the first phase of activities, where the impact of HIV/AIDS had been highest.

The mechanisms through which this information is delivered include presentations by trained peer-educators ('champions') from the Bank, the distribution to staff of handbooks covering facts on HIV/AIDS, and posters and flyers on the 'shop-floor'. The development of the HIV/AIDS awareness packs was undertaken in collaboration with other companies (e.g. Levi Strauss and Glaxo Wellcome) and NGOs, who provided advice and materials. The Bank has subsequently made their packs available to international and regional companies operating in Africa, including

continued

competitors, national banks, Bankers Associations and NGOs. The awareness programme have now been piloted and implemented in all 12 of the targeted countries in Africa. The aim is to extend the awareness campaigns by making presentations to customers and key stakeholders.

3. Results and lessons

Given that the programme is in its infancy with regards to implementation, it is difficult to to assess the effectiveness and impact. Monitoring systems are in place through Country Operation Risk Assessment Returns, to be completed on a quarterly basis.

However, there are a number of factors that Standard Chartered Bank have identified as being important in its response to HIV/AIDS, as described below:

1. Leadership commitment from top management including the CEO and Directors. This was achieved at Standard Chartered Bank through communication to employees, including developing and disseminating commitment through a video presentation.
2. Involvement and participation of local management in the formulation and implementation of policies and programmes and the use of 'champion' staff to deliver the presentations.
3. Use of external organisations to provide expert knowledge. For example, the use of the organisation Business Exchange on AIDS and Development (BEAD) to present on the impact HIV/AIDS has on business was a crucial factor in engaging senior management in the initial stages of policy development.
4. Establishment of the needs and priority areas for action through extensive and participatory research. This was necessary in order to maximise the impact where it is most needed given limited time, money and capacities.
5. Use of appropriate material that achieves standardisation within a multi-cultural environment. This requires being sensitive to local culture, using local/appropriate language and choice of visual aids, for example, the use of a short length education video set in Africa.

Key lesson: Providing information through business network organisations

International Hotel & Restaurant Association

WORKPLACE HIV/AIDS GUIDE FOR HOSPITALITY INDUSTRY

9

● Organisation description:

The International Hotel & Restaurant Association (IH&RA) is a global trade organisation representing over 750,000 hospitality operators, associations and suppliers in more than 150 countries. Its mission is to inform and protect the hospitality industry, which it estimates comprises over 300,000 hotels, eight million restaurants world-wide and 60 million employees which contribute US\$ 950 billion to the global economy annually.

- **Number of employees:** 1,200
- **Contact:** Nicola Pogson
Director of Programme Development
IH&RA
251, Rue du faubourg St. Martin
75010 Paris
France
- **Tel:** +33 1 4489 9400
- **Fax:** +33 1 4036 7330
- **Email:** pogson@ih-ra.com

1. Motivation for action

The hotel and restaurant industry is in a particularly vulnerable position with regards to the spread of HIV/AIDS being locations of high-risk activity. In the mid-1990s IR&RA identified the risks that the hospitality industry faced with regards to health issues amongst its employees and customers. HIV/AIDS can have serious impacts on levels of tourism, deterring visitors from high prevalence areas and as such would have obvious effects on this industry.

Moreover, they recognised the extent of the global spread of HIV/AIDS and its increasing impact on society and economies and in particular on business operations. IH&RA, an organisation whose mission is to protect and inform its members, was in a good position to assist and influence the response to the pandemic through its diverse and extensive industry membership and networks.

2. Business response to HIV/AIDS

Various research initiatives undertaken by IH&RA 'think-tanks' between 1995 and 1998 highlighted the concerns and the impact of health-related issues on hotels and restaurants and their customers. In particular, they identified the link between the availability of accurate and adequate information and the quality of business actions in preventing the spread of HIV/AIDS and thus the need for guidelines to assist the industry.

In 1999, IH&RA, in collaboration with UNAIDS, developed workplace programme and policy guidelines specifically for the associations members. Advice and contributions to the guide were provided by HIV/AIDS NGOs, the Thailand Business Coalition on HIV/AIDS, hotels, and regional and national hospitality associations. The primary aim was to provide practical-based information on how to protect their workforces and thus business operations. The guidelines include:

- Factual information on HIV/AIDS to raise awareness and to facilitate the design of workplace policies. For example, advice on the implications of personnel policies, particularly with reference to people living with HIV/AIDS.
- A summary of the business case for protecting the workforce from HIV/AIDS. This addresses general impacts on the business community, but more importantly it includes specific occupational risks within the industry. For example, they identify particular safety hazards to the workforces, such as handling blood-soiled linen and knife cuts.
- Guidance on how to assess the current position of the business in terms of being able to safeguard against HIV/AIDS and what is subsequently required. This is

continued

achieved through clear explanations of what workplace HIV/AIDS policy entails and how to go about creating and initiating policies and programmes.

- The provision of practical tools such as examples of successful workplace policies on HIV/AIDS adopted by other hotels and a template question and answer ('commonly asked questions') sheet. The inclusion of these tool serves as a useful mechanism for learning from the experience of others within the industry.
- Advice on how to extend business responses beyond the workplace and into local communities, such as information provision, resource sharing and undertaking partnerships with NGOs, public sectors and other businesses.
- Information on organisations that can assist in the development and implementation of HIV/AIDS policies and programmes.

3. Results and lessons

IH&RA guidelines are an example of the kind of assistance that can be provided to business to facilitate and speed up the process of responses to HIV/AIDS. Providing information and practical tools for specific business sectors or types is essential as responses need to be adapted as close as possible to the differing needs and activities of business.

In addition, given the level of access to the vast numbers of businesses and the geographical spread of its members, IH&RA and other similar business associations are in a unique position to advocate and assist in the greater response to HIV/AIDS through the provision of guidance and information.

Key lesson: Continual monitoring and adaptation of programmes

Anglo Coal, South Africa

MULTI-PRONGED EDUCATION, PREVENTION AND CARE PROGRAMMES

10

● **Business description:**

Anglo Coal, a division of Anglo American plc, operates nine collieries most of which are located in the Witbank area in the Mpumalanga province of South Africa. Anglo Coal produced over 30 million tonnes of coal in 1999, selling about a third of its output abroad, supplying coal for power generation to Europe, North Africa, the Middle East, the Indian sub-continent, the Far East and South America.

- **Number of employees:** 10,500
- **Contact:** Alan Martin
Senior Vice President: Human Resources
Anglo Coal
PO Box 61587
Marshalltown 2107
South Africa
- **Tel:** +27 11 638 5542
- **Fax:** +27 11 638 2797
- **Email:** amartin@angloamerican.co.za

1. Motivation for action

In early 1990s, Anglo Coal sent a group of mine managers to visit Zimbabwe on a fact-finding mission. They returned motivated by their experience to establish a company wide strategic programme on HIV/AIDS. They sought to devise a programme to prevent HIV/AIDS and to address the root causes of the epidemic, with the principal objective being to minimise the impact of HIV/AIDS on company employees and operations and the local communities.

2. Business response to HIV/AIDS

Anglo Coal first developed an HIV/AIDS strategy in 1993, beginning with the drafting of a policy on life-threatening diseases and establishing a joint forum to investigate future strategies. This broad approach is particularly useful given the increased prevalence of opportunistic diseases such as tuberculosis associated with HIV/AIDS, especially within developing countries where vulnerability to disease is higher. Moreover, the importance of this approach is that it involved the participation of all stakeholders, with each colliery setting up AIDS committees which included representatives of management, employees, trade unions and community interest groups.

The overall management of the strategy was undertaken by a multi-disciplinary AIDS committee based at the company's head office. They developed a central model on prevention

and management of HIV/AIDS to provide guidance to each of the nine collieries' AIDS Committees, who then were able to develop prevention strategies that addressed local needs and requirements. The guidance provided included:

1. Monitoring statistical indicators, such as absenteeism, opportunistic infection and condom distribution;
2. Treatment of opportunistic infections, condom distribution and counselling for employees and partners;
3. Awareness and education programmes undertaken by employee and community representatives trained as peer educators for employees, spouses/sexual partners, local community and school children. These involved seminars, videos, information campaigns, community training, drama productions and high school programmes.
4. Monitoring of education campaigns through surveys to assess the level of HIV/AIDS awareness.

Significantly, these programmes are assessed on a continual basis, building on successful initiatives. As a result, the initial campaigns highlighted the need to broaden the education programmes to include life skills development, leading to the development of small business initiatives,

continued

Survey of HIV/AIDS awareness amongst Anglo Coal employees (1996)

94% of employees know how HIV/AIDS can be prevented

94% believe what they have learned about HIV/AIDS

90% believe that HIV/AIDS really does exist

97% know where to go for an HIV test

91% know where to go for HIV/AIDS counselling

85% rate the education from the mine as good or excellent

77% believe that condoms are important in HIV/AIDS prevention

47% have changed their behaviour since learning of HIV/AIDS

30% believe they are at risk for becoming infected with HIV

particularly for spouses and partners. Additionally, Anglo Coal recognised the need to develop partnerships with local authorities to provide mobile STD clinics for the wider community and to run programmes on nutrition and healthy life styles.

Despite high levels of awareness of HIV/AIDS amongst employees, further efforts needed to be made to change patterns of sexual behaviour. Anglo Coal recognised that this would require addressing the wider causes of the spread of the epidemic, particularly in terms of sexual behaviour with regards to commercial sex workers. This was the impetus for Anglo Coal to initiate a joint project in 1996 called the 'Kriel Project', in conjunction with the University of Zimbabwe, the local authority, Ingwe Coal (a competitor mining company), and Eskom (an electricity utility). The primary aim of this project was to seek to change sexual behaviour, through community meetings, condom distribution and HIV/AIDS education for commercial sex workers and their clients. This was undertaken through participatory approaches that reflected the need to address the power imbalance between sex workers and their clients and their need for mutual support. Anglo Coal has supported this project by supporting training, providing technical assistance and facilitating information gathering.

Despite this impressive project, Anglo Coal recognised that there are no signs of the HIV/AIDS epidemic stabilising and that if the industry was going to have future, particularly a future source of labour supply, then prevention activities needed to be scaled-up. Anglo Coal is initiating the expansion of the Kriel Project into what is called the Mpumalanga Powerbelt AIDS Project, extending the reach to cover 16 rural and semi-rural districts. This long-term (10 years) expanded project will be based on the principles of the Kriel Project but will also introduce a number of improvements:

1. Enhanced mapping of HIV prevalence, linking it to socio-economic and behavioural assessments;
2. More comprehensive monitoring and auditing, guided by qualified HIV/AIDS experts;
3. Targeting of schools to address the future labour pool;
4. Innovative socio-economic community projects to assist in providing alternative employment to commercial sex work;
5. Integration of existing HIV/AIDS programmes into project.

3. Results and lessons

Anglo Coal's activities have highlighted a number of important factors for business to effectively respond to HIV/AIDS:

1. The need for continual monitoring of the effectiveness of HIV/AIDS programmes and a willingness to adapt the programmes accordingly;
2. The need for a multi-pronged approach to ensure real effectiveness, to go beyond the workplace and address issues within the local community;
3. The benefits of working in partnership with other companies and organisations, bringing with them extra knowledge, expertise and other resources;
4. Recognising the business reason for addressing HIV/AIDS in and beyond the workplace and committing resources accordingly.

Key lesson: Monitoring and sharing experience

Eskom, South Africa

EDUCATION AND PREVENTION PROGRAMMES AND MONITORING

● **Business description:**

Eskom is a state-owned power utility company of South Africa operating since 1923. It is one of the world's largest electricity utilities, running 20 power stations and maintaining over 26,000 kms of transmission lines. The employment structure of Eskom includes 85 percent males, 68 percent between the ages 30-49, and 69 percent in low-grade positions.

- **Number of employees:** 38,000
- **Contact:** Liz Thebe
EAP Consultant, Eskom
Megawatt Park, Maxwell Drive Sandton
PO Box 1091
2000 Johannesburg
South Africa
- **Tel:** +27 11 800 4563
- **Fax:** +27 11 800 2521
- **Email:** thebe@eskom.co.za

developed and implemented the education, prevention and care programmes. A HIV/AIDS cost centre was created in 1996 to monitor education, awareness and care costs. In 1999 costs amounted to R125 per employee (circa. \$US 19), including treatment of opportunistic infections, with a similar budget in place for 2000. Over the years Eskom have developed an extensive range of responses to HIV/AIDS within and beyond the workplace:

- **Education and Prevention Programmes:** These programmes have focused on attempting to provide employees at all levels with peer-led HIV/AIDS education, currently having covered over 75 percent of employees. Eskom have observed that employees are much more accepting of information provided by trusted and respected peers (employees

1. Motivation for action

Eskom initiated a HIV/AIDS policy as far back as 1988, covering education, surveillance and counselling. By the early 1990s Eskom began to recognise that the policy was neither comprehensive nor coordinated and by 1993 they had discontinued the pre-employment testing policy, acknowledging its discriminatory and irrational nature (an initial HIV-negative test result does not mean that a person will not acquire the virus later on). In 1995 Eskom became aware of the real threat of HIV/AIDS to both the company and what it defines as its biggest asset, its workforce. This was set in the context of an epidemic that had begun in the early 1980s in South Africa and where the high incidence of HIV was showing tangible effects through AIDS associated illness. As a result of this initial awareness, Eskom commissioned an impact analysis of HIV/AIDS on the company. The projections, a 26 percent HIV prevalence rate amongst the workforce by 2005, motivated Eskom to declare HIV/AIDS to be a strategic priority.

2. Business response to HIV/AIDS

Eskom formed both a strategic committee and an operational committee to address HIV/AIDS. The strategic committee looked at the impact of HIV/AIDS on the company and employees and developed response strategies to cope with the impact. The operational committee

and local community members) as they are seen to have a greater understanding of the working and social environments. Eskom have adapted their programmes through experience, improving the skills of peer educators, coordinators and counsellors (providing support for employees living with HIV/AIDS) and incorporating HIV/AIDS focused campaigns into other company training and induction programmes. In addition they have distributed condoms to the workforce and have installed condom dispensers in most of the toilet facilities in their operations.

Other initiatives have sought to extend education on HIV/AIDS into the wider community through radio and television talk shows, press articles and HIV/AIDS events for the public (distributing t-shirts with Eskom's pledge for partnership against HIV/AIDS, paying for the transport of school children to attend, inviting local and national government leaders to present speeches). In addition, Eskom provides funding for various NGOs involved in HIV/AIDS education and care and have committed R30 million (circa. \$US4.5 million) between 1999-2001 for vaccine research.

- **Monitoring of Knowledge and Impacts:** Eskom's experience has shown that quality information is

11

continued

essential for 'triggering' action and for an effective response to HIV/AIDS. The initial impact study undertaken in 1995 provided the evidence to senior management that HIV/AIDS would seriously impact on Eskom operations. In 1999 Eskom commissioned an advanced HIV/AIDS risk analysis incorporating improved available information, such as the need to take account of the demographics of employees. This highlighted the economic and financial impact, particularly in terms of productivity, loss of personnel, training needs and pension and medical costs. This analysis acts as an important learning tool. In addition they have undertaken knowledge and attitude studies (80 percent awareness and knowledge levels) and an anonymous and voluntary HIV/AIDS surveillance study (HIV prevalence rate lower than the 1995 prediction of 11 percent), which have provided reliable data to assist and improve measurement of future actions and training.

- **Information sharing:** Given Eskom's acknowledgement of the importance of information they have taken a proactive role in sharing and disseminating information on HIV/AIDS programmes and giving advice to the private, governmental and NGO sectors, nationally and internationally. They commissioned a study of the experiences and strategies of HIV/AIDS in the workplace of several southern African countries. Eskom have also facilitated the formation of the South African Business Council on HIV/AIDS (SABCOHA) with the aim of combining business efforts to respond to the epidemic. SABCOHA is developing a HIV/AIDS workplace resource centre to act as a central information and advisory centre for businesses (see Profile 16).
- **Partnerships for community action:** Eskom have recognised that behaviour and the level of knowledge within the local communities and contractors can undermine the workforce HIV/AIDS programmes. As a result they have extended HIV/AIDS education and awareness campaigns to these groups. Eskom have set out to maximise its extended responses to local communities through joint ventures with NGOs, local government, mining sectors and UNAIDS. For example, Eskom is partnering UNAIDS to change behaviours and reduce the stigma associated with HIV/AIDS through the greater involvement of people living with HIV/AIDS. Eskom contracted two field workers who are living with HIV/AIDS to undertake this work with their employees and the wider community. Eskom are also major partners with two mining industry companies in the

Kriel Project, an education and prevention project aimed at commercial sex workers, with plans to improve and extend its reach and impact (see Profile 10).

3. Results and lessons

Following recent surveys and studies, the mechanisms for assessing the success of Eskom's response to HIV/AIDS are now in place. The lower HIV prevalence rate than originally predicted, and the high level of awareness and knowledge observed, present some evidence of the effectiveness of the education and prevention programmes. Other successes that Eskom identify are the support and cooperation from management, employees and unions; low incidence of discrimination against the field workers with HIV/AIDS; and a greater willingness of employees to seek more information about their risks and HIV status. It is Eskom's view that the benefits of HIV/AIDS prevention strategies outweigh the costs of an unchecked spread of HIV/AIDS within the workplace and communities.

The extensive review process undertaken by Eskom has produced numerous lessons in terms of the 'ingredients of success' and recommendations for improvements. Some of these are as follows:

1. Develop a HIV/AIDS policy with a clear commitment to address HIV/AIDS in a positive, supportive, non-discriminatory and confidential manner;
2. Undertake responses in collaboration with other partners from the public, private and NGO sectors to assist and maximise the impact on HIV/AIDS in the workplace and communities;
3. Adopt peer education using accurate, easily understood and accessible information;
4. Coordinate resources and referral systems for internal and community resources;
5. Provide easily available and accessible condom distribution;
6. Involve people living with HIV/AIDS in the response to HIV/AIDS and provide continuous education to prevent stigma and discrimination;
7. Provide support and counselling for employees living with HIV/AIDS using external organisations, psychologists and peer counsellors;
8. Establish leadership and board level commitment and an understanding of the impact of HIV/AIDS;
9. Demonstrate the business benefits and human resource implications of HIV/AIDS programmes;
10. Secure labour organisations and other networks support in order to create an environment conducive to learning;
11. Monitor HIV/AIDS, opportunistic infections and programmes for a more effective and appropriate response.

Key lesson: Small enterprise response linked to core business activities

ALMS, Czech Republic

WEBSITE INFORMATION SERVICE ON HIV/AIDS PREVENTION

● **Business description:**

IT and marketing consulting company, focused on Internet marketing and advertising, communication and public relations projects and web design. Clients include both multinational and national companies operating in the Czech Republic.

- **Number of employees:** 2 partners
- **Contact:** Alexander Lichy – ALMS
Trnkova 1771
CZ-142 00 Praha 4-Krc
Czech Republic
- **Tel:** +420 2 6171 0158
- **Fax:** +420 2 6171 0158
- **Email:** alms@alms.cz

- An on-line virtual consulting room, acting as an anonymous question and answer facility with specialist advice provided by the project's partners from the medical institutes.
- Information on useful HIV/AIDS literature and statistics, national HIV/AIDS service and testing institutions, other relevant on-line resources and websites and a national media monitoring service.
- Reports on the activities of Nadace pro zivot Foundation.
- An on-line questionnaire to map

12

1. Motivation for action

ALMS wanted to undertake a project to contribute to the prevention of HIV/AIDS in the Czech Republic, identifying the potential of using their core business practices and skills in IT and project management. Given the fact that half of all people who acquire HIV become infected before the age of 25, ALMS recognised that as an internet-focused company they had the potential to reach young people, a high level internet user group. ALMS also identified that there was a significant lack of initiatives of this type in the Czech language on the internet and that a considerable demand existed.

2. Business response to HIV/AIDS

In 1998, ALMS designed the HIV/AIDS focused information website "AIDS Server" in cooperation with Nadace pro zivot (Foundation for Life), a Czech NGO with experience in HIV/AIDS prevention, the Third School of Medicine, and the National Health Institute. The principle goal of the website was to generate a cost-effective and accessible tool for providing young people with appropriate information on HIV/AIDS education and prevention.

The website (<http://aids.alms.cz>) was launched in July 1998 and 100,000 copies of a CD-ROM containing an off-line version of the website were distributed throughout the Czech Republic. The website is regularly updated and includes:

- The on-line Czech version of the book "AIDS: Facts and Hopes"; an extensive guide to the virus and prevention responses.

opinions and behaviour of the website visitors.

The costs of ongoing support, innovation and maintenance had brought the total costs in 1999 to approximately 180,000 Czech Crowns (\$US 45,000), with 48,450 Czech Crowns being covered by the NGO Nadace pro zivot. In addition, a number of Czech internet content providers offered pro-bono assistance with the on-line advertising campaigns.

3. Results and lessons

The number of visitors to the "AIDS Server" website is monitored and has seen regular and stable interest. Moreover there has been an increasing number of visitors to the interactive element of the website, particularly for the on-line virtual consulting room, with increasing numbers of questions being posted.

ALMS has received particular praise for this project, being chosen as one of the top Czech internet projects by the prestigious Czech economic magazine Profit. In addition, ALMS has received extensive worldwide publicity and recognition of its work through winning a Global Business Council on HIV&AIDS award for Business Excellence in the response to HIV/AIDS. Alexander Lichy, Partner of ALMS, puts the success of this project down to developing a project that matches the company's core business skills and technical expertise (IT, public relations and project management) with the needs of the target audience.

Key lesson: Small enterprise (supplier) innovation

Teddy Exports, India

WORKPLACE AND LOCAL COMMUNITY EDUCATION CAMPAIGNS

13

● **Business description:**

A Fair Trading export company with an explicit commitment to social and economic development and an annual turnover of approximately \$US 2.5 million (1998/99). It produces and exports globally a wide range of high quality traditional handcrafted wood products and textiles to trading partners such as The Body Shop International and British Airways. In 1992, Teddy Exports set up the Teddy Trust into which it directs 50 percent of its profits for community welfare.

- **Number of employees:** 287
- **Contact:** Amanda Murphy MBE
Teddy Exports
Tenkasi Road, Alampatti (P.O)
Tirumangalam – 625 706
Madurai District, Tamil Nadu
India
- **Tel:** +91 4549 20178
- **Fax:** +91 4549 20674
- **Email:** teddy@md2.vsnl.net.in

1. Motivation for action

Teddy Exports is committed to assisting and providing job opportunities to the disadvantaged of society, including people living with HIV/AIDS. The company is located in Tamil Nadu, India, that has one of the highest HIV infection rates, particularly through infection from commercial sex workers of which around one third are HIV positive. Teddy Exports was seeking creative low-cost ways of educating these high-risk groups and the largely illiterate local communities. In the early 1990's there was very limited funding available for HIV/AIDS education and prevention activities as well as a lack of care facilities available to people living with HIV/AIDS and their families.

2. Business response to HIV/AIDS

As a result of the commercial relationship with The Body Shop International, Teddy Exports was provided with technical assistance to develop a HIV/AIDS workplace programme. Included within this programme are free medical care, life insurance, pensions and a non-discriminatory policy, actively employing people living with HIV/AIDS who would otherwise be unable to find employment. Moreover, the innovative projects and materials that have been developed by Teddy Exports have been shared with Body Shop International Community Trade projects.

Teddy Exports' long-term commitment to HIV/AIDS beyond the workplace has been through the Teddy Trust. In this way, the company been able to undertake extensive and innovative HIV/AIDS programmes, including education and prevention campaigns, care provision and financial support to NGOs. These have included:

- **AIDS Awareness Project:** HIV/AIDS awareness campaigns for people in the local villages, using street theatre and puppetry as a way of communicating the message to the largely illiterate audience, and in over 100 schools and colleges.
- **Healthy Highway Project:** Two 'truckers booths' on the main highway to southern India and one at an oil refinery unit at Manila, provide information on HIV/AIDS and prevention to over 80,000 truck drivers (a significant vector of HIV) through street plays, slide shows, leaflets, stickers and condom distribution. The street shows and the anonymous nature of the assistance encourages the truck drivers to seek the low cost treatment and counselling that is provided. This work was identified as a model of good practice by the UK Department for International Development who has now provided funding for the Teddy Trust to extend their work to other areas of the Madurai district.

continued

- Women in Prostitution Project: HIV/AIDS awareness, medical assistance and counselling provision for commercial sex workers in southern Madurai, using peer educators. The all female project team works with a network of commercial sex workers, brothels, pimps and their clients to promote condom use through education and innovative designs for condom carrying by the commercial sex workers.
- Antiretroviral drugs provision: In collaboration with the Medical University in Chennai, AZT/3TC is provided to 17 HIV/AIDS patients at a daycare centre.

3. Results and lessons

The education, prevention and care projects are monitored monthly, and lessons learned from training programmes and counselling are used to constantly improve the effectiveness of the projects. While most companies would not be willing to provide similar proportions of resource commitments to community-based projects, the most important feature of Teddy Exports activities is their endeavour to undertake projects that utilise low cost creative tools to ensure sustainability and replicability. For example, they used recycled waste products as materials for education.

Teddy Exports and Amanda Murphy have received a number of awards in India and the UK for their work on HIV/AIDS in India, providing them with important international, national and local reputation standing.

This is recognition of the tremendous dedication and formidable ingenuity that has been shown by this company and its personnel.

Key lesson: Multi-sectoral partnerships

Bristol-Myers Squibb Company, USA

CARE AND SUPPORT FOR WOMEN AND CHILDREN WITH HIV/AIDS

14

● Business description:

Bristol-Myers Squibb is a leading global pharmaceutical company whose principal businesses are beauty care, nutritionals, medical devices and medicines (including HIV/AIDS medicines). In 1999, company revenue exceeded \$20 billion, with around 37 percent of sales outside the USA. The company operates in over 60 countries around the world.

● Number of employees: 54,000

● Contact: Amadou Diarra
Director, Operations Planning International
Bristol-Myers Squibb Company
345 Park Avenue
New York
NY 10154
USA

● Tel: +1 609 252 5908

● Fax: +1 609 252 7356

● Email: amadou.diarra@bms.com

1. Motivation for action

As a global leader in the discovery and development of treatments for HIV/AIDS, Bristol-Myers Squibb actively seeks to be part of the solution in providing care and support for patients worldwide. While significant gains have been made in the treatment of HIV/AIDS in developed countries, 95 percent of infected people live in the developing world. The company sought to respond to the challenge from the Secretary-General of the United Nations, Kofi Annan, to make a significant contribution to address HIV/AIDS in Africa. Bristol-Myers Squibb recognises that the pandemic is too large to ignore and too complex for anyone to resolve independently and needs to be addressed through public-private partnerships. In addition, the company recognised the particular vulnerability of women to HIV/AIDS as a result of less power in economic, political and sexual negotiations. The impact on children, particularly through loss of parents to the disease, was also recognised as a priority issue.

2. Business response to HIV/AIDS

For many years Bristol-Myers Squibb has undertaken extensive HIV/AIDS activity throughout the world in areas of patient education, clinical research and health-provider training in collaboration with the public sector, NGOs and academic institutions. In May 1999, Secure the Future was launched with a commitment of \$US 100 million over 5

years, providing grants in medical research and education, community education and outreach, and capacity building for innovative and sustainable model programmes for women and children infected or affected by HIV/AIDS. The focus of this initiative is on five southern African countries: Botswana, Lesotho, Namibia, South Africa and Swaziland. The grants are directed by an independent advisory board of African and international HIV/AIDS experts who provide oversight and policy direction.

Secure the Future is a public-private partnership developed with local healthcare experts, finding sustainable solutions to local challenges. It brings together many international and local experts within local governments, UNAIDS, Harvard AIDS Institute, Baylor College of Medicine, religious institutions and communities to develop innovative, cost effective and sustainable models for addressing HIV/AIDS in the clinic and community.

After one year, Secure the Future has 17 projects underway for a total commitment of \$24 million. Some of these include:

- Public Health Fellow programme at the National School of Public Health, Medical University of Southern Africa, to train 250 healthcare professionals in the programming, planning and evaluation of community-

continued

based programmes. This was established to respond to some of the capacity-building needs in community outreach and education.

- Botswana Christian AIDS Intervention Programme (BOCAIP) will provide a unique programme of psychosocial and spiritual support to infected and affected individuals and families in the home-based care setting.
- Cabrini Sisters/Sisters of Mercy, University of Illinois and Swaziland Ministry of Health teamed up to develop a model curriculum for training 2,500 rural health care workers who are the first-line of patient care. The \$860,000 grant was partially funded with \$200,000 from the Cabrini Sisters.
- AIDS Foundation was awarded a grant for a coordinated orphan response programme in KwaZulu-Natal Province. The programme will assess various approaches to developing relevant life skills training for affected and infected children.
- Harvard AIDS Foundation and Princess Marina Hospital established a pioneering reference lab in Botswana. The lab will enable the dramatic increase of infrastructure and training of healthcare professionals in clinical trials, diagnostics, and patient monitoring. The project will also undertake the first-ever study in the resistance patterns of HIV-1C, a strain of the HIV virus.

3. Results and lessons

The importance of partnerships to the activities of Secure the Future is clear. By addressing the pandemic in accordance to local governments' policies on HIV/AIDS, Secure the Future seeks to ensure that relevant programmes are funded after review by health authorities, peer-review institutions, and an independent advisory board. In addition, international collaborations that allow experience and technology sharing are among key success factors for the programme. The initiative is a learning process of partnerships in response to HIV/AIDS, requiring new skills and methods of working, as stated by Amadou Diarra, Director, Bristol-Myers Squibb:

“Public-private partnerships are new. They involve developing a different operating culture and creating trust. These partnerships require openness, patience and tireless commitment from each partner.”

Key lesson: Prevention and awareness through partnership

The Shell Company of Thailand, Thailand

PEER EDUCATION AT THE PUMP PROJECT

15

● **Business description:**

The Shell Company of Thailand, a subsidiary of the Royal Dutch/Shell Group, markets Shell-branded petroleum products in Thailand. The company runs approximately 800 retail service stations and convenience stores throughout the country.

- **Number of employees:** 780
- **Contact:** Ms. Pissmai Khanobdee
The Shell Company of Thailand
10 Soonthornkosa Road
Klongtoey, Bangkok
Thailand
- **Tel:** +66 2 262 6606
- **Fax:** +66 2 249 3700
- **Email:** Pissmai.Khanobdee@Shell.co.th

at providing HIV/AIDS education to fuel-attendants at 75 Shell petrol stations in Bangkok and Chiang Mai. The majority of attendants are young and are considered as a high-risk group given their tendency to towards commercial sex and high mobility. Individuals were selected as peer educators, mostly head pump attendants and cashiers to ensure greater sustainability due to the lower turnover rates of this group.

The PEPP training curriculum was designed by the Programme on Appropriate Technology in Health (PATH), providing information on family planning, STDs, HIV/AIDS education and

1. Motivation for action

The Shell Company of Thailand recognised the importance of addressing HIV/AIDS as far back as 1992. Through a combination of the global spread of HIV/AIDS and the relatively early epidemic in Thailand, the company realised that the impact on its business markets necessitated a response. The Shell Company of Thailand considers that investments in HIV/AIDS prevention maximise the opportunity for successful business given the dependence of business on a healthy society. In addition, its business principles state that it has a responsibility to its customers, employees and society and thus the need to safeguard the health of these stakeholders.

2. Business Response to HIV/AIDS

In 1992, the Shell Company of Thailand established a comprehensive, non-discriminatory HIV/AIDS policy as part of a much wider occupational health policy approach. The HIV/AIDS policy provides counselling, medical supplies and HIV/AIDS awareness and education. The latter is provided to all new members of staff and as part of regular activities throughout the year.

In 1997, the Shell Company of Thailand entered into partnership with the Thailand Business Coalition on HIV/AIDS (TBCA) and the United Nations Children's Fund (UNICEF), to undertake the Peer Education at the Pump Project (PEPP) at its petrol stations. This project was aimed

prevention and drug abuse. Peer educators are given information, education and communication materials to facilitate their role in trying to change the misconceptions and ignorance amongst the attendants. In order to maintain the momentum and interest, the peer educators are requested to complete a personal action plan. The TBCA facilitated competitions and exhibitions at the Shell pumps along with regional meeting for peer-educators.

3. Results and lessons

As a mechanism for monitoring the effectiveness of the PEPP programme all peer educators were trained on reporting requirements and data collection techniques, while TBCA project coordinators monitored progress by visiting the petrol pumps at regular intervals. This PEPP programme has been successful enough to encourage other oil companies to replicate it at their petrol stations. Moreover, the potential exists for the benefits of training attendants reaching a much wider audience as petrol stations can be focus points for commercial sex workers accessing their clients, particularly truckers who can be significant vectors of HIV/AIDS.

In addition, the Shell Company of Thailand perceives the benefits of workplace HIV/AIDS education as improving and safeguarding staff morale and productivity, where inaction could have serious ramifications for business operations.

Key lesson: Collaboration between business

Business Coalitions on HIV/AIDS, Worldwide

COLLABORATIVE ADVOCACY AND ACTION

● **Business description:**

Business coalitions that have come together specifically around HIV/AIDS have taken many different forms and structures. Some are informally based partnerships, while others are registered NGOs with membership fees. It is not possible to state which is the more effective as each is structured and acts within its own individual terms of reference and at different levels (local, national, regional and international).

● **Contact:**

Julian Hussey
Secretariat
Global Business Council on HIV&AIDS
New City Cloisters, 196 Old Street
London
EC1V 9FR

● **Tel:**

+44 1225 404 964

● **Fax:**

+44 1225 404 964

● **Email:**

julian.hussey@gbcaids.com

a focus on education and publicity, as well as on more technical and targeted management approaches to the illness.

3. NATIONAL (business led) – South African Business Coalition on HIV/AIDS (SABCOHA)

The SABCOHA is a coalition of national and international businesses advocating a greater and more co-ordinated response from business in South Africa. The Coalition has recently been establishing itself through practical measures to provide access to information on business and HIV/AIDS. They are currently setting up an AidsOnline Knowledge Centre that will include a website-based library of information and resources. This is to include information on HIV/AIDS, analysis of the impact on business, legislative implications and good practice case studies.

1. INTERNATIONAL – Global Business Council on HIV&AIDS (GBC)

The Global Business Council on HIV&AIDS, founded in 1997, is a peer advocacy organisation that seeks to encourage expanded and enhanced involvement of the corporate sector in the response to HIV/AIDS. Its membership is comprised of CEOs from companies who have demonstrated active and visible commitments to the epidemic. Recently the GBC's standing and role within the international HIV/AIDS arena has increased significantly. For example, it was recognised by the Corporate, Labour and Foundation sector of the International Partnership against AIDS in Africa as one of the most effective instruments at the international level for mobilising the business response to HIV/AIDS.

2. REGIONAL – The European AIDS and Enterprise Network (EAEN)

The European AIDS and Enterprise Network was founded in 1997 as a European Commission(EC) initiative supporting European Union businesses in providing positive action regarding HIV/AIDS in the workplace. Financial support comes from both the EC and leading businesses in Europe. The Network provides AIDS and HIV related information and expertise to members via National Coordination Centres, helping enterprises to respond to the needs of employees who contracted HIV/AIDS, and to combat discrimination against employees with HIV and AIDS. The approach includes

4. NATIONAL (NGO) – Thailand Business Coalition on AIDS (TBCA)

The TBCA is an NGO with businesses paying a membership fee, with the aim of providing leadership in the response to HIV/AIDS in Thailand, with over 80 members from a diverse range of sectors. The Coalition members are given assistance on implementing effective prevention programmes and other services dependent on the level of membership (fee-based). The organisation also functions as a resource centre and consultancy, providing tailored business and HIV/AIDS education, and a prevention curriculum for business managers.

5. INFORMATION SHARING AND TOOLS – Business Exchange on AIDS and Development (BEAD)

BEAD is a global network of companies, NGOs, academic institutions and intergovernmental organisations concerned with the impact of diseases, in particular HIV/AIDS, on businesses in developing countries. It undertakes initiatives to address the financial and organisational impact of diseases. These have included a guide to business developed by BEAD business members on how to monitor, minimise and manage the impact and spread of disease, including HIV/AIDS. It is currently developing a Monitoring Information System to help companies keep accurate workforce/disease profiles.

16

Key lesson: Non-governmental organisation partnership with business

International HIV/AIDS Alliance

NON-GOVERNMENTAL ORGANISATION PARTNERSHIPS WITH BUSINESS

17

● **Business description:**

The International HIV/AIDS Alliance (Alliance) is a non-governmental organisation established in 1993 to support community action on HIV/AIDS in developing countries. The Alliance channels technical, financial and managerial support to partners it calls 'linking organisations' which are NGO support programmes situated in 13 different countries in Africa, Latin America and Asia. In turn, these linking organisations catalyse and support local NGOs and community responses to HIV/AIDS.

- **Number of employees:** 32
- **Contact:** Nicky Davies
International HIV/AIDS Alliance
2 Pentonville Road
London N1 9HF
UK
- **Tel:** +44 20 7841 3503
- **Fax:** +44 20 7841 3501
- **Email:** ndavies@aidsalliance.org

Alliance for core costs such as those needed to produce publications as part of its broader programme of support for HIV organisations.

Alliance motivation: access to financial resources, and an opportunity to positively influence Levi Strauss' other grants.

ii. **Glaxo Wellcome:** Also an early supporter of the Alliance, Glaxo Wellcome's Positive Action programme and the Alliance launched a three year partnership programme called "Community Lessons, Global Learning"(CLGL) in 1997. CLGL aims to share lessons between NGOs and other sectors in

1. Motivation for action

Since its inception the Alliance has believed in the partnership approach, in the value of genuine strategic alliances and the need to work together to achieve what it cannot do alone. The corporate sector is viewed as being as much a part of this multipartite approach as any other sector, bringing its own particular benefits and challenges. The Alliance sees the corporate sector as a key element of society, with access to large numbers of people across the world through their workforces, useful financial and in-kind resources, and as powerful political influencers. Working with businesses not only helps the Alliance directly through the provision of resources, but also provides opportunities to access those decision makers concerned with allocating resources to other NGOs, addressing issues of employee welfare in relation to HIV/AIDS, and impacting on policies at a national level.

2. Partnership Response to HIV/AIDS

Over the last seven years, the Alliance has created a variety of links with the corporate sector, involving financial support, in-kind support, policy dialogue, and information sharing, as illustrated in the following four examples.

i. **Levi Strauss:** As one of the original supporters of the Alliance, Levi Strauss provided small financial grants to the

developing countries, both at a national level and across continents. The three themes include 'moving beyond awareness raising', 'care and community support', and 'programme scale up' (coverage, impact and sustainability).

Alliance motivation: access to financial and in-kind resources, greater understanding of the pharmaceutical industry and business sector, access to decision-makers, and information sharing.

iii. **Alliance Linking Organisations:** Following the same approach as the Alliance Secretariat, the Alliance promotes and assists partnership building at the country level between its linking organisations and other sectors. Examples of business partnerships are numerous including more unusual NGO/business collaborations with garment factories in Bangladesh and oil companies in Ecuador. These relationships consist of linking organisations providing appropriate and crucial services to companies where they do not currently exist i.e. provision of HIV prevention and education in the workplace and appropriate STD services.

Alliance motivation: access to financial resources for the linking organisations, access to those with powerful

continued

influence on a wide range of national policies, opportunity to improve HIV prevention and care in the workplace.

iv. **Global Business Council on HIV/AIDS:** as a member of the Council's advisory planning group, the Alliance provides free consultancy concerning business/NGO collaborations and issues concerning HIV in developing countries.

Alliance motivation: increased and improved involvement of business in the response to HIV/AIDS, increased business understanding of the legitimate role and potential benefits of working with NGOs, and an increased public profile for the Alliance on the international stage.

In addition, the Alliance has developed a toolkit which is a set of practical participatory activities to assist an organisation in developing effective partnerships with other organisations. In addition, a policy report on partnership building has also been developed which documents experiences of the Alliance's work on building partnerships over the last six years. This report aims to share lessons learned and recommendations for the use by other NGO support organisations, donors and policymakers.

3. Results and lessons

The Alliance's experience has shown that there is a legitimate role for NGOs to work in partnership with businesses with benefits for both parties. For NGOs, partnership with business allows access to decision-makers, exchange of information covering a range of issues, including HIV workplace policies, and sound programmatic philanthropy.

From the Alliance's experience, issues around the potential for business agendas to impact on that of an NGO are no more real than with any other donor, and can be effectively counteracted by sustaining a broad and diverse funding base.

The Joint United Nations Programme on HIV/AIDS (UNAIDS)

The Joint United Nations Programme on HIV/AIDS (UNAIDS) was established in January 1996. UNAIDS brings together the United Nations Children's Fund (UNICEF), the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the United Nations Drug Control Programme (UNDCP), the United Nations Educational, Scientific and Cultural Organisation (UNESCO), the World Health Organisation (WHO) and the World Bank. It is the first programme of its kind in the UN system: a small initiative with a large outreach capacity and the potential to leverage significant resources and action through the creation of strategic partnerships.

The co-sponsors of UNAIDS provide complementary mandates and multisectoral expertise, ranging from education and socioeconomic development to women's reproductive health. They are committed to joint planning and action, giving UNAIDS a "cooperative advantage" that translates into greater synergy and efficiency. Benefits include more effective advocacy, more efficient use of UN system resources through the sharing of costs, and greater coherence in UN support for national and transnational AIDS programmes.

The UNAIDS mission states: "As the main advocate for global action on HIV/AIDS, UNAIDS will lead, strengthen and support an expanded response aimed at preventing the transmission of HIV, providing care and support, reducing the vulnerability of individuals and communities to HIV/AIDS, and alleviating the impact of the epidemic."

To achieve its mission, UNAIDS supports the principles of:

- **A long-term response.** HIV/AIDS requires a long-term sustainable response, including providing a coping capacity on the part of individuals and communities. UNAIDS helps to strengthen national capacity for action, ranging from prevention and care to impact alleviation.
- **Participation and partnership.** A multisectoral response to HIV/AIDS can best be achieved through partnership that includes the private sector, and civil society organisations.
- **Complementarity.** Rather than undertaking what can be or is already being done by others, UNAIDS attempts to facilitate those efforts and to fill gaps in action and research.

In the context of these principles, promoting the involvement of private companies in fighting the spread of HIV/AIDS is a major priority for UNAIDS. Companies and business organisations at all levels have their own interests in confronting the epidemic. They have unique resources and talents to be deployed in partnership with the public and non-profit sectors. Their contribution will greatly strengthen the global response to HIV/AIDS.

**Information Centre
UNAIDS
20, Avenue Appia, CH-1211, Geneva 27,
Switzerland**

**Tel: +41 (22) 791 3666
Fax: +41 (22) 791 4187
Email: unaids@unaids.org
Website: www.unaids.org**

The Global Business Council on HIV & AIDS

The Global Business Council (GBC) was founded to promote an enlarged and enhanced business response to the challenges of HIV and AIDS. Recognising that no one sector is able to tackle this task in isolation, a group of business leaders already active in this field came together in 1997 to advocate corporate action, complementing and combining with the efforts of governmental and non-governmental organisations where possible.

The Council's members represent a range of business responses to HIV and AIDS, in the work place, their immediate communities and beyond. Through the Council they hope to add a strong voice encouraging others to follow their lead and to provide a focus for shared experience, models of good practice and high-level debate.

Through its partners and other agencies, including UNAIDS, the Council engages with the epidemic's latest challenges, for example through its involvement in the International Programme on AIDS in Africa.

The Council's award scheme has already uncovered many new examples of corporate action from around the world, demonstrating that there is no real limit to the commitment and the ingenuity that can be brought to bear on this epidemic. As well as individual company responses the Council advocates:

- Partnerships with ASOs, NGOs and government agencies equipped to tackle HIV
- Mobilising business on regional and national levels through HIV & AIDS councils and coalitions
- Sharing approaches to HIV with corporate clients, suppliers and others in their sector

The Council seeks opportunities for member companies to encourage these activities, through speaking engagements, media coverage and their own meetings and events. Member companies include: Bristol-Myers Squibb, Calvin Klein Inc, Casa Décor Decorar, Edelman PR Worldwide, Eskom, Glaxo Wellcome, Godrej & Boyce, Industries Villares, Levi Strauss, Merck & Co, MTV Networks International, Polaroid, SSL International, Standard Chartered Bank, Telepar / Tele Centro Sul, The Body Shop International, and The Tata Iron & Steel Company.

**Secretariat
Global Business Council on HIV&AIDS
New City Cloisters, 196 Old Street
London
EC1V 9FR**

**Tel: +44 (0)1225 404 964
Fax: +44 (0)1225 404 964
Email: julian.hussey@gbcaids.com
Website: www.gbcaids.com**

The Prince of Wales Business Leaders Forum (PWBLF)

The Prince of Wales Business Leaders Forum (PWBLF) is an international charity which was founded in 1990 to promote socially responsible business practices that benefit business and society and which help to achieve socially, economically and environmentally sustainable development. The Forum works with over 50 of the world's leading multinational companies, and is active in some 30 emerging and transition economies.

The PWBLF works strategically around the world with leaders in business, civil society and the public sector to:

- encourage continuous improvement in socially responsible business practices in all aspects of a company's operations;
- develop geographic or issue based cross-sector partnerships to take effective action on social, economic and environmental issues;
- help create an enabling environment which provides the right conditions for socially responsible business practices and cross-sector partnerships to flourish.

Over a number of years now the PWBLF has been engaged in efforts to promote the business response to HIV/AIDS in partnership with the private sector and governmental, inter-governmental and non-governmental organisations. The PWBLF's work has included, in association with UNAIDS, a series of national and regional business workshops to engage corporate leaders in exploring and developing partnership responses to HIV/AIDS. Workshops have been held in India, Bangladesh, South Africa, and Brazil (Mecosur region).

The PWBLF has been involved with the Global Business Council on HIV&AIDS since it was established in 1997, playing an active role in the Planning Group and its associated activities. The GBC is an influential and important advocate for the greater involvement of the private sector in the business response to HIV/AIDS. The PWBLF will continue to support and advise the Global Business Council on HIV&AIDS in this leadership role.

**Information Officer
The Prince of Wales Business
Leaders Forum
15-16 Cornwall Terrace
London NW1 4QP
United Kingdom**

**Tel: +44 (0)20 7467 3600
Fax: +44 (0)20 7467 3610
Email: info@pwblf.org
Website: www.pwblf.org**

The global spread of HIV/AIDS and the associated impacts on business and its stakeholders (workforces, suppliers, communities, and the general public) has highlighted the urgent need for business to respond to the epidemic. This publication provides assistance to business and associated partners, presenting the business rationale, advice, guidance and the lessons learned from good practice by companies and organisations world-wide. It is aimed at readers from business, the public sector and civil society organisations, providing an examination of how they can work together to achieve successful partnerships in the response to HIV/AIDS.

“As this publication highlights, no business is immune from AIDS. But the private sector is also in a unique position to respond to the epidemic, because of its contacts with employees and the wider business community, and the wealth of experience and skills it has accumulated. As the publication also illustrates, there is much that businesses can do, and the benefits of action go well beyond the workplace.”

Peter Piot,
Executive Director, UNAIDS
James Wolfensohn,
President, World Bank

“Many people from business will read this publication, as will many concerned with HIV in government and other agencies. Please, as you read, remember that we need to work together. Only through our combined efforts will we find the success that we all crave. We need each other’s support and understanding: this publication is a good place to start.”

Bill Roedy,
President, MTV Networks
International
Chair, Global Business Council on
HIV&AIDS
UNAIDS Ambassador