HIV/AIDS and the Private Sector – A Literature Review[1]

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Executive Summary

This paper presents a review of the literature on HIV/AIDS and the private sector. It encompasses the impact of HIV/AIDS on businesses and the business response to AIDS. The literature on both subjects is limited and often dated, and extensive further research is clearly required if a robust database is to be drawn up, but the patterns that emerge from the little research that *has* been done are nevertheless suggestive.

HIV/AIDS has clear, though so far small, effects on a company's workforce and its customer base. The literature suggests that skilled workers are most likely to contract the virus, and that these are extremely difficult to replace. Customers, suppliers and investors in a company are also likely to be affected by HIV/AIDS, and this effect is expected to increase as the virus spreads. The impact of intervention in HIV/AIDS on brands and reputations has received very little attention in the literature, but comparisons with business interventions in other "ethical" fields are instructive.

Having weighed up the evidence, the paper then goes on to look at the reasons for the relative lack of involvement. We look at the 'public good' issue whereby shareholders in a company will be reluctant to get involved in an issue where the benefits accrue first to others, and suggest that greater cooperation *between* businesses is essential if this hurdle is to be overcome. We also take into account previous unsuccessful business ventures into the public sphere and assess the impact these have had on companies' willingness to intervene in HIV/AIDS.

Public/private relationships have often been cool, and the paper shows how both parties' attitudes have to change if cooperation on AIDS is to be fruitful. We go on to look at how some private sector firms have successfully addressed this problem in other areas.

Finally, the potential of private sector intervention is addressed, using a series of case studies from the literature to demonstrate good practice in the field.

The paper concludes by offering some suggestions for going forward. We call for more research on the subject and also for at least some business involvement based on the patterns of evidence so far and on companies' own research.

Introduction

22 million people have now died of AIDS and the number of deaths is certain to rise from its current level of 3 million per year. More than 36 million people are currently living with HIV/AIDS and over 5 million were infected with HIV in 2000. Infection rates may be stabilizing in sub-Saharan Africa, home to 70% of those infected with the virus, principally because relatively few high-risk individuals remain uninfected. In other areas, however, the epidemic is still building. Russia saw more new infections in 2000 than in all the previous years of the epidemic combined, and the number of cases in Eastern Europe and Central Asia has risen by more than two thirds in the last year. With UNAIDS also voicing concerns over complacency in the West and in Asia,[5] it seems likely that we continue to underestimate the future impact of this devastating epidemic.[6]

For the last two decades, the response to AIDS has been led mainly by national governments and national and international non-governmental organizations (NGOs). These groups have had some notable successes. In Senegal, for example, the combined efforts of government, NGOs and Moslem and Christian religious leaders have helped to keep the country's rate of infection below 2%. In many places, however, the epidemic is overwhelming these efforts. While the cases of South Africa and Botswana (with infection rates of 20% and 36% respectively[7]) have been well documented, the rise of AIDS in the English-speaking Caribbean, where it is now the leading cause of death among 15-44 year olds, has caught political leaders off their guard. Owen Arthur, the Prime Minister of Barbados, has summed up the problem faced by many governments: "There has been stigma and discrimination. There has been the usual Caribbean serendipity that the solution to the problem will be found elsewhere and applied here."[8]

So far, however, the solutions have *not* been found elsewhere. Until now the epidemic has been relatively invisible (you cannot see HIV), but as it develops into a full-blown and very visible AIDS epidemic, the real impacts will start to be felt. Increased morbidity and mortality are likely to have significant impacts on national economies. One study claims Caribbean gross domestic product (GDP) could be reduced by 4.2% by 2005 as a result of the disease,[9] while Kenya's GDP is forecast to be 14.5% lower by 2005 than it would have been without AIDS. [10] Even conservative forecasts suggest that future annual growth rates of per capita income in sub-Saharan Africa will

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[5] The history of tuberculosis provides a salutary lesson here, as complacency over tuberculosis in the US in the 1980s reversed the positive progress that had been made in eradicating the disease over the previous 50 years. See David E Bloom, River Path Associates and Karen Fang (2001): Social Technology and Human Health. Concept paper for UNDP Human Development Report 2001: Channeling Technology for Human Development

[6] The number of people living with HIV/AIDS today is 50% above 1991 World Health Organization predictions. See UNAIDS: AIDS epidemic update: December 2000

[7] UNAIDS epidemiological fact sheets.

[8] New York Times: Caribbean, Badly Hurt, is Promised Help on AIDS. 13 September 2000

[9] Theodore, Karl. 2000. HIV/AIDS in the Caribbean: Economic issues – impact and investment response.

[10] Hancock, John, David Nalo, Monica Aoko, Roselyn Mutemi, Hunter Clark, and Steven Forsythe. 1996. "The macroeconomic impact of HIV/AIDS." In Steven Forsythe and Bill Rau (eds.) AIDS in Kenya: Socioeconomic Impact and Policy Implications. Arlington, VA: Family Health International.

be roughly 0.30 percentage points lower than if the epidemic had not occurred[11] – this in a region which registered a negative GNP per capita annual growth rate of -0.9% in the 20 years to 1995.[12]

The private sector is a crucial, and increasingly important, force within the vast majority of the world's societies. However, for much of the past 20 years, the private sector has been quiet on AIDS. Since 1997, the combined number of full articles on HIV/AIDS in the Harvard Business Review, Forbes Magazine, Fortune and Money Magazine is just 11. The New York Times, on the other hand, had published 17 articles on the subject in the *month* this survey was conducted.[13] Apathy is not the only issue – a survey in Thailand showed that 12% of businesses fire their HIV-infected staff,[14] while the chief executive of Chilanga Cement in Zambia has argued that the "natural wastage" caused by AIDS deaths, "is allowing us to reach our manning levels."[15] The Levi Strauss/UNAIDS AIDS education video, put together in 1998 for employees and their families and then made available to other companies, is one of just a handful of successful business incursions into the field.

This paper assesses the issues surrounding the involvement of business in the AIDS epidemic. It explores whether private sector involvement is in the interest of individual businesses or groups of businesses, looking at the effect of HIV/AIDS on workers, customers and corporate reputation. It then asks why business has, until now, had relatively little involvement in efforts to combat the epidemic, placing this discussion within the context of the often contentious relationship between the private and public sectors, and previous business attempts to grapple with complex social issues. Finally, it looks at what businesses have to offer when they do decide to act, using examples of good practice to show the impact the private sector can have and to highlight particular skills businesses can bring to the fight against the epidemic. Throughout the paper, a primary purpose is to survey the available literature on HIV/AIDS and business. We therefore highlight both what is known and areas where the literature is deficient or silent.

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[11] Bloom, David; Bennett, Neil; Mahal, Ajay; and Noor, Waseem. 1996. "The Impact of AIDS on Human Development." Draft. New York: Columbia University, Department of Economics; Bloom, David; and Canning, David. 2000. "The Health and Wealth of Nations." *Science* 287 (February 18):1207-9. Bloom et al (1996) showed that an increase in AIDS deaths of one per 1,000 people has the potential of reducing life expectancy at birth by one year. When combined with the Bloom and Canning (2000) research, which estimates that a 5 year difference in life expectancy could translate into differences in rates of growth of per capita income of 0.3-0.5 percentage points per year, and applied to sub-Saharan Africa, where 2.2 million people died of AIDS in 1999 (3.7 deaths per 1,000 population), the figure of 0.30 percentage points' reduction of per capita income growth is reached as the mid-point of the range of declines. This figure assumes AIDS deaths as a proportion of population will remain unchanged in the future.

[12] UNDP (United Nations Development Programme). 1999a. Overview of the Fifth International Congress on AIDS in Asia and the Pacific (5th ICAAP), Update, Volume 3, Issue 3, November 1999.

[13] The Harvard Business Review has published 3 full articles on AIDS since 1989 (none in the last 5 years); Forbes Magazine has published 3 since 1997; Money 2 since 1998; Fortune 3 since 2000; the New York Times had published 17 in the month preceding 30 March 2001.

[14] Anthony Pramualratana, Executive Director, Thailand Business Coalition on AIDS (1999): Businesses must face AIDS in the workplace. HIV/AIDS Action in developing Countries. European Union AIDS Program in developing Countries. 3 February

[15] David E Bloom et al (2000) ibid

One: What's in it for business?

In a 1997 UNAIDS survey of 203 companies in 14 countries, the main motives given for corporate action on AIDS were welfare of employees (46%), safety/prevention (34%), legal implications (24%), health care cost (16%) and concern for the worldwide epidemic (12%), followed by community problems, absenteeism due to illness and public image.[16] These motives can be broadly divided into three main concerns – the effect on the workforce, the threat to the customer base and the impact on brands and corporate reputation.

The effect of HIV/AIDS on the workforce

The effect of AIDS on the labor force is disputed in the literature. Tyler Biggs and Manju Shah, in a 1997 survey of nearly a thousand firms in sub-Saharan Africa, concluded that the impact of HIV and AIDS on staff turnover was minimal, although this situation could change as the epidemic matures. They found difficulties in replacing professional staff to be one of the most significant problems, with firms taking 24 weeks to replace a deceased professional, compared to 2 or 3 weeks for less skilled staff.[17] Other smaller studies have shown how, at certain stages in the epidemic, HIV infections can be disproportionately concentrated among exactly these skilled workers. For example, 30% of Malawian and Zambian teachers are infected,[18] and a study in Rwanda found the likelihood of HIV infection for a pregnant woman to be 38 per cent if her husband worked for the government, 32 per cent if he was a white-collar worker, 22 per cent if he was in the army, and 9 per cent if he was a farmer.[19] A further study in Zaire found the highest rates of HIV prevalence were among executives (5.3 per cent), followed by foremen (4.6 per cent) and then workers (2.8 per cent).[20] The theory that economically active populations tend to be instrumental in the early spread of HIV infection is a plausible one and contradicts the perception of African business leaders, as revealed in a recent World Economic Forum survey, that the disease is more of a problem for the low than the high-skilled.[21] Epidemics may become concentrated among economically-disadvantaged populations, but only because the wealthier and better-educated have been in a position to take preventive action.[22]

The absence of up-to-date and robust evidence on the overall effect of the epidemic on staff turnover forces reliance on small studies, combined with anecdotal and intuitive reasoning. The loss of a staff member through sickness has theoretical effects on (a) a firm's stock of "know-how" and (b) the morale of other workers, as well as imposing recruitment costs. As one Kenyan company manager puts it, "If you lose someone you have trained for twenty years, that is a great loss. Condoms and AIDS education cost peanuts."[23] Furthermore, demand for trained workers may increase, further increasing recruitment costs and inflating wages, while the epidemic adds additional degrees of uncertainty as businesses make recruitment decisions. *The Economist,* for example, reports examples of multinationals in South Africa hiring 3 workers for each skilled position "to ensure that replacements are on hand when trained workers die."[24] The impact is

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[16] The Conference Board: Corporate Response to HIV/AIDS. New York, 1997.
[17] Tyler Biggs and Manju Shah: The Impact of the AIDS Epidemic on African Firms. RPED Discussion Paper No. 72, Regional Program on Enterprise Development, The World Bank, January 1997
[18] World Bank. 1999. Intensifying Action against HIV/AIDS in Africa: Responding to a Development Crisis, Africa Region/The World Bank, June 1999
[19] McNeil, Donald G. 1998. *AIDS Stalking Africa's Struggling Economies*, New York Times, November 15, 1998.
[20] Over, Mead. 1992. "The macroeconomic impact of AIDS in sub-Saharan Africa." Technical Working Paper #3. Washington, D.C.: World Bank, Africa Technical Department, Population, Health and Nutrition Division.
[21] David E Bloom, Lakshmi Reddy Bloom and River Path Associates: Business, AIDS and Africa. Chapter from The Africa Competitiveness Report 2000-2001. World Economic Forum, Harvard Center for International Development. OUP 2000.
[22] See for example Bloom, David and Mahal, Ajay 1993. "Economic implications of AIDS in Asia." Draft. New York: Columbia University, Department of Economics; Farmer, Paul. 1999 *Infections and Inequalities – the Modern Plagues*. Berkeley: University of California Press.
[23] UNAIDS 1998a
[24] Economist (2001): The worst way to lose talent. 8 February

potentially more damaging among small businesses and in the informal sector, as seen in a 1999 study of micro- and small enterprises (MSEs) and entrepreneurs in Africa. Most MSEs in the study were completely managed by their entrepreneurs, with family members having little knowledge of the business. In the event of the owner-manager dying of AIDS, the business was necessarily taken over by an inexperienced family member, reducing its effectiveness, at least for a time.[25] Most broadly, of course, businesses must contend with the possibility that AIDS may have an impact on education systems, through teacher mortality, family illness, the growing number of orphans, and pressure on government finances. Deterioration of educational standards would reduce the skills of new entrants to the workforce, with potential but unquantified effects on business competitiveness.

Rising turnover due to AIDS mortality, and resulting pressure on recruitment, is only one example of the potential impact of AIDS on the workforce. Typically, AIDS is a protracted illness and sick workers are likely to become less productive and take more time off work. If workers' family members fall ill, work hours may also be lost as care needs are met. Medical bills, if paid for by companies, will also increase, although a firm's investment in treating employees infected with HIV will be offset or even repaid by resulting increased productivity.[26] Farnham and Gorsky have argued that in the USA, for example, a significant proportion of the costs of the epidemic are borne by the business community, due to the employer-based system of health insurance and the provision to many employees of health-related benefits.[27] One study, summarized at Figure 1 below, has identified the distribution of increased labor costs for a small number of firms in Botswana and Kenya. Death itself can also impose significant costs on businesses. Many firms in sub-Saharan Africa are responsible for funeral costs and face additional costs as other workers attend funerals. Zambia's largest cement factory, for example, saw a 15-fold increase in funeral-related absenteeism between 1992 and 1995. As a result, the company has restricted employee absenteeism for funerals to only those for a spouse, parent or child.[28] Finally, within some legal systems, HIV-related discrimination can translate into lawsuits. According to the US's National AIDS Fund: "Every employer has a choice about HIV as a workplace issue: you can manage it or you can fail to manage it. When you fail, it deteriorates into a legal claim."[29] Again, however, the literature is silent on how much such legal claims have costs businesses.

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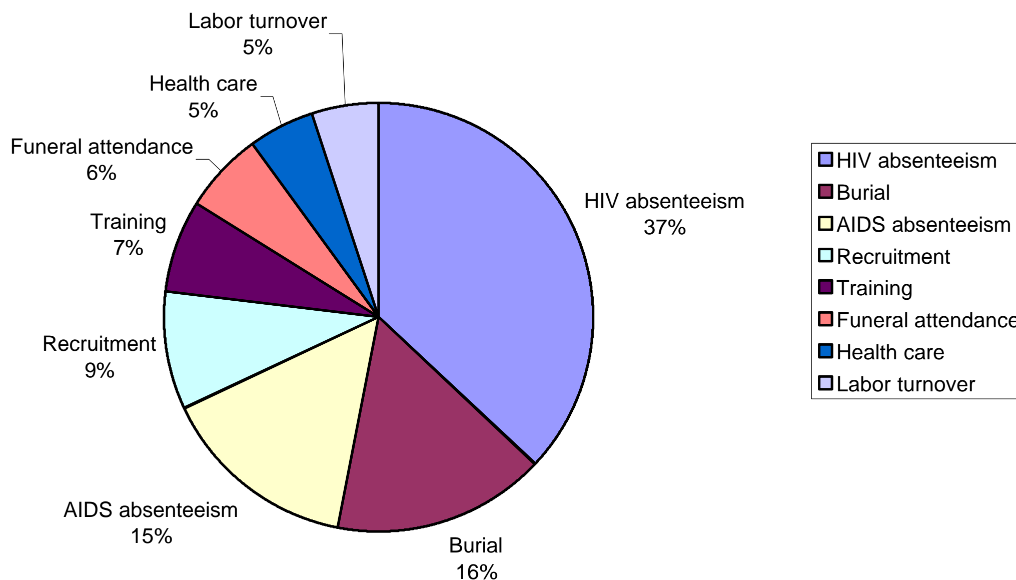
[25] ILO 1999b

[26] Some authors have argued that investment in those who are already HIV-positive is a vital way of limiting the effects of the virus, both for businesses and for economies overall: "Without a special effort to raise (or maintain) the productivity of those who are HIV+, economic growth cannot be maintained, let alone increased." (Malcolm F McPherson, Deborah Hoover, Donald R Snodgrass (2000): The impact on economic growth in Africa of rising costs and labor productivity losses associated with HIV/AIDS. Consulting Assistance on Economic Reform II. Discussion paper 79. HIID. August 2000)

[27] Paul Farnham and Robin Gorsky. 1994. "Costs to Business for an HIV-Infected Worker." *Inquiry* 31:76-88.

[28] Whiteside and Sunter, 2000

[29] National AIDS Fund 2000. p.2



Source: Rau and Roberts (1996)

Figure 1

Given the inadequate literature on the *tangible* labor force costs that business faces during an HIV/AIDS epidemic, it is hardly surprising that *intangible* costs have been even less successfully measured. Again, small studies support the intuitive belief that there must be some effect. One study of entrepreneurs found that HIV/AIDS led to a loss of focus on the business,[30] while the Thai Business Coalition on AIDS highlights poor morale as one factor facing businesses who fail to deal with HIV/AIDS in the workplace.[31] Teamwork and co-ordination, so vital to modern business, are also threatened by AIDS, whether through sympathy for the sick and dying on the one hand, or fear of infection on the other. One extreme example of the latter occurred at New England Bell Telephone in the US, where employees left work (in the presence of television cameras) in protest against working with a colleague who had AIDS.[32] On a more positive note, community involvement by a company can have a very positive effect on morale, as former Chairman of Grand Metropolitan (now Diageo) Sir Allen Sheppard has said: “Of all the aspects of corporate life which influence employees’ attitudes and motivation, none is more important than the active contribution made by the company to the communities where it operates.”[33] No broad study has been completed, however, detailing the effect on employee morale and productivity in a country with a serious and sustained epidemic.

A number of the studies relevant to the impact of AIDS on businesses through the labor force are listed below – and more are detailed in Appendix 1. Most of these studies suffer from small sample sizes and cannot necessarily be relied upon individually. However, a pattern of small but significant impacts seems to emerge. The case for updating the work of Biggs and Shah therefore seems compelling, in order to test suggestions that, as the epidemic deepens, the impact on the workforce is growing to levels that may prove critical for some businesses or even industries:

– *Benin*: In a 14-firm case study, 50 per cent of those identified as HIV positive held positions considered ‘important’ by the firm. The firms have noticed increased absenteeism. They are

[30] ILO 1999b
[31] UNAIDS 1998a, p. 3
[32] Farnham 1994
[33] Sheppard, Sir Allen (1993): Giving the community a helping hand. Evening Standard. London. 9 June.

holding salary levels constant but reducing workloads, which leads to increased costs and reduced profits.[34]

- *Kenya*: One company experienced a 40-fold increase in funeral expenses between 1992-93 and 1996-97. During the same period, 41 per cent of the employees left the company because of illness or death. Healthier workers had to work overtime – increasing direct overtime costs and possibly indirect costs, such as stress and reduced efficiency among overworked workers.[35]

- *Tanzania*: One company experienced a five-fold increase in its medical care costs per employee during 1993-97 and has now instituted a cap on expenditures per employee. At the Tanzania-Zambia Railway Authority, medical costs associated with AIDS-related illnesses increased in one year to 1995 by 63 percent.[36]

- *United States*: A scenario study constructed scenarios of the economic cost of hiring a single HIV-infected person under 4 settings (high-cost city, large firm); (high-cost city, small firm); (low-cost city, large firm); (low-cost city; small firm). It included the following costs likely to be borne by firms hiring HIV+ people – health insurance/medical care of employees with HIV, life insurance benefits, sick leave and costs of disability payments – before deducting any monetary benefits in terms of pension savings (offsets) resulting from early death, and adding any hiring and training costs of replacement employees. After discounting (since the death from AIDS of a person infected with HIV at the time of hiring, occurs in the future), the estimated cost of hiring an HIV-infected person is US$31,800, US$20,600, US$4,400, and US$2,300, respectively under the four scenarios.[37]

- *Zambia*: At Barclays Bank, the death rate among employees rose from 0.4 per cent in 1987 to 2.2 per cent in 1992 (the company lost an average of 36 of its 1,600 employees annually to HIV/AIDS). *Ex gratia* payments to families increased by nearly 350 per cent between 1991 and 1992. The bank also paid increased funeral costs. More than 70 per cent of the deaths occurred in those under 40.[38]

- *Zimbabwe*: At a large firm of 11,500 workers, which offers significant health benefits to its employees, a study estimated 3,400 HIV-positive workers in the firm, with 64 having so far died of AIDS. It estimated the cost of AIDS in 1996 to be 20 per cent of the company's profits, with half the costs due to increased health care. By the year 2005, the costs are projected to triple.[39]

The effect on the customer base

Companies have a relatively high degree of control over, and information about, their workforces, but much less about their customers. As a result, market research is a large and influential industry and, more broadly, all marketing activity is based on assumptions (whether backed up by evidence or not) about who customers are and how they behave. Clearly, with AIDS beginning to have a substantial impact on the demographic profile of the most-effected countries, markets are changing, but how much effect this will have on businesses is only beginning to be studied.

The theoretical effects can be quickly outlined. The group hardest hit by AIDS – young adults of working age – is also the major source of demand for goods and services. Caring for people living with AIDS is expensive, so while certain industries – principally health care – will see increased demand, most others will see spending redirected towards caring costs. In addition, those who are sick are less likely to work and therefore will have less money to spend, and there may also be an

[34] Bollinger, Stover and Martin-Correa 1999
[35] Bollinger, Stover and Nalo 1999
[36] ILO study, cited in Bollinger, Stover and Riwa 1999
[37] Bloom and Glied 1991; Farnham 1994 found similar numbers, as do Farnham and Gorsky 1994
[38] Bollinger and Stover 1999; Whiteside and Sunter 2000
[39] Bollinger et al. 1999

eventual deterioration in the whole macro-economic environment.[40] As Daly has said: "HIV/AIDS affects people within their most productive years…the result is a reduction in savings rates and disposable income…In the long run, this has the…effect of reducing the market size for business."[41] There are also potential effects on foreign direct investment (FDI), tourism and export markets. Health, education, and governance are all believed to be vital determinants of FDI, while tourism is highly vulnerable to the tourist perception of the "desirability" of a destination. Overseas buyers may also be discouraged if, for example, they lose confidence in the reliability of supply. Larger businesses are also exposed through their supply chain, which is usually populated by large numbers of much smaller companies, and must ultimately face the judgment of financial markets, with potential effects on share prices and credit ratings if HIV/AIDS is believed to have increased the risk of the company's business.

Governments in the hardest hit countries will also be forced to redirect spending towards health, leading to a reduction in spending on items favorable to growth, such as infrastructure investment and education. This will ultimately feed through negatively to private sector performance. As Cuddington argues: "In economies in which the public sector bears a large proportion of medical costs, the government must make difficult decisions about how to finance medical expenditures as AIDS-related spending rises…. To what extent should other current or capital expenditure, or both, be cut?"[42] This impact could be avoided (or at least mitigated) if firms were to take an interest in curtailing HIV transmission in the early years of the epidemic, rather than leaving it to governments.

As would be expected, much research into the potential impact of HIV/AIDS on markets has been carried out by individual businesses, presumably as part of their wider market research effort. While this research is likely to have been useful to the commissioning business, it is far less likely to persuade other businesses to act, other than through a "follow the leader" pattern, where lesser players within an industry are influenced by the activities of a competitor they regard as far-sighted. Academic studies, or those run by business associations, are therefore likely to have a broader impact. Two studies are described here, with others outlined in appendix one:

- *South Africa*: In 1998, the JD Group (South Africa's leading furniture retailer) performed its own research on the potential impact of the epidemic on its markets and customer base. It used a forecast of HIV prevalence among its customers, expecting an increase from 15 percent in 2000 to 27 percent in 2015. It suggested that changes in demography would reduce the customer base by 18 per cent by 2015.[43] With increasing illness and death, customers will have less to spend and be less creditworthy.[44]

- *Zimbabwe:* An insurance company estimated that 45 percent of claims were AIDS related in 1995-96. It began restrictive practices, such as testing before entry, excluding high-risk groups and clauses that restricted benefits if death related to HIV/AIDS.[45]

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[40] A study of the macroeconomic impact of AIDS in Zambia has shown that the decline in life expectancy caused by the virus, and the shift in dependency ratios directly reduced the country's rate of growth. "This, in turn, fed back to further reduce the rate of income…the model provides evidence that HIV/AIDS has been undercutting and will continue to undercut the capacity for economic growth in Zambia." (Malcolm F McPherson, Deborah Hoover, Donald R Snodgrass (2000): The impact on economic growth in Africa of rising costs and labor productivity losses associated with HIV/AIDS. Consulting Assistance on Economic Reform II. Discussion paper 79. HIID. August 2000: 48)

[41] Daly, Kieren. 2000. The Response of Business to AIDS: Impacts and Lessons Learnt. London: UNAIDS, The Prince of Wales Business Leaders Forum, and The Global Business Council on HIV & AIDS: 13

[42] Cuddington, John. 1993a. "Modeling the macroeconomic effects of AIDS, with an application to Tanzania." *The World Bank Economic Review* 7(2):173-89.

[43] Others estimate that South Africa's population will be 23% smaller than it would have been without AIDS. Economist (2001): The worst way to lose talent. 8 February

[44] Whiteside and Sunter 2000

[45] Bollinger et al. 1999

The impact on brands and reputations

A wider perspective on the impact of AIDS on businesses – especially larger businesses – involves a consideration of the *overall* impact of the disease, rather than its impact on specific components of its operation. Such a holistic perspective normally focuses on brand – a term that encapsulates the values, image and character of a company and/or its products, seen through the eyes of a target market and others[46] – and corporate reputation, whereby the "goodwill" that attaches to a company is seen as a valuable asset.

Brand and corporate reputation have an indirect, not direct, effect on the bottom line, although markets demonstrate their belief in the importance of brands by valuing some companies' brands at higher levels than all their fixed or tangible assets. This indirect relationship is demonstrated clearly in the case of pharmaceutical companies, many of which have experienced increased profits from patents on AIDS drugs, while simultaneously facing damaging public criticism that is inhibiting their ability to operate. As a spokesman for Roche Pharmaceuticals admitted recently, "In the last 18 months there have been activities and charity events [for HIV/AIDS] earmarked as PR efforts, and the firms involved got bashed for wasting time and money. This is no time for PR activities, but for real world action… The way that the debate is panning out – and with a groundswell of public opinion – companies cannot expect to be left alone."[47] Pharmaceutical companies have seen isolated NGO action develop into broad-based and uncontrollable campaigns. Their experience demonstrates the need for companies to respond to challenges to their reputation well before an effect on profitability is discernible.

The literature so far has little to say about the effect of AIDS action/inaction on the brand and reputation of non-pharmaceutical businesses, but problems in other areas, such as child labor, provide precautionary examples. Activist protest – facilitated by improvements in electronic communications and the greater transparency forced on companies by globalization – has shown itself to be an effective tool for articulating more broadly-felt disenchantment. An inability to effectively target HIV/AIDS has the potential to build on concerns about the role of science in society, the future of globalization, and the power of transnational business. As a recent article in *Science* warned: "Rational selection of interventions [in HIV/AIDS] needs consideration within a much broader context than cost-effectiveness, which calculates return on a limited and short-sighted basis. Globalization will be fatally undermined if it continues to act as a vehicle for greater inequality."[48] A 1999 AmfAR paper summed up the opportunities: "While the public in many countries is dubious about the benefits of the global economy, most businesses and economists are convinced it is essential to future prosperity. An effective, business-based global campaign [on HIV/AIDS] will tell quite new stories about globalization and assert that the move towards interconnectedness is about international security and cooperation, as well as money."[49]

As well as potential bad will towards a firm created by bad publicity, there is also scope for substantial positive effects on a brand. As McIntosh et al have said, "The rise of AIDS and HIV grants employers the opportunity to provide leadership in one of the major crises of the century."[50] It thereby enables firms to demonstrate their importance and influence in society. There are few high profile examples of action on HIV/AIDS, although Kenneth Cole, IBM, Price Waterhouse Cooper, MTV and several other companies have taken leads in various markets. A large international survey conducted in 1991 lends further weight to the idea that consumers' decisions

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[46] Brand image is both an internal and external factor: "Inside the company the brand image acts like a glue and a heartbeat, persuading employees that their product unites them in their daily endeavors, and is something to believe in. Externally, brand image also provides customers with "something to believe in," to quote the Volvo advertisements of the 1990s." (McIntosh, Leipziger, Jones & Coleman: Corporate Citizenship. Financial Times Pitman Publishing 1998: 64-5)

[47] PR Week (2001): South Africa HIV/AIDS groups press the point. 9 March

[48] David E Bloom and River Path Associates (2000): Something to be Done: Treating HIV/AIDS. Science 23 June 2000, Vol 288: 2171-2173

[49] David E Bloom, Allan Rosenfield and River Path Associates (1999): A moment in time…AIDS and business. AmfAR 30 November 1999.

[50] McIntosh et al (1998) ibid: 149

can be influenced by good corporate behavior. The study found that, with quality and innovation now increasingly taken for granted, customers are beginning to look to factors such as environmental responsibility, community involvement and good treatment of employees as means of distinguishing between brands. Consumers are not naï ve enough to think that companies will be altruistic, however – indeed, many are suspicious of activities which are presented as altruistic – but "companies which…sharpen their reputation in areas like the environment…fair trading, community involvement and ethical marketing could see competitive benefits."[51] Sir Allen Sheppard agrees: "Customers are increasingly looking through the front door of the companies they buy from. If they do not like what they see in terms of social responsibility, community involvement, equality of opportunity, they won't go in."[52]

Weighing the evidence

The literature on the impact of AIDS on workforces, customers and brands has shown itself to be exceptionally patchy, with at best evidence of small and possibly growing effects. AIDS can increase workforce turnover and the problem is likely to most serious when highly-skilled workforces are effected. Markets in many countries seem certain to shrink and deteriorating macro-economic conditions may make some regions undesirable, or even more undesirable, "places to do business in." Brand and reputation, meanwhile, are important to many modern businesses and action on AIDS presents an opportunity to protect or enhance these assets.

The inadequacy of the current research base raises two questions. First, should more research be prioritized? Second, if so, what kind of research should be carried and by whom should it be conducted?

We would argue that the answer to the first question is probably a qualified "yes". As the epidemic deepens, so will the effects on businesses change, meaning that some of the more robust studies may have little to tell us about the current situation, let alone the one that businesses will face in ten years. However, researchers need to be clear about their motivation in conducting research studies. Currently, research that demonstrates effects is widely publicized by advocates for private sector involvement in combating the epidemic, while research that fails to show an impact is glossed over. Such advocacy works from what most accept as a self-evident truth – that terrible epidemics do great harm to societies and that businesses, as one component of those societies, will therefore suffer too. In many cases, this "self-evident truth" may prove just as powerful a motivator to action for businesses as a study that may take some years to complete.

Advocates, therefore, might find their case is best served by putting tools in business's hands, which enable them both to understand the effects of the epidemic on their own business environment and to plan commensurate action. Bigger businesses continually strive to understand the conditions they operate in and to take planned action to minimize threats and maximize opportunities. By empowering individual businesses, widespread, decentralized action may therefore be unleashed. The work of the South African national hospital group, Netcare, and independent employee health services company, Lifeworks, provides an example of this approach. Their 'AIDS Impact Calculator' uses a simple Excel spreadsheet formula based on an actuarial model to help companies calculate the impact of HIV on their workforce. A series of actions is then suggested, including a trust-fund model that enables companies to take prescient action in order to meet future costs from the epidemic.[53]

This paper will now focus on what has inhibited, and encouraged, businesses to take action on the epidemic, exploring in section 2 why responses have so far been limited and asking whether this trend is likely to reverse.

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[51] Report by Dragon International, cited in John White, Laura Mazur (1994): Strategic Communication Management. Economist Intelligence Unit: 8-9
[52] Cassell, Michael: Grand Met's life on the streets. Financial Times 2 July 1993
[53] http://www.iclinic.co.za/aug00/calculator18.htm

Two: So why the silence?

The factors motivating a business to take action are complex, with different businesses devoting varying proportions of their resources to actions that offer short, medium or long-term payoffs. Part 2 explores some of these factors, while also examining the nature of the relationship between business and other actors in the public sector and civil society. Business can make some contributions to action against AIDS on its own, but most work will be done in partnership with other types of organization. We therefore explore the extent to which a failure to form adequate partnerships has inhibited action.

The business horizon

Businesses naturally focus the majority of their energy on their core product or service offering, and will often judge outcomes within relatively limited time horizons. The World Economic Forum's 2000-2001 Africa Competitiveness Report, which surveyed the opinions of business leaders across Africa, found that these business leaders underestimated the extent of HIV prevalence and were poorly informed about the nature of the epidemic. This lack of information clearly inhibited their ability to take action. In addition, there was a tendency to heavily discount future impacts of the disease, reflecting the need to increase returns to shareholders within the short-term, rather than help forge a more conducive business environment for the long-term. These are common problems for any modern society and are exacerbated as the private sector assumes an increasingly dominant role. According to Peter Drucker: "No society has had so many centers of power as the society in which we now live…Therefore we come back to the old problem of pluralistic society: Who takes care of the Common Good? Who defines it?"[54]

The answer to the common or public good dilemma seems to lie in greater cooperation *between* businesses. Traditional private sector action on AIDS has involved businesses working individually with the public sector (the successful awareness and prevention campaigns run by South Africa's Eskom in collaboration with local community groups and the government are an oft-cited example), but in order for companies to be seen to be benefiting from their efforts, joint action with other private sector firms – with companies sharing the load, complementing each other's skills and setting an example for others to follow – is potentially the most promising way forward. In response to this, business-to-business alliances, such as the Global Business Council on AIDS, have begun to appear. Headed by Nelson Mandela as honorary president, this initiative was launched in 1997 and numbers Glaxo Wellcome, MTV International, Levi Strauss and Boyce (India) among its members. As the Council explains, benefits of business-to-business work in this area are manifold. Members, it says, can:

- learn from each others' experiences of the impact of HIV/AIDS, as well as exchange other experience relevant to forming a response to HIV/AIDS.
- advise UNAIDS on the global response to HIV/AIDS at the highest level.
- take visible and positive action, becoming the leading players in helping all their stakeholders, customers, employees and the community, to face the challenges of the HIV/AIDS epidemic.
- cooperate with each other and with other companies on projects developing the national or local response to HIV/AIDS.[55]

It is to be hoped that this cooperation between businesses will enhance the quality of their interventions in the social sphere, for some private sector reticence can be attributed to the justifiable fear of emulating previous failures. As UNAIDS has said, "Unless companies can see

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[54] Drucker, Peter (1992): The new society of business organizations. Harvard Business Review, September-October.
[55] http://www.nat.org.uk/employers/eigbc.html

clear, measurable impacts from the inputs of resources they contribute, they will be reluctant to be involved with work on HIV/AIDS."[56] Micklethwait and Wooldridge have criticized the lack of imagination many businesses have shown in this area, describing how most philanthropic gestures have been just that: "Little philanthropic giving seizes the imagination…Much of it – such as donations to hospitals and old universities – is utterly predictable. Software companies are excessively fond of providing local schools with free computers – the moral equivalent of Rockefeller showering the Midwest with kerosene lamps."[57] This is not to say, however, that businesses should not concentrate on areas in which they have expertise – for it is in these areas that they are less likely to make mistakes and more likely to have a significant impact, as many of the most successful examples in Section 3 show. In some cases, though, even where imagination has been shown, incompetence has occasionally got in the way – The Prince of Wales' Business Leaders' Forum once had to defend a Czech affiliate for giving an environmental award to the manufacturers of Semtex, and The Body Shop has been criticized in the press for overstating its fair trade policy.[58] Even Ben & Jerry's, whose 1996 mission statement talks of improving "the quality of life of a broad community," has had problems with its 'Rainforest Crunch', an ice cream whose nuts were intended to be bought from indigenous Amazonian peoples but ended up coming from a family that had been convicted of killing labor organizers.[59] These hiccups suggest that under-promising and over-delivering is the safest way for businesses to proceed in this area. Sir Allen Sheppard agrees:

> "The worst thing you can do is flash a chequebook around…If you go upfront and make a big song and dance about helping out and are then forced to retract, your reputation can fall a long way."[60]

If some businesses have been put off intervening in AIDS by others' problems in similar fields, this tentativeness can only have been exacerbated by the scrutiny put on businesses by the public sector, and herein lies the second major factor behind the lack of private sector involvement in the crisis.

Public good, private bad

The relationship between public and private sectors has traditionally been, at best, icy. The private sector has seen governments and NGOs as inefficient, holier-than-thou bureaucracies, simultaneously squandering public money and complaining about not having enough of it. The public sector, on the other hand, has tended to view all business as inherently selfish and all business incursions into the public sphere as hypocritical. A recent Economist article on the Prince of Wales Business Leaders Forum sums up the problems:

> "The old tensions between business and charity remain. Robert Davies, head of the Prince of Wales Business Leaders Forum, finds that workshops to teach WHO and other UN officials how to work with firms often disintegrate into shouting matches, with the bureaucrats accusing businessmen of immorality, while they are lambasted for corruption and inefficiency."

And William Muraskin's damning report on the Children's Vaccine Initiative (CVI), which collapsed after years of squabbling between public and private sector scientists, provides another example of the difficulties involved. The CVI was conceived by the World Health Organization (WHO) as a means of increasing investment in vaccines and facilitating their distribution. However, the public sector scientists who specialized in the research needed to discover the vaccines could not be persuaded of the value of the private sector's ability to both develop and distribute their discoveries. They saw themselves as on a crusade to save lives and regarded business as immoral. For the private partners in the CVI, on the other hand, profit was seen as the engine that

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[56] UNAIDS (2000) ibid: 39
[57] John Micklethwait and Adrian Wooldridge (2000): A Future Perfect: The Challenge and Hidden Promise of Globalization. Crown Business: 308
[58] McIntosh et al (1998) ibid: 156
[59] Jon Entine (1994): The messy reality of socially responsible business. Betterworld.com 1994.
[60] John White, Laura Mazur (1994) ibid: 228

drove innovation, and they regarded the public sector scientists as untrustworthy, capricious and wasteful of resources.[61]

As ever, the situation is more complex than the warring parties acknowledge. The public sector purports to be on the side of the public, the private sector on the side of business. However, in their other lives, people who work for businesses are also members of the public who are not keen to see their fellow human beings dying of preventable diseases. Conversely, those who work for NGOs often have radical reputations to protect and are not keen to be seen to be getting into bed with those whom they and their predecessors have spent their whole careers haranguing. If HIV/AIDS is to be confronted successfully, a sea change in public/private relations is needed, as Kofi Annan - "business can play a critical role, by providing a venue for HIV education, and by giving leadership in the wider community" has recognized.[62] Sir Richard Sykes, chairman of Glaxo Wellcome, has spoken for business:

> "An effective global programme of prevention and cure requires a new solution, a novel public health approach that builds on partnerships between public and private sectors at national and international levels."

There are some signs that a softening of the battle lines is already taking place in some areas. Unilever has collaborated with the World Wide Fund for Nature (WWF) to conserve the world's fish stocks, and McDonalds's work with the Environmental Defense Fund (EDF) in the US – where one of the conditions of the partnership was that EDF representatives would each spend a day working in a McDonalds outlet - has helped it to cut waste and increase use of recyclable materials.

McDonalds's idea of taking on EDF people as staff for a day recognizes the need to understand the circumstances of the "opposing" parties if collaboration is to be productive. The UK's Marks & Spencer (M & S) retail chain has also taken this on board in its own community initiatives. M & S has 35 staff on full-time and 200 on part-time secondment to charities, reasoning that the company itself gains from the both the new skills learned by the secondee and the boost to the company's image, while the charity gains from the business skills and the fresh approach to problem solving that the secondee brings. The secondee gains an increased understanding of the public sector and has the chance to contribute to the community.[63] This policy helps to increase knowledge of each other's work and also, importantly, each other's *working methods*. Governments, for example, tend to think in much longer timescales than most businesses, and both parties can benefit from learning about other approaches to time planning.

Success in tackling AIDS is likely to be beneficial to both public and private sectors. The sooner the two parties realize this, and that working together is the best way to make progress, the sooner the barriers will break down. The private sector needs to be frank about its motives and to realize the pressures the public sector is under. Engagement is the only way to get NGOs on side (the likes of Gap have seen how ignoring protests merely serves to exacerbate tensions), and their support will be essential as businesses enter this new market - NGOs which have spent time working on HIV/AIDS are likely to have built up strong networks of contacts as well as an invaluable knowledge base and public credibility. In turn, NGOs and governments must be prepared to make compromises on their traditional anti-business positions, realizing that, overwhelmed as they are by the challenge of AIDS, the private sector can offer a lifeline in terms of both funding and expertise. UNAIDS has outlined 10 "key dynamic pathways" that all parties should adopt to facilitate cooperation. These include, among others, acknowledging the drivers that have brought parties to the table; being open about agendas, and having an agreed common purpose; bringing a facilitator on board who can inspire and mediate between groups; and understanding what resources and skills each group brings and how they fit with what is needed.[64]

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[61] William Muraskin (1998): The Politics of International Health. State University of New York Press
[62] The Global Business Council on HIV/AIDS (1997): Report on the launch of the Global Business Council on HIV/AIDS. 23 October.
[63] McIntosh et al (1998) ibid: 219
[64] Nelson J & Zadek S (2000): Partnership Alchemy: New Social Partnerships in Europe. The Copenhagen Centre. Cited in UNAIDS (2000) ibid: 31

Such clarity can help the private and public sectors to realize that they can benefit from each other's knowledge, but only if they are prepared to learn.

Three: What has business got to offer?

If the private sector does decide to get involved in fighting AIDS, it has plenty to bring to the table. However, there are limited examples of successful incursions so far, so the learning curve is likely to be steep and mistakes will no doubt be made.

The skills prized in the business world are not always prevalent in the public sector. Speed, efficiency, innovation, creative marketing and leadership are all more commonly found in a profitable business than in a government bureaucracy – and all are urgently needed in the fight against AIDS. Business also has more money and more political clout than most NGOs. Private sector skills need not impinge on the extremely valuable work that many NGOs and governments have done in combating the virus: they should instead act as complementary factors.

UNAIDS has grouped the resources business offers under material assets (such as premises, equipment, transport and delivery systems, and money), network of contacts (workforce, customers, other businesses, access to governments, international reach) and skills base (management and communication skills, monitoring capacities, information technology skills and employee knowledge). If these can be combined with teamworking skills and sensitivity to the public sector, important advances will be made.

Some examples from the literature of businesses putting these resources to good use follow. Although they make up a limited sample and can not be held up as proof that private sector involvement works, all involve companies playing to their strengths while working successfully with public sector groups to achieve common goals – further emphasizing the *potential* of private sector intervention:

- *Eskom (South Africa):* In response to projected infection rates among employees of 26% by 2005, Eskom, an electricity company, made HIV/AIDS a strategic priority in 1998. It set up a strategic committee to monitor the virus (through anonymous testing) and its impact on employee morale and attitudes, and an operational committee to oversee awareness and prevention campaigns. The company also collaborated with government and NGOs on an education campaign for the wider community, and it makes regular broadcasts on national and regional radio stations. Amongst other follow-up activities, Eskom has helped other employers start their own programs and is an influential member of South Africa's Business Council on AIDS. Eskom's use of its organizational and communication skills has benefited both company and community, and studies have found a high level of HIV awareness among its employees, lowered levels of discrimination against HIV+ staff and greater willingness to report HIV status.[65]

- *Palla, Koblinger & Partner (Austria):* This Austrian advertising agency donated its time and its creativity skills to create a poster, newspaper and magazine campaign for AIDS service organization AIDS Hilfe. The campaign won two industry awards and sales of merchandise emblazoned with the campaign slogan contributed to AIDS Hilfe's fundraising efforts.[66]

- *Tata Iron and Steel Company Ltd (India):* Tata has set up education programmes for high-risk groups (both within the company and in the wider society). It works with community groups to distribute condoms free at welfare centres, and has installed vending machines at places visited frequently visited by employees, truckers and police/army personnel. At its hospitals, where HIV-infected people are admitted in the general wards without discrimination, it keeps a

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[65] UNAIDS (1999): The Action Brief. Issue 7. June/July
[66] UNAIDS (1999) ibid

database of HIV/AIDS cases and trains counsellers. The company liaises closely with government organizations such as NACO (National AIDS Control Organization) and NGOs.[67]

- *Tutuban Properties (Philippines):* This property company provides premises and support to the Remedios AIDS Foundation's "Youth Zone" project, which provides adolescent health services in its shopping mall based centers. 2,500 people have used these services in its 8 months of existence.[68]

- *Glaxo Wellcome (International):* Among other initiatives, pharmaceutical giant Glaxo Wellcome uses its broad international networks in its work with The International HIV/AIDS Alliance to share lessons from local community-based programs across countries.[69]

- *The Body Shop (US):* Long-time champion of community involvement The Body Shop has a community service program where full-time employees are given a half-day off each month to work in the community. Staff are also involved in delivering meals to people confined to their home because of AIDS. The company has used its networks to help two of its suppliers (Teddy Exports in India and Get Paper Industries in Nepal) to initiate HIV prevention programs. With the Body Shop's assistance, these suppliers now conduct workplace and community programs that include AIDS awareness poster campaigns, education programs for school children and information and condom distribution booths for truckers.[70]

- *Philippine Appliance Corporation (PHILACOR):* Freezer and refrigerator manufacturer PHILACOR is a good example of a company that recognizes the value of public sector knowledge. It started its HIV/AIDS workplace program by inviting NGOs working in the field to talk to its workers, devise educational materials and train peer educators. The peer educators attended a two-week seminar provided by the NGOs and the government department of health.[71]

- *Larsen and Toubro Limited (India):* Since 1985, this engineering, construction and cement company has worked with trainers and social workers to train 10,000 employees and their families as well as 1,500 school children. There has been a special focus on job trainees, employees' children and local schools and slum communities. Larsen & Toubro also joined 12 other companies to form "Industry Response to AIDS" in Mumbai – working on AIDS prevention in communities and developing HIV/AIDS policy guidelines for Indian industries.

- *Molson (Canada):* Canada's biggest beer company began its HIV/AIDS work by researching the relevance of the virus to young adult males – its main target market. It then used its marketing expertise to create the "Molson: Partners in the fight against AIDS" program, whose objectives are to support community based AIDS service groups, raise awareness and raise other private support. The company also used its creativity to launch the "AIDS Walk Canada" national awareness campaign, which raised more than US$7 million between 1996 and 1999.[72]

- *Anglo Coal (South Africa):* One of few examples in the literature of good practice in South Africa, Anglo Coal collaborates with trade unions, management and surrounding communities. The company has used its data collection abilities to collect statistics on absenteeism and opportunistic infections and to measure AIDS awareness among its employees. As well as internal efforts involving condom distribution, awareness programs (using theatre and video presentations) and counseling, Anglo Coal has also formed partnerships with local government authorities in providing mobile STD (sexually transmitted disease) clinics for outside communities and programs promoting healthy lifestyles and better nutrition. And in 1996 it

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[67] Global Business Council on HIV/AIDS 1998
[68] Sescon, Malabanan, and Rivera (2000): "Mobilizing Private Sector for Youth Intervention: The Youth Zone Experience." Abstract #MoPeD2849, XIIIth International AIDS Conference, Durban, South Africa.
[69] Global Business Council on HIV/AIDS (1998) ibid
[70] Global Business Council on HIV/AIDS (1998) ibid
[71] UNAIDS (2000) ibid
[72] Daly (2000) ibid

started the Kriel Project along with Eskom, Ingwe Coal, the University of Zimbabwe and local authorities. This promotes safe sex practices through education and condom distribution (Anglo Coal has provided training and technical assistance), and it plans to put more emphasis on schools and also projects that provide employment alternatives to sex work.[73]

Four: conclusions - going forward

As we have seen, the literature on AIDS and business is remarkably thin. The table in Appendix 1 shows that a relatively small number of studies has been conducted, and many of these have used small sample sizes and focused very narrowly on one or two industries within a single country. Moreover, most of the studies are now dated (referring mainly to the early 1990s, when the epidemic was still in its infancy) and, notwithstanding the excellent work of UNAIDS, very few have appeared in top journals.

A fresh wave of research would help to clarify the issues and should focus on finding out the extent of the effect of the virus on businesses – looking in particular at workforce turnover, morbidity, health costs and also the customer base. In this regard, a set of studies on particular sectors is required: tourism, mining, free trade zones, agriculture, trucking, the informal sector, construction, the police and the fishing industry would all be good starting points. Effects on insurance companies and pension funds should also be studied, as limiting HIV/AIDS is clearly in the particular interest of these sectors. Large sample sizes both within and across countries are essential if a robust enough database is to be drawn up. Research is also needed into business awareness and attitudes to the threat of HIV/AIDS, and on the productivity of infected individuals and attitudes to them among co-workers.

Further research should assess the impact of the work that has already been done by businesses with a view to drawing up best practice guidelines for future action. Successful work with NGOs and governments should also be analysed - perhaps using comparisons with private/public sector work in other areas, such as education – and failures should also be studied to help prevent repetition of mistakes. The Global Business Council on HIV/AIDS, which contends that "Partnerships between government, NGOs and the private sector could achieve much more than any one of these working alone," recommends promoting these examples of good practice at a national level.[74]

While evidence is so far limited and there are many difficulties facing businesses which do wish to get involved, we have seen that the majority of case studies describing business incursions into the HIV/AIDS arena report positive results. Awareness amongst workers and communities is increased, morale is improved and, in some cases, infection rates are down. This would suggest that some business involvement, even if it only extends to educating workforces on AIDS, is desirable. As Georgia Franklin, Head of Public Affairs at MTV – one of the leaders in the business and AIDS field (President William H Roedy is the current Chair of the Global Business Council on HIV/AIDS) – has said, "The simplest thing a business can do is to take responsibility for its employees in terms of HIV/AIDS."[75] This behind the scenes work is already going on in many companies, but firms need to share information with each other and with the public sector if action is to spread.

Internal activities such as educating the workforce and distributing free condoms are one aspect of the role businesses can play in combating AIDS. The other is external work in the community and in other countries. Bill Gates' role in the International AIDS Vaccine Initiative (IAVI) is a good

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[73] Daly (2000) ibid

[74] Global Business Council on HIV/AIDS (1996): Report of a strategy meeting on international HIV/AIDS public/private sector partnership, London 27 November: 7

[75] Pers comms

example of the latter.[76] Business-to-business groups like the Global Business Council on AIDS are an important complement to private/public links – providing a way of both raising the profile of business involvement (thus giving more firms a brand-driven incentive to join in) and of circumventing the public good problem (turning it round from: "Why should we get involved if nobody else is?" to: "We'd better get involved – everybody else is"). Chambers of Commerce would be another logical vehicle through which businesses could get involved, though there is as yet no literature on the role these Chambers (and other associations of manufacturers and exporters etc) could play.[77]

The impact of AIDS is likely to be felt most immediately by particular industries. The trucking industry, for example, will see its workforce hit by HIV; tourism will be affected through the impact on its customer base (if AIDS devastates societies in certain countries, civil disorder may result so the travel industry's core product will be severely damaged); and pharmaceutical companies have already seen their brand image suffering because of the virus. These industries have a natural stake in understanding more about the connection between HIV/AIDS and are well placed to intervene. Other sectors, too, should consider how they will be affected by AIDS and how best they can act.

More research is undoubtedly needed on HIV/AIDS and the private sector, but, with the number of worldwide infections increasing exponentially, time is limited. The recent resurgence of TB in the UK has highlighted the dangers of complacency even in the developed world, and if businesses are to limit the damage to their markets and their workforces, and to capitalise on the opportunity to boost their reputations with a display of social responsibility, they will have to act now.

Many of today's biggest multinational companies - including the likes of MTV, Microsoft and Levis - have demonstrated that a commitment to ethical issues can be a core component of a successful business strategy. Georgia Franklin neatly sums up the power of the private sector:

> "MTV is involved in HIV and AIDS because of our audience. They are in the group most likely to become HIV positive, so we feel it is our responsibility to get involved. We have access to them to talk about it in a way that they will reach out to."[78]

If this power can be harnessed and the public and private sectors can recognize the common purpose and the mutual benefits of combined action on HIV/AIDS, perhaps the epidemic can be reversed. If it is, the involvement of the private sector will provide a model for a new vision of what business is – and what it can achieve.

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[76] The Bill & Melinda Gates Foundation gave IAVI a $100 million challenge grant in January 2001. http://www.gatesfoundation.org/pressroom/release.asp?PRindex=344

[77] NB: Another potential role for business is where businesses are hired and paid by governments for their expertise and skills, though again there is little evidence in the literature of this happening.

[78] pers comms

APPENDIX 1 – REVIEW OF STUDIES: THE IMPACT OF HIV/AIDS ON BUSINESS

Study	Sample	Type of data	Focus	Methodology	Main result	Strengths	Limitations
Biggs and Shah. 1997. The impact of the AIDS epidemic on African firms	200 firms in 4 sectors. 1992-94		Effect of worker attrition rates	Econometric exercise	Attrition rates had clear negative impact on indicators of firm performance (profit/sales ratio, average labor costs), but none on form performance overall	Large sample size in 4 sectors: food processing, metalworking, woodwork, textiles.	Study conducted 1992-94, so too early on in the epidemic to draw firm conclusions
Bollinger, Stover and Martin-Correa. 1999. The economic impact of AIDS in Benin	14 firms. Benin	Survey	Absenteeism	Questionnaire	50% of HIV+ workers held positions considered important by the firm. Increased absenteeism leading to increased costs and reduced profits	Depth of interviews	Small sample size. No account taken of intangible costs (morale etc)
Bollinger, Stover. 1999. The economic impact of AIDS in Botswana	2 firms, 5 firms. Botswana 1996	Survey	Cost of AIDS	Questionnaire	Annual cost of AIDS $126,000 for one firm, $370,200 for another (not clear what percentage of profits this amounts to). Annual cost for 5 companies will be 5% of wage bill by 2004		Sample size, lack of detail
Aventin and Huard. 1997. HIV/AIDS and business in Africa: A socio-medical response to the economic impact? The case of Cote d'Ivoire	3 firms. Cote d'Ivoire 1994: textile, food processing and packaging industries		Cost of AIDS		Average annual cost as a percentage of wage bill was 1.3%, 0.8% and 3.2% to food processing, textile and packaging firm respectively – costs included medical care, prevention, funeral attendance, screening and lost productivity.	Large samples within the firms (275, 1150 and 83 employees respectively)	Cost estimates excluded perception-based costs. Uneven time span of the 3 studies (one was 6 years, another 2 and the other 4) and uneven sample sizes
Bollinger, Stover, Zanou. 1999. The economic impact of AIDS in Cote d'Ivoire	4 firms. Cote d'Ivoire 1994	Survey	Cost of AIDS	Questionnaire	Projected expenditures for 1998 totalled US$200-400,000		Figures are rough estimates, no indication as to relative size of costs
Bollinger, Stover, Nalo. 1999. The economic impact of AIDS in Kenya	5 commercial agricultural enterprises. Kenya 1980-97	Survey	Cost of AIDS	Questionnaire	Dramatic increase in medical expenses for some estates. Raw cane to sugar recovery ratio increased. 41% of employees in one company left because of illness or death	Length of time span of study	

	1980-97						
Roberts, Wang'ombe, Forsythe. 1996. Business responses to HIV/AIDS in the African formal sector workplace: findings of a Kenya needs assessment	16 firms Kenya 1994		Cost of AIDS		AIDS seen as a problem for workers, not managers. HIV-related expenses not considered significant at that time by mangers. Study estimated impact could be 3-8% of total labor costs by 2005 and 4% of profits.	Large sample sizes (average 1,200-1,500 employees in each firm)	
Bollinger, Stover. 1999.	Mining industry; 16 firms; benefit costs. South Africa	Survey	Absenteeism, benefit costs	Questionnaire	AIDS related cost to the mining industry will increase 15 times from 1995-2010. One major industrial company found a large proportion of increase in health-related retirement was due to AIDS. Benefits study found total cost of benefits would rise from 7% of the wage bill to 19% by 2005.		In the 16-firm study, only 4 returned questionnaire.
Whiteside and Sunter. 2000. AIDS: The challenge for South Africa	JD Group's own research on customer base. 1998		Impact on customer base		Customer base would decline 18% by 2015, based on an increase in HIV prevalence from 15% to 27%		
Bloom, Mahal. 1997. Et al Socio Economic dimensions of the HIV/AIDS epidemic in Sri Lanka	Female workers on free trade zones	Survey	Risk of infection to female workers in free trade zones	Tabulations	Female workers in free trade zones not at high risk from HIV infection, so industries located in these areas (which mainly use women workers) may not be at high risk.		Small sample of only 50 women
Bollinger, Stover. 1999. The economic impact of AIDS in Swaziland	Mhlume Sugar Company. 1998	Survey	Number of deaths on company housing estate	Questionnaire	30% of deaths over 3 years to 1998 attributed to AIDS		
Bollinger, Stover, Riwa. 1999. The economic impact of AIDS on Tanzania (ILO study)	8 firms, Tanzania-Zambia Railway Authority 1995		Number of deaths in company, medical costs		0.5-1.5% of employees in 8 firms were lost to AIDS every year. Medical costs at Tanzania-Zambia Railway Authority increased in one year to 1995 by 63%		Small sample size
Clancy. 1998. The economic impact of AIDS at the firm level in Tanzania	Various firms, Tanzania		Annual medical and burial costs		Both variables increased significantly over a 5-year period.		

Giraud. 1993. The economic impact of AIDS at the sectoral level: developing an assessment methodology and applying it to Thailand's transport sector.		Secondary data	Cost of infection among long-haul truck drivers	Scenario study	Costs to trucking industry projected to increase from US$40,000 in 1991 to $14.5 million in 2000.	Careful estimation of various cost components	Scenario analysis rather than actual case study of a trucking enterprise
Bloom,Mahal et al. 1997. Socioeconomic dimensions of the HIV/AIDS epidemic in Sri Lanka		Cross-national secondary data	Effect on cross-country tourism flows	Econometric analysis – two stage least squares estimation of link between HIV prevalence and tourism flows	HIV/AIDS need not influence flow of foreign tourists into a country (excluding sex-tourism)	Careful econometric approach	Small sample (31) of countries included in empirical analysis; cross-country regressions often unstable
Bollinger, Stover, Kibirige. 1999. The economic impact of AIDS in Uganda	Uganda Railway Corporation	Survey	Labor turnover rate		Labor turnover rate 15% in recent years, 10% of workforce died from AIDS-related illnesses		
Bloom, Glied 1991. Benefits and costs of HIV testing		Secondary data	Economic cost of hiring an HIV+ worker	Scenario study	Cost of hiring an HIV+ worker is US$31,000, $20,000, $4,400 and $2300 respectibvely under the 4 scenarios of high-cost city, large firm; high-cost city, small firm; low-cost city, large firm; low-cost city, small firm	Extremely careful analysis of costs and components	Based on scenario. Not backed up by case studies
Over. 1992. The macroeconomic impact of AIDS in sub-Saharan Africa	Kinshasa textile mill, 1987		Rates of HIV prevalence		Highest prevalence rates were among executives (5.3%), followed by foremen (4.6%) and then workers (2.8%)		Study now very dated
Bollinger, Stover 1999. the economic impact of AIDS in Zambia	10 companies, Barclays bank, Chilanga Cement, 29 agricultural organizations. Zambia	Survey	Absenteeism, death rate, payments to families, medical expenses etc	Questionnaire	In the 10-company survey, 40% said AIDS was a problem and reported an increase in absenteeism, 60% reported in increase in funeral rate. At Barclays Bank, death rate rose from 0.4% in 1987 to 2.2% in 1992; ex gratia payments to families rose by 350% between 1991 and 1992; more than 70% of deaths occurred in those under 40. At Chilanga Cement, absenteeism for funerals increased 15-fold between 1992 and 1995.		
Population Council. 1994. Community based AIDS prevention and care in Africa:	Petroleum refinery,		Death rate, economic		84% of deaths from 1987-1992 were AIDS-related. Medical expenses		

building on local initiatives.	Zambia		cost		approximately US$225 per patient.		
Haslwimmer 1994. The social and economic impact of HIV/AIDS on Nakambala Sugar Estate	Sugar estate, Zambia		Costs of AIDS		HIV-related illnesses accounted for 2% of lost labor time. Costs represented 1.9% of the company's costs in 1992-93; projected to increase to 3.1% by 1995-96		
Jackson and Pitts 1991. Company policies on AIDS in Zimbabwe	Business survey, Zimbabwe	Survey	Main concerns for business	Questionnaire	Main concerns were: loss of skilled labor (33%), loss of manpower (24%), reduced future productivity (24%), insurance and pension costs (13%), other economic costs (12%)		
Bollinger, Stover, Kerkhovenm Mutangadura, Mukurazita 1999. The economic impact of AIDS in Zimbabwe	Large firm of 11,500 workers, National Railways of Zimbabwe, Anglo-American Mining Company, a bus company, an insurance company. Zimbabwe	Survey	Cost of AIDS	Questionnaire	In large firm of 11,500 workers, 3,400 were HIV+. Cost of AIDS in 1996 was 20% of company's profits. National Railways of Zimbabwe has 17,000 employees and an absenteeism rate of 15% in 1990. Bus company is losing 7% of profits to AIDS-related costs. Anglo-American Mining Company estimate 25% of its workforce to be HIV+. Insurance company estimated 45% of claims in 1995-96 to be AIDS related.		

APPENDIX 2 – CASE STUDIES

What has business done in the field of HIV/AIDS?

This Appendix aims to provide short examples from the literature of the business response to AIDS so far, followed by several more detailed case studies, which go into background detail as well as outcomes and follow-up activities.

1. *Giving awards/recognition* – starting 1998, Global Business Council Awards for private sector firms that are exceptional in their response to HIV/AIDS. Awards set up by the Global Business Council on HIV/AIDS (UNAIDS, *The Action Brief* Issue 7 - June/July 1999). 1998 Business Council Awards given to (*Action Brief* 1999a):

Odebrecht Group (Brazil): Large engineering, construction, chemical and petrochemical group – has own program of employee training on HIV/AIDS. Through the Odebrecht Foundation, funds sex education and AIDS materials for schools. Has worked with the government, schools and local agencies and targeted young people.

Eskom (South Africa)**:** Electricity generating company, operating 20 power stations and 26,000 kilometres of transmission lines. 38thousand employees.

Used to have a pre-employment testing policy in the period before 1993. However, this policy was discontinued in 1993. Undertook a detailed analysis of the present and future impact of HIV/AIDS on the company -- in terms of implications for pension funds, medical costs, and human resources. The analysis projected a 26 percent prevalence rate among its employees by the year 2005. As a consequence HIV/AIDS became a strategic priority of the company in 1993.

Response: (a) formed two committees -- a strategic committee, and an operational committee -- to address issues arising from HIV/AIDS. The former was to assess the future impact on the workforce and for the company, and develop strategies to cope with it. Under the oversight of this committee, there are periodical impact studies, HIV-surveillance work (anonymous test-based), and knowledge and attitude surveys. The latter implemented awareness, prevention and care programs. (b) HIV/AIDS cost center was set up in 1996 to monitor education, awareness and care costs. (c) Included comprehensive benefits for employees with HIV/AIDS and their families, ESKOM's medical aid insurance allocates an additional payment to the family of each insured, infected employee. HIV testing is done on an unlinked, voluntary basis. Counseling and therapy is available to HIV-infected employees and their families, and medical teams have been trained for providing anti-retroviral therapy. (d) ESKOM has initiated programs to create awareness and behavior change among employees, and the broader community and to help the employees cope with the impact of HIV/AIDS on their lives. A peer-led education campaign operated in coordination with the government and NGOs reaching the community and the work force. Nearly 800 peer educators trained by end-1998, and had covered 75 percent of the employees by early 2000. ESKCOM also undertakes condom distribution among the workforce, and has set up condom-vending machines in toilets. ESKOM also makes educational broadcasts on nation and regional radio stations. Community awareness is also enhanced via articles in the press, and sponsorship of HIV/AIDS events. (e) Provide funding for NGOs working on HIV prevention and care; and (f) committed US$4.5 million over the period 1999-2001 for vaccine research. (h) *Working with other groups*: Eskom is part of South Africa's Workplace Forum, hosting it together with the government and Wits University. Helped develop South Africa's national guidelines and strategy for HIV/AIDS in the workplace. They have also helped other employers start their own programs and commissioned a study of the experiences of HIV/AIDS in the workplace in southern African countries. ESKOM is a member of South Africa's Business Council on HIV/AIDS. [Daly 2000, Global Business Council on HIV/AIDS 1998]. ESKOM has extended its education and awareness program about HIV/AIDS to the wider community beyond its mines and workforce, typically in partnerships with NGOs, local governments, and UNAIDS. It is also an important partner in the "Kriel" Project, a program aimed at HIV/AIDS awareness and prevention among sex workers (see Anglo-Coal, below).

Outcomes: One study by ESKOM found that HIV prevalence rate amongst employees in 1999 was lower than predicted by it in 1995. Whether this was due to errors in the prediction itself or company policy is, however, unclear. Studies also found a high level of HIV awareness among its employees. ESKCOM also reports lowered levels of discrimination against employees with HIV/AIDS, increased cooperation from employees and trade unions, and greater willingness among employees to report their HIV status. ESKCOM's view: HIV/AIDS prevention strategies are cost-effective.

Palla, Koblinger & Partner, Austria – advertising agency – donated its time to create a campaign for a Vienna based AIDS service organization called *AIDS Hilfe*. A poster, newspaper and magazine campaign – "Humanity is infectious" – led to sponsorship and fundraising from the sale of merchandise bearing the campaign images. Received a great public reaction and two industry awards.

Get Paper Industry, Nepal – operates a public education and prevention campaign, making available health education to the surrounding community. Set up a specialist health organization in 1993 (General Welfare Pratisthan (GWP)) to carry out HIV prevention work and raise funds. Over an 18 month period 17,000 people were contacted through individual outreach, and another 43,000 were contacted through community events, and 18,000 condoms were distributed. GWP established AIDS information booths for truck and bus drivers at an exit point in the Kathmandu valley. Work has involved sex workers, migrant workers, and police. Program now covers 12 percent of the country. Despite increased outside support, the company puts 25 percent of its profit into the GWP program. (Global Business Council on HIV/AIDS 1998).

Regent Hotel, Bangkok, Thailand – strong workplace program of HIV/AIDS prevention and awareness. Strong commitment from top management. Focuses primarily on its 650 employees, although includes some community outreach and modeling of good practice to other businesses. New staff are given AIDS-related training and a number of other activities keep HIV/AIDS in the limelight (posters, AIDS quizzes, fundraisers and World AIDS Day Activities). The Hotel also participates in a UNICEF supported project for training young girls. The Regent Hotel has also helped develop an AIDS Workplace manual for the industry.

2. Formation of partnerships – business to business:-

Example: 1998 – South African Business Council on HIV/AIDS formed. Members: New Africa Investments, Metropolitan Life, Unilever SA, Shell SA, South African Breweries, Eskom, Glaxo Wellcome (SA), Southern Life, Sanlam Health, Old Mutual, and Gold Fields SA. A collection of national firms and multinationals. Advocates for a more effective business response to the epidemic in South Africa. (*Action Brief* 1998, Daly 2000).

Example: Thai Business Coalition on AIDS (TBCA): An NGO with businesses that pay a membership fee. It has 80 members across different sectors. Coalition members are assisted with setting up various programs relating to prevention, care, and other HIV/AIDS-related services. It also functions as a consultancy and resource center providing a prevention curriculum for managers and various HIV/AIDS education packages (Daly 2000).

Example: The European AIDS and Enterprise Network: Founded in 1997. Started as an EC (European Commission) initiative. Gets financial support from both EC and leading corporate houses of Europe. The Network provides AIDS and HIV related information to members, including issues of how to deal with employees with HIV/AIDS and to address cases of discrimination against HIV-infected individuals.

3. Business-African governments/ NGOs/ UN/Donors:

Example: International Partnership Against AIDS in Africa: Objective is that within the next decade, "…African nations will be implementing larger scale, sustained and more effective national responses to HIV and AIDS." (UNAIDS 2000b).

Achievements thus far: Jan 1999 – UNAIDS cosponsors adopted a resolution to create and support the partnership; July 1999 – leaders from over 20 African countries expressed support for the partnership; April 1999 – bilateral donors agreed to participate actively in the partnership; August 1999 – many African NGOs agreed to play an active role in furthering the goals of the partnership. Also strong support received from Africa's finance and planning ministers, health ministers and OAU council of ministers. December 1999 – all five constituencies (including the private sector) were brought together for the first time in New York (UNAIDS 2000c).

Goal is to work through visible and sustained political support; helping to develop nationally-negotiated joint plans of action; increase financial resources (at least $1 billion per year are needed to address prevention and care requirements in Africa) (UNAIDS 2000b). "…funds must be generated…through a combination of expanded financing from existing sources and by mobilizing additional resources from non-traditional sources such as the business community and the foundations." (p.3, UNAIDS 2000b); strengthen national and regional technical capacity to address HIV/AIDS.

4. NGO-Corporate Collaboration:

Example: International HIV/AIDS Alliance:

NGO established in 1993 to support community-based activities in developing countries. Channels technical and financial support to partners (typically operating through NGOs) in developing countries – in Latin America, Asia and Africa.

Partnership between International HIV/AIDS Alliance and Business has taken several forms: (a) Levi-Strauss has provided small grants to support publication activities of the Alliance; (b) Glaxo-Wellcome – under its Positive Action Program, Glaxo-Wellcome and the Alliance have a three year joint project called *Community Lessons, Global Learning* (c) Assisting in the formation of partnerships between business organizations and NGOs where the latter provide help in areas such as workplace HIV/AIDS programs (e.g., Bangladesh, Ecuador) (d) Member of advisory group of the Global Business Council on HIV/AIDS.

5. Workplace programs:

Godrej and Boyce (India) -- HIV/AIDS program instituted by the company in 1990 to make employees and their families aware about HIV/AIDS. The awareness work is undertaken by company medical staff, and social workers, who interact with employees, union leaders, school teachers and the children of the school operated by the company. Methods for disseminating information include: articles in newsletters, lectures by doctors to teenagers in schools, posters in company premises, etc. A condom vending machine has also been installed.

In addition, the company is supportive of employees with HIV/AIDS. There is medical follow-up and counseling is provided to them and their families. Confidentiality is maintained. Infected employees are accommodated by being given jobs that they can perform reasonably as long as they are able to come to work.

GlaxoWellcome – HIV awareness program covers nearly all of their 55,000 employees (Sykes, UNAIDS 1997d).

Polaroid - Established an intensive HIV/AIDS education program for its employees starting 1987. Made it a company policy that the disease be treated like any other life threatening illness. Employees with AIDS are eligible for a full range of benefits, to-work accommodations, and continued employment (Booth 1993).

Kimball Plaza (Philippines)**:** Provides STD and HIV/AIDS education as part of its pre-employment orientation for every employee, and this is reinforced during lunch and snack breaks. Top and middle level management share their time during orientation and are supportive of this work. Management also supports peer workers by providing them with incentives for advocacy work. (Gantalao 2000).

Botswana Meat Commission – began an HIV/AIDS prevention and care program for its 1,500 employees in 1991 – ongoing HIV/AIDS program for its employees; provision of condoms from dispensers in toilets, changing rooms, showers etc.; STD treatment for workers and their partners at the workplace clinic; HIV counselling for employees and their families. Applicants and workers undergo physical examinations but are not tested for HIV. Employees are provided the same medical and other benefits irrespective of their HIV status. When fitness is impaired by HIV-related illness, they are given less strenuous jobs until no longer able to work (UNAIDS 1998b).

Villares (Brazil) – Brazilian specialty steel and elevator manufacturer (8,000 employees and 18,000 dependents). Began its AIDS program in 1991. Offers AIDS/STD education via presentations, teamwork, training sessions and distribution of information materials. Condoms are sold to employees and dependents at below-market prices. HIV+ employees are offered counseling. Good practices include keeping medical information confidential and maintaining "good" working conditions for all employees regardless of their HIV status. The company reported a 31 percent reduction in the incidence of new HIV infections one year into the program. (UNAIDS 1998a).

Telepar (Brazil) – Brazilian telecommunications company. Set up an STD and an HIV/AIDS prevention and care program in 1989. The program has two main activities: (a) *Education*: seeks to bring about a change in their attitudes and behavior. Education is provided by volunteer workers to the rest of the employees (4,500 in all). The volunteers give information, offer guidance and counseling, run educational activities and provide support to HIV-infected work colleagues. Also challenge discrimination in the workplace. Methods used include internal newsletters, lectures, short meetings, workshops, films, plays and email networks.

(b) The company also provides financial support for treatment of HIV/AIDS in hospitals and clinics (Global Business Council on HIV/AIDS 1998).

6. Support programs outside of workplace:

Levi Strauss – Work initially focused on employee awareness and community projects in San Francisco in 1982. Beginning 1985, HIV/AIDS education was included as an element in the social investment strategy. Educational videos developed in 1988 for employees and for their families. In 1998, new education video put together with the help of UNAIDS, and made available to other organizations and companies (Global Business Council on HIV/AIDS 1998).

Polaroid - Main activity linked to HIV/AIDS is the *pan-European PopShots* project. raising money for HIV activities by a process of recycling PopShot (single use) cameras. Polaroid has committed to a donation of 1 Euro to UNAIDS for each camera returned by customers after use. The funding is for UNAIDS as a whole rather than specific activities (Global Business Council on HIV/AIDS 1998).

Tata Iron and Steel Company Ltd., India -- Policy is to "...take measures to prevent the incidence and spread of HIV/AIDS in ... society. In case of need it will provide counseling and medical guidance to HIV/AIDS patients and their families." Activities include: (a) IEC programs addressed

to groups at high risk for HIV infection (youth, migrants, truckers, army/police personnel). These programs are also routinely provided to new and old staff, and their families. For wider dissemination local TV channels and radio stations are used (b) Condoms distributed free at welfare centres. Vending machines are in the process of being installed at places frequently visited by employees, truckers and police personnel; (c) AIDS cell at Tata Hospital -- maintains data on HIV/AIDS cases, training of counselors undertaken there, and treatment of STDs; (d) Helpline available; (e) HIV-infected people admitted to hospitals are admitted in the general wards without discrimination (f) Liaise closely with government organizations such as NACO (National AIDS Control Organization) and non-governmental organizations (Global Business Council on HIV/AIDS 1998). (This last is also an example of cooperation between the public sector, NGOs and the private sector).

MTV International – The company, launched in 1987, has 18 customized channels worldwide. Raising awareness and changing attitudes is considered a key element of its programming. Aired the program "Staying Alive" on World AIDS Day 1998, linking entertainment with social responsibility. For a decade, MTV has participated in the annual observance of World AIDS Day to promote awareness and prevention. The work has now been expanded to support the World AIDS Campaign year-round and around the world. (Global Business Council on HIV/AIDS 1998).

Villares (Brazil) -- supports HIV/AIDS education programs outside the community in partnership with government and non-government organizations (Global Business Council on HIV/AIDS 1998).

Shopping-Mall Based Youth Center (Philippines): The "Youth Zone" project of the Remedios AIDS Foundation is a shopping mall based center that provides adolescent health services to Filipinos aged 10-24 years. A private sector partner (**Tutuban Properties**) has provided space and support to these activities. A key strategy of the "Youth Zone" project is the use of internet to support counseling services. In 8 months of existence, about 2,500 individuals have used these services (Sescon, Malabanan, and Rivera 2000).

Tanqueray Gin (United Distillers, USA) – marketing campaign linking brand awareness to HIV/AIDS education – sponsorship, product promotion, fundraising (Sykes, UNAIDS 1997d). Sponsored an ongoing series of AIDS bicycle rides in the USA. Now the largest single AIDS fundraising event in the country (UNAIDS 1998a).

GlaxoWellcome – Started the Positive Action Program in 1992. It is a long-term international program for HIV/AIDS education, care and community support. The program consists of five initiatives: (a) *HIV Community Support Initiative*: Work with AIDS service organizations and other community groups and support them through core funding. Also supports AIDS conferences under this initiative; (b) *Developing Countries Initiative*: Aimed to develop and disseminate models of good practice in prevention, care and community support in developing countries -- projects include work with International HIV/AIDS Alliance to share lessons from local community-based programs across countries, a 5-year program with Population Council to assess the effectiveness of community-based prevention and care projects in Africa, and support for regional AIDS conferences; (c) *Children and Young People Initiative*: Encourage improved services for children and families affected by HIV and educating young people to avoid HIV-infection. Projects are carried out in collaboration with Children and AIDS International NGO Network (CAINN); (d) *Workplace Initiative*: To promote company policies that are fair and supportive of HIV+ individuals and greater understanding of HIV-related issues through workplace education. Projects include "Employee Education Program" for employers and support for the European AIDS and Enterprise Network (e) *Information and Policy Initiative*: To assist information providers and policymakers to increase information about HIV/AIDS in society, and a society where the infected and affected can live with freedom, dignity and support . Produced a CD-Rom (HIV Fact-Finder) and provides support to International Council of AIDS Service Organizations to produce HIV/AIDS networking guides. Also sponsored an international directory of AIDS organizations worldwide. (Global Business Council on HIV/AIDS 1998).

CARE, American International Assurances (Thailand) and the Ministry of Public Health (Thailand): joined forces to conduct AIDS programs reaching thousands of factory workers and their surrounding communities. Use videotapes, exhibitions, group workshops, comic books and peer educators.

Body Shop – Beginning 1990, has raised funds for education, medical research and care and support for people living with HIV/AIDS.

In the United States, it launched a "Protect and Respect" campaign to support the work of the San Francisco AIDS Foundation. Other campaign slogans included "you don't have to be infected to be affected" and "know your mind, love your body." It has been working with a Charitable Organization called *Until there is a Cure*, and has raised substantial amounts of money through its sale of bracelets. With help from the American Red Cross a staff program for Body Shop employees called "HIV in the Workplace" has been developed for staff in US and UK.

Body Shop also has a community service program where full-time employees are given a half-day off each month to work in the community. Staff are also involved in delivering meals to people confined to their home because of AIDS. It has sold badges in support of "Body & Soul" an organization providing support for women and children infected with HIV.

Body Shop has also supported TASO in Uganda. It has assisted two of its suppliers in Nepal and India to initiate HIV/AIDS prevention programs (Teddy Exports in India, and Get Paper Industries in Nepal). With the assistance of Body Shop these suppliers now conduct workplace and community programs that include AIDS awareness poster campaigns, education programs for school children and information and condom distribution booths for truckers. This work had attracted financial support from USAID and DFID in Nepal and India, respectively (Global Business Council on HIV/AIDS 1998)..

Calvin Klein, Inc. - First, it supports a number of AIDS service organizations including *Gay Men's Health Crisis*. This is long term support for an HIV-testing center. It also supports an organization called *Mothers' Voices* that focuses on the role mothers can play in educating young people about HIV/AIDS, and is an advocate for increased drug research and support services for people living with HIV/AIDS. It also supports *God's Love We Deliver*, an organization that delivers meals to people living with AIDS in New York City. The company also designed the identity for UNAIDS "Awake Beyond Awareness" Program focusing on awareness among international youth. (Global Business Council on HIV/AIDS 1998)

Joint Venture Between The Zululand Chamber of Business Foundation, the Private Sector, and the Empangeni Region Department of Education (Rogers 2000) - Teachers have an effective role to play in HIV/AIDS prevention and counseling, especially since many poor children may have to become carers if a parent or sibling is terminally ill. Given the stigma attached to HIV/AIDS they may have no one to turn to for counseling and/or understanding. Provided two weeks training for volunteer teachers from secondary schools in the Uthungulu Regional Council Area. The course was arranged and financed by the Zululand Chamber of Business Foundation. A system for follow-up has been set up through the government's department of education. The program will affect 7,000 children reached by the teachers

V & S Comunicacoes, Brazil - this advertising company created a major AIDS prevention campaign at no cost to the government. Three major TV networks (TVE, SBT, and TV Globo) donated broadcasting time to the campaign (Souza, Pimenta, and Izolan 2000).

7. UNAIDS HIV Drug Access Initiative (UNAIDS 1997b):

A collaborative effort between the public and private sectors to identify strategies to increase access to HIV/AIDS drugs in developing countries. Under the initiative, the four developing countries involved in the pilot phase will work to adapt their health infrastructure to ensure effective

distribution and use of the HIV/AIDS-related drugs, and participating pharmaceutical and diagnostic companies will subsidize purchases of these drugs. Companies confirming their participation – Glaxo Wellcome plc, Hoffman - La Roche Ltd, Virco N.V. Participating countries are – Chile, Cote d'Ivoire, Uganda and Vietnam.

Case Studies:

Lesedi HIV/AIDS Prevention Project (Virginia, Free State Province, South Africa) (Family Health International, 2000):

Has grown (in three years) from a small pilot project to a fully-fledged project with strong moral and financial support from the public and private sectors. Initially set up in Virginia, a mining community, there are efforts to replicate this experience in other mining communities in South Africa. Partners in the expansion effort include – private mining companies (Harmony Gold Mining Company Ltd., Gold Fields Ltd., and Joel Mine), worker groups (the local branch of the National Union of miners) and the public sector (local, state and national health departments).

Original intervention began as a collaboration between Family Health International and Harmony Gold Mining Company, in 1997, in Virginia. "The project has dramatically reduced sexually transmitted diseases and forms a key part of our overall HIV/AIDS strategy" (CEO of Harmony Mining Company). "It has worked so perfectly that results can be seen by all. We at the Harmony Branch support this project wholeheartedly." (Sethoke Mahemu, chairperson of the local branch of the National Union of Mineworkers).

Background

Virginia is a community that has grown around the 4,000 miners who are there for 11 months of the year. Most miners are migrant workers from South Africa and neighboring countries. Harmony had (even before the arrival of FHI) been concerned about increasing numbers of miners hospitalized for HIV-related illnesses. Through its medical stations/personnel departments, had been educating them about the risks of HIV and sexually transmitted infections (STIs) and making condoms more accessible. But STIs remained high and the pace of behavior change remained slow.

The key mode of HIV and STI transmission is heterosexual sex as, faced with few earnings options, the women in Virginia have sexual relations with the miners for money. The problem appeared to be that while miners had access to information, they underestimated the risk of HIV transmission, whereas the women living around the mines had poor access to preventive and curative services.

Activities

Enhance effective services for control of STI and HIV transmission to women at highest risk of infection. FHI and the South African Institute for Medical Research (Johannesburg) worked with Harmony Hospital to design a pilot intervention to improve access to STI preventive and curative services for these women. STI prevalence levels were considered high enough to justify periodic presumptive treatment, that is, on the likelihood of infection than on clinical diagnosis.

A mobile clinic was put in place, with a nurse. Services included monthly presumptive treatment dose for STIs (antibiotic), condom provision, and information about HIV and other STIs.

The program was also supported by initial activities of outreach workers who sought to promote clinic attendance among these women; and to encourage follow-up visits, a few regular attendees were recruited as peer-educators to build community trust in the program.

Outcomes

Mining companies do not provide healthcare services to people other than employees and their dependents. To show that this effort was beneficial to the company, FHI demonstrated the impact of the intervention on both the women and the miners living in the area. Clear evidence of a decline in STIs was noticed. FHI estimated that providing periodic presumptive treatment and peer education to 400 women averted 40 HIV infections among women, and 195 HIV infections among miners. It estimated that the potential savings in medical costs from HIV amounted to about US$540,000 to the mining company. No details about the method of calculation, but estimates are conservative since they did not include costs from absenteeism, retraining, death benefits, and the like.

Follow-up

Managers agreed to continue to fund the mobile clinic for women. Also requested that a plan be developed to expand the community intervention to areas around their other mines, and to work in close collaboration with government departments of health.

Departments of health at various levels of government became interested pledged support for evaluation, provincial funds were allocated to peer education efforts, and agreed to facilitate referrals to family planning and other health services for women seen at the clinic.

Two other mines (Gold Fields and Joel Mine) agreed to enhance expansion of community services to women at risk for HIV and STIs. This led to a meeting of collaborators – representatives of the three mining companies, government health departments, and South African institute for medical research for expansion of the intervention in September 1997. The government health department helped with licensing of mobile clinic and regulatory issues related to prescription practices at the clinic.

Youth Career Development Program in Thailand (Chaturvedi 1998, UNAIDS, 2000a)

The objective of this program was to enhance the economic security of rural youth, aged 17-19 years, especially young women, by assisting them in education and in the development of vocational skills. Given that economic compulsions form a key element of the decision to become sex workers, this would help them alternative opportunities for employment.

Activities

Training in food and beverage work, housekeeping, flower arrangement, kitchen and laundry work. Girls are provided additional training and orientation on child rights and HIV/AIDS.

Financing

Leading hotels in Thailand provide support for training, uniforms, meals, and stipends. Hotels include -- Pan-Pacific Hotel Bangkok, Regent Bangkok, Shangri-la Bangkok, Fortune Hotel, Grand Hyatt Erewan, Royal Orchid Sheraton Hotel and Towers, Sheraton Grand Sukhumvit, and Westin Banyan Tree. UNICEF provides support for accommodation in Bangkok, round-trip transportation, and the cost of education. AIA(American International Assurances) provides health insurance coverage for participants. Colgate-Palmolive also provides some support.

History

Program started in 1995 -- trained 135 youth over the period from 1995 to end-1998. From 10 participants and one hotel, the program expanded to 47 participants and 8 hotels by 1998.

Outcomes

Most of the former trainees are employed in leading Thai hotels -- in Bangkok, or in the provinces. There are as yet unclear outcomes in terms of HIV infections. Program endorsed at the 50th anniversary by the Congress of the International Hotel and Restaurant Association, a global network of the hotel and restaurant industry. One expected consequence is a worldwide implementation of these types of training programs in the hotel and restaurant industry.

Lessons

Successful example of collaboration across business and international organizations.

Sema Life Development Project in Thailand (UNAIDS, 1999a)

Background

Originated in a 1993 survey undertaken by Thailand's Ministry of Education to obtain information about sex workers -- such as places or origin, age at entry into the industry, education levels, reasons for becoming a sex worker, and so on. Additional information about villages with high HIV-infection rates, and drop-out rates among secondary school enrolees were used to guide the intervention. Factors identified as being critical to entry into the sex-trade included poverty, materialistic attitudes, the high cost of continued education for children, activities of agents' of brothels, and families with a history of problems (broken homes, drug addiction, etc.).

Objectives of Project

Education is viewed as a means to prevent early entry to the sex trade, to empower young women against deception and forced entry into the trade and also as a means to finding a socially acceptable job.

Approach

Initial focus on eight northern provinces thought to be areas where young girls are most at risk for entering the sex trade (the provinces are: Chiang Rai, Lampang, Phayao, Chiang Mai, Prae, Mae Hong Song, Lampoon and San). Subsequently, the work was expanded to other northern provinces and Bangkok. Later it is expected to cover high risk areas in the Northeast and the South.

Support for education

Scholarships to girls for attending boarding school (500 annually); for girl day students to attend school (4,000 annually); support for vocational training for students finishing high school. The criterion for selecting students for boarding school is need – financial; whether the girl is at particularly high risk of entering the sex trade; if it a single parent household; if there are members already in the sex trade; if a parent is a drug addict, etc. In circumstances where the family is felt to be reasonably functional, but poor, the girl receives support as a day student. The girls are selected by primary school teachers using the above criteria, following which further shortlisting takes place at the district and provincial education offices, with the final decision being taken by the Ministry of Education. The funding covers tuition, books, uniforms and other education-related expenses. Apart from Ministry funding (about US$1.05 in 1997), *the private sector* donates money for a revolving fund to support students attending boarding school.

Support for vocational training

Girls who do not want to attend school are placed in vocational training programs in three areas (a) Agriculture Training -- includes receiving tuition, housing and other financial support from the Ministry of Education; (b) Nursing -- at hospitals affiliated with Mahidol University. The Ministry of Public Health offers training at its nursing colleges followed by jobs in public health centres and hospitals (private sector provides funding to support some of this activity); and (c) "Working while studying" -- In 1996, *UNICEF, in collaboration with Dusit Thani Hotel chain* joined the project efforts to organize a program for students graduating from grade 9 -- at its hotels in Phetchaburi and Chiang Rai provinces. This is a two year training course (including general subjects by distance learning methods), following which the graduates are recruited as staff in the Dusit Thani chain.

Other Features

Campaigns in 94 districts in the 8 provinces to prevent girls from becoming sex workers.

Collaborative approach in working with other organizations. The role of the private sector (apart from training in Dusit Thani Hotels) has included a cumulative contribution of US$0.2 million (1998), compared to the government expenditure of US$1 million in 1997 alone.

Evaluation procedure: Ministry of Education conducts a survey on an annual basis asking each of the provinces included in the project about dropout rates, implementation problems and follow-up on girls graduating from grade 9. Close supervision at every level.

Outcomes

Self-reports by girls suggest that scholarship support has greatly helped to continue their education, and promoted a desire for continuing their education. In some cases, the girls had already been sold to agents and the scholarships helped avoid their being sent to brothels. During the period from 1994-96, 1,395 girls received scholarships for boarding school, and 11,500 for day school attendance. Of the 395 boarding school girls who graduated in 1996, only 1-3 percent (4-11/395) appeared not to continue on to further education/training/jobs. One problem appeared to be that many girls who left found jobs associated with a high risk of becoming a sex worker -- massage parlors, restaurants, etc. It appeared that vocational training in schools may also be useful, especially since girls from poorer families are often at a disadvantage compared to their well-off counterparts in schools.

A key role is played by primary school teachers in villages in identifying needy girls -- shows the importance of community ties in the success of a program.

Sustainability

Most of the funding is provided by the government, with the private sector and UNICEF supporting those who want to work and study at the same time.

The Thai Women of Tomorrow Project (UNAIDS, 1999a)

Background

Started in 1992 by researchers at Chiang Mai University in North Thailand. Has gone through several stages:

Stage I - Focused on changing attitudes of parents and children away from sex work and towards education and other occupations among families in two districts in Phayao province, an area with a high rate of HIV-infection and a high incidence of young girls entering the sex trade. Funding was provided by the Canadian International Development Agency (CIDA) (1992).

Stage II - built around a public-private partnership to provide girls with opportunities for continuing education, skills training, and jobs (1993-94) in two provinces -- Phayao and Chiang Rai. Funding was received from USAID and private donors.

Stage III (initiated 1995) - aims were to build partnerships with the private sector and other non-governmental organizations for long-term support in providing scholarships to students; and to promote messages and counseling designed to change attitudes of young women and parents away from sex work. Funding was received from the government of Japan.

Stage IV (initiated 1995) - focus on confining the role of Chiang Mai University to academic aspects but to continue the attitude change campaign. A key objective was to establish a resource and research center against child prostitution and abuse in northern Thailand -- with its aims being: generate information about child sex work and abuse, using local media to change attitudes towards child labor and sex work, promote a comprehensive intervention module to curb child sex work and abuse, and to promote a network of government, NGO and private institutions working on these issues.

Contents

Stage I had surveys on girls and parents about sex work in two districts of Phayao province, production of "attitude change materials" and to recruit teacher volunteers to work with students and parents to change attitudes.

In Stage II, scholarships were provided to girls in poor families to continue education through grade 9...initially it was 100 students per year, but later increased to 300 students per year. The provincial administration was responsible for the management and distribution of scholarship funds, and the district administration (and schools) for the selection of students and monitoring of the program. The Chiang Mai University acts as a coordinating agency linking the financial donors to the students. A key element is the establishment of a long term scholarship fund to support this activity.

Moreover, to promote messages and counseling designed to change attitudes among young girls and parents, counseling teachers were selected in each district and trained in the use of media kits, focus group methods, individual and group counseling, home visits, etc. There were presentations by counselors, development officers and public health officers to target groups, etc.

Four types of job training programs are provided: (a) *assistant health workers*: for girls graduating from grade 9, and 16 years and over. Planning and implementation of training program is by various government bodies (provincial administrative committee, public health office, labor office and public welfare office). The district administrative bodies identify young women interested in this career. Various provincial offices (Public Health, Labor, Public Welfare), the faculty of social sciences at Chiang Mai University, *and private organizations*, recruit young women for the training programs. The training program lasts for 3-6 months and *private organizations* help find permanent employment. In a recent year, 140 girls attended a 6 month training program at the Thai-Canadian Academy, of the Care West Company. After training several were employed by Care West Company and others found jobs with private hospitals.

(b) *modern fashion and design*: Objective to help grade 6 students aged 16 and over to pursue a career in modern design and get factory jobs. Chiang Mai University, the provincial administrative committee and *private sector organizations* set up the training program, places for training, internships and job placement opportunities. Provincial and district committees (especially labor and public welfare) recruit the girls for the training program. During a three-month training period, trainees receive free lodging, food, transportation expenses and a modest stipend. 150 girls were trained at two private companies -- Wing Group (Sankanpang) and Sahapatana Group (Lamphun). Then they were found jobs at several garment manufacturing factories.

(c) *Secretarial (Computer Training)*: For girls who have completed grade 9 and are aged 16 years and over. Girls are trained in computer and modern office skills, and given help in obtaining jobs.

USAID, Chiang Mai University and Private Business sector develop the training program, identify training sites and help graduates in their job search. The recruitment of girls into the training program is usually undertaken by district administrative committees. In a recent year, 75 girls were trained at the Computer center of the Chiang Mai University and placed in secretarial positions at several established companies.

(d) *Assistant Jewelry Cutter*: For girls who have completed grade 9 (16 years +) with the objective of working as assistant jewelry cutters in gem and diamond cutting factories. The targeted number of trainees is 120 annually. The district administrative committee and representatives of gem companies recruit young women who wish to undertake this career. In a recent year 60 girls were trained at Gempolis Company and General Diamond Company, leading jewelry cutting businesses -- then obtained jobs in these companies.

In addition, there is a *Special Skills Training Program*. For girls not eligible to apply for any of the above programs (due to age), or those who face a two-three month waiting period after graduating from grade 6 or 9, prior to continuing with their education/training. Local teachers and counselors identify such "emergency cases" then funds from the special skills training program are used for skills such as hairdressing, cooking, wood carving, etc.

Stage III - Strengthening ongoing activities and extending its efforts over a wider area and target population in northern Thailand.

Stage IV - implemented in three districts in each of four provinces in North Thailand -- Chiang Rai, Phayao, Lampang, and Chiang Mai -- took the form of: (a) an extension of the attitude change campaign towards greater geographical coverage; and (b) development of education standards and skills training for girls attending boarding school under the Sema Life Development Project. This was to help girls from poor families who could not follow the standard curricula in the boarding schools -- researchers in the "Thai Women of Tomorrow" project worked with the "Sema Life Development" project to develop curricula and skills training for girls attending boarding schools.

Evaluation

Quite effective because it uses teachers as counselors and monitors at the village level. They are typically well informed of each girl's situation and are key to effective recruitment into the project. The project provided 1,000 scholarships up to 1998 for girls graduating from grade 6 to continue their education up to grade 9. Several others graduated successfully from training courses.

The project is an example of successful collaboration across a range of players: Government (Ministry of Education, Ministry of Labor and Social Welfare, Ministry of the Interior), Non-government Local (Faculty of Social Sciences, Chiang Mai University), International (USAID, government of Japan, CIDA), and private players (J. Walter Thompson, Citibank, IBM, AT & T, Newspapers, Radio- and TV-stations).

Private business

J. Walter Thompson donated creative and production time to initiate some of the campaigns, and provided scholarships for poor girls. Citibank offered part-time jobs; IBM and AT&T offered scholarships. Newspapers, radio and TV stations advertised the program for free. Other companies provided jobs after training.

Challenges

It is not always easy to find reasonably well-paid jobs for graduates from training courses. Computer training program was less effective than training in gem cutting and garment work, because the former required knowledge of English in which the girls from rural areas were not very proficient.

Lessons

Collaboration appears key, as is the need for attitude changes among parents and young girls. Getting counselors from within communities is effective. More than money, collaborations with private companies typically involve the donation of time, training facilities, and provision of jobs.

Safe Sex Campaign (Russian Federation) (UNAIDS, 2000b)

Background

The objective of the campaign was to implement an awareness campaign about HIV/AIDS and its prevention among young people so as to promote safe sex practices among them.

Activities

Campaign launched in 1997. Development of the campaign and its implementation was undertaken by Medecins sans Frontieres (MSF) in collaboration with the Russian Ministry of Health, local non-governmental organizations, and media companies. The campaign distributed 800,000 leaflets, broadcast a TV commercial and placed advertisements in magazines and newspapers.

Role of the private sector

Various media organizations donated time and space to the campaign. This was achieved both by MSF establishing close links with the Russian media and explaining to them the importance of the project, along with help from the Russian Ministry of Health that wrote letters to the media explaining the importance of the cooperation with MSF . The equivalent of US$9 million of free advertising time/space was made available.

Evaluation

A telephone survey after the campaign found that 80 percent of the respondents were aware of the campaign, 83 percent thought it was important information for them, 84 percent thought this type of information should continue to be provided, and so on.

This again showed the relevance and importance of partnerships between the government, non-profit organizations and the private sector.

Population and Community Development Association (PCDA), Thailand (Viravaidya and Sacks 1997)

Background

PCDA is an NGO. It takes the position that rural-to-urban migration is a major cause of poor health status, particularly HIV/AIDS. It has sought to develop strategies to "combat this root cause of poor health status." (p.152).

Activities

PCDA developed the so called TBIRD (Thai Business Initiative in Rural Development) as one way to address this issue in the mid-1980s. PDA invites private sector companies (including multinationals) to adopt a village. This requires the company to provide seed funding for an industrial or agricultural development program for the village, and to provide training so that the local community assumes ownership of the program. Once the project becomes self-sustaining and generates profits, it is jointly run by the village, PCDA and the company sponsor. More than

85 companies have commenced projects through PCDA, including activities such as shoe factories, gem-polishing, gardening, and so on.

One set of issues of importance for the future is the increased numbers of AIDS cases that is likely to occur, with increased need to take care of persons with AIDS, together with the requirement of insuring a minimum standard of living for the affected families. The TBIRD program seeks to take this into account in its activities by actions such as bringing piecework from factories to the homes of people with HIV/AIDS, so that they can continue to earn money. Moreover, PDA intends to promote increased numbers of activities/projects that are more easily handled by the elderly, children or persons with HIV/AIDS in the future

Outcomes

PCDA surveys of the rural Thai population suggest that involvement in TBIRD projects leads villagers to no longer view migration as an economic necessity.

Philippine Appliance Corporation (PHILACOR) (Philippines) (UNAIDS 2000c)

Background:

This is a workplace program initiated by PHILACOR in 1996 in response to a demand by employees. PHILACOR is the main manufacturer of freezers and refrigerators in the Philippines. It has 1,500 employees, 96 percent of whom are male. Average age is about 27 years.

The workplace program of PHILACOR complies with the National Workplace Policy on Sexually Transmitted Diseases and HIV/AIDS Framed by the government's Department of Labor and Employment.

Activities

Started by inviting NGOs working in HIV/AIDS and people living with HIV/AIDS to talk to their workers. With support from the trade unions and the management the invitees created IEC materials and trained peer educators. The peer educators attended a two-week seminar provided by NGOs and the government department of health.

PHILACOR has incorporated HIV/AIDS education into its first aid program, new staff orientation, worker reorientation etc. The company also publishes a quarterly newsletter in which advocacy articles are written.

American International Assurance, Thailand (WorkPlace Evaluation and Accreditation) (Daly 2000)

Background

The AIA is a subsidiary of the American International Group, established in Thailand in 1938. it is the largest life insurance company in Thailand, with a market share of 45 percent, US$1.6 billion in assets and 2 million policyholders. 1,300 employees.

Activities

During 1992-99 the company entered into partnerships with various NGOs and public health organizations on projects involving community donations/corporate philanthropy focusing on HIV/AIDS. Partnered CARE International in 1993 in an on-going HIV/AIDS prevention program for

factory workers in Samut Prakarn province. AIA also provides its workers and customers with HIV/AIDS education and information on prevention.

They have been advocates for greater business involvement. In October, 1999 AIA and other business leaders from the Asia-Pacific Region signed an executive declaration of commitment against HIV/AIDS: "With access to marketing, organizational resources and communication technologies and the ability to mobilize employees and in turn local communities businesses are in a unique position to implement effective HIV/AIDS prevention programs..." (Daly, p.43).

In 1999, in partnership with the Thai Business Coalition on AIDS (TBCA), (a business membership NGO), it set about establishing an evaluation and accreditation program. The primary aim of the program is to promote HIV/AIDS prevention and non-discrimination in the workplace of AIA policyholders using financial incentives. In particular, companies are rewarded with a 5-10 percent credited premium value group life insurance depending upon the level of a policyholder's workplace and community HIV/AIDS programs. In 1999, this program cost the AIA about US$85,000.

Larsen and Toubro Limited, India (Daly 2000)

Background

The company is engaged in engineering, construction, cement, electricals and manufacturing facilities in 20 locations in India. 26,000 employees. Founded in 1938.

The focus is on HIV/AIDS education programs and removing the stigma around HIV/AIDS.

Activities

(a) *An HIV-awareness program* was launched in 1985, expanding over time to a range of activities, including training of trainers. Between 1985-99 the program has used 85 trainers and social workers on more than 200 training programs covering 10,000 employees, 4,500 members of their families, and 1,500 school children. There is a special focus on job trainees, employees' children and local schools and slum communities; (b) *Support of people living with HIV/AIDS and Prevention of Discrimination*: No discrimination in its hiring and promotion practices, no mandatory testing at any stage of employment or pre-employment; the company provides counseling to people with HIV/AIDS; engaged in partnerships with NGOs and government to ensure good practice; use of education to create acceptance of employees living with HIV/AIDS; (c) *External initiatives*: In 1995, it joined 12 other companies to form a group called "Industry Response to AIDS" in Mumbai, India. Representatives from Larsen and Toubro are members of various local and international groups that work on HIV/AIDS prevention in communities; it played a key role in developing an HIV/AIDS policy guideline for Indian Industries, together with the Bombay Chamber of Commerce and Industry. Larsen and Toubro provides access to its HIV/AIDS-related training modules and materials to other companies as well.

Other features

Commitment of senior management; activities directed both at the workplace and the wider community; development of multilingual training materials; involvement of labor unions and peer leaders from target groups in planning and implementation and in the dissemination of information.

Volkswagen do Brasil, Brazil (Daly 2000)

Background

Subsidiary of the Volkswagen Group, focusing on the production and sale of automobiles. It is the market leader in Brazil. Employee strength is 30,000.

Beginning 1986, the company found increasing numbers of HIV/AIDS cases among its employees and users of the Volkswagen Medical Health Plan (coverage includes employees, dependents and retired personnel). It also found that its medical personnel lacked the specialized knowledge to properly address the needs of HIV/AIDS patients.

Activities

Starting 1996, initiated an AIDS Care Program (based in its headquarters at Sao Bernando do Campo) with specialized technical personnel and closely tied to the company's health care provision system. Program included both HIV/AIDS prevention and treatment of persons with HIV/AIDS.

(a) *Prevention in the Workplace*: used educational presentations and videos; dissemination of information by company radio; newsletters and posters. Condom machines were installed at the workplace; (b*) Care and support of people with HIV/AIDS*: Treatment and counseling includes access to specialists, social workers, nutritionists, psychologists, referrals to specialists and home-based care. Also antiretroviral treatment and measurement of viral loads. Non-discriminatory policy with assistance to affected employees at both the workplace and the outside community.

Outcomes

Although the company claims that as a consequence of these actions, by end-1999, there was a 90 percent reduction in hospitalizations, 40 percent reduction in the costs of treatment and care, and 90 percent of the patients were "active and without symptoms", the basis for these claims in unclear. Daly claims that "the experience of Volkswagen do Brasil has provided evidence of the effectiveness and cost savings to companies initiating ... coordinated and specialized treatment and care to its workforce." (Daly 2000, p.51).

Molson, Canada (Daly 2000):

Background

Founded in 1786, Molson is the market leader in beers in Canada, with US$1.3 billion in sales annually. It also has a large stakeholding in Coors Canada and Molson, USA. It has 3,800 employees.

Molson was initiated into HIV/AIDS work in 1988 when it was invited to provide support to a fund-raising event by an AIDS-service organization in Toronto. This led the company to conduct market research on the relevance of HIV/AIDS to young adult males, its main target consumer. Over time, it has promoted HIV/AIDS awareness by a combination of (a) funding support to other organizations and (b) use of marketing tools in Canada.

Activities

Molson's long-term commitment is built around the marketing program *Molson: Partners in the fight against AIDS*. The primary objective of the program is to support community based AIDS service groups, raising HIV/AIDS awareness and raising other private support. In 1996, Molson became the founding sponsor of "AIDS Walk Canada", a national public awareness campaign. Other activities included an HIV/AIDS awareness campaign developed with the Canadian AIDS Society and MacLaren McCann Advertising; support for music festivals and events such as the "Dancers

for Life" (involving most of Canada's celebrated artists), and AIDS service organizations such as the AIDS Committee of Toronto.

Outcomes

AIDS Walk had raised more than US$7 million by 1999 in support of HIV/AIDS care and prevention programs. Its marketing program has been used as a case study in generating support by other corporate groups.

Chevron, Nigeria Ltd., Nigeria (Daly 2000)

Background

The Nigerian counterpart of Chevron Corporation has been operating in Nigeria since 1961, with around 2,600 employees.

Work on HIV/AIDS related issues is motivated by a diverse range of factors including potential impact on workforce, surveys suggesting high levels of ignorance about the disease, sexual networking at/near company worksites, high prevalence of STDs at company clinics, and documented advantages of workplace programs.

Activities

The Chevron (Nigeria) response has been on prevention of HIV/AIDS through education - of its workforce, and the local communities within which the company operates.

Several programs: (a) *Chevron Workplace AIDS Prevention Program* -- based on research undertaken by it, the company set up targeted activities to meet the needs of different employees, local communities and sex workers. Work has typically engaged trade unions in active role. Community outreach has taken the form of extending HIV/AIDS education workshops to local communities; and promoting safe sex practices by sex workers. (b) *Chevron Adolescent Reproductive Health Program* - activities under this program include HIV/AIDS workshops and campaigns, and an annual "Youth Festival of Life." It held a workshop in January 2000 to obtain feedback from youths involved in these programs and share examples of good practices.

Many projects have been characterized by partnerships with local, national and international organizations that have provided technical support. Peer education is seen as crucial.

Outcomes

Although no estimates are available, "Chevron Nigeria believes that the HIV/AIDS education program has been cost effective." (Daly, p.54). The company has also noted increased condom use, better informed employees, reduction of discrimination against employees, support from labor unions, and the involvement of local communities in its programs.

Standard Chartered Bank, United Kingdom (Daly 2000)

Background

Set up in 1853, it is a commercial bank focused on emerging markets, with over 570 offices in over 50 countries. It has 26,000 employees.

Its response to HIV/AIDS issues was an outcome of two forces: (a) increased demand on its managing directors in African countries to take policy decisions about employees living with HIV/AIDS; and (b) increased impact of absenteeism, employee attrition, and medical and benefits costs on its profits, with the possibility of even larger losses in the future.

Activities

The first step was an assessment of its policies and practices regarding HIV/AIDS in different countries. This was followed by: (i) development of a non-discriminatory policy with regard to HIV/AIDS, in line with its existing broader approach towards employees, respecting human rights in the workplace and promoting equal opportunity regardless of status such as color, race, gender, and ethnic background. Moreover, local branches are allowed flexibility to modify this policy in line with local needs of specific countries and regions (ii) *HIV/AIDS Awareness Campaign* begun in March, 2000 - to enhance awareness about the epidemic's magnitude, promote safe sex practices, and to educate staff. Information is provided by trained peer-group educators, distribution of HIV/AIDS fact books, posters, and so on. Some of the materials were developed in collaboration with companies such as Levi-Strauss and Glaxo-Wellcome and with non-governmental organizations. The materials have been distributed to other companies and non-governmental organizations (in Africa) as well.

Other key elements of the response have been the participation of top levels of management, both international and local -- CEO and the Directors -- in HIV/AIDS-related issues; the utilization of outside organizations to enhance information about HIV/AIDS and its impacts; with careful attention to local needs and differences across cultures and countries.

Outcomes

The awareness program has been implemented in 12 African countries as pilot programs. The program is still in its infancy and it is too early to judge outcomes.

International Hotel and Restaurant Association, Paris (Daly 2000)

Background

This is a world-wide trade organization of over 750,000 hospitality operators, associations, and suppliers in more than 150 countries. It has 1,200 employees and is based in Paris. It represents the interests of the hospitality industry - an estimated 300 thousand hotels, 8 million restaurants and 60 million employees.

The Association was concerned that employees and customers of the hospitality industry were likely to be affected by the HIV/AIDS epidemic. It also felt that HIV/AIDS prevalence in countries could have deterrent effects on the number of tourists to that country.

Activities

These included (a) Research by IHRA highlighting concerns and impact of health issues on hotels, restaurants, and their customers during 1995-1998; (b) Together with UNAIDS, non-governmental organizations working on HIV/AIDS issues and the Thai Business Coalition on HIV/AIDS to develop workplace programs and guidelines about HIV/AIDS for its members. Guidelines included information about facts related to HIV/AIDS, occupational risks and ways to avoid infection, examples of effective workplace policies, methods to extend the work into local communities

outside the workplace, and a directory of organizations that could assist in the development of programs related to HIV/AIDS.

Anglo Coal, South Africa (Daly 2000)

Background

Operates 9 coal mines in South Africa, producing 30 million tons of coal in 1999. Nearly one-third of its production is for exports. Number of employees is approximately 10,500.

HIV/AIDS activities followed a mine managers fact-finding trip to Zimbabwe in the early 1990s, with a consequent desire to prevent HIV-infection and its impact among employees, local communities and company operations.

Activities

(a) Developed an HIV/AIDS strategy in 1993 that included a policy on life-threatening illnesses, using a participatory approach that involved collaborating with representatives of trading unions, management, and surrounding communities; (b) HIV/AIDS strategy was implemented by a centralized AIDS committee (at the head office) that provided guidance on monitoring and prevention to AIDS committees at 9 sites where its mines were located; (c) the 9 AIDS committees developed prevention programs that included *collection of statistics* on absenteeism, opportunistic infections, condom distribution, and surveys to assess HIV/AIDS awareness; *approaches* for treatment of opportunistic infections, condom distribution, and counseling of employees and relatives; awareness programs undertaken by peer educators among employees and the outside communities and schools -- various methods such as seminars, video presentations and theatre. (d) Continued assessment of these programs highlighted the need to broaden education programs to include development of productive skills -- especially in small business initiatives for partners/spouses. (e) Anglo-Coal also formed partnerships with local government authorities in providing mobile STD clinics for outside communities and programs promoting healthy lifestyles and better nutrition; (f) In 1996, it started the *Kriel Project* in collaboration with the University of Zimbabwe, Eskom (Electric Utility), Ingwe Coal (Mining) and local authorities - a program to promote safe sex practices, through community participation, condom distribution, and HIV/AIDS education for sex workers and their clients. Anglo Coal has supported this project in various ways, including training and providing technical assistance. Considering extending the project to cover 16 rural districts/sub-districts over a 10-year period. The extension would involve careful surveillance of HIV/AIDS and its behavioral and socioeconomic correlates, focus more on schools since those are the source for future entrants to the labor force, and projects that provide employment alternatives to sex work.

Bristol-Myers Squibb Company, USA (Daly 2000)

Background

A leading pharmaceutical company, specializing in beauty care, medical devices and medicines. Sales exceeded US$20 billion in 1999, with exports outside the United States accounting for about two-fifths of all sales. It has nearly 54 thousand employees.

Given its leading role in the development of AIDS drugs, it seeks to play a leading role in providing care and support for patients, especially in developing countries. It also recognizes that the epidemic is too significant to be handled by any one group alone, and requires the formation of partnerships.

Activities

It has typically focused in three areas – patient education, clinical research, and training of health providers – in partnership with the public sector, NGOs, and academic institutions (a) *Secure the Future* launched in 1999 for providing grants in medical research, medical education, community education and outreach, and programs for women and children affected by HIV/AIDS. The program is focused on 5 countries and guided by local needs – Botswana, Lesotho, Namibia, South Africa, and Swaziland. Grants are made under the direction of an advisory board consisting of African and international HIV/AIDS experts – these include representatives of governments, UNAIDS, leading universities, religious and community groups.

Outcomes

Secure the Future has funded 17 projects (commitment of $24 million). Projects include a training program for health care professionals, a program of psychosocial and spiritual support to infected/affected individuals and families, a training program for rural health care workers, a program for skills training for orphans, and for the establishment of a laboratory (in Botswana) to increase the infrastructure and training capacity for health care professionals in clinical trials, diagnostics and care of AIDS patients. Key elements of many of these projects are partnerships between local and international groups and governments, NGOs, religious groups and research institutions.

Mathare Youth Sports Association (MYSA), Kenya (UNAIDS 2000e)

Background

Mathare is a large slum area in Nairobi. MYSA began in 1987 as a means to organize sports activities along with environment clean-up work. One hundred and twenty football teams of youths 12-18 years old had been formed by 1988. It was the largest football association in Africa by 1998. Its guiding principle is to promote both socially responsible activities and sports.

Activities

Beginning 1994, training the players in its football leagues to be peer educators for HIV/AIDS related activities. Senior members were the first trainees for peer-educator positions. Activities of peer-educators involve talking about relationships, use of condoms, improved information with regard to sexual activities and so on, among youth. The program reached 20 thousand youth people during the period from 1994 to 1997. An AIDS-reference library for training materials has also begun to take shape.

Role of Business

MYSA has private sector sponsors (Orbitsports (a supplier of sports equipment), Norsk Hydro (sponsors of the professional team representing MYSA), Coopers and Lybrand (auditors)). It is also supported by a number of international funding agencies and NGOs (Ford Foundation, Norweigian Agency for Development (NORAD)).

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