

# Private Sector: An Essential Resource for Community Health

## **Corporate Engagement: Working with Communities to Improve Health.**

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# Merck's Commitment to Improving Access to Medicines and Vaccines: Research, Access and Partnerships



Throughout our history, Merck has been a leader in responding to global health challenges through a three-pronged approach:

- Working to discover, develop and deliver breakthrough medicines and vaccines
- Improving access to them
- Participating in partnerships that help build infrastructure and address health and development challenges, particularly in the developing world

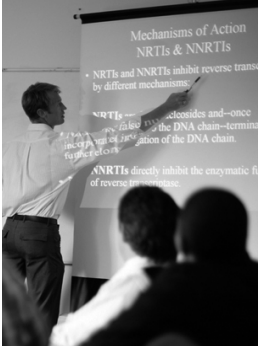
# Corporate Responsibility Business Model

At Merck, our core business is to discover and develop new medicines & vaccines that can make a difference in people's lives.



Our commitment to corporate responsibility extends to how we achieve this goal: by engaging in activities to expand access to quality healthcare around the world; by conducting our business with high ethical standards; by making a positive and sustainable impact on the communities and society where we live and work; and by treating our employees with dignity and respect.

# What is Corporate Responsibility?

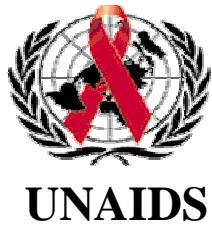


- The contribution a company makes to society through its:
  - core business activities
  - social investment and philanthropy programs
  - engagement in public policy
- The manner in which a company:
  - manages its economic, social and environmental relationships
  - engages its stakeholders

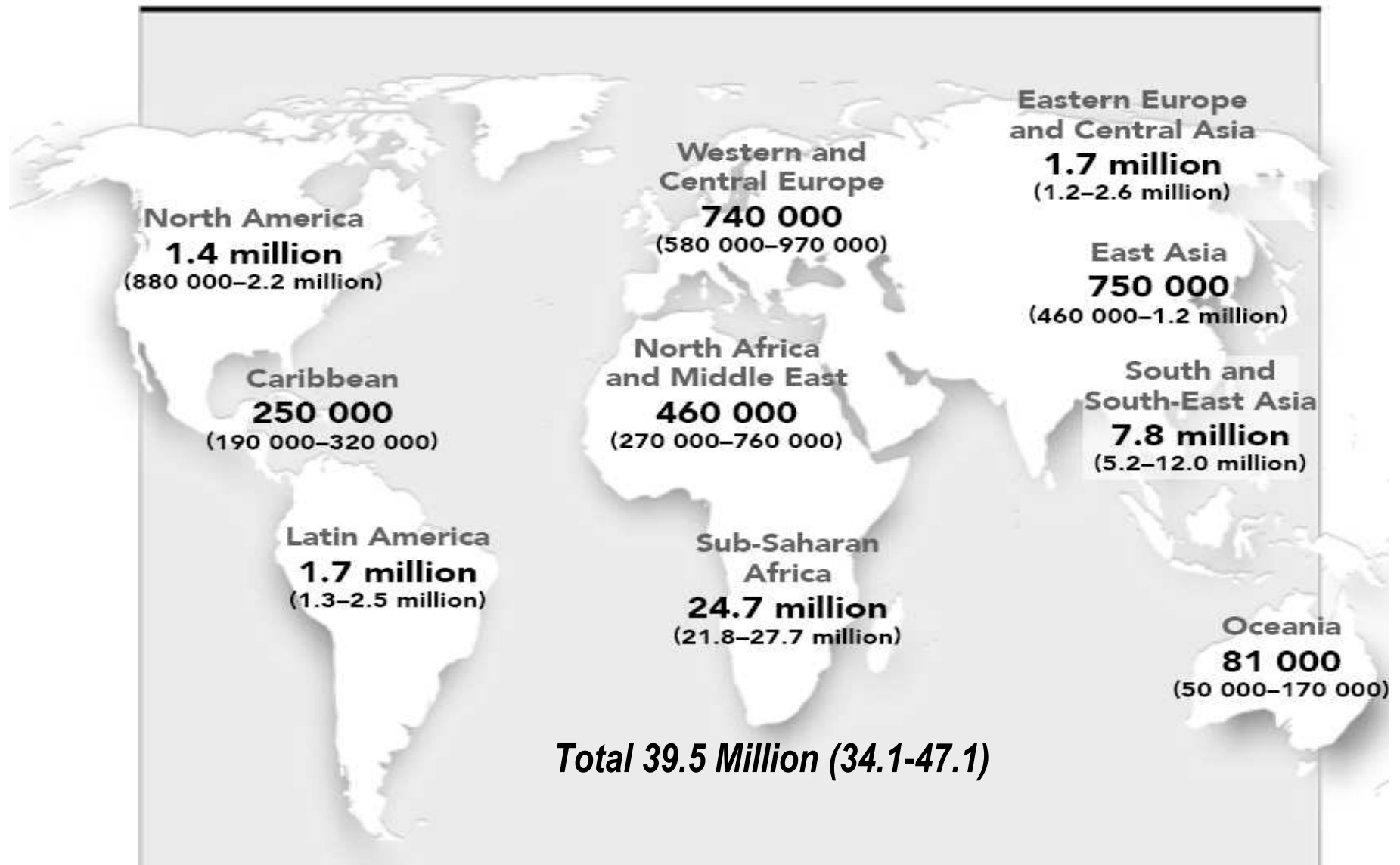
# Working to Discover and Develop HIV Breakthrough Medicines



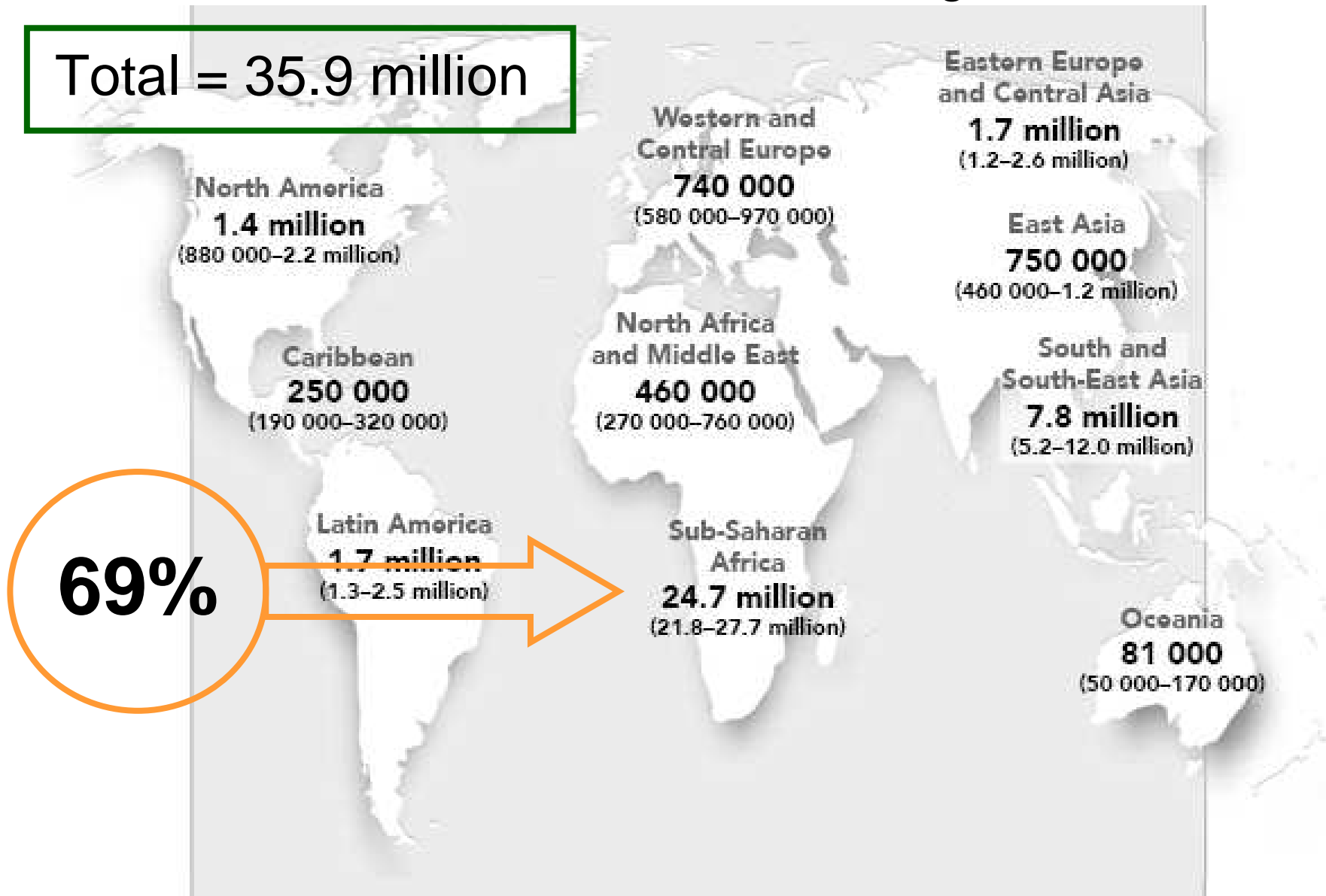
- **1985:** Merck scientists begin HIV/AIDS research program
- **1996:** Merck introduces CRIVAN<sup>®</sup> (indinavir sulfate)
- **1999:** Merck introduces STROCRIN<sup>®</sup> (efavirenz)
- **2006:** U.S. FDA approves ATRIPLA<sup>™</sup> (efavirenz 600 mg/ emtricitabine 200 mg/ tenofovir disoproxil fumarate 300 mg) /Merck begins to file registrations in developing world
- **2007:** ISENTRESS<sup>™</sup> (raltegravir) registration under review worldwide



# Global estimates of HIV and AIDS as of December 2006

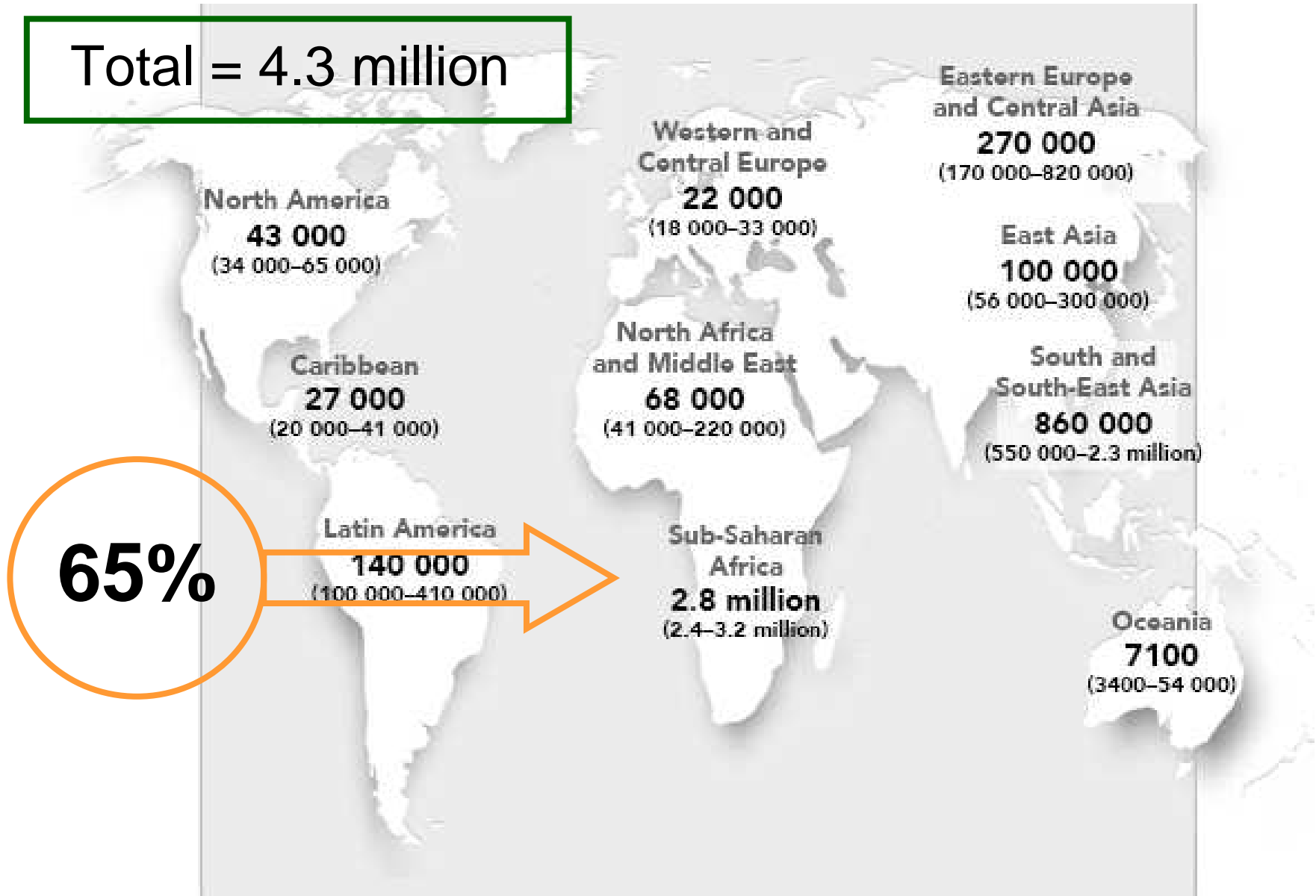


# Adults & Children Estimated to be Living with HIV in 2006



# Estimated No. of Adults & Children Newly Infected with HIV in 2006

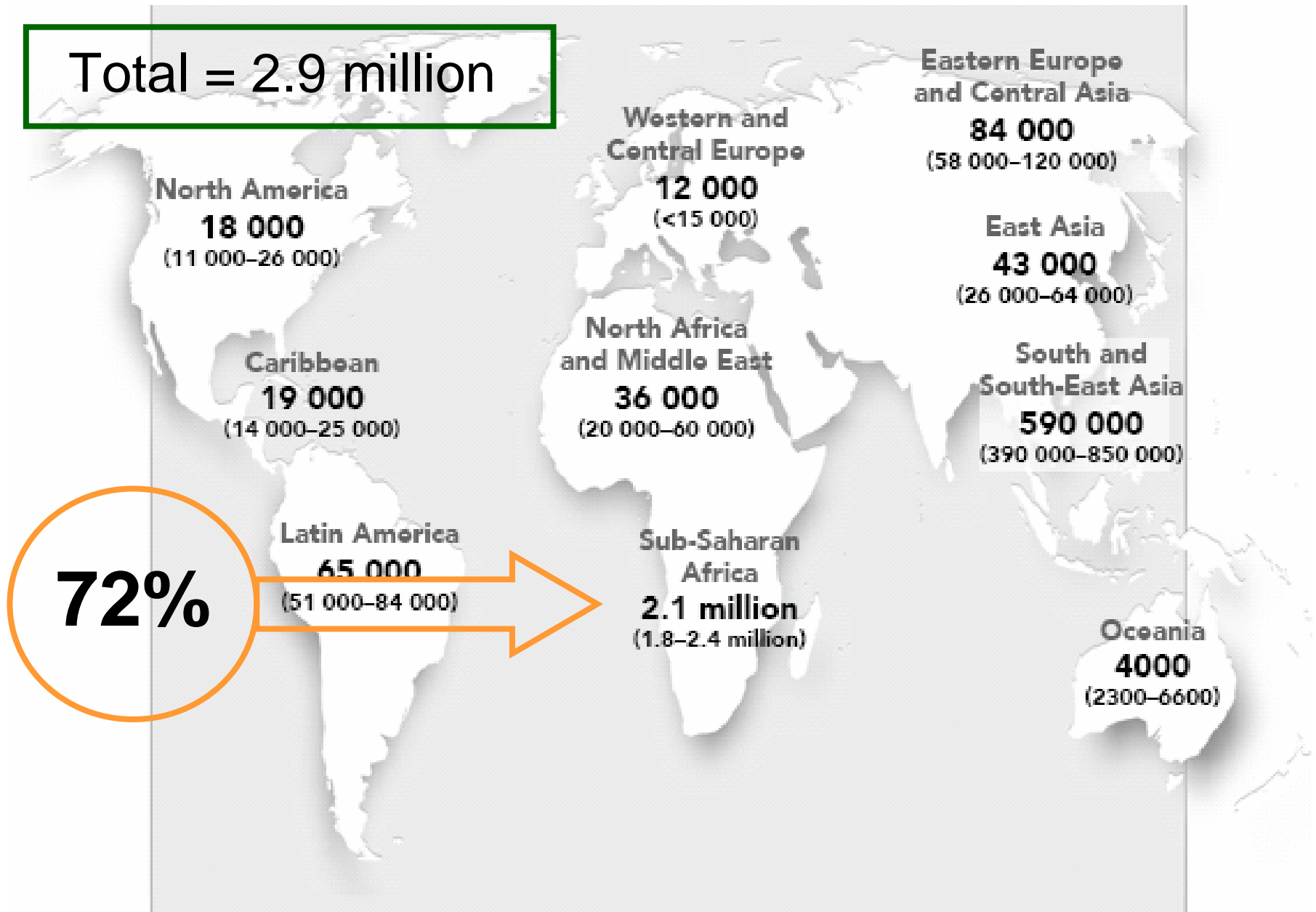
**Total = 4.3 million**



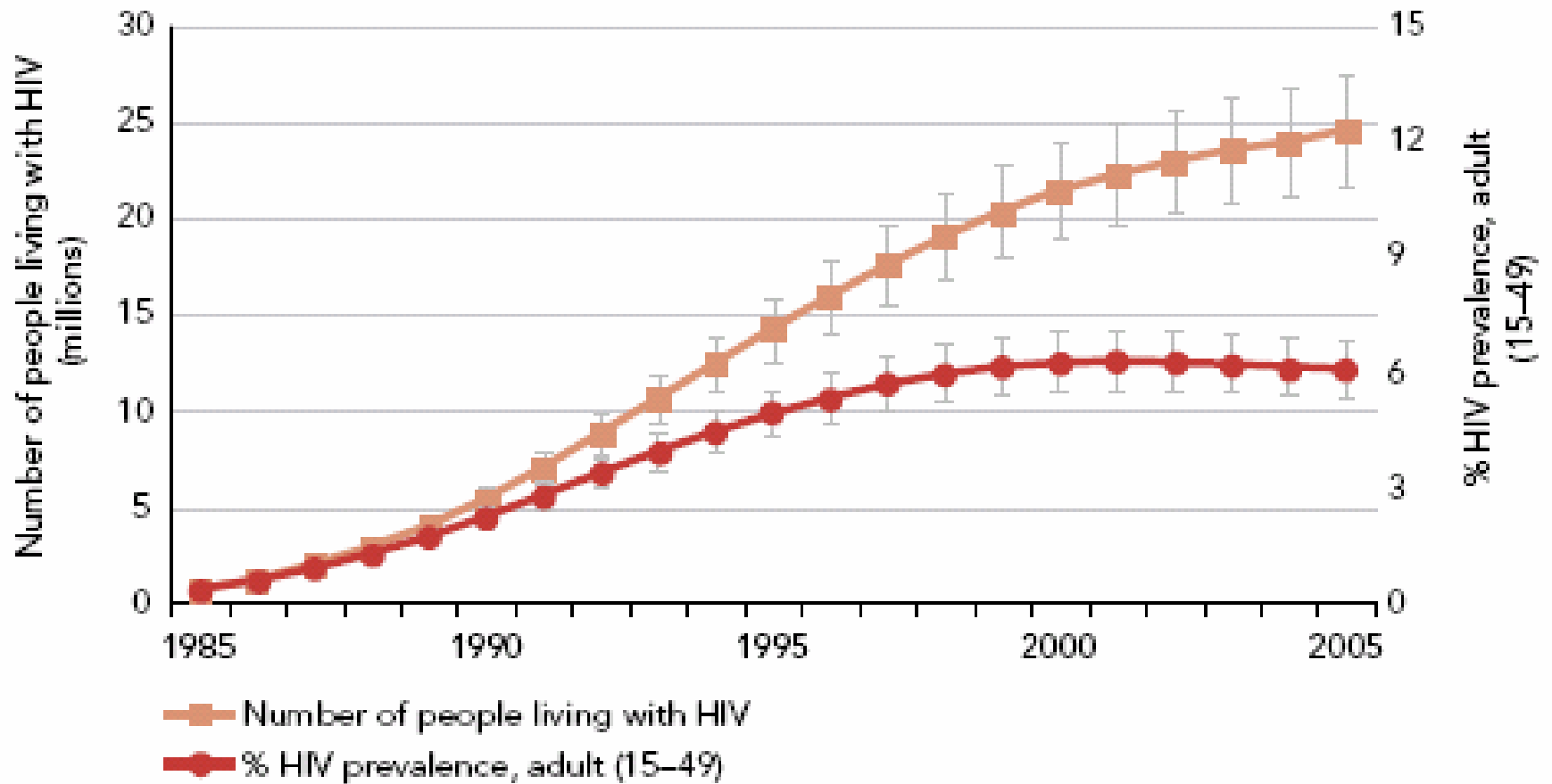
**65%**



# Estimated Adult & Child Deaths from AIDS in 2006



# Growing HIV Prevalence in Economically Active Age Group in Sub Saharan Africa



# Examples of Merck-supported HIV and AIDS community interventions

- ❖ Empowering people living with HIV/AIDS and their communities to expand programs for HIV/AIDS prevention, care, treatment and support.
  - ❖ Two HIV and AIDS case studies in South Africa and Uganda.
  - ❖ Support with financial aid & also supported with technical assistance through existing HIV African institutions.
1. HIV and AIDS Coordinating Unit (HAICU), University of Cape Town , South Africa.
  2. Community HIV and AIDS Information Network (CHAIN): Kampala , Uganda

## Case Study # 1: Building an AIDS Competent Community: A model for implementation schools in Khayelitsha

- ❖ A collaboration between two tertiary institutions: The HIV/AIDS Co-ordination Unit - University of Cape Town (HAICU) and Tertiary School in Business Administration (TSiBA).
- ❖ HAICU Schools Project is a peer education project aimed at transferring knowledge on HIV prevention, reinforcing safer behaviors, addressing relevant issues of stigma and gender while empowering learners to become agents of change in their community.
- ❖ The key pillars of this model are commitment by all role players and facilitation skills that will create a safe environment for learners to express themselves.

# HAICU/TSiBA target community

## ❖ Location

Khayelitsha is situated within the Cape Metropole Area, Western Cape, South Africa. Khayelitsha was established in 1984 during the tribal war outbreak in Khayelitsha and Crossroads informal settlement. Khayelitsha is the biggest and the youngest black township to emerge on the Cape Flats.

## ❖ Target Population

Youth who are in school. HAICU works through the Western Cape Department of Education, which identified areas where there is no HIV intervention from the department.

## ❖ Characteristics of communities

Khayelitsha means "new home" like many other black townships. It was created during the apartheid era as a dormitory area for the working class. Housing is inadequate and many people live in shacks. There are 1.5 million people who live here. First black township to own a community radio station: Zibonele Community Radio. Zibonele, means "self reliance". It obtained its broadcasting license in 1995 to deal with community health matters and broadcasts only in Xhosa .

# HAICU: How implemented?

- ❖ This peer education program was implemented using a Cascading Model whereby AIDS Community Educators (ACEs), who are students from the University of Cape Town, and students from TSiBA, a free institution, are trained by HAICU. These students then conducted the training for peer educators from Zola Business School in Khayelitsha, a previously disadvantaged school in the Western Cape Province. The training took place at TSiBA College on Saturdays and was attended by 54 learners.
- ❖ Topics covered are on HIV and related issues, including but not limited to transmission, treatment, gender, relationships, stigma, community resources and support.
- ❖ Project leaders identified language as a barrier to transferring knowledge. In 2006 & 2007 the project included Xhosa speaking facilitators from TSiBA.

## **A pre-intervention and post-intervention survey with learners to track any changes which may have occurred**

- ❖ The sample consisted of all grade eight-eleven learners from Khayelitsha participating in the project, which included 54 in the pre survey and 53 in the post survey, with one learner dropping out. The learner sample was comprised of 36 females and 17 males.
- ❖ Most learners were between the ages of 14 to 16 years of age (60%), while others (25%) were between 17 to 19 years old.

# HAICU: Synopsis of the Evaluation

- ❖ Southern Hemisphere, a local NGO, conducted the evaluation of the HAICU School's Project.
- ❖ The evaluation showed an increase in the awareness of stigma as a key learning for the school going youth in the project.
- ❖ The model of peer education used in the program allowed for good interaction between the tertiary school peer educators and the learners in the school project.
- ❖ The evaluation showed the use of Xhosa speaking facilitators helped to enhance the learning of the participants in the project.
- ❖ The evaluation also showed that when learners understood the key HIV prevention messages they changed their behavior.
- ❖ HAICU project manager attended the Merck-sponsored Monitoring and Evaluation workshop at the Health Economics AIDS Research Division at University of Kwa Zulu Natal.



# HAICU: Key Success

- ❖ The key success in the program is the use of the cascade model. Learners showed a high appreciation for being exposed to TSiBA and ACEs students, which has given them the opportunity to speak about issues that are not openly addressed in their communities and also positively affected their hopes and dreams for their future.

# Case Study #2: Community HIV and AIDS Information Network (CHAIN): Kampala, Uganda

- ❖ CHAIN since 1998 promotes the empowerment of people living with HIV and AIDS.
- ❖ CHAIN uses innovative methods such as video shows, debates, community treatment advocates /volunteers, music, dance and drama to reach out to the illiterate members of the community. More than 50% of the people cannot read or write.
- ❖ CHAIN produces materials to provide up-to-date information for people on treatment for effective adherence to their ARVs to avoid drug resistance.
- ❖ Promotes pragmatic policies on HIV prevention, treatment and care and provides capacity building support to community based organizations and faith based organizations.
- ❖ Empowers communities by raising awareness of HIV prevention, treatment, care, stigma and discrimination, life skills training, tailoring, handicrafts, adult literacy, and basic IT skills.
- ❖ Outreach activities include counselling services, home visits, information and education about sanitation and hygiene.

# CHAIN: The Target Communities

- ❖ **Location**: Kawempe Division( Kampala) Mukono war torn areas of Northern Uganda and Wakiso.
- ❖ **Target Populations**: People living with HIV and AIDS (PLHIV), orphans and vulnerable children (OVC), women, youth, grandparents left with the burden of caring for orphans, child-headed families and uniformed forces.
- ❖ **Characteristics of communities**: Slum areas where there are low literacy levels, extreme poverty, and gender inequality. Issues: stigma and discrimination, limited awareness of HIV and AIDS, adolescent marriage with high prevalence of school drop outs, domestic violence, child abuse and polygamy.

# CHAIN: How implemented?

- ❖ By sensitizing community/religious leaders, CHAIN has gained acceptance and trust within the community.
- ❖ The use of community volunteers ensures that community members themselves are empowered to take action to solve their problems.
- ❖ The household support project enables the most vulnerable families to improve their livelihoods.

# Grassroots intervention

- ❖ The household support project involves CHAIN helping very poor families to start up small income generating activities.
- ❖ It also enables them to sustain their basic needs by providing food, clothing, and access to medical centers, especially for people living with HIV and AIDS.
- ❖ The most vulnerable two groups are: the guardians of the orphans who are in many cases old and need medical attention, and child-headed families.

# Monitoring and evaluation: program responses

- ❖ CHAIN project manager attended the Merck-sponsored Monitoring and Evaluation workshop at the Health Economics AIDS Research Division at University of Kwa Zulu Natal.
- ❖ Daily activities are monitored on a weekly basis by the CHAIN technical staff in weekly meetings.
- ❖ Data collection systems: simple forms for community volunteers, evaluation forms and focus group discussions with community members.
- ❖ The ongoing evaluation helped CHAIN discover many issues. The project was refined to provide sensitization to OVC guardians about issues of stigma and discrimination.
- ❖ The evaluation also helped CHAIN realize the poor conditions the PLHIV, OVC and their guardians live in, which led to the grassroots intervention.

# Key to success: community engagement

- ❖ CHAIN recognizes the indigenous barriers that are a significant part of a community's culture and that interfere with access and compliance.
- ❖ CHAIN has therefore worked in partnership with community and religious leaders to learn about challenges, opportunities, and community dynamics of indigenous knowledge /practices and to understand the way local people behave and relate with one another.
- ❖ This has increased sensitivity to practices that sometimes undermine the HIV prevention, treatment and support efforts.
- ❖ It has increased knowledge enabling CHAIN to develop strategies relevant to the communities needs.

*“We try never to forget that  
medicine is for the people. It is*

*not for the profits.*

*The profits follow, and if we  
have remembered that, they  
have never failed to  
appear...How can we bring the  
best of medicine to each and  
every person? We cannot rest  
until the way has been found  
with our help to bring our  
finest achievements to  
everyone.”*

**George W. Merck, 1950**

