



ADVANCING COMMERCIAL SECTOR INVOLVEMENT IN REPRODUCTIVE HEALTH IN WEST AFRICA

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WARP Strategic Objective 5

Increased Adoption of Sustainable Reproductive Health, Sexually Transmitted Infections, and Child Survival Policies and Approaches in West Africa

Intermediate Results

- *Improved approaches to Family Planning/Reproductive Health and Child Survival services disseminated region wide*
- *Increased stakeholder advocacy for policy change*
- *Increased capacity of regional institutions and networks*
- *Health sector reform models developed and disseminated*

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Abstract

West African countries account for many of the world's poorest health and development indicators. Key reproductive health (RH) indicators, such as maternal mortality and contraceptive prevalence, are particularly worrisome. Recognition is growing that public and international financing of RH efforts are insufficient, suggesting a need for commercial sector participation. Business involvement in health, one aspect of corporate social responsibility (CSR), is slowly growing in sub-Saharan Africa, as evidenced by the emergence of HIV/AIDS workplace programs and community initiatives. CSR efforts, together with best practices in reproductive health, can help extend health services through business involvement. However, little has been documented on commercial sector involvement in RH in West Africa, particularly among smaller companies. A survey of West African companies was conducted by the Action for West Africa Region Reproductive Health and Child Survival Project (AWARE-RH) to add to the limited body of knowledge on business involvement in health in the region. A range of companies responded, including multinational companies and locally owned businesses. Companies were asked about their CSR practices in health, including support for community programs and workplace programs. Findings indicate that overall, multinational companies are more involved in CSR health efforts, both in the community and at the workplace, than are smaller companies. Many businesses are involved to some degree in community health initiatives, through donations of money, supplies, or staff time. In terms of workplace programs, the majority of companies offers health insurance for their employees, and is likely to include at least some RH services. Many companies are involved in HIV prevention and treatment programs, providing a potential basis for integrating broader RH services. Smaller companies express an interest in increasing their involvement in health, but request assistance in developing partnerships with other small firms, local NGOs, or government to defray costs. Despite challenges in quantifying CSR efforts, businesses are increasingly measuring progress and reporting results of their health programs. Targeted approaches for increasing business involvement in RH are called for, based on the size and reach of the company

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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
AWARE	Action for West Africa Region
CSR	Corporate Social Responsibility
ECOWAS	Economic Community of West African States
FP	Family Planning
GDA	Global Development Alliance
GDP	Gross Domestic Product
GHI	Global Health Initiative
GRI	Global Reporting Initiative
HIV	Human Immunodeficiency Virus
IBLF	International Business Leadership Forum
ILO	International Labor Organization
LE	Large Enterprise
MDGs	Millennium Development Goals
MNC	Multinational Corporation
NEPAD	New Partnership for Africa's Development
NGO	Non-Governmental Organization
PHC	Primary Health Care
RH	Reproductive Health
SME	Small or Medium-sized Enterprise
STI	Sexually Transmitted Infection
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing
WAHO	West African Health Organisation
WB	World Bank
WEF	World Economic Forum
WHO	World Health Organization

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Executive Summary

West African countries account for many of the world's poorest development indicators. At a time when much of the developing world is rallying around the Millennium Development Goals (MDGs) such as halving extreme poverty by 2015, over 55% of West Africans still live on less than \$1 a day (UNDP, 2002; WB 2004). The per capita yearly income for the region is \$309, compared to \$470 for sub-Saharan Africa (WB, 2004). And as economic development is closely tied to health status, key health indicators for the region are also cause for great concern. While the HIV epidemics in the region have begun to stabilize, the prevalence rates in some countries, such as Cote d'Ivoire, remain high (UNAIDS, 2004). At the same time, use of modern contraception in the region is just 8%, among the lowest utilization rates in the world. Although the maternal death rates vary in the region, some of the highest mortality rates in the world are reported in West African countries (UNDP, 2004). At present, public and international financing of RH efforts are not sufficient to meet the current needs, leading the public health community, as well as some members of the commercial sector, to recognize that only a comprehensive response from all sectors will improve the RH status in the region.

This paper aims to explore the yet untapped potential of the commercial sector to contribute to RH progress for the region. The central goal of this paper is to provide guidance to USAID/WARP and the Action for West Africa Region Reproductive Health and Child Survival Project (AWARE-RH) on how to engage the commercial sector in the provision of reproductive health services. Through combining a literature review of corporate health practices and a survey of West African businesses, the objectives of this paper are to:

- ◆ Understand the extent of involvement by the commercial sector in health programs, particularly RH programs, globally and specifically among companies in West Africa;
- ◆ Identify the factors that would enhance and/or inhibit business involvement in RH;
- ◆ Understand the strengths and weaknesses of public-private partnerships;
- ◆ Review and share “model” corporate RH programs that can be adapted and replicated throughout the region; and
- ◆ Highlight and disseminate ways that business strategies, within a CSR perspective, could be utilized to expand commercial sector involvement in RH programs.

The information presented in this report demonstrates that there is significant potential to expand current businesses' efforts in RH and to work with companies who do not currently offer RH services, but would like to develop such programs.

Key findings, based on both the review of literature and the AWARE-RH survey, include:

Workplace health programs

- ◆ Many companies offer at least some RH services, but these efforts are not well documented in the literature.
- ◆ Companies are increasingly providing HIV/AIDS prevention and to a lesser extent, HIV/AIDS treatment.
- ◆ Businesses are starting to combine RH and HIV/AIDS services, however more can be done in this area to further integrate RH and HIV/AIDS services.

Community health initiatives

- ◆ Many businesses are already involved in the community -- through donations of supplies and grants, and employee volunteerism.
- ◆ Businesses are currently more inclined to support primary health programs than either RH or HIV efforts.

Partnerships

- ◆ Innovative approaches and public-private partnerships are emerging in the region, but increased efforts are needed to effectively address the poor health status of populations throughout West Africa.

Motivation

- ◆ Corporate social responsibility (CSR) is growing in importance for businesses.
- ◆ CSR and economic issues are key drivers for businesses to provide RH services.

Reporting

- ◆ Businesses are beginning to measure and report CSR efforts, although there are challenges in quantifying results in business terms.
- ◆ Companies are more likely to report on their CSR health efforts internally (via annual reports) than externally (to the community or other businesses).

Barriers to involvement

- ◆ Key differences exist between health policies and programs of multinational companies vs. locally owned companies. Thus appropriate strategies are required for each type of entity.

In order to enhance commercial sector involvement in RH services throughout the West African region, this report offers the following recommendations:

- ◆ Prioritize work with larger companies that have a **regional focus** to gain greater scale.
- ◆ As a secondary approach, work with smaller companies to provide education and technical assistance, and to **facilitate partnerships** to enhance RH efforts.
- ◆ Improve documentation and dissemination of **best practices** among businesses involved in RH promotion, particularly in West Africa.
- ◆ Promote RH services as a package, that is, **bundling RH and HIV/AIDS** services together.
- ◆ Further develop and disseminate the **business case** for aligning business objectives with RH objectives.

Introduction

Reproductive health (RH) needs in the West Africa region have consistently been high. While the HIV epidemic in the region is slowing, the prevalence rates in some countries remain alarmingly high (UNAIDS, 2004). At the same time, use of modern contraception in the region is 8%, among the lowest utilization rates in the world (Population Reference Bureau, 2004). Yet, unmet need for family planning (FP) is high -- women in the region have on average 6 children in their lifetime, although many report they want far fewer (Demographic Health Survey, 2004). While the maternal death rates vary across the region, some of the highest rates in the world are reported by West African countries (UNDP, 2004). Efforts to address the region's RH needs have traditionally come from the public and non-governmental sectors with external donor funding, but resources are inadequate. It is almost universally recognized that a multisectoral response to RH needs, with the commercial sector playing a key role, is necessary to improve RH status in the West African region (Chevron Texaco, 2004; Catalyst Consortium, 2002; PriceWaterhouseCoopers, 2003).

In light of this recognition, this paper provides an overview of corporate sector involvement in health in developing countries, with a particular focus on business involvement in RH in West Africa. The objective of this paper is to provide guidance to USAID/WARP and the Action for West Africa Region Reproductive Health and Child Survival (AWARE-RH) Project on engaging the commercial sector's support for reproductive health initiatives. Specifically, this paper aims to:

- ◆ Understand the extent of involvement by the commercial sector in health programs, particularly RH programs, globally and specifically among companies in West Africa;
- ◆ Identify the factors that would enhance and/or inhibit business involvement in RH;
- ◆ Understand the strengths and weaknesses of public-private partnerships;
- ◆ Review and share corporate RH best practices that can be adapted and replicated throughout the region; and
- ◆ Highlight and disseminate ways that business strategies could be utilized to expand commercial sector involvement in RH programs.

To clarify these issues, the AWARE-RH project conducted a literature review of global and West African commercial involvement in health and RH. In light of the limited information on RH practices available in the literature, and to provide further insight into West African corporate practices, the team fielded a quantitative survey of companies in the region to capture information on their CSR activities. Businesses in ten West African¹ countries were contacted between August and September 2004. Difficulties in identifying businesses in the region and in obtaining updated contact information resulted in a modest sample of 14 West African companies (*See Annex A for detailed survey methodology*). Though small, the sample reflects the diversity of the commercial sector in the region, with small, large, and multinational companies represented. The survey responses provide useful information on key CSR topics, including:

- ◆ Social investments and community involvement in health,
- ◆ Employee volunteerism,

¹ AWARE-RH countries include: Benin, Burkina Faso, Cameroon, Cape Verde, Chad, Côte d'Ivoire, Gambia, Ghana, Guinea, Guinea Bissau, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone, and Togo.

- ◆ Health policies and workplace programs,
- ◆ Stakeholder engagement,
- ◆ Mechanisms to track impact of services on populations,
- ◆ Structures to report results to company management, and
- ◆ Suggestions for increased corporate involvement in employee and community health.

The paper is organized as follows:

Section 1 presents the case for commercial sector involvement in health, provides an overview of the commercial sector, and introduces the concept of corporate social responsibility. Incentives for becoming involved in CSR are identified, and more specifically, motivating factors for involvement in RH are discussed.

Section 2 reviews current commercial sector involvement in workplace and community health efforts in sub-Saharan Africa, identifying best/promising practices in the region.

Section 3 focuses on the West Africa context, summarizing the characteristics unique to this region. A solid understanding of the status of demographic, health, and economic indicators in the region, as well as commercial sector development, is a precursor to the discussion of corporate involvement in health.

Section 4 presents current commercial sector practices in RH in the West African region, combining the results of a review of literature with primary data collection.

Section 5 synthesizes the key findings from the literature review and the AWARE-RH survey and offers recommendations for promoting commercial sector involvement in RH.

Examples of promising corporate sector approaches in health and RH are presented throughout the paper to highlight current business practices and to complement the findings from the survey. It should be noted that while the focus of this paper is on RH services, HIV/AIDS programs and initiatives are more frequently documented in existing literature. Thus, the authors have included HIV/AIDS examples where appropriate to offer insight into how broader RH programs might be approached.

Section 1: Engaging the Commercial Sector in Reproductive Health

The Case for Encouraging Participation from the Commercial Sector

The provision of reproductive health services in developing countries has traditionally been the responsibility of government and non-governmental organizations (NGOs), with little involvement from the commercial sector. However, it is becoming increasingly clear that public and international financing of RH efforts is not sufficient to meet the current needs. This realization is prompting the public health community to reach out to the commercial sector, recognized that only a comprehensive response from all sectors will improve RH outcomes in the developing world.

Although engaging business as a partner in RH may present unfamiliar challenges for public health professionals, there are several compelling reasons for the public health sector to forge alliances with the commercial sector. Businesses have unique capacities that can be leveraged to contribute to RH, including: 1) materials, 2) skills, and 3) networks (Daly, 2000; Catalyst Consortium, 2002).

- **Materials and Infrastructure:** Businesses have material assets such as infrastructure, financial resources, and products and services that can be used in enhancing RH programs. For instance, bottling and pharmaceutical companies have widespread distribution and logistics systems that can effectively facilitate the distribution of behavior change communication materials, supplies, or medicines to remote and/or underserved areas.
- **Skills:** Businesses have many skills that can be leveraged and/or combined with a public health approach to effectively respond to RH issues including: 1) marketing skills that may be useful for BCC material development; 2) information technology to further enhance data analysis and management; 3) intellectual property/new technologies that can be adapted to RH needs; and 4) planning and management skills that can facilitate better management of an RH program.
- **Access to Networks:** Businesses have access to networks that reach many segments of society, including: 1) employees and their families, 2) management and the employees of suppliers/sub-contractors, 3) a variety of customers, 4) other business professionals, and 5) key decision and policy makers. Business-to-business linkages, within a single industry or in the broader business sector, can provide a forum for business leaders to act as change agents by encouraging other businesses to address RH issues. Linkages between large and small companies can be one way to extend the reach of the commercial sector while also transferring skills. National-level companies often have access to and influence with high-level policy makers and elected officials, making them potentially powerful advocates. In addition, MNCs often have opportunities to raise key social and/or environmental issues with decision makers while negotiating their country agreements.

Defining the Commercial Sector

The commercial sector generally comprises three types of businesses: multinational companies (MNCs); large enterprises (LEs); and local small and medium-sized enterprises (SMEs). Although MNCs and LEs are both large companies, their areas of influence may be different. For example, MNCs by nature work globally and wield significant resources, but they may not fully understand the local context in the areas where they operate. Large national companies, on the other hand, know the local context extremely well and may have better access to key stakeholders in the decision-making process.

Changes in the global marketplace have moved production and trade towards specialization and subcontracting, which has created closer linkages among LEs and SMEs. Large companies' profitability is closely linked to the performance of the entire supply chain, including their SME counterparts (Daly, 2000). If SMEs experience low productivity, the whole supply chain can be affected. Therefore, it is in the best interest of LEs to work with their smaller business partners to transfer knowledge on how to respond to emerging social and health issues.

The role of the commercial sector in international development and health issues is becoming even more critical as globalization expands. For example, the United States private sector contributes 80% of resources that flow to the developing world (Global Development Alliance, 2003). In addition, SMEs account for 50-60% of jobs and 90% of businesses in the developing world (WEF, 2004). As a group, SMEs represent a major force in the commercial sector.

Importance of Public-Private Partnerships in Health

Given the large reach of the commercial sector, it is clear this component has much to contribute to and benefit from involvement in health programs. Leveraging private resources for what are traditionally considered "public" issues can create a business opportunity to develop socially responsible programs and partnerships that can strengthen business performance and improve the health status of the populace.

Partnerships across the public, commercial, and nonprofit (NGOs) sectors can allow for the appropriate placement of increased resources and expertise based on comparative advantages of each group, and with increased attention more can be done. For example, in 2003 through 16 new or expanded partnerships, the USAID Global Development Alliance (GDA) was able to leverage \$640 million from the private sector from their initial \$112 million investment (Global Development Alliance, 2003).

Public-private partnerships can build on the relative strengths of the various sectors by encouraging engagement with a variety of stakeholders to match needs with appropriate interventions, leveraging resources (e.g., material, skills, and resources), and fostering ownership and sustainability of RH programs. Businesses who are interested in CSR programs, but don't have the technical knowledge to implement social or health programs, may benefit from partnerships with government or local NGOs knowledgeable in the area. International donors, such as USAID, or their cooperating agencies can also play a role in providing technical assistance, or linking NGOs with companies. As the global health community works to frame health programs that include the private sector, these efforts also need to ensure that business objectives are being addressed.

Multisector alliances are growing in number and importance due to several emerging global trends. First, the role of government in many countries has diminished, while the influence of business on society is growing. For example, General Motors has the same annual income as Austria (McIntosh, 1998). Second, globalization has increased the role of business, particularly since many relationships transcend national borders. Third, many social problems, (e.g., widening gap between rich and poor), have become increasingly complex. Partnerships are needed because no single sector or organization can address these problems alone (Austin, 2000). Assessments of global health initiatives such as the Millennium Development Goals (MGDs) reveal that business, government, and civil society are only applying 30% of the effort necessary to reach global development and health goals -- making alliances essential to increase resources for health issues including HIV, RH, tuberculosis, and malaria (Nelson, 2004).

"Partnerships are now critical in leveraging a comprehensive response to local and global health issues as vehicles for public policy at local, national, and global levels" (Nelson, 2004).

Box 1 presents an example of a GDA public-private partnership to mitigate malaria in Africa.

Box 1. Mitigating Malaria in sub-Saharan Africa through the NetMark Alliance

Malaria is a leading cause of death in sub-Saharan Africa, resulting in over 2 million deaths annually. Insecticide-treated mosquito nets (ITNs) are an inexpensive and effective method to prevent the spread of malaria, but are not accessible to everyone who needs them. The NetMark Alliance has worked to increase the availability of ITNs in sub-Saharan Africa for over eight years. Alliance partners include AED, A-Z Textiles, BASF, Bayer AG, Siamdutch Mosquito Netting Co., and Vestergaard Frandsen A/S, with seed money provided by USAID. The alliance has worked closely with the commercial sector to eliminate distribution barriers, and is increasing access to the nets by providing discount vouchers to those who cannot afford to pay the full market price. The group's efforts have resulted in the elimination of taxes and tariffs on ITNs, development of social marketing campaigns, and expanded distribution of the nets. Over the next five years, expected net sales are projected to prevent 250,000-500,000 deaths from malaria annually (Global Development Alliance, 2003).

Many international bodies have called for collaboration across sectors, but the response has been limited until very recently. While these partnerships can be very beneficial, there are certainly barriers on the part of each sector that must be overcome. Examples of problematic and biased perceptions include:

- ◆ The public sector is inefficient.
- ◆ NGOs are unfocused and highly politicized.
- ◆ The private sector is self-interested and resource draining.

(International Business Leaders Forum, 2004)

While the challenges cannot be ignored, the public health sector, as well as the commercial sector, can benefit from synergistic partnerships. Acknowledging the differences, while calling attention to the potential benefits of collaboration across the sectors, can do much to promote successful partnerships.

Overview of Corporate Social Responsibility

The commercial sector can contribute towards improving the health and quality of life for employees and communities through its efforts in CSR. CSR guides companies on how they can responsibly advance their **economic, environmental, and social objectives**. Examples of corporate CSR activities include:

- ◆ Workplace initiatives (focusing on employees through health policies and health insurance),
- ◆ Community and social investment (reaching out to communities with in-kind contributions such as employee volunteerism, grants, and donations to local organizations),
- ◆ Cause-related marketing (aligning business strategies with a social cause),
- ◆ Public-private partnerships (working together with government, NGOs, multilateral organizations, and other businesses to increase influence, resources, and access).

Promising practices of each of these types of CSR practices are presented throughout the paper to offer a glimpse of what businesses are doing to improve quality of life for their employees and/or surrounding communities.

While there is no universally accepted definition of CSR, common terms include social responsibility, corporate citizenship, corporate sustainability, ethical organization, and corporate governance. Box 2 outlines various CSR definitions used by influential organizations working in this area. Aside from the wide range of CSR terms, CSR models, practices, and strategies share the following similarities:

- ◆ Advancing business objectives through alignment with social objectives
- ◆ Implementing policies in the workplace
- ◆ Applying social investment and philanthropy
- ◆ Engaging stakeholders
- ◆ Exercising expertise and influence

BOX 2: DEFINITIONS OF CORPORATE SOCIAL RESPONSIBILITY

"The continuing commitment by business to behave ethically and contribute to economic development while improving the quality of life of the workforce and their families as well as of the local community and society at large" (World Business Council for Sustainable Development, 2001).

"Achieving commercial success in ways that honor ethical values and respect people, communities, and the natural environment" (Business for Social Responsibility, 2004).

"The responsibilities that a company has to its stakeholders-including employees, their communities, consumers or customers, shareholders, and key host government agencies-and the actions that the company takes to address and balance the expectations of these stakeholders" (Commercial Market Strategies, 2004).

"CSR means open and transparent business practices that are based on ethical values and respect for employees, communities and the environment. It is designed to deliver sustainable value to society at large, as well as to shareholders" (International Business Leaders Forum, 2004).

Regardless of the terminology used, corporate efforts to improve the quality of life of workers or the community itself have existed in various forms for many years. Globally, CSR efforts are prominent among MNCs, and have been increasing in the developing world.

The literature reveals a growing recognition that health issues are an important part of the CSR agenda. To offer one perspective on the level of commercial sector involvement in health, Ford Motor Corporation in the US spends more on health-related activities for its employees than on the steel it uses to manufacture cars. Additionally, the commercial sector in India is the largest investor in health services in the country (International Business Leaders Forum, 2002).

To date, documentation of commercial involvement in health has traditionally involved corporate philanthropy, primarily from MNCs or their corporate foundations. These efforts have not historically been: 1) tied to business objectives, 2) focused on promoting public-private partnerships, or 3) viewed through a CSR lens. Box 3 demonstrates one example of how aligning business strategies with health objectives through cause-related marketing can lead to improvements in both business objectives and health outcomes.

BOX 3: ALIGNING CORE BUSINESS STRATEGIES WITH HEALTH IMPROVEMENTS IN SENEGAL
Procter & Gamble (P&G): Cause-Related Marketing and Senegalese Tuberculosis Campaign

Procter & Gamble's Senegalese Tuberculosis campaign demonstrates how firms can use cause-related marketing to drive consumer sales of goods while enhancing corporate reputation and contributing to a worthwhile cause. Tuberculosis was chosen as the focus of the program as it is a leading cause of death in many parts of the world and is caused by bacterium that can be killed by liquid soap. P&G developed Fairy liquid soap to kill the TB bacterium. P&G developed a memorandum of understanding with UNICEF. The terms of the agreement were that for each bottle of Fairy Liquid soap that was sold in Spain and Portugal, UNICEF would donate one vaccine treatment to the Senegal TB immunization program. Thus, Fairy soap was marketed to consumers as a soap that would ensure the donation of a vaccine for a Senegalese child.

P&G clarified that this approach would allow the firm to benefit through increased sales. As a result, the initiative involved a business approach matching targeted consumers and a social cause with a credible development organization that was important to consumers. This partnership was successful because it: 1) clarified the attributes of the branded product; 2) found organizations whose values are aligned with the overall project goal; 3) supporters who shared the profile of targeted customers; and 4) clearly determined levels of donations based on sales volume. The campaign's success was clear – with \$3 million in Fairy soap sales UNICEF donated over three million doses of the vaccine (Commercial Market Strategies, 2004).

As seen in the example above, corporate efforts in health are particularly successful when a common agenda is identified between businesses and health promotion partners (International Business Leaders Forum, 2004). The MDGs offer one example of a common agenda to promote health and sustainable development. While originally targeted to the public sector, the commercial sector is increasingly becoming engaged in meeting the MDG targets, as all parties recognize that a multisectoral, concerted effort is needed to meet the important targets set by the global community (Global Reporting Initiative, 2004). The HIV/AIDS global pandemic presents another common agenda, which has given the commercial sector good cause for getting involved in corporate RH efforts, whether in the workplace or in the community where they operate

What Motivates Businesses to Invest in CSR?

While there is room for improvement, the literature suggests an increase in CSR activities in developing countries. In health, CSR efforts are largely focused on workplace initiatives, but there is a growing body of evidence of community investment efforts. Given that these activities pose a cost to companies, one might ask what motivates businesses to support this work?

There are several factors that motivate the commercial sector to get involved in CSR to improve the health and quality of life for workers and or the community. As described in the literature, these include:

- ◆ Corporate Reputation
- ◆ Stakeholder Pressure
- ◆ Improved Relations with Government and NGOs
- ◆ Economic Factors

Corporate reputation is a valuable business asset that can have both economic and social returns. Many companies are highly motivated to undertake social investments to enhance their image. There are many examples of companies becoming involved in HIV/AIDS work because they want to protect or develop their corporate reputation at three levels: 1) internally, 2) locally/nationally, and 3) globally. While there are few examples of involvement in RH programs, many of these principles are applicable to any health program. Internally, a healthy, generally satisfied, and skilled workforce is a major asset for a company in terms of productivity and profits. The employees' view of the company is also important for job recruitment and retention of qualified staff (Daly, 2000).

Locally, businesses have been increasingly required to obtain a "social license" to operate within the community. This is a formal or informal agreement with the community that outlines how the business can work locally and what benefits (e.g., access to water, health, or education) it will provide to the community. When communities have not been consulted or provided a social license to business, the business may suffer devastating consequences, including disruptions in production and a negative public image.

Stakeholder engagement is a key CSR strategy that can enhance corporate reputation at all three levels; internally, locally, and globally. Stakeholders include employees, investors, customers, suppliers, and local communities where the business operates, as well as associations, governments, civil society, and even competitors.

Box 4 highlights how stakeholder engagement can lead to program impact in CSR and health.

BOX 4: EXTENDING COVERAGE AND IMPACT IN HEALTH THROUGH STAKEHOLDER ENGAGEMENT: Unifoods In South Africa: Integrating Nutrition With Agricultural Education

In the mid-1980s, Unifoods Pty Ltd in South Africa established Rama Nutrition Education Project, an initiative that integrates community nutrition with education by teaching school children the basic requirements of a healthy diet, showing them how to plant highly-productive vegetable patches, and advocating recycled household waste as compost. Engaging with a variety of stakeholders enabled the company to maximize the benefits of the project and reach hundreds of thousands of families. After nearly 20 years, the project is still ongoing and is described by Harvard's Center for Population Studies as "one of the best in the world, it is a partnership model that has provided educational and nutritional benefits, and has also supported wider community development" (Commercial Market Strategies, 2004).

Interest in the environmental and social impacts of business is growing. Stakeholder groups (e.g., workers, consumers, and shareholders) are demanding more information and accountability from businesses. Approaches such as shareholder resolutions by stakeholders in publicly held companies can often lead to important corporate responses in health. For example, in 2004, The Interfaith Center on Corporate Responsibility (ICCR) brought a shareholder resolution against 12 American companies, many of whom work in West Africa (e.g., Chevron Texaco, Coca-Cola), for their lack of addressing and reporting on their HIV/AIDS, TB, and malaria efforts. In response, many companies began highlighting their ongoing work in international health and/or began important new programs to extend the reach of their products, funds, and influence.

Finally, there is an economic motivation for businesses to become involved in CSR activities, particularly those with a health focus. Illness is a cost to employers, both in lost productivity and healthcare costs. Illness lowers productivity and functioning, and adds to both direct and indirect costs, which can undermine a company's competitiveness. Health promotion in the workplace offers benefits to worker productivity, while improving company reputation (International Business Leaders Forum, 2004). While not always recognized, business has a keen interest in the health and well being of the community, i.e. its potential consumers or customers. The commercial sector can use their extensive reach to promote health messages and/or use their distribution channels to distribute health products and services in local communities (International Business Leaders Forum, 2004).

CSR practices are continually evolving. Current trends in CSR reflect a shift among companies towards thinking more broadly about their efforts and potential for impact. These new trends include moving from:

- ◆ Philanthropy → Expansive approaches touching all aspects of business
- ◆ Public relations → Stakeholder engagement
- ◆ Legal compliance → Clarity of principles and values
- ◆ Independent action → Action through the supply chain, working with subcontractors, agents, and suppliers including SMEs
- ◆ Competitive approaches → sharing best practices and collaborative

Recent analysis on good practices in corporate involvement in health suggests that CSR activities can make the biggest impact when they:

- ◆ Take advantage of core management competencies of business,
- ◆ Are aligned with business objectives and sustainable,
- ◆ Are targeted at workplaces and communities of direct relevance to the business,
- ◆ Leverage workplace health practices,
- ◆ Are delivered through partnerships and collective action.

(International Business Leaders Forum, 2004)

What Motivates Businesses to Invest in RH Efforts?

There are two main factors that motivate businesses to be involved in RH and HIV/AIDS programs: good corporate citizenship and economic issues. While it is encouraging that companies are motivated by CSR factors, economic factors (e.g. health care costs, productivity) play a key role in whether or not a company provides RH services. It can be argued that in the context of the developing world, particularly sub-Saharan Africa, the economic stakes are particularly high for CSR programs in RH, including HIV/AIDS. Although there is a growing body of research about the costs associated with HIV/AIDS for businesses, there is also a clear indication that addressing other health problems, such as malaria, TB, and anemia, can provide major benefits to companies. Thus, there are many incentives for companies to offer health programs and services to their employees.

Health and business related costs of the impacts of HIV/AIDS are presented here to provide insight into how these costs might apply to other RH issues. There are two main economic issues that businesses need to manage: rising costs of benefits and falling productivity. Table 1 provides the key elements of these economic factors associated with HIV/AIDS, but they are also largely applicable to RH.

Table 1: Economic Factors Affected by HIV/AIDS

Rising Costs	Decreasing Productivity
Greater insurance costs.	Increased absenteeism affecting production.
Increased absenteeism due to illness.	Poor morale due to loss of loved ones and/or fear of discrimination.
Greater funeral costs, whether due to absenteeism or actual funeral costs.	High staff turnover resulting in a loss of knowledge, intellectual capital and skills.
Higher recruitment and training costs for new employees.	
Higher health care costs.	

(Daly, 2000)

Beyond HIV/AIDS services, the provision of broader RH services (such as family planning and prenatal care) has the potential to benefit providers by decreasing unwanted pregnancies and lowering fertility rates, which would likely contribute to better birth outcomes and lower absenteeism rates.

Understanding the comparative advantages, resource base, and principles that drive commercial companies to be involved in RH could reveal new pathways for delivering health services in developing countries. Approaching business involvement in health with a clear perspective can help both the public and commercial sectors become more effective in reaching their respective goals.

Section 2: Promising Commercial Sector Approaches in Reproductive Health in Africa

While the literature is full of examples of corporate involvement in mitigating HIV/AIDS, less is documented about commercial sector involvement in RH efforts, such as providing access to family planning services or promoting adequate prenatal care. While a recently published report consolidates CSR efforts related to reproductive health in the Near East and Asia, no such report exists for Africa (Catalyst Consortium, 2002). In Africa, the CSR literature is largely based on corporate activities in Southern and East Africa, and as might be expected due to the devastation wrought by HIV/AIDS on the continent, are centered on efforts to prevent and mitigate the effects of the disease (PriceWaterhouseCoopers, 2003; ExxonMobil, 2004; Coca-Cola, 2004; Standard Chartered Bank, 2004). The minimal documentation of CSR efforts in West Africa suggests that such practices are still in their infancy in this region, as well as a great need for and potential to increase commercial sector involvement in broader RH efforts.

While CSR efforts in health are becoming more common in Africa, the commercial sector could be doing much more. It is clear that there is slow participation of business in the HIV response in West Africa, with limited understanding of the issue and potential impacts on business. Several recent studies indicate that even with the HIV/AIDS pandemic there has been a limited corporate response to HIV/AIDS (PriceWaterhouseCoopers, 2003; Bendell, 2003; WEF, 2004). A recent study of the business response to HIV/AIDS in East Africa reported mixed results on the issue. Whereas some companies had progressive HIV/AIDS policies and programs in place, the majority of the sample (216 companies) seems to be underestimating the impact of the HIV/AIDS pandemic (PriceWaterhouseCoopers, 2003).

Despite the evidence of growing corporate involvement in HIV/AIDS and some RH services among large African companies and MNCs, SME involvement in health has lagged behind. A study of SMEs in South Africa in 2002 concluded that while HIV is appearing to have an impact on SMEs, firms are finding it difficult to develop and implement an HIV response and may require external assistance to establish sustainable programs (Fraser, 2002; Deloitte, 2002).

The authors believe that there are many lessons from HIV/AIDS that can be adapted and applied to RH programs. Table 2 captures information from various reviews of business involvement in international health; it highlights how companies can extend common business strategies to RH programming throughout their CSR initiatives.

Table 2: Corporate Involvement in Reproductive Health and HIV/AIDS Across CSR Areas

CSR AREA	DESCRIPTION	BUSINESS MODELS	REPRODUCTIVE HEALTH EXAMPLE
Advance business objectives	Responsibly align business strategies with health needs to gain a competitive advantage in the market	Cause-Related Marketing Market expansion through Innovation	Cause related marketing for key RH HIV/AIDS issues Social marketing of RH and HIV/AIDS related products and services implemented through company business strategies
Implement policies	Policies that extend programs to employees	Appropriate employee centered policies Workplace Programs	Develop policies that support access to RH and HIV/AIDS preventive and curative services (non-discrimination, confidentiality). RH and HIV/AIDS in the workplace programs. Contract with Gov /NGO to provide on-site services or refer employees
Apply social investment and philanthropy	Contribution of resources—cash, employees, and products	Improving access to products and services through corporate grants, product donations, and employee volunteerism	Corporate grants to NGOs working in RH and HIV, donations and reduced prices for drugs Utilize employee skills financial mgmt to enhance management of services, marketing to improve BCC campaigns and materials to enhance RH
Engage stakeholders	Involvement of individuals and organizations to influence business and social plans	Discussions with employees, advocates, and policymakers	Discussions with HIV/AIDS advocates in design of HIV activities. Public-private partnerships in implementing HIV activities.
Exercise expertise and influence	Utilize business and technical expertise and access suppliers, contractors, and policy makers	Technical assistance and involvement of supply chain and contractors Policy Dialogue	MNCs working with SMEs to include reproductive health and HIV/AIDS in their CSR activities. Individually and through business associations, dialogue with key policy-makers and decision-makers about key health/social issues

Responding to HIV/AIDS through Workplace Programs

While the ultimate goal is for businesses to be fully engaged across CSR areas in their HIV/AIDS responses, many businesses are responding to HIV/AIDS through creating HIV/AIDS policies, addressing human resources issues, and the provision of workplace programs.

For example, oil and gas, food and beverage, and mining companies in sub-Saharan Africa have been actively promoting HIV policies and providing HIV services. Best practice examples include ExxonMobil, Chevron Texaco, and AngloAmerican and DeBeers. Several of these examples have also highlighted the opportunity for business to build public-private partnerships and to consider establishing offsite programs for their employees, but they are best known for their workplace programs.

Box 5 highlights ExxonMobil's *StopAIDS* workplace program.

Box 5: ExxonMobil's *StopAIDS* Program

Approximately 40 million people are living with HIV/AIDS and more than 5 million people were newly infected in 2003. Sub-Saharan Africa is the most severely affected region in the world with over 26 million people infected. HIV/AIDS has a devastating impact on people's ability to lead healthy and productive lives. ExxonMobil is working with employees and surrounding communities to stop the spread of HIV, and has initiated a comprehensive workplace program in Africa called "*StopAIDS*".

StopAIDS provides education on HIV prevention to keep healthy workers disease-free, and educates HIV positive workers on how to safely live with the illness. In 2004, the program was launched in Angola and Kenya. In 2005, the program will be implemented in every sub-Saharan African country where ExxonMobil operates, including the West African countries of Cameroon, Chad, Equatorial Guinea, and Nigeria. The *StopAIDS* program ensures that medical and other benefit plans are in place to address HIV/AIDS like other health issues, enabling employees to receive medical coverage for locally available treatments and other vital needs associated with the disease. The corporation also plans to support projects to strengthen the quality of health care services in local communities to better serve employees. ExxonMobil is partnering with Population Services International in these endeavors.

(ExxonMobil, 2004)

Public-Private Alliances for Health

In reviewing the literature, there are many examples of public-private partnerships to improve health in Africa. Partnerships can be formed with NGOs, with government, or with other businesses, and they can also take on a regional emphasis.

Partnerships with NGOs, Governments, or Multilaterals

Probably the most common partnerships for businesses are alliances with local NGOs. The partnership is synergistic, in that NGOs are knowledgeable about key social and health issues, but notoriously short on funds, whereas businesses know less about health programming, but are able to provide funding for such activities. Business partnerships with government are able to cover the country, while alliances with multinational organizations have the capability to go global. Box 6 presents an example of just such a partnership to mitigate malaria in Africa.

Box 6: THE ROLL BACK MALARIA PARTNERSHIP

The Roll Back Malaria (RBM) Global Partnership was launched in 1998 to provide a coordinated international approach to fighting malaria – specifically to cut the burden of malaria in half by 2010. Anchored by the World Health Organization, this effort now has over 90 partners, including ExxonMobil and Bayer. Efforts center on expanding availability of insecticide-treated mosquito nets, increasing quick access to effective treatment, and developing new products for the prevention and treatment of malaria. A key role of the RBM Partnership is to lead continuing advocacy campaigns to raise awareness of malaria at the global, regional, national, and community levels, thus keeping malaria high on the development agenda, mobilizing resources for malaria control, and ensuring that vulnerable individuals are key participants in rolling back malaria. RBM continues to work closely with the Exxon Mobil Company, which supports malaria control efforts in Angola, Cameroon, Chad, Equatorial Guinea, and Nigeria (Roll Back Malaria, 2004).

Partnerships with Other Business

Smaller companies, in particular, may wish to partner with other like firms as a way to contribute to community health initiatives. By joining forces, small companies, which may have limited resources, can expand their options for contributing to community health projects, and thus increase the impact of their work. The literature had little documentation of such partnerships, but with appropriate technical assistance, this may be a growing area. Advancing the role and development objectives of the commercial sector in health may require clarifying how SMEs function, their relationships with large MNCs, their role in the supply chain, and their potential for improving access to health services for their employees (Nelson, 2004).

Regional Partnership Initiatives

Since there are many commonalities throughout the region in terms of language, labor laws, and commercial sector operations, the literature suggests that regional initiatives may be an effective strategy to increase both the scope and scale of the commercial sector's involvement in RH. Box 7 presents a hybrid of the various types of partnerships: multilateral, business-to-business, and regional.

BOX 7: INCREASING SCALE THROUGH SHARING LESSONS ACROSS WEST AFRICAN COMPANIES

The Compagnie Ivoirienne d'Electricité (CIE) of Côte d'Ivoire is regarded as having a model HIV/AIDS prevention and care program for its employees and surrounding communities. Key program features are health coverage and confidential medical care for employees and their dependents, condom distribution, and prevention information. In addition, HIV-positive employees have access to ARTs, which are financed by a 'solidarity fund' comprised of company and employee contributions. Company policy prohibits HIV-positive individuals from being dismissed because of their status. A recent assessment of the company's efforts suggests a substantial decrease in STI rates, garnering strong support from management and workers.

A workshop for water and electricity companies was organized by regional utilities unions and the ILO and UNAIDS. Held in Abidjan, Côte d'Ivoire, 12 company representatives from Benin, Burkina Faso, Côte d'Ivoire, Mali, Senegal, and Togo participated. CIE's best practices were the subject of several presentations, and provided concrete examples for other utility companies to replicate. One respondent noted, *"We've known about the problem of HIV/AIDS, but worried that it was too difficult for the company to deal with. The chance to see how CIE has handled the problems gives us the guidance we need to move ahead ourselves."* Each of the companies participating in the workshop developed an action plan for addressing HIV/AIDS, are now in the process of implementing their own workplace HIV/AIDS programs.

(Family Health International, 2002)

Box 8: South African Partnership to Improve Maternal Health

Procter & Gamble, in cooperation with the South African Department of Health, has developed a community education program for expectant couples to reduce maternal deaths due to pregnancy complications. While not as high as some countries, the maternal mortality rate in South Africa is still elevated, at 230 deaths per 100,000 births. The program offers comprehensive and up-to-date pregnancy education classes that cover key maternal health issues, including risk factors to watch out for. Sales from Pampers, Procter & Gamble's brand of diapers, have contributed to the program. The project began in 2001 as a pilot in eight public hospitals, and is being expanded to 1,500 clinics and hospitals throughout South Africa (Catalyst Consortium, 2002).

Investing in Communities to Improve RH

While workplace health programs are certainly to be applauded, from a public health perspective, CSR community initiatives and partnerships with NGOs, government, or even other businesses represent a higher standard of participation, as the potential impact is much greater. Below are two examples of community initiatives in South Africa, which use different communication strategies. Box 8 describes a promising partnership to address maternal mortality, and Box 9 presents a project to promote health through media partnerships.

Box 9: Community Health Promotion Through Media Partnerships

Health promotion and health care education are issues of concern in South Africa. BP-Amoco shares the concern, as these represent priority areas for the company's community investment strategies. As part of a broad partnership that included other MNCs, UNICEF and the European Union, BP-Amoco sponsored a multimedia health promotion campaign in the country. The efforts of the alliance have resulted in a major TV series and a radio series dramatizing important health and social issues such as safe motherhood, immunization, malnutrition, child abuse and better health education. The series are broadcast in English and Zulu and reach approximately 14 million people. (International Business Leaders Forum, 2004)

Commercial Sector Involvement in RH by Linking the Workplace and with Community Social Investment Initiatives

CSR initiatives that benefit both workers and the community combine the best of both worlds. For example, in Angola, through a partnership with the Cabinda General Hospital and other businesses, Chevron Texaco supported the establishment of a state of the art blood bank at the hospital in 1993. In 2003 the partnership expanded to support a clinic that provides anti-retroviral drugs to Chevron Texaco employees and their families. The local community can also access health care services at the facility.

Integrating RH and HIV/AIDS by Bundling Services

Support is growing in the RH field for better integration and coordination of services, particularly family planning, sexually transmitted infections (STI) prevention, prenatal care, and HIV/AIDS services. Integration of reproductive health services seems particularly important for worksite health programs, where workers might shy away from HIV specific programs for fear of stigmatization.

The literature suggests that there may be opportunities to bundle RH services with HIV/AIDS initiatives, whether in the workplace or in the community (Shelton, 2004; Commercial Market Strategies, 2004). By starting with employees and then working through to the broader local community, corporations can make important strides in limiting the impact of serious health issues on their workforce, their dependents, and local communities. Box 10 provides an

example of a mining company that integrates RH and HIV/AIDS services and also highlights a partnership with the government, an NGO, and the community.

BOX 10: KMCL ADDRESSES RH AND HIV/AIDS ISSUES THROUGH COMMUNITY AND WORKPLACE INITIATIVES

Kahama Mining Corporation Limited (KMCL) operates a gold mine in northern Tanzania. KMCL selected AMREF, an NGO, to implement a community-based RH and HIV/AIDS project. KMCL provided a \$100,000 grant to the district hospital to conduct essential renovations to its water, electric, and waste disposal systems and to develop the district health staff's capacity to effectively allocate resources based on local needs. AMREF/KMCL undertook the following community activities: 1) established a community-based RH/HIV Information Center to provide RH services to the entire community with most services are free of charge; 2) trained 57 community PEs to provide information, including condom demonstrations, to the whole community; 3) trained 23 female food and recreation facility workers who served as peer educators, socially marketed male and female condoms, and distributed vouchers to their peer for a full range of sexual/RH services at the HIV Information Center; 4) established VCT services at the HIV Information Center (community members and mine workers pay US \$1 for VCT and KMCL pays the remaining cost of US \$2 per client); and 5) established post-test clubs to provide ongoing support for people who test positive.

Although KMCL's program is in the early stages, significant progress has been achieved. One of the key lessons was that by offering a wider range of health issues the results showed increased impact of selected interventions. Between March and June 2002, the HIV Information Center provided STI treatment services to 120 people, FP services to 36 people, and 630 people accessed voluntary counseling and testing (VCT) services.

Much of the partnership's success stems from KMCL and its partners: 1) jointly designing the project; 2) creating formal partnership frameworks; 3) clearly defining roles/responsibilities; 4) jointly developing the mine's HIV/AIDS policy; 5) consulting the community; 6) jointly implementing interventions; and 7) creating a mechanism for regular dialogue between partners. In addition, senior KMCL managers made the project a top priority for the company. (World Economic Forum Global Health Initiative, 2002)

Section 3: Understanding the West African Context

The state of commercial involvement in health in West Africa is closely connected to the development of the region. Since the remainder of this paper centers on West Africa, it is essential to understand the region's health, economic and commercial infrastructure before presenting current corporate practices in health specific to the region.

West Africa Region

West Africa has a population of 250 million, with the majority residing in rural areas. Approximately 10% of the overall population has access to electricity – although in rural areas this figure is as low as 1%. Telecommunications services are also sparse – less than 4% of people in the region had access to a telephone in 2003, compared to the world average of 36% (WB DevNews, 2004). Development in many West African countries has been stymied by years of conflict and civil unrest. Warfare over the past decade has led to the death, injury, and mutilation of hundreds of thousands of people and the displacement of millions more. Strife in Liberia and Sierra-Leone spilled beyond country borders, affecting other countries such as Guinea and Cote d'Ivoire (WB DevNews, 2004; US Institute of Peace, 2002). An 18-month ceasefire which had held the Ivorian civil conflict in check since early 2003 was recently broken (November 2004), signaling an uncertain future for the stability of the country (Ivory Coast Guardian, 2004). Causes of these conflicts are widely believed to include poverty, limited economic opportunity, ethnic animosities, weak governance, and a history of political abuse and corruption (US Institute of Peace, 2002; WB DevNews, 2004). While poor socio-economic factors in the region have exacerbated the duration and intensity of regional conflicts, efforts to change the state of underdevelopment in West Africa will be fruitless until the security aspects of the problem are addressed (UNDP, 2001; US Peace, 2002).

Fortunately, with the exception of the tenuous situation in Cote d'Ivoire, there are optimistic signs of recovery from the violence and poor governance long associated with the region. Maintaining peace in the region is seen as a prerequisite for improving its development outcomes. In fact, improving the region's prospects to capitalize on this newfound chance of stability was at the top of the agenda for a summit of West African leaders held in March of 2004 (WB DevNews, 2004).

There is a growing consensus that regional cooperation is necessary for sustainable development of countries within the region. Viewing development as a region-wide approach holds enormous potential for expanding markets, integrating the respective infrastructures, and maximizing existing resources (Heaps, 1999; WARP, 2004; WAHO, 2002). One key to sustainability in the region is to move beyond the limits of the nation-state to consider opportunities for the region as a whole. An insightful paper on sustainability in the region notes,

“A regional approach is an important means to achieve sustainable development in West Africa, since environmental, economic and social conditions are shared without reference to geopolitical boundaries” (Heaps, 1999).

Key Regional Organizations

A powerful regional player is the Economic Community of West African States (ECOWAS), which represents 15 member countries in the region (including all but three AWARE-RH countries: Chad, Cameroon, and Mauritania). Formed in the 1970's, ECOWAS works to promote cooperation in the region on a range of economic and political issues including conflict resolution. ECOWAS played a key role in resolving some of the political crises in countries such as Sierra Leone and Liberia, and is now a focal point for hopes of an increased level of integration in the region based on initiatives being promoted by the New Partnership for Africa's Development (NEPAD) (WB DevNews, 2004). The NEPAD Business Group is working to promote socially responsible business practice, cross-sector partnerships and institution and capacity building (International Business Leaders Forum, 2004). While NEPAD is a pan-African initiative, the body encourages regional efforts to create and implement common positions on key issues.

ECOWAS is also responsible for the formation of the West African Health Organisation (WAHO). WAHO resulted from the merger of two regional health entities: OCCGE (Organisation de Coordination et de Coopération pour la Lutte Contre les Grandes Endémies) and WAHC (West African Health Community) (Heaps, 1999; WAHO, 2002). The new organization set about to transcend linguistic borders, as

"It was determined that, as matters of health are not bound by linguistic difference, it would benefit the organisations to synchronise their efforts and combine resources to enhance the impact of their programmes in West Africa" (WAHO, 2002).

Over the period 2003-2007, WAHO aims to foster regional health integration that enables high-impact and cost-effective interventions and programs through the following activities:

- ◆ Maintaining sustainable partnerships
- ◆ Strengthening capacity building
- ◆ Collecting, interpreting and disseminating information
- ◆ Promoting cooperation and ensuring coordination and advocacy
- ◆ Exploiting information communication technologies (WAHO, 2002)

Much like NEPAD, which is grounded in the belief that Africa must take the lead in determining its own future, WAHO is committed to building health capacity within the region, including the production, dissemination and retention of medical knowledge, personnel and technology – all of which are integral to achieving sustainable advancements in health. The WAHO philosophy is also aligned with NEPAD principles, in that the organization considers regional (e.g. West African) cooperation imperative to progress. And WAHO's approach is similar to the MDGs in that it recognizes health as a necessary precondition for human and economic development, making people its explicit focus and measure of success. These recent developments could signal a larger expansion of CSR efforts across the African continent (WAHO, 2002; International Business Leaders Forum, 2004).

Demography and Health in West Africa

West African countries have some of the worst demographic and health indicators in the world, and the region is considered to be lagging behind other regions in Africa. Political instability, poor economic performance, and marginal investment in health have eroded the health system

and are largely to blame for the poor health status of the region's population (UNDP, 2004; Heaps, 1999; WARP, 2004). In 2002, just over 60% of West Africans had access to a safe water supply (WB DevNews, 2004). Public health allocations in West Africa are insufficient to meet current and future health needs, signaling the need to explore alternative methods and mechanisms to support the provision of health care services. *Mutuelles*, or mutual health organizations (MHOs), represent an alternative health financing mechanism. Also known as community-based health financing (CBHF) schemes, MHOs are common in West Africa, and grew out of the rise in user fees imposed by public health facilities during the 1980s and 1990s, as well as increased recognition of the heavy reliance on the private sector for health care (Bennett et al, 2004). MHOs are a form of insurance, wherein members pay a small premium to offset the risk of having to pay a potentially large sum if they were to fall sick. Such financing schemes hold the promise of reducing economic barriers to care, thus increasing utilization of priority health services (PHRplus, 2004).

Reproductive Health Status

Despite devastating regional conflicts, population in the region is rising steadily at an annual rate of 2.8 percent, fueled by a high total fertility rate (Population Reference Bureau, 2004). On average women in West Africa have 6 children, compared to the African average of 5 children. Fertility ranges within the region itself from 4 children in Cape Verde¹ to 7 children in Mali and Guinea Bissau. However, total fertility in the region is higher than the desired family size, indicating that there is an "unmet need" for family planning in the region. Unmet need for family planning in West Africa ranges between 10 and 35 percent -- higher rates than are found in most other parts of the world (MEASURE DHS STATcompiler, 2004)). Infant mortality, often considered a measure of the overall health of a population, ranges between 31 and 180 deaths per 1,000 births in the region. Maternal mortality is also elevated in West Africa, with a low of 150 deaths per 100,000 births in Cape Verde to a high of 2,000 deaths in Sierra Leone – one of the highest rates in the world (UNDP, 2004). Contributors to the high maternal death rate in the region include the low use of modern contraception, the high proportion of home deliveries, and the low rate of skilled assistance for deliveries. On average, 8% of women in West Africa use a modern method of birth control, compared to the African average of 20%. In several countries only 4% of women use a modern method. The percentage of births attended by a skilled health attendant ranges from just 14% in Chad to 75% in Benin (Population Reference Bureau, 2004).

Box 11 summarizes key RH indicators in West Africa.

¹ It should be noted that although Cape Verde is considered part of West Africa, the country's more favorable health and demographic indicators set it apart from other countries in the region.

Box 11: Summary of Reproductive Health Issues in West Africa

- ◆ The total population of West Africa is currently 250 million, with annual growth rates in the region ranging from 1.8% (Cape Verde and Sierra Leone) to 3.4% (Gambia).
- ◆ Many West African women do not have access to antenatal care (ANC). While in Benin 90% of women reported receiving ANC during their last pregnancy, only 40% of expectant mothers in Niger received such care.
- ◆ The average West African woman has 6 children in her lifetime. However, this high fertility rate could be mitigated by addressing the unmet need for family planning, which ranges from 10-35% in the region.
- ◆ The rate of maternal deaths in West African countries ranges from a low of 150 per 100,000 live births in Cape Verde to a high of 2,000 deaths in Sierra Leone -- one of the highest rates in the world.
- ◆ Everyday 14,000 people become infected with HIV. Most new infections inflict youth between the ages of 15-24, particularly women, who are potential employees, suppliers, and/or customers. HIV prevalence in the region ranges from less than 1% of adults in countries like Mauritania and Senegal to 7% in Cameroon and Côte d'Ivoire.

Finally, the threat of HIV/AIDS to the stability of the region cannot be underestimated. Adult HIV prevalence in West Africa is less than the African rate - 4.3% vs. 6.2% respectively. Prevalence ranges from less than 1% in Senegal and Mauritania to 7% in Cote d'Ivoire (UNAIDS, 2004). To its advantage, the HIV/AIDS epidemics have been less devastating in West Africa than in other parts of the continent, and appear to have stabilized in most countries. Although Cote d'Ivoire has consistently reported the highest level of HIV prevalence in the region, prevalence of the virus appears to be diminishing. Prevalence in the capital of Abidjan was 6.4% in 2002, down from 13% in 1999 (UNAIDS, 2004).

Table 3 presents selected country specific demographic and reproductive health statistics for the AWARE-RH countries.

Table 3. Key Demographic, Economic and Health Indicators for AWARE-RH Countries

Country	Total 2004 Population ^a (Millions)	GDP per capita ^b (USD)	Female Proportion of Workforce ^c	Total Fertility Rate ^{a*}	Modern Contraceptive Prevalence Rate ^{a**}	Unmet Need for Family Planning ^d	Percent of Women Who Received No ANC During Last Pregnancy ^d	Percent of Births Attended by Skilled Health Attendant ^d	Maternal Mortality Ratio ^{b***}	Infant Mortality Rate ^{a****}	Adult HIV Prevalence (15-49) ^f
Benin	7.3	411	48	5.6	7	27	9	75	850	89	1.9
Burkina Faso	13.6	264	47	6.2	9	26	37	32	1,000	83	4.2
Cameroon	15.7	575	38	4.6	4	20	21	56 ^e	730	69	6.9
Cape Verde	0.5	1,345	39	4.0	46	--	--	53 ^e	150	31	--
Chad	8.3	240	45	6.7	8	10	--	14	1,100	117	4.8
Côte d'Ivoire	16.9	707	33	5.2	7	28	15	48	690	102	7.0
Gambia	1.5	257	45	5.6	9		14	51 ^e	540	78	1.2
Ghana	21.4	304	51	4.4	19	23	14	45	540	64	3.1
Guinea	9.2	415	47	6.0	4	24	--	35 ^e	740	98	3.2
Guinea Bissau	1.5	141	41	7.1	4	--	--	35 ^e	1,100	125	--
Liberia	3.5	140	40	6.8	6	29	17	47	760	150	5.9
Mali	13.4	296	46	7.0	6	29	42	40	1,200	123	1.9
Mauritania	3.0	348	44	5.9	5	32	35	54	1,000	102	0.6
Niger	12.4	190	44	8.0	4	17	60	18	1,600	123	1.2
Nigeria	137.3	328	37	5.7	8	17	30	42	800	100	5.4
Senegal	10.9	508	43	5.1	8	35	15	47	690	64	0.8
Sierra Leone	5.2	150	37	6.5	4	--	--	42 ^e	2,000	180	--
Togo	5.6	291	40	5.5	9	32	17	51	570	72	4.1

* Average number of children born to a woman in her lifetime

** Among married women 15-49

*** Adjusted number of maternal deaths per 100,000 births

**** Number of deaths for children under 1 year per 1,000 live births

Sources: ^a 2004 World Population Data Sheet (<http://www.prb.org/>)

^b Human Development Report 2004 (<http://hdr.undp.org/statistics/data/>)

^c WB Genderstats (<http://devdata.worldbank.org/genderstats/home.asp>)

^d MEASURE DHS STATcompiler (<http://www.measuredhs.com/statcompiler>)

^e WHO (http://www.who.int/reproductive-health/global_monitoring/data.html)

^f UNAIDS 2004 (<http://www.unaids.org>)

Economic Development

West Africa is lagging behind other regions in Africa in terms of economic development; evidenced by the fact the region contains 10 of the world's 20 poorest countries (UNDP, 2004). The average yearly income per person in West Africa is \$309. This compares with an average yearly income for each person in sub-Saharan Africa of \$470 (WB DevNews, 2004). The region's economic growth has averaged 2.5% during the past three years while its population has been growing by 2.2% a year. In order to meet the MDG of cutting extreme poverty in half by 2015, it is estimated that economic growth would need to be about 6-7% a year (WB DevNews, 2004).

Millennium Development Goals
<ul style="list-style-type: none">• Eradicating extreme poverty• Achieving universal primary education• Obtaining equality for girls and women• Reducing child mortality• Improving maternal health• Combating the spread of HIV/AIDS• Protecting the environment• Fostering a global partnership for development

(UNDP, 2002)

Its clear from the data reported above that the region faces challenges on several health and economic fronts. The fact that West Africa is falling behind in its efforts to meet the MDGs is further evidenced by the following sobering statistics:

- ◆ Over 55% of West Africans live on less than \$1 a day;
- ◆ Life expectancy at birth is only 46 years;
- ◆ Secondary school enrollment is at 20 percent;
- ◆ Forty-two percent of adults are illiterate;
- ◆ Malnutrition affects 29% of children under the age of five.

(WB DevNews, 2004)

Increasing numbers of businesses in developing countries are paying attention to the MDGs, as they represent a unified and measurable effort to expand development and improve health status. Increasing awareness of the MDGs among West African companies, and highlighting how the region is lagging behind its targets, may be one way to engage the commercial sector in CSR health efforts (Global Reporting Initiative, 2004).

Overview of the Commercial Sector in West Africa

In West Africa, as in other regions, the commercial sector is a hybrid of 1) multinational companies, 2) large national companies, and 3) local small-and medium-sized enterprises. Parastatal companies represent a unique aspect of the commercial sector in the region. These companies can be either for-profit or non-profit, are partially owned or controlled by the government. Parastatal companies exemplify public-private partnerships, and typically offer

generous health insurance benefits and workplace programs for their employees. In recent years, parastatal companies have begun trending toward privatization in West Africa.

As might be expected, the poor health and economic indicators presented earlier are reflected in the low commercial activity in the West African region, as compared to other regions of Africa. The marginal level of commercial activity is borne out by the heavy dependence on agriculture in the region (Heaps, 1999). Although there is some variation across countries, because the West African commercial sector is largely undeveloped, it only follows that CSR activities are a relatively new phenomena in the region.

While the majority of the labor force in West Africa is working in agriculture, there is a trend toward increasing commercial activity in recent years, as evidenced by the incrementally higher contribution that industry and service sectors are making to the regional economy. This is particularly true for Ghana, where statistics show that women are actually more prominent in the industry and services sectors than are men (43% for women compared to 33% for men) (WB, 2004). Looking more broadly, women comprise 42% of the workforce in West Africa. Participation of women in the labor force ranges from 33% in Côte d'Ivoire to 51% in Ghana. As industry and service jobs increase in the region, so too will the participation of women in those sectors.

Several MNCs are active in West Africa, including ExxonMobil, Chevron Texaco, Unilver, and Coca-Cola. Standard Chartered Bank also has a noticeable presence in the region. The relatively porous borders in the region facilitate the regional reach of large companies such as these. While these companies make up a small portion of the commercial sector in the region, each has initiated a CSR program with a focus on improving health status of their employees, and in some cases the communities in which they operate. These efforts signal the start of what could be a growing trend in the region.

West African Companies: Getting Involved in Reproductive Health

To date, efforts to address RH issues in the West Africa region have primarily been driven by public and non-profit health sectors. However, the region's growing RH needs, coupled with insufficient resources to address these needs, call for the mobilization of the private and commercial sectors to improve the RH status of women in concert with traditional public sector approaches. The commercial sector has expansive reach, valuable skills, and networks that could be tapped to develop and expand innovative models to improve RH service delivery.

Business motivation for involvement in RH was outlined above, and includes ethical, economic, and relationship factors. Upon reviewing the West African context, especially the poor status of RH in the region and the gap between available funding and need, the case for commercial sector engagement in RH efforts is even more compelling. Beyond the ethical argument (e.g. it's the right thing to do), there is the economic case. As more and more women enter the labor force, the current high fertility rate in the region would likely lead to increased absenteeism (due to pregnancy related illness/complications and maternity leave), which would negatively impact productivity. Many MNCs in West Africa have initiated CSR programs in response to the HIV/AIDS pandemic. While these are appropriate, companies may wish to consider the added value of expanding these programs to include broader RH services, such as FP, ANC, and prevention and treatment of STIs. Such modifications would be fairly easy to enact, and in addition to complying with best practices in the RH field (i.e. integration of essential RH services) these changes would exponentially benefit the workers or community.

In summary, the commercial sector in West Africa can play critical role in improving access to health care. As global health issues, such as RH, take center stage, the pressure for business involvement will continue to increase, as demonstrated by the business response to the HIV/AIDS pandemic. Motivating and sustaining corporate involvement requires not only educating companies about the pressing reproductive health needs in the region, but also understanding their business objectives, CSR agendas, the parameters of best practices relevant to their needs, their reporting frameworks, and stakeholder relationships.

Section 4: Current Corporate Practices in Health and Reproductive Health in West Africa

The search for information related to corporate involvement in RH resulted in a number of promising practices in Africa, but few examples in the West African region. In addition, most of the information documented on CSR involves MNCs, so less is known about the practices, or challenges, of SMEs and LEs. In response, the AWARE-RH team designed and conducted a survey of companies in West Africa to fill in the gaps of knowledge, and specifically to answer the following questions:

- ◆ How are businesses currently involved in health, RH and HIV/AIDS?
- ◆ Are businesses involved in partnerships with NGOs or government?
- ◆ What motivates businesses to be involved in RH and HIV/AIDS efforts?
- ◆ Do RH best practices exist?
- ◆ How do businesses measure and report progress?

Survey Methodology

While the preferred methodology for collecting information on corporate practices in health would have been face-to-face interviews, the expansive scope of the survey (i.e. multiple countries) and limited budget precluded this method of data collection. Instead, a structured questionnaire, including both closed- and open-ended questions, was designed to elicit responses via mail and telephone surveys with company representatives. The survey captured information on stakeholder engagement, social investments, employee volunteerism, company health and HIV/AIDS policies and workplace services. It also assessed mechanisms to track impact of services on populations and to report results to company management.

The survey instrument was developed in English (*Annex B*), and then translated into French (*Annex C*), after modifications were made incorporating suggestions from both internal and external reviewers. Attempts were made by Abt headquarters staff to contact over 100 companies in 10 West African countries between August and September 2004, obtaining a sample of 18 surveys. Prior to analyzing the data, four surveys were excluded (2 were incomplete, 1 was from an NGO, and 1 was a duplicate) resulting in a total sample of 14 West African companies. While relatively small, this sample represents the cross section of commercial sector entities operating in the region, and is one of few studies to solicit information on CSR efforts of SMEs. In addition, notable promising practices in RH were reported by this group of respondents, thus contributing to the body of knowledge of corporate practices in health in the West Africa region.

Sample Characteristics

The respondents largely comprised three occupations: medical directors and advisors, human resource and public relations directors, and administrative directors. While the sample size of this study is small ($n=14$), the information is useful, and contributes to body of knowledge about corporate practices in health in the West Africa region. Six West African countries (Cameroon, Cote D'Ivoire, Ghana, Niger, Nigeria, and Senegal) are represented and the sample includes five MNCs with locations in several West African countries. The sample also includes four SMEs (companies with fewer than 200 employees) and five LEs (companies with more than 200 employees, but only operating in one country). Industries represented in the study include oil, bottling, food/beverage, textiles, personal services, and civil engineering.

Findings: Current Corporate Health Practices in West Africa

In an effort to expand the search for identifying promising commercial sector practices in RH in the region, the results that follow derive from both the literature review and the AWARE-RH survey of West African companies. It should be noted that the literature review was broad in nature, and in addition to identifying published papers and reports, also scanned working papers and the internet for any relevant information. Findings from this combined effort are reported in the following order:

- 1) Workplace programs (in primary health, RH, and HIV/AIDS)
- 2) Community initiatives (in primary health, RH, and HIV/AIDS)
- 3) Partnerships
- 4) Motivation
- 5) Reporting
- 6) Barriers to involvement

Workplace Health Programs

Most companies tend to offer workplace programs such as health benefits for employees. This represents a common entry point for CSR efforts. Workplace programs include health care policies, health insurance benefits packages, and in some instances on-site service delivery for health care. The AWARE-RH survey found that while most companies do offer some form of a workplace program, many are also involved in community initiatives and partnerships. Of the 14 respondents in the survey, 12 are currently involved in either community or workplace health initiatives. To facilitate comparisons between the type of health services offered, we have divided the results specific to workplace program into 1) primary health care, 2) reproductive health, and 3) HIV/AIDS services.

1. Business Policies, Insurance Programs and Services: Primary Health

Most companies have some aspect of health and safety as part of their codes of conduct. The following section provides a summary of the AWARE-RH survey findings related to primary health services.

Health Policy: The majority (12/14) of companies reported they have an employee health policy, with all five MNCs reporting they have a health policy, and nearly all LEs and SMEs reporting the same. All 12 of the companies' policies cover employees, 9 cover dependents, and 3 also cover contractors. All 5 MNCs cover both employees and their dependents. Of the companies that cover contractors, 2 of 3 are LEs, and the other is a MNC. Contractors are often times are unskilled laborers such as truck drivers, cleaners and guards. They often have no access to medical care, are generally poorer and less healthy than other cadres of employees.

Health Insurance: Nearly all companies (13/14) offer some type of health insurance to their employees. One company, an SME with fewer than 50 employees, does not offer health insurance to its employees. Just over half (7/13) the companies offer private insurance to their employees. Given the prevalence of community-based health insurance schemes in West Africa, it is not surprising that two of the companies surveyed report that employees receive health care coverage through workplace *mutuelles*.

Interestingly, while all the company insurance policies cover managerial staff, 10/13 cover skilled staff, and 9/13 covers unskilled employees. Contractors are only included in 5 firms' insurance plans, split between LEs and MNCs. All 13 companies offering health insurance extended the coverage to dependents. MNCs provide nearly universal health insurance coverage (e.g. for most levels of employees). All insurance policies covered primary health care services; there was no notable difference between SMEs and LEs in their Primary Health Care coverage.

Primary Health Care (PHC) Services: Half (7/14) firms referred employees for PHC services, only two contracted out either primary health care or RH services. Half (7/14) firms have an arrangement with a private facility to provide services. One MNC has an on-site medical facility that provides PHC for employees.

In summary, with regards to primary health care, most companies have a health policy and health insurance benefits that cover PHC services. About half the companies have an arrangement with a private provider, and the same number offers private insurance. All the health policies and insurance plans cover employees and their dependents, and only a handful of companies cover contractors in their policy. About half the companies refer employees for PHC services, 2 contract-out services and one (MNC) has on-site facilities. As might be expected, MNCs offer the most comprehensive PHC services.

2. Business Policies, Insurance Programs and Services: RH

The following section provides a summary of the AWARE-RH survey findings related to reproductive health services such as FP, maternal health, and STI programs.

RH Policy: Of the companies who have a health policy (12), all policies covered at least one RH service. Specific RH services included in the policies were:

- ◆ antenatal care (10/12 firms)
- ◆ STI diagnosis, prevention, and treatment (9/12 firms)
- ◆ labor and delivery services (9/12 firms)
- ◆ family planning services (8/12 firms)
- ◆ post-partum care (7/12 firms)

Overall, MNCs and LEs included more RH services than did SMEs. However, one SME's policy covered all RH services except post-partum care. Interestingly, all four SMEs cover labor and delivery services, whereas only half the LEs and 4/5 MNCs include these services.

RH Benefits and Insurance: A majority (9/13) of the companies with health insurance cover RH services in their policy. All five MNCs report covering RH care. All nine companies cover employees and their dependents. Only two firms provide RH insurance coverage to contractors.

RH Services: Only one company, an MNC, provides on-site RH health services. RH service provision at this facility is comprehensive, and even includes labor and delivery. Five companies refer employees and their dependents to either NGO or government services as appropriate for RH care. This group is comprised of LEs and MNCs. Only

two companies contract out for RH services – both of these are MNCs. None of the SMEs in the sample referred employees or contracted out for RH care.

A few of the companies that responded to the AWARE-RH survey report offering a comprehensive package of RH benefits to their employees. Box 12 describes the Chevron Texaco's corporate stance on CSR, as well as the company's specific health policies and programs in health in Nigeria.

**BOX 12: AWARE-RH SURVEY CASE STUDY:
CHEVRON TEXACO NIGERIA: BEST PRACTICES IN REPRODUCTIVE HEALTH**

At the corporate level, Chevron Texaco is dedicated to integrating corporate social responsibility practices into their management systems by remaining committed to the continuous evaluation of their policies and practices related to community empowerment, human rights, workforce diversity, small business development, and environmental policy. In Africa, the company has provided thousands of scholarships to help students attend high school, college, university, or a technical school. In addition, they have provided funds to fight HIV/AIDS, provide electricity to rural villages, build clinics, schools, and teacher housing, and improve education. They have also supported projects to provide seed money for microenterprise and skills training for the unemployed. (Global Business Coalition on AIDS, 2004)

In West Africa, Chevron Texaco meets the 'gold standard' for CSR, including a comprehensive RH package of benefits. This multinational company offers its employees a health policy that covers employees, dependents, and contractors. The company health insurance policy covers PHC, RH, and HIV Prevention and Treatment services for all employees and their dependents. Chevron Texaco has on-site health facilities and medical staff. They provide STI prevention/treatment, ANC, labor and delivery, and postpartum care in the workplace. In addition, the company has an HIV/AIDS policy that covers all employees and their dependents, and that addresses concerns about stigma and guarantees confidentiality. On-site HIV prevention efforts include educational materials and condom distribution. HIV positive employees can receive medical care and treatment in the workplace (including OI, ART, psychosocial support, orphan care). Chevron's community-based CSR efforts include: 1) paid time-off for staff to volunteer; 2) community donations (supplies/products); and 3) grants to organizations working in RH and HIV/AIDS. The company believes that their grants and donations lead to improved relationships with community leaders and governments. Chevron Texaco reports their CSR efforts both internally and externally. Internally, staff brief senior management on a quarterly basis on the program's progress and any pertinent issues. Externally, Chevron communicates their CSR work in their annual report, and through meetings with local leaders, government officials, and business associates.

While the survey found that MNCs are more likely to be providing comprehensive RH services, some LEs and SMEs that responded to the survey are showing evidence of promising practices in this area. One such company is a textile firm in Ghana, highlighted in Box 13.

**BOX 13: AWARE-RH SURVEY CASE STUDY:
TEX STYLES GHANA LIMITED: EMERGING PRACTICES IN RH**

Providing colorful textiles for women's fashion, Tex Styles Ghana Limited has been operating in Ghana since 1966. The company's commitment to corporate social responsibility is reflected in their mission statement, "to lead our market with creativity, and environmental consciousness, while remaining an excellent corporate citizen and a good employer." The company recently received an award from the Environmental Protection Agency for their extensive investments in pollution prevention. (Tex Styles Ghana Limited, 2004)

Through the AWARE-RH survey, the company reported that it provides health insurance coverage for its employees and their dependents. In terms of RH services, the policy includes the provision of antenatal care and STI diagnosis, treatment, and prevention. They also have a specific workplace HIV/AIDS policy for their employees, which cover HIV/AIDS prevention and treatment and guarantees employee confidentiality. Most health services are provided through arrangements with private facilities. However, VCT, treatment for STIs, and treatment for opportunistic infections is provided at the workplace.

3. Business Policies, Insurance Programs, and Services: HIV/AIDS

In sub-Saharan Africa there is growing evidence that companies are recognizing their responsibility in implementing HIV/AIDS workplace policies and programs, and such programs comprise the majority of CSR efforts in the continent. While the focus of this paper is on the broader RH issues of family planning, STI prevention and treatment, and maternity care, the existence of HIV/AIDS programs offer the potential for adaptation/inclusion of other RH efforts, and thus are worth reviewing.

The following section summarizes the findings from the AWARE-RH commercial sector survey related to HIV/AIDS, and also reports findings from another corporate survey on HIV/AIDS.

HIV/AIDS Policy: More than half the companies (8/12) with any health policy also have a specific HIV/AIDS policy. Large companies were more likely to have an HIV/AIDS policy – for MNCs and LEs 4/5 companies report having an HIV/AIDS policy. None of the SMEs in the survey have such a policy. All the companies with a policy (8) cover employees and 4 companies also cover dependents. Only one company covers contractors under their HIV/AIDS policy – a large MNC with locations across West Africa. All eight policies include both HIV/AIDS prevention and treatment and ensure confidentiality; 7/8 policies include stigma reduction as well.

HIV/AIDS Benefits/Insurance: Over half (9/14) the companies cover HIV/AIDS prevention in their insurance policy; 8/14 report that their insurance also covers HIV/AIDS treatment. One SME is counted in this group. Five companies offer treatment for opportunistic infections (OIs) such as TB, and three provide antiretroviral therapy (ART) for employees. As might be expected, the overall trend in the data is that larger companies are more likely to include HIV/AIDS services in their insurance coverage than are SMEs.

Knowledge of HIV Positive Employees: Respondents were queried if they were aware any HIV-positive employees in their company; 7/14 companies responded positively. It is worth noting that all of these are LEs or MNCs – no SME representatives report knowing of an HIV positive employee. Of the seven companies who were aware of HIV-positive employees:

- ◆ 6/7 firms said that HIV positive employees had access to medical care.
- ◆ 4/7 firms reported that employees had access to government health facilities for HIV/AIDS Treatment; 1/5 had access through a private facility, and 1/5 could go to an NGO for services.

HIV/AIDS Services: For purposes of discussion HIV/AIDS services include prevention, VCT, treatment and care and support. Just over half (8/14) of the companies offer some workplace activities to promote HIV prevention:

- ◆ 8 companies provide health education.
- ◆ 6 companies make condoms available to employees.
- ◆ 7 companies offer voluntary counseling and testing (VCT) services; 2 provide on-site testing, 3 provide off-site testing, and one company refers employees to a local NGO for this service.

As previously mentioned, only one of the companies responding to the AWARE-RH survey has an on-site medical facility. This MNC provides HIV treatment at the facility, including treatment of OIs and ART. In terms of non-medical services, 4 firms provide psychosocial support for employees infected or affected by HIV/AIDS, and 1 company, a MNC, offers support to the care of AIDS orphans.

Annex D presents a summary of survey findings pertaining to workplace programs in table format.

In addition to the AWARE-RH results, another survey conducted by the World Economic Forum (WEF) can shed some light on West African corporate practices in HIV/AIDS. Entitled “Business and HIV/AIDS: Who Me?”, the report includes seven West African countries (Cameroon, Chad, Gambia, Ghana, Mali, Nigeria, and Senegal). This survey is important, as it was the first global survey to ascertain business leaders’ perspectives on the threat of HIV/AIDS. The survey gathered the opinions of more than 7,000 business leaders in 103 countries, addressing a wide range of HIV/AIDS related issues. As previously mentioned, the authors believe it is possible to extrapolate lessons from commercial sector involvement in HIV/AIDS to broader RH issues, thus knowing what companies are doing in HIV can influence other RH programs. AWARE further analyzed the WEF findings specific to West African countries, in order to better understand health issues as they relate to the region. Box 14 provides the key findings of the WEF West African analysis.

Box 14: Summary of West African Findings from the WEF HIV/AIDS Survey

- ◆ Few African companies, particularly West African firms, are responding to HIV/AIDS through workplace programs or programs focusing on employees and operations.
- ◆ Many companies are considering how to begin work in the health area.
- ◆ Business involvement increases with higher HIV/AIDS prevalence rates.
- ◆ Companies underestimated HIV prevalence in comparison to UNAIDS estimates -- 65% of respondents either did not answer or did not know the HIV prevalence rate in their country.
- ◆ Only 7% of companies in the region have HIV policies.
- ◆ 3% of companies have policies that were Board, Union, or Committee approved.
- ◆ Of those companies who have an HIV/AIDS policy, less than 15% are strongly confident that their policies and programs are sufficient.
- ◆ 56% of West African firms anticipate serious effects from HIV/AIDS.
- ◆ 12% of firms do not expect any impact on their company from HIV/AIDS.

(World Economic Forum, 2004)

In general, the AWARE-RH survey results specific to HIV/AIDS correspond with the WEF survey results for West Africa. One interesting difference lies in the proportion of companies with HIV workplace policies. Whereas the WEF survey reports that less than 10% of companies in the region has an HIV policy, the AWARE-RH survey found that over 65% (or 8/12) companies has such a policy. However, it should be noted that in the AWARE-RH survey none of the small companies had an HIV policy, and its possible that the WEF survey contained a higher proportion of small companies in their sample, thus negatively impacting the proportion of respondents with an HIV policy.

4. Bundling RH and HIV/AIDS Services in Workplace Programs

The AWARE-RH study found that 8/12 companies that had a health policy that included RH services also had a specific HIV/AIDS policy. All of these companies offer both HIV/AIDS and RH services to employees; all are large companies (national or international). Thus, the survey found that companies that offer HIV/AIDS services also offer RH services. A few companies offered RH services but did not provide any HIV/AIDS services; only one company offered HIV/AIDS services but no RH services. In addition, the survey found that SMEs were inclined to be interested in bundling services because it would reduce their cost burden.

Community Social Investment

Support of community programs, also known as community social investment is one way companies can link CSR with health objectives. Support for community initiatives ranges from volunteerism, donating supplies or products, and or granting money to local organizations. Community social investment is ideally added after a company has successfully launched workplace programs. For the public health community, community involvement signifies a larger effort, and carries the potential for broader health impact.

Donations and Grants

Based on the AWARE-RH survey findings, over half (8/14) of the respondents personally volunteer in health programs, and slightly more (9/14) also allow staff work-time to volunteer. Of

those that grant work-time for staff to volunteer, most (7/9) report that this time is paid. While most companies were involved in donations of time, funds, and products to community organizations, fewer specifically support organizations working in health. Most companies (10/14) donate products or supplies to community initiatives whereas only half of these (5/10) contribute to health organizations. In this group, 4 companies are MNCs and 1 is an SME. An encouraging sign is that 4/5 of the companies that donate products also grant funds to local health organizations. Of these companies most (4/10) also grant funds to local health entities. The survey found that SMEs were just as likely to donate supplies and/or grant funds as their larger counterparts, but all the respondents were slightly more likely to support primary health care organizations than either RH or HIV/AIDS ones.

Ideally, a socially responsible company would support community organizations to work in all the health areas (e.g., PHC, RH, HIV/AIDS). Of the five firms contributing to community health efforts, three address all three health issues. All of these firms are MNCs.

The four respondents (2 SME, 2 LEs) that currently do not contribute to community organizations were asked if they would consider getting involved; all four expressed interest.

Box 15 presents a case study of one of the AWARE-RH survey respondents. Standard Chartered Bank has operated in Africa for over 100 years, and the company has a recognized commitment to both their employees and local communities. The Bank's presence in several West African countries, coupled with their commitment to CSR, makes it an ideal potential partner in increasing access to RH services in the region.

Annex E provides a summary of the AWARE-RH survey results on corporate involvement in community initiatives.

**Box 15: AWARE-RH SURVEY CASE STUDY:
Standard Chartered Bank Cameroon**

Standard Chartered Bank (SCB) has operated in Africa for over a century and has a long-standing commitment to communities in which their banks are located. SCB has been recognized for its health promotion efforts, both in the workplace and in the community. The company recently won awards for their *Community Partnership for Africa* and *Living with HIV* programs operating in several Africa locations. The *Community Partnership for Africa* (CPA) was initiated in 2001 and has an annual budget for Africa of \$1.5 million. CPA activities support the bank's sustainable community projects, with a focus on youth, health, and education for economically disadvantaged people. Employee volunteerism is also encouraged by this project.

SCB's workplace programs to date have focused on HIV prevention. The company approaches the HIV pandemic from the "dual perspective of an employer and that of a good corporate citizen." *Staying Alive*, initiated in 2000, emphasized increased awareness and education on HIV prevention. Champions were trained, who then offered training sessions to 5600 SC employees. External specialists participated in the training, and additional educational activities included the distribution of a staff handbook (containing information and facts about HIV/AIDS and the Bank's policy), poster display, video presentations, and flyers. In 2002 the initiative was expanded into *Living with HIV*, with a new focus on alleviating suffering, giving care and support, and helping staff members who are infected or affect by HIV/AIDS to lead as normal and fruitful a life as possible. *Living with HIV* aims to reinforce SCB's HIV/AIDS policy of non-discrimination. SCB recently held its first HIV/AIDS conference for appointed "Champions", who are charged with providing ongoing support and sponsorship to ensure effective rollout of the *Living with HIV* Campaign. (Standard Chartered Bank, 2004)

In West Africa, SCB is active in Cameroon, Cote d'Ivoire, Ghana, Nigeria, Sierra Leone, and the Gambia. SCB Cameroon responded to the AWARE-RH survey, and provided useful insight into their CSR activities. SCB Cameroon is currently involved in promoting workplace and community health initiatives, and plans to implement additional CSR best practices in the near future.

Workplace programs include a comprehensive health insurance benefit (which covers RH and HIV/AIDS services) and a specific HIV/AIDS policy and HIV education, as part of the *Living with HIV* program. The bank has an off-site company doctor, who provides health care for all employees and their families. Or if employees prefer, they may receive health care from a private provider of their choice, and get reimbursed for 80% of the fees. The bank's health insurance covers all aspects of reproductive health care.

SCB Cameroon's HIV/AIDS policy contains all key elements, including: all employees and dependents are eligible; addresses stigma reduction; covers prevention and treatment; and guarantees confidentiality. Under the umbrella of the *Living with HIV* campaign, prevention activities include the provision of free condoms in washrooms, printed educational materials, and training sessions by peer "Champions". In addition, SCB Cameroon sponsors an AIDS week every June. Special activities during the week include presentations by physicians specializing in HIV, interactive Q&A sessions, and staff are encouraged to know their HIV status. VCT services are provided free of charge by the company doctor, where ART is also available. However, if employees prefer, they may seek such services elsewhere, and be reimbursed for any fees.

Community involvement is also encouraged. Staff are allowed time to volunteer, although this time is unpaid. The bank donates both supplies and funds to community organizations working in primary health, reproductive health, and HIV/AIDS. SCB Cameroon reports that community contributions have led to improved relationships with community and local leaders. In addition, the bank often uses community outreach program to assist senior management in stakeholder decisions. Through SCB's *Community Partnership for Africa*, the Cameroon branch funds one major health project each year, giving preference for projects with the potential for major impact. Last year (2004), SCB Cameroon in partnership with Christian Blind Mission, built a cataract surgery center in an existing hospital in Douala. The center has the capacity to conduct 500 surgeries per year. SCB Cameroon provided \$83,000 to support this community initiative. In 2003 the bank built a primary health center in Mambain, a village in the Western province of Cameroon. The facility provides comprehensive health care, including ANC and labor and delivery services. SCB Cameroon provided just over \$100,000 to build this center, which has been well utilized by the local community.

SCB Cameroon believes in keeping employees healthy. And they are committed to improving the quality of life for Cameroonians, particularly those that are disadvantaged. The bank captures progress in community investment through periodic site visits, which are reported to senior management. SCB Cameroon also reports on its community activities to local leaders, as well as to the Minister of Health. While the bank does not currently have a systematic method of measuring progress in CSR, there are plans to develop and track indicators in the near future. In addition, SCB Cameroon is considering creating partnerships in 2005 with NGOs or other businesses to further contribute to local communities.

Stakeholder Engagement with the Community

As noted earlier, stakeholder engagement is a key CSR strategy that can enhance corporate reputation at all three levels, internally, locally, and globally. Stakeholders include employees, investors, customers, suppliers, and local communities where the business operates, as well as associations, governments, civil society, and even competitors.

Of the AWARE-RH surveyed companies, half (5/10) engaged with communities to discussed progress in health with community leaders at least quarterly; with 3/5 doing so every month. Similarly, about half the companies discuss their community efforts with senior management; 4/5 firms do so “often” or always. The AWARE-RH survey asked respondents who are involved in community efforts whether these activities have resulted in positive relationships with the community. About half reported improvements in their relationships with community (4/10) and government officials (5/10).

Public-Private Partnerships

Public-private alliances are growing in number in the region, and are expanding the reach of what each sector can accomplish on their own. While SMEs are most likely to partner with local NGOs, MNCs are well positioned to form alliances with multilateral aid organizations. A few notable partnerships have made great strides in mitigating morbidity and mortality related to malaria in West Africa (Roll Back Malaria, 2004; Global Development Alliance, 2003). Interestingly, among the 18 AWARE-RH countries, there are actually GDA public-private alliances in 14 of them (Global Development Alliance, 2003). Many of these partnerships aim to improve the health of the target population. One such partnership is public-private effort to improve the water supply in three West African countries, as presented in Box 16.

Box 16: West African Alliance to Improve Water and Sanitation

Worldwide 1.2 billion people do not have access to clean drinking water, and twice this many lack adequate sanitation. Although easily prevented, water-related diseases, such as guinea worm and trachoma, are widespread in many developing countries. Contaminated water supply is threatening rural communities in Ghana, Mali, and Niger. In response to this, the Conrad N. Hilton Foundation teamed up with USAID and other organizations to create the West Africa Water Initiative (WAWI). This \$40 million initiative works with governments and communities to increase access to safe water and sanitation among poor and vulnerable populations by building wells and basic latrines, and developing alternative water resources. The partners include Desert Research Institute, Lions Clubs International, UNICEF, WaterAid, and World Chlorine Council. WAWI's efforts have resulted in the construction of 825 wells, 9,000 latrines, and 100 alternative water sources, serving nearly a half million people. Activities are expected to continue through at least 2008, and will likely be replicated in other countries. (Global Development Alliance, 2003)

When narrowing the focus to public-private alliances active in RH in West Africa, there are fewer examples to cite. However, Box 17 below describes multisectoral partnership to address RH in Guinea that involves a mining company, a foundation, an NGO, and the MOH.

BOX 17: GUINEA HEALTH ALLIANCE: A UNIQUE PARTNERSHIP TO IMPROVE COMMUNITY HEALTH

Guinea is one of the most impoverished countries in the world. Many of its 9 million citizens lack access to even rudimentary health services and knowledge about how to protect themselves against diseases like malaria and HIV/AIDS. The contraceptive prevalence rate is among the lowest in the world—only 4% of women use a modern family planning method. Health indicators in the Boké region are even more cause for concern. The region's maternal mortality ratio is 2,768 deaths per 100,000 live births -- 5 times higher than the national figure. The majority of maternal deaths are related to limited access to perinatal care and obstetric services for managing complications of pregnancy and childbirth, especially related to malaria in pregnancy and to postpartum hemorrhage. The area's poor health status is exacerbated by limited health care infrastructure, and the poor quality and low use of available health services, including for MCH. Despite these bleak statistics, efforts to improve the health of the population are now emerging in Guinea. The Ministry of Health (MOH) has set ambitious goals for health and family planning, including increased contraceptive use—objectives that will only be achieved through engaging in the private sector as a key partner.

An example of just such a partnership is the project initiated by the *Companie de Bauxites de Guinee* (CBG), a bauxite mining company located in the Boké region. CBG is jointly owned by the Government of Guinea and a consortium of American companies: Alcoa and Alcan. The partnership involves CBG, EngenderHealth, and the Guinea Ministry of Health. CBG is represented by the Alcoa Foundation, the primary vehicle for the charitable interests of Alcoa, whose number one philanthropic goal is Safe and Healthy Children and Families. EngenderHealth an NGO working in 40 countries worldwide to improve and strengthen health services, was selected as the NGO partner in this CSR initiative.

Near the mining complexes in Kamsar and Sangaredi there are several public health facilities managed by the MOH. These facilities needed significant improvement in infrastructure, and in the quality of health services that they provided. CBG and the ALCOA foundation formed a partnership with EngenderHealth and the Ministry of Health to provide support to upgrade the infrastructure and equipment and to improve the quality and increase access to health services in five of the health facilities. Targeted services included family planning, maternal health, HIV prevention, sexually transmitted infections, and malaria.

All aspects of the partnership are overseen by the Program Monitoring Committee (PMC), comprised of representatives from EngenderHealth, CBG, and the District Health Management Team (DHMT). The PMC meet twice a year, reviewing past activities and future plans, including securing logistic plans, an important factor in the Guinean context. All the partners agreed that the PMC was the key to assuring local buy-in and support for the project. It allowed the key parties to stay in communication with each other and monitor the activities on a regular basis. Each member was motivated to make the project succeed, making this a true partnership.

The CBG health initiative demonstrates how cooperation between a for-profit company, a non-profit company, and a local government agency can facilitate positive change in their community. For each partner, this represented a slightly new way of doing business. For example, EngenderHealth had previous experience working with government agencies, but had not worked closely with a corporate partner. CBG, too, stepped beyond its role of checkbook philanthropy and got involved in the management and oversight of a community project. In the end, the project demonstrated that improving the health status of the community is a shared responsibility. Strengthening the community is most effective when a number of stakeholders come together and commit their time, talent, and resources. These various partners—from the private corporate sector, the non-profit sector, and the government sector, ultimately succeeded in creating a very successful partnership.

The AWARE-RH survey of companies in West Africa revealed that while most companies are not familiar with any partnerships, a few companies are already partnering with government, NGOs, and other businesses to extend their work in RH.

AWARE-RH asked respondents to name some examples of effective public-private partnerships their company has been involved with to improve the health of employees and/or the community. Cited partnerships included: 1) Hope Worldwide (Nigeria); 2) Coca-Cola Africa with UNAIDS (global); 3) Ghana Social Marketing Foundation (Ghana); and 4) Cambinda Blood Bank Project (Angola). Box 18 highlights the accomplishments of a partnership between Coca-Cola Africa and UNAIDS.

**Box 18: AWARE-RH SURVEY CASE STUDY:
COCA-COLA CÔTE D'IVOIRE**

Coca-Cola is Africa's largest corporation with 40 bottling partners and 60,000 employees working throughout Africa's 56 countries and territories. In 2001, Coca-Cola teamed up with UNAIDS to form the "Coca-Cola Africa Foundation" (CCAF). The Foundation coordinates the efforts of Coca-Cola Africa and its bottling partners across Africa to support AIDS education, prevention, and treatment programs. The partnership is guided by three key tenets: 1) using Coca-Cola's community presence to distribute education materials and testing kits, and to promote AIDS education through youth clubs; 2) launching information campaigns for UNAIDS and other partners; and 3) implementing model human resources policies and practices for its employees. The Foundation also puts a large emphasis on community outreach and communication.

CCAF is active in five West African countries: Cote d'Ivoire, Ghana, Senegal, Cameroon, and Nigeria. One of its key strategic objectives has been to introduce model workplace programs aimed at raising awareness of HIV/AIDS for African employees and their dependants. CCAF also provides support to Coca-Cola bottlers who are at various stages in the development of their workplace programs. Both the Coca-Cola Company and its bottling partners share a commitment to fighting HIV/AIDS as outlined in their corporate guidelines:

- ◆ The Coca-Cola Company and its bottling partners are committed to non-discrimination on the basis of an associate's HIV/AIDS status.
- ◆ Information relating to associates' counseling, care, treatment and receipt of benefits is kept strictly confidential.
- ◆ The Coca-Cola Company and its bottling partners support voluntary testing and therefore will not at any point require new and existing associates to be screened or tested for HIV/AIDS.
- ◆ Associates with HIV/AIDS are free to continue with their work responsibilities until such time as they are considered medically unfit to perform the inherent requirements of their job.
- ◆ The company encourages behavioral change and seeks to minimize the implications of HIV/AIDS through comprehensive, proactive HIV/AIDS workplace education and awareness programs and treatment.
- ◆ Coca-Cola identifies community outreach opportunities that can be offered on a voluntary basis to associates with full company sponsorship and support. As part of this, partnerships and linkages with non-governmental organizations (NGOs) and government are fostered for the implementation of HIV/AIDS programs. (Coca-Cola, 2004)

In Cote d'Ivoire, the AWARE-RH survey found that Coca-Cola provides the following reproductive health services to their employees:

- ◆ Provision of health insurance to employees and their dependents, including a comprehensive package of RH services (FP, STI diagnosis & treatment, ANC, labor/delivery, and postpartum care) and HIV/AIDS prevention and treatment.
- ◆ A workplace HIV/AIDS policy, which covers employees and their dependents. Free condoms for all associates.
- ◆ AIDS awareness and prevention material.
- ◆ HIV prevention services, including health education, condom distribution and voluntary counseling & testing.
- ◆ HIV/AIDS treatment & care, including treatment of opportunistic infections, access to antiretroviral drugs (ARVs) and psychosocial support at the workplace.
- ◆ The company also offers family planning services and prevention, diagnosis, & treatment of STIs.
- ◆ Medical coverage and treatment with confidential HIV testing, access to ARVs, and prophylactic treatment.

The survey results also underscored Coca-Cola's commitment to community outreach. They offer paid work time for their staff to volunteer in the community and provide donations of supplies and products to community organizations. They also contribute grant funds to organizations working in health, HIV/AIDS, and reproductive health. They maintain regular communication with local community groups and leaders and believe it is a business imperative to contribute to the well-being of the communities where they work.

Some examples other CCAF efforts in West Africa include:

-Providing funds and assistance to Population Services International Cote d'Ivoire (PSI-CI) in the generation, marketing, and distribution of a serial, soap opera style drama, entitled, "Sida Dans La Cité". Airing in 10 African countries (including eight in West Africa), the drama addresses the challenges faced by families and relationships confronting HIV/AIDS.

-In Nigeria, providing support to UNICEF to create an HIV/AIDS prevention and treatment campaign for youth. CCAF is assisting with the transport of educational materials throughout the country and by promoting social mobilization through the development of information, education, and communication (IEC) materials such as banners, billboards, and multimedia advertisements.

The AWARE-RH survey found that companies not currently involved in RH, but that would consider developing a RH program, identified the following list of potential partners, including: 1) Medecins Sans Frontiers (Doctors Without Borders); 2) World Health Organization; 3) USAID; 4) local or state governments; and 5) Private sector organizations (especially other businesses in the same industry). While this is a good beginning, it highlights the fact that many companies do not know where to get information, resources, or technical assistance to initiate or enhance health, RH or HIV/AIDS programs.

Box 19 describes a small firm in Senegal that has interest in getting more involved in RH services, but would like assistance with forming a partnership with another small business.

**Box 19: AWARE-RH SURVEY CASE STUDY:
A Senegalese SME**

A SME based in Senegal offers insight into the interest in and the reluctance to increase involvement in RH programs. The firm employs fewer than 50 staff, and has been in operation for a decade. This company offers paid leave for employees to volunteer in the community, and although does not currently provide grants to community health organizations, it would consider doing so. This firm offers health insurance to employees and their families through a *mutuelle*. The *mutuelle* covers PHC and limited RH services (FP, ANC, labor and delivery), as well as HIV prevention and treatment services. Beneficiaries receive care at a pre-selected private health facility. The company believes that expanding RH services in the workplace would yield “better employee health” and reduce absenteeism. However, the respondent noted that this was a small company, and that the associated costs of such a program would likely be prohibitive. The company went on to suggest that a partnership with other companies, or with USAID, might provide an incentive to implement workplace or community programs, stating, “If we were part of an alliance, it would be more realistic.”

Motivation for Involvement in RH

The AWARE-RH survey findings indicate that company motivation for contributing to local health programs was largely attributed to a sense of responsibility towards the community. A Nigerian company reported simply,

“It is our moral and ethical responsibility.”

When asked about what motivates them to offer workplace programs at the worksite, the prevailing themes were that such programs:

- ◆ Benefit the overall well-being of employees
- ◆ Increase employee loyalty
- ◆ Increase employee knowledge of HIV prevention
- ◆ Increase employee health, which in turn increases worker productivity

Company responses include the following:

“The company believes that better productivity would be guaranteed when employees are healthy.” (Nigerian SME)

“Offering a workplace health program is a business imperative...(illness is a) threat to the wellbeing and prosperity of staff.” (MNC)

Reporting Progress: How Do Businesses Monitor Progress in RH Efforts?

Capturing results and reporting them within a business framework is essential for companies investing in CSR and health issues. Companies need to assess progress at three levels:

- ◆ Effectiveness of implementing policies and programs
- ◆ Outcomes in terms of improved health outcomes
- ◆ Enhanced business outcomes (e.g. return on investment)

Companies report information to both internal (e.g., senior management) and external audiences (e.g., communities, shareholders, governments, consumers).

Internal communication: An AWARE-RH respondent stated that internal reporting consisted of a mix of financial and program information on services and activities, conducted on a monthly or quarterly basis. One respondent said they provided

“Quarterly feedback to the board on programs, costs, and responses of workers and those in the community.” (Nigerian LE)

Five companies reported that they use benchmarks or indicators to report progress in workplace programs, whereas just three companies use benchmarks to report progress in community contributions. A sample of indicators is presented in Table 4.

Table 4: Sample of Indicators from AWARE-RH Respondents

Workplace Indicators	Community Indicators
Sickness and morbidity statistics	Prevalence rates in the community
Number of condoms distributed	Number of condoms distributed
Prevalence rates in the workplace	Number of communities funded
Number involved in VCT program	
Quantity of drugs distributed for OIs and ARTs	
TB treatment statistics	

External Communication: In terms of external reporting, companies stated that this was primarily a financial function. As one company representative said,

“It’s proof of donation for tax deductibility.” (Nigerian SME)

One example of a CSR best practice is a company that provides information on its workplace or community programs in its annual report. More than half (8/12) of the companies involved in health provide information on their CSR activities in their annual report: MNCs (3/5) and LEs (4/4) were more likely than SMEs (1/3) to include this information.

Fewer companies report their health work back to the community; 3/12 companies provide information of work to local leaders; two are MNCs and one is an LE. The same three companies report their health work to trade or business. See Box 13 (Standard Chartered

Bank) for an example of a company that does report their work back to community leaders as well as the Minister of Health.

Enhanced Business Outcomes

Companies report that it is difficult to identify appropriate benchmarks with which to capture progress in CSR. This signals an area in which technical assistance to businesses might prove very useful. Of the ten companies that support community organizations, only two (2/10) firms stated that the community efforts improved their performance (e.g. sales). Companies are least likely to report improved performance as a result of their community health involvement. This seems to indicate that there are reasons other than profit motives for their work in the community.

Barriers to involvement: Why are Businesses Not Engaged in Health and RH?

According to the AWARE-RH survey, perceived barriers to covering RH health services either on-site or through insurance include financial costs, lack of staff training, and lack of service providers. This was particularly true for the smaller firms, especially those with fewer than 50 employees. Some companies said,

"We are a small agency, and are not interested because of the cost." (Senegalese SME)

"This company is still growing and cannot afford free medical care." (Nigerian SME)

The group stated the benefits of offering health services would likely be increased employee loyalty, enhanced employee health, and improved productivity. A respondent representing a large company in Nigeria said,

"It is the company that is the biggest loser when an employee is sick/lost."

Respondents were asked what incentives might help convince them to enhance their RH and/or HIV/AIDS policies or programs. Their suggestions included:

- ◆ Forming a collective or association with other similar companies to minimize costs; this was a strong sentiment among the SMEs.
- ◆ Assistance with facilitating an arrangement with an NGO for health service provision.
- ◆ An educational film on RH issues to improve workforce understanding of health issues.
- ◆ Information and/or literature on RH issues for workers.
- ◆ Training for company personnel responsible for employee health and safety.

Although the sample is small, the AWARE-RH survey responses seem to indicate a willingness to provide increased RH services for employees, but the companies also express an interest in receiving assistance either in expanding their current programs, or in implementing new programs.

Section 5: Key Findings and Recommendations for Increasing Commercial Sector Involvement in Reproductive Health in West Africa

Valuable information on current corporate practices in health emerged through the combined activities of conducting a comprehensive literature search and a survey of West African companies. A summary of key findings is as follows.

- **CSR is Growing in Importance for Businesses:** Companies are increasingly reporting CSR as a motivation factor. This is demonstrated by the commercial sector's response to HIV/AIDS. While less is documented about CSR efforts for RH Services, this provides an opportunity for greater commercial sector involvement in both RH and HIV/AIDS.

- **CSR and Economic Issues Motivate Businesses to provide RH Services Factors:** The key factors that motivate business to be involved in RH programs included: a sense of being a corporate citizen (CSR) specifically employee welfare and public image; and economic issues such as managing rising costs and/or falling productivity.

- **Businesses are Involved in the Community:** Most businesses have some involvement in the community (CSR) through donation of supplies, granting funds and/or employee volunteerism. Fewer businesses (5/14 firms in the survey) specifically support health initiatives. Large and small companies are inclined to engage in these efforts, however, both are more likely to support primary health programs than either RH or HIV organizations. An encouraging sign is that all four firms that were not currently involved in the community stated they would be interested in initiating such a program.

- **Public-Private Partnerships Expand the Reach of Individual Sector Efforts:** There is increased recognition that innovative approaches and public-private partnerships are required to effectively address the poor health status of populations throughout West Africa. Promising alliances exist in West Africa, although few are focused on RH services.

- **Health Policies Include RH Services:** Most companies have an employee health policy; the survey found that nearly all of these policies included coverage of at least one RH services. Specific services included: antenatal care was most commonly mentioned, followed by STIs management, labor and delivery, and FP services. In terms of RH services, STI services were most commonly mentioned followed by FP, and maternal health services. There seems to be some misinterpretation of the questions regarding whether the RH services are provided in the workplace or provided through referral or insurance to other facilities. This is an area that needs to be further explored.

- **Companies Provide Limited RH Services:** While there is clearly more information about corporate HIV/AIDS programs, the AWARE-RH survey found that a majority of the companies cover at least some RH services through an insurance mechanism, and this coverage is frequently extended to dependents.

- **Differences in Health Programs and Efforts between MNCs, LEs and SMEs**
 - ◆ Larger companies are more likely than SMEs to include STIs in their health policy.
 - ◆ On the other hand, 3/4 SMEs cover labor and delivery services compared to 6/8 MNCs/LEs.
 - ◆ MNCs and LEs are more likely to include HIV/AIDS services than are SMEs.
 - ◆ None of the SMEs even had a company HIV/AIDS policy, whereas 8/10 of the larger companies reported having such a policy.
 - ◆ SMEs were more likely to cite cost as a major barrier to providing RH services
 - ◆ However, while SMEs lag behind their larger counterparts in terms of RH efforts, there is interest among this group to increase involvement, given the right assistance.

- **Challenges in Quantifying Community Results in Business Terms:** Fewer companies have been able to directly link their community efforts with increased performance -- only two firms in the AWARE-RH survey responded in the affirmative. However, there are many examples in the literature where companies have cited that poor community involvement has had a negative effect on the business, particularly a negative public image (e.g., Shell in Nigeria, Nike and child labor) that can cost a company millions. More companies in the survey stated that their community efforts improved community relations (4/14) and government relationships (5/14).

- **Businesses Favor Bundling RH and HIV/AIDS Services:** The survey found that in general, companies that offer HIV/AIDS services also offer RH services. A few companies offer a range of RH services but do not provide any HIV/AIDS services.

Increasing Commercial Sector Involvement in RH through Public-Private Partnerships

While workplace health programs are important and should continue to be supported, given the significant RH needs in the region, a comprehensive response that galvanizes the public, private, and NGO sectors is required. No one organization or sector can address these complex issues, rather, public-private partnerships offer the greatest potential for improving the health status of West Africans. Building on the relative strengths of the various sectors, these partnerships can engage with a diverse group of stakeholders to match needs with appropriate interventions, expand scale and scope of RH best practices, leverage resources (e.g., material, skills and resources), support policy dialogue and foster ownership and sustainability RH programs. In order for these partnerships to be successful they must provide a “win-win” situation for each party, meaning that results will need to be articulated in terms of both improved health outcomes and enhanced business objectives.

The AWARE-RH survey found that many West African companies currently include at least one RH service in their health policy, insurance coverage, or services rendered. Even though this is not well documented in the literature, it is an encouraging sign and a starting point.

Based on the review of literature and the AWARE-RH survey findings there are five main areas to move forward in developing effective public-private partnerships to enhance RH programs: 1) prioritize work with larger companies that have a regional focus to gain greater scale; 2) target technical assistance and partnership facilitation with motivated smaller companies; 3) disseminate promising practices among businesses involved in RH promotion, particularly in West Africa; 4) discuss RH services as a package, that is, bundling RH and HIV/AIDS services; and 5) expand business (CSR) strategies to incorporate RH policies, programs and services.

1. Regional Focus with MNCs

The AWARE-RH survey included five MNCs that operate in the region. Partly due to their size and resources, they reported a wider range of RH services in their policies and programs than the LEs or SMEs. One of the MNCs has been recognized as a leader in HIV/AIDS program for its work in Nigeria. It can be argued that an effective strategy to increase commercial involvement is to target MNCs in the region that offer at least some RH or HIV/AIDS programs or services. RH model programs can be developed with these companies and they could in turn work with their subsidiaries, suppliers or contracts to adapt the approaches. As depicted in Box 16, Coca-Cola West Africa offers an example of this type of approach. Another company with a strong regional presence is Standard Chartered Bank, active in six West African countries, with a regional branch located in Accra, Ghana. This company's reputation for giving back to the community, strong HIV/AIDS workplace programs, and existing communication network between bank branches in the region also make it a suitable partner in addressing RH needs of West Africans.

Due to their broad reach, MNCs are also well positioned for partnering with other sectors to increase the impact of their efforts in RH. Given the appropriate technical assistance, these companies can foster relationships with NGOs, governments, or other businesses. In addition, there may be opportunities to form alliances with other regional stakeholders, such as WAHO, ECOWAS, or the West African group of NEPAD. WAHO's activities are in line with AWARE-RH objectives, particularly their efforts to maintain sustainable partnerships in health and to disseminate information.

2. Targeted Technical Assistance to SMEs and LEs

While the AWARE-RH survey found that locally owned companies in general offer fewer health benefits to their employees and provide less support to community health organizations, many of these companies share the same belief that it is a moral imperative to promote good health for their employees and the community. However, SMEs were most likely to cite cost and lack of resources as a major impediment to providing broader RH programs and services. Moreover, some SMEs signaled an interest in initiating or expanding RH efforts, but requested assistance to do so. Targeted technical assistance to motivated firms, particularly in the area of forming partnerships (with other businesses, NGOs, or government) thus emerges as an additional approach to advancing commercial sector involvement in RH. Smaller companies that currently do not offer any type of health insurance may be interested in developing a *mutuelle*, or mutual health organization, for their employees. This may be a cost-effective way to

provide some level of health insurance coverage for workers, particularly appealing to small or newly established companies.

Another promising approach to increasing SME and LE involvement in RH involves mobile health services provided by a local NGO or other health entity. Used successfully in Latin America, mobile health services could include the provision of RH information and education, FP methods, and other RH services (Cisek, 2005). Smaller companies that lack the capacity or resources to provide on-site health services could benefit from this type of initiative.

3. Improve Documentation and Dissemination of Model Corporate RH Programs

Many companies reported that they currently have RH policies, programs and services, but there is little information available about these programs, particularly in the literature. Thus, this discrepancy would indicate that there is a need to better document existing programs to identify best practices and to share with other businesses to increase their RH involvement. It is hoped that this paper offers a first step in better documenting such practices.

Even where corporate RH programs exist, the difficulty companies have expressed with how to measure and report their efforts is likely another reason for the lack of information about such programs. This is a new area for many businesses, and they may not have the background or expertise in evaluating the effects of their health programs. This is a key area in which AWARE-RH could provide guidance to companies on how to measure the results of their efforts, based on their specific objectives, and how to report these results both internally and externally for maximum benefit.

As a further step in documenting and disseminating best practices, AWARE-RH could collaborate with other stakeholders in the region interested in advancing commercial sector involvement in RH, such as the World Bank and USAID-funded projects focusing on private sector health services.

4. Bundling RH and HIV/AIDS Services

The AWARE-RH survey found that in general, companies that offer HIV/AIDS services also offer RH services, thus, a combined approach seems to make the most sense. This would encourage businesses that already have some RH and/or HIV services to build on and expand their current RH programs. This is also a viable strategy for SMEs because it would help address their cost concerns. This approach would be particularly interesting to SMEs if the “bundled services” could be provided through coordinated SME efforts that would further reduce costs for individual companies. SMEs participating in the AWARE-RH survey signaled an interest in beginning or increasing involvement in health promotion efforts, given the appropriate technical assistance.

5. Further Develop the Case for Aligning Business Objectives with Reproductive Health Objectives

The commercial sector will become more involved in RH when the impacts can be defined in terms that are beneficial to them, such as enhanced corporate reputation, decreased costs, increased productivity, or improved stakeholder relations.

Considerable effort has been spent on honing the “business case of HIV/AIDS, as evidenced by the numerous studies in the literature (Family Health International, 2002). However, much less attention has been paid to the impact that broader RH issues, such as unwanted pregnancies, high fertility, and maternal mortality, have on businesses. The AWARE-RH project could play a key role in helping companies quantify the RH impact, not only on their bottom line, but also on the communities in which they work. Further efforts targeted to the business community, such as increased education on RH issues affecting the West African region, are needed to delineate specific reasons for companies to get involved with RH programs that are consistent with business motivators.

Health experts, interested in increasing business involvement, often focus their efforts on implementing policies through commercial workplace programs. While this is a logical entry point, their scope does not need to be so limited (International Business Leaders Forum, 2002). Focusing CSR discussions with a narrow view can hinder creative solutions, limit strategic opportunities, and can dampen stakeholder recognition which companies often require. Coca-Cola offers an innovative example of such a creative solution. Several of the company’s bottlers in Africa trained their truck drivers as peer educators and supplied them with education materials on HIV/AIDS prevention. When the drivers stop to deliver their products, they also talk to rural communities about HIV/AIDS prevention (Daly, 2000). This builds on the key strengths of the business: their distribution system and their vast geographic reach.

“When considering commercial roles in health, firms are acknowledging that CSR can contribute to their long-term business goals. Companies are recognizing that aligning their CSR strategies with health needs can result in the appropriate application of commercial, functional and technical expertise.”

(World Business Council for Sustainable Development, 1999)

Conclusion

West Africa is tremendously challenged by the poor health status of its population. Human development indicators are some of the worst in the world and the region is lagging behind other regions in Africa. Beyond the slowly stabilizing HIV/AIDS epidemic, RH needs remain widely unmet across the region. The commercial sector is uniquely enabled to provide assistance in meeting the RH needs of the countries in which they work. Although many companies in the region are already providing health care coverage to their employees, the potential for partnerships between communities and companies has been largely untapped. CSR has not been widely utilized as a vehicle for FP or RH, and only recently has it focused on HIV/AIDS programs in the developing world. However, CSR efforts are on the rise, particularly among MNCs operating in developing countries. The AWARE-RH survey results demonstrate companies' interest in further partnering with other sectors, and the time is right to capitalize upon this interest. Efforts to further understand RH best practices, to demonstrate incentives for business investment in RH, and to improve documentation of results can lead to dynamic multisectoral linkages addressing the RH needs of West African populations.

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Glossary of Terms

Corporate Social Responsibility (CSR):

“The continuing commitment by business to behave ethically and contribute to economic development while improving the quality of life of the workforce and their families as well as of the local community and society at large” (World Business Council for Sustainable Development, 2001).

“Achieving commercial success in ways that honor ethical values and respect people, communities, and the natural environment” (Business for Social Responsibility, 2004).

“The responsibilities that a company has to its stakeholders-including employees, their communities, consumers or customers, shareholders, and key host government agencies-and the actions that the company takes to address and balance the expectations of these stakeholders” (Commercial Market Strategies Project, 2004).

Large Enterprises (LEs): Companies with more than 200 employees.

Multinational Corporations (MNCs): Companies that have operations in more than one country.

Public-Private Partnership: Partnerships among different types of organizations working in the various sectors (e.g. business-NGO; Government-Business, government-NGO).

Small and Medium-Sized Enterprises (SMEs): Firms with fewer than 200 employees.

Stakeholder Engagement: Mechanisms and processes to solicit the input of a variety of groups that have a “stake” in the outcomes of the business and its operations. Stakeholders include employees, investors, customers, suppliers and local communities where the business operates, as well as associations, governments, civil society and even competitors. Stakeholder engagement is a key CSR strategy that can enhance corporate reputation at all three levels: internally, locally and globally.

Strategic Alliances: Strategic alliances go beyond the traditional donor-recipient relationships. These partnerships are highly integrated joint ventures that are central to all the organizations’ strategies. Key characteristics of strategic alliances include: 1) clear strategic purpose; 2) a suitable partner; 3) allocation of responsibilities to enable each partner to bring their best to the alliance; 4) create an incentive for cooperation; 5) minimize conflicts; 6) share information; 7) exchange personnel; 8) operate in long time horizons; 9) joint programming; and 10) open-ended, dynamic relationships that evolve to the changing environment.

Sustainable Development: Development that meets the needs of today’s customers without compromising the basic needs of future generations (World Business Council for Sustainable Development, 2001).

Annex A: Aware-RH Survey Methodology

A. Survey Methodology

The preferred methodology for collecting information on corporate practices in health would have been face-to-face interviews with relevant personnel. However, the expansive scope of the survey (i.e. multiple countries) and limited budget precluded this method of data collection. Instead, a structured questionnaire, including both closed- and open-ended questions, was designed to elicit responses via mail and telephone surveys with company representatives. The survey captured information on stakeholder engagement, social investments, employee volunteerism, company health and HIV/AIDS policies and workplace services. It also assessed mechanisms to track impact of services on populations and to report results to company management. The survey instrument was developed in English, and then translated into French, after modifications were made incorporating suggestions from both internal and external reviewers. Attempts were made by Abt headquarters staff to contact over 100 companies in 10 West African countries between August and September 2004, resulting in a total sample of 18 surveys.

Data collection proved to be very labor intensive, as it was difficult to identify companies and obtain updated contact information. Actually reaching and obtaining consent from the appropriate person was an additional challenge. The initial approach involved emailing surveys to identified companies, asking for completed surveys to be returned by fax. Twelve completed surveys were obtained through this method. In an attempt to increase the sample size, surveys were modified slightly for application through telephone surveys. An extensive Internet search was conducted to identify additional companies in the region. Four Abt staff (2 French and 2 English speaking) were trained on the survey and how to conduct phone interviews, and considerable effort was made to contact the newly identified companies. This process resulted in the six additional surveys, for a total of 18. However, prior to analyzing the data, four surveys were excluded (2 were incomplete, 1 was from an NGO, and 1 was a duplicate) resulting in a total sample of 14 West African companies.

B. Survey Limitations

Attempting to capture information on corporate practices for an entire region was ambitious. The regional nature of the study, coupled with limited financial resources, prohibited conducting face-to-face interviews with company representatives, the preferred method for collecting this type of information. Instead, a flexible survey instrument was developed which could be self-administered by respondents or used to interview respondents by telephone. As mentioned above, it was challenging to identify companies, and even more difficult to obtain accurate contact information for identified companies.

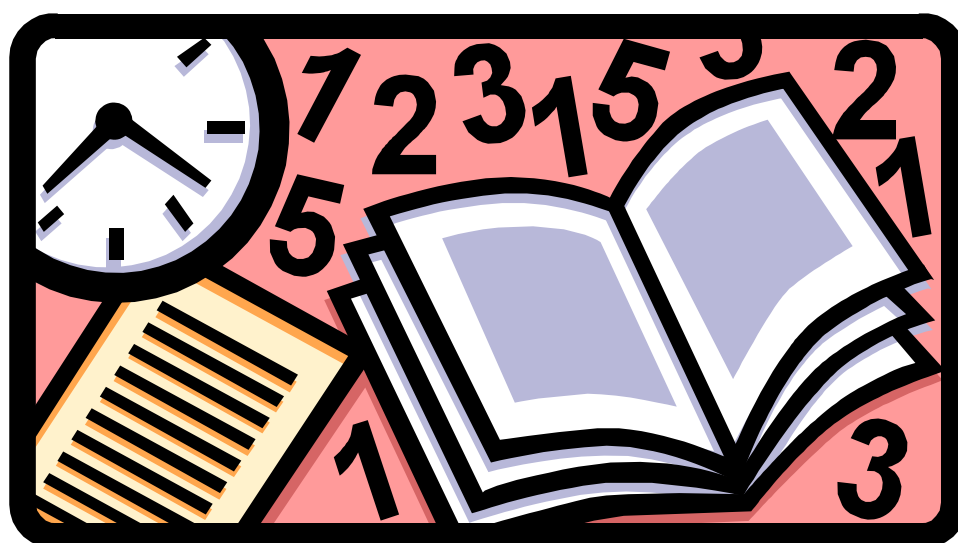
More extensive pre-testing of the survey instrument might have prevented the misinterpretation of selected survey questions, and may have prompted reducing the length of the survey. For future use of the survey, we would recommend a narrower country focus, one country and conducting in-person interviews with a company representative.

C. Characteristics of Respondents

The respondents largely comprised three occupations: medical directors/advisors, human resource/public relations directors, and administrative directors. While the sample size of this study is small (n=14) the information is useful, and contributes to body of knowledge about corporate practices in health in the West Africa region. Six West African countries (Cameroon, Cote D'Ivoire, Ghana, Niger, Nigeria, Senegal) are represented and the sample includes five MNCs with locations in several West African countries. The sample also comprises four SMEs (companies with fewer than 200 employees) and five LEs (companies with more than 200 employees, but only operating in one country). Industries represented in the study include oil, bottling, food/beverage, textiles, personal services, and civil engineering.

Annex B: Aware-RH Survey Instrument: English

BUSINESS INVOLVEMENT IN WORKPLACE AND COMMUNITY HEALTH PROGRAMS:



A SURVEY OF SELECTED COMPANIES IN WEST AFRICA

SPONSORED BY AWARE-RH
(Action for West Africa Region)

AUGUST 2004

INTRODUCTION AND CONSENT

AWARE is a USAID-supported program focusing on improving health in West Africa through a variety of approaches, one of which involves the commercial sector. We are asking companies such as yours to participate in a survey about your policies, programs and community involvement related to improving health. The purpose of this survey is to identify which business policies and programs have been successful at improving the health of employees and community members, to share lessons learned across companies, and to identify best practices that can be scaled-up for greater health impact in the West Africa region.

Your responses to this survey will be confidential. We understand that your participation is voluntary, and you have the right to skip any question you do not wish to answer. If you have any questions or concerns about this study, you may contact Paurvi Bhatt (at 1-301-347-5671 or paurvi_bhatt@abtassoc.com).

Results of this survey will be summarized and shared with all respondents. As an added incentive, companies responding to this survey will be prioritized to receive technical assistance from the AWARE-RH project to develop or enhance workplace health programs. In addition, all participants will be invited to attend a meeting in Dakar, Senegal, tentatively scheduled for October 19-20, where selected companies will present successful workplace programs, and the results of this survey will be discussed.

A1. Do you agree to participate in this survey? A2. Would you be interested in attending the meeting in October?

Yes No Yes No

If YES, please continue with survey (go to Page 1).

If NO, we would appreciate if you told us why you do not wish to complete the survey:

Please fill in the information below, and fax this page to us.

Name _____ Title _____

Company _____ City/Country _____

Contact Info (phone, fax or email) _____

PLEASE FAX COMPLETED SURVEY (OR THIS PAGE, IF YOU DO NOT WANT COMPLETE THE SURVEY) BY *SEPTEMBER 24, 2004* TO:



JESSICA SMITH /AWARE-RH
FAX: 1-301-718-3125

INSTRUCTIONS

Please read each question carefully, and circle the appropriate number in the **RESPONSE** column, or fill in the boxes provided. If there is an → after your response, please skip to the question indicated.

Using the following example, if your answer to this question is “NO”, you would circle “NO”, skip questions 11-14, and then read and answer question 15.

NO.	QUESTION	RESPONSE	SKIP TO
10.	Does your company donate supplies to the community?	YES 1 NO 2 →	15

Please circle only one response unless otherwise directed to (*Circle all that apply*). For certain questions, you are asked to explain or describe your response in the space provided. We would appreciate your frank and informative responses to these questions, as they will greatly enhance the results of this survey.

Key Definitions & Acronyms

As a resource, some commonly used acronyms and terms are defined below

Anti-retroviral (ARV)	Class of drugs used to treat HIV.
Corporate social responsibility (CSR)	“The continuing commitment by business to behave ethically and contribute to economic development while improving the quality of life of the workforce and their families as well as of the local community and society at large.” (World Business Council for Sustainable Development)
HIV prevention	Includes information and education, condom distribution, and voluntary counseling and testing (VCT).
HIV treatment and care	Includes treatment of opportunistic infections, ARV therapy, psycho-social support, and care of orphans.
Non-governmental organization (NGO)	Private not-for-profit organization.
Opportunistic infection (OI)	Opportunistic infections occur in people whose immune systems have been weakened. Opportunistic diseases that are common in people who have AIDS include pneumonia, tuberculosis, and toxoplasmosis.
Reproductive health (RH)	Reproductive health services typically include family planning, sexually transmitted infection prevention and treatment, and antenatal, delivery, and post-partum care.
Voluntary counseling and testing (VCT)	Confidential services to individuals wishing to know more about HIV and/or be tested for the disease.

ID NUMBER

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[OFFICE USE ONLY]

SECTION 1: BACKGROUND INFORMATION

First we would like to ask some questions about the size and scope of your company. All questions refer to your specific location (if your company has more than one location).

NO.	QUESTION	RESPONSE	SKIP TO																				
1.	What is the name of your company?	_____																					
2.	What is your title?	_____																					
3.	In what city and country is your business located? City: _____ (If not listed,) Country: _____	CAMEROON 1 GHANA 2 NIGERIA 3 SENEGAL 4 BURKINA FASO..... 5 BENIN..... 6 IVORY COAST 7																					
4.	What is the nature of your business? If OTHER , please specify: _____ _____	MINING 1 OIL..... 2 BOTTLING 3 FOOD PRODUCTS/COMMODITIES... 4 OTHER 96																					
5.	How many staff do you employ?	1-49 1 50-200 2 200+ 3																					
6.	What proportion of your workforce would you say is managerial, skilled, unskilled, and casual/contractual?	MANAGERS % SKILLED % UNSKILLED % CASUAL/CONTRACT % TOTAL 100%																					
7.	How long has your business been in existence?	NUMBER OF YEARS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> (Enter 0 if less than 1 year)																					
8.	What were your total revenues last year (2003)? REVENUES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Currency _____																						

SECTION 2: CONTRIBUTING TO COMMUNITIES WHERE YOU WORK

Next we would like to ask about your company's community outreach programs.

NO.	QUESTION	RESPONSE	SKIP TO
9.	Do you use your work time to volunteer on health issues?	YES.....1 NO2	
10.	Do you offer work time for your staff to volunteer?	YES.....1 NO2	➔ 12
11.	Is this time paid or unpaid?	PAID.....1 UNPAID2	
12.	Does your company donate supplies or products to community organizations? (such as office supplies to an NGO)	YES.....1 NO2	➔ 14
13.	Do these donations assist organizations working in health, HIV/AIDS, and or reproductive health (RH)? <i>(Circle all that apply)</i>	HEALTH.....1 HIV/AIDS.....2 RH3 NONE OF ABOVE4	
14.	Does your company contribute grant funds to organizations working in health, HIV/AIDS, and/or reproductive health? <i>(Circle all that apply)</i>	HEALTH.....1 HIV/AIDS.....2 RH3 NONE OF ABOVE4	
(For companies contributing grants or donations to communities. Others skip to question21)			
15.	What is the value of grant and donated contributions as a percentage of revenues?	0-5%1 5-15%2 15-25%3 Over 25%4	
16.	Do you believe your company's grants or donations led to improved performance (such as increased sales)?	YES.....1 NO2	
17.	Do you believe your company's grants or donations led to improved relationships with the local community? With local leaders? <i>(Circle all that apply)</i>	YES-COMMUNITY1 YES-LEADERS.....2 NO3	
18.	Has your work on these issues improved your company's government relations and public policy goals?	YES.....1 NO2	
19.	How often do you communicate with local groups and/or community leaders?	MONTHLY1 QUARTERLY2 ANNUALLY3 NEVER4	
20.	How often do you use your community outreach program to assist senior management in stakeholder discussions?	ALWAYS1 OFTEN2 SOMETIMES.....3 RARELY.....4 NEVER5 NOT APPLICABLE6	ALL SKIP TO 24
(For companies not currently contributing to communities)			
21.	Would your company consider contributing donations or grants to the community?	YES.....1 NO2	➔ 23
22.	Would you be interested in developing a program to support community initiatives in health, and partnerships with NGOs and government?	YES.....1 NO2	➔ 24

NO.	QUESTION	RESPONSE	SKIP TO
23	(If No) Why not? _____ _____		

SECTION 3: WORKPLACE PROGRAMS

Now we would like to learn about any workplace programs you offer to your employees.

NO.	QUESTION	RESPONSE	SKIP TO
24.	Does your company have a policy regarding the provision of health programs and/or services to employees?	YES..... 1 NO 2 →	27
25.	If so, who is covered by the policy? (Circle all that apply)	EMPLOYEES 1 DEPENDENTS 2 CONTRACTORS..... 3 OTHER 4	
26.	Does this policy include the provision of any reproductive health services, as listed to the right? (Circle all that apply)	FAMILY PLANNING 1 STI DIAGNOSIS..... 2 STI PREVENTION 3 STI TREATMENT 4 ANTENATAL CARE 5 LABOR/DELIVERY 6 POSTPARTUM 7 NONE OF ABOVE 8	
27.	Does your company have a specific HIV/AIDS policy?	YES..... 1 NO 2 →	30
28.	If so, who is covered by the policy? (Circle all that apply)	EMPLOYEES 1 DEPENDENTS 2 CONTRACTORS..... 3 OTHER 4	
29.	Which of the following components are included in your HIV/AIDS policy? (Circle all that apply)	STIGMA REDUCTION..... 1 COVERS ALL EMPLOYEES 2 COVERS DEPENDENTS.... 3 COVERS PREVENTION AND TREATMENT 4 GUARANTEES CONFIDENTIALITY 5	
30.	(For purchasers) Does your supplier have health programs, HIV/AIDS policies and/or HIV/AIDS programs? (Circle all that apply)	HEALTH PGRMS 1 HIV POLICIES 2 HIV PROGRAMS..... 3 NOT SURE 4 NONE OF ABOVE 5 →	32
31.	Did this play a role in selecting them for your work? If yes, how so? _____ _____ _____	YES..... 1 NO 2	
32.	(For suppliers/contractors) Does the company contracting for your services have employee health programs, HIV/AIDS policies and/or HIV/AIDS programs? (Circle all that apply)	HEALTH PGRMS 1 HIV POLICIES 2 HIV PROGRAMS..... 3 NOT SURE 4 NONE OF ABOVE 5 →	34

NO.	QUESTION	RESPONSE	SKIP TO
33.	Did this play a role in selecting them for your work? ? If yes, how so? _____ _____ _____	YES..... 1 NO 2	
34.	Which health insurance mechanisms does your company offer its employees? (Circle all that apply) If OTHER, please explain: _____ _____	PRIVATE HEALTH INSURANCE 1 PREPAYMENT PLAN 2 CONTRIBUTE TO MANDATORY GOV'T INSURANCE 3 ARRANGEMENT WITH PRIVATE FACILITY TO PROVIDE HEALTH CARE SERVICES 4 OTHER..... 5 NONE..... 6 →	38
35.	Which level/s of employees are eligible for health insurance? (Circle all that apply)	MANAGERS..... 1 SKILLED 2 UNSKILLED 3 CASUAL/ CONTRACT 4	
36.	Does the insurance cover primary health, HIV/AIDS prevention, HIV/AIDS treatment, and/or reproductive health? (Circle all that apply)	PRIMARY HEALTH..... 1 HIV/AIDS PREVENTION... 2 HIV/AIDS TREATMENT.... 3 RH 4	
37.	Is this insurance extended to the families of these employees?	YES..... 1 NO 2	
38.	Aside from assistance for a workplace injury, have you ever provided assistance to an employee (non-relative) for obtaining health care?	YES 1 NO..... 2	
39.	To your knowledge, are any of your employees HIV positive or do any have AIDS?	YES 1 NO..... 2 →	42
40.	Do these employees have access to medical care?	YES 1 NO..... 2 →	42
41.	If so, where do they receive medical care? (Circle all that apply) If OTHER, please specify: _____ _____	WORKPLACE 1 GOV'T FACILITY 2 NGO 3 FAITH ORG 4 OTHER..... 96 DON'T KNOW..... 98	
42.	Do you contract with NGOs to provide health, HIV/AIDS, or RH services for your employees? (That is, do you provide funding to NGOs to deliver such care to your employees?) (Circle all that apply)	HEALTH 1 → HIV/AIDS..... 2 → RH SERVICES..... 3 → NONE OF ABOVE 4	44 44 44
43.	Do you refer employees to NGOs or government health facilities for health services, HIV/AIDS services, or RH services? (Circle all that apply)	HEALTH 1 HIV/AIDS..... 2 RH SERVICES..... 3 NONE OF ABOVE 4	
44.	Do you offer HIV prevention services (health education, condom supplies, voluntary counseling and testing (VCT)) in the workplace? (Circle all that apply)	HEALTH EDUC..... 1 → CONDOMS 2 → VCT..... 3 NONE OF ABOVE 4 →	46 46 46

NO.	QUESTION	RESPONSE	SKIP TO
45.	(If you provide VCT services) Do you provide VCT on-site, off-site, or contract with an NGO or private provider? (Circle all that apply)	ON-SITE 1 OFF-SITE 2 CONTRACT WITH NGO ... 3 CONTRACT WITH PRIVATE PROVIDER..... 4	
46.	Do you offer any HIV treatment and care services in the workplace? (Circle all that apply)	OPPORTUNISTIC INFECTIONS.....1 ANTI-RETROVIRALS2 PSYCHOSOCIAL SUPPORT3 CARE OF ORPHANS4 NONE OF ABOVE5	
47.	Do you offer any of the following reproductive health services in the workplace? (Circle all that apply)	FAMILY PLANNING 1 STI DIAGNOSIS.....2 STI PREVENTION3 STI TREATMENT4 ANTENATAL CARE5 LABOR/DELIVERY6 POSTPARTUM7 NONE OF ABOVE8 →	49
48.	What perceived benefits do you foresee in providing RH/FP services together with HIV/AIDS education and services? What perceived costs do you foresee? Benefits: _____ _____ Costs: _____ _____		ALL SKIP TO SECTION 4
49.	(If not currently offering RH services) Would your company be interested in adding reproductive health/voluntary family planning services?	YES.....1 NO2	
(for companies not currently offering health services to employees. All others SKIP to Section 4)			
50.	Have you ever considered implementing a program that would provide your employees with access to health services?	YES.....1 NO2 →	52
51.	Why did you decide against implementing a workplace health program? _____ _____ _____		ALL SKIP TO 54
52.	Would you be interested in developing a program that would provide your employees with access to health services?	YES.....1 → NO2	54
53.	(If No) Why not? _____ _____ _____		ALL SKIP TO 56
54.	What would be useful to your business in starting a workplace program that includes HIV/AIDS and/or RH services? _____ _____ _____		

NO.	QUESTION	RESPONSE	SKIP TO
55.	How might it benefit your business to be able to offer employees access to HIV/AIDS and reproductive health services on-site? _____ _____ _____		
56.	If you were given best practice examples of how HIV/AIDS activities have helped improve a company's triple bottom (that is, financial, social and environmental performance) would you be more likely to adopt such activities?	YES.....1 NO2	
57.	Would you be interested in partnering with other businesses in your area or with your suppliers/customers to establish such policies and programs? If yes, which partners? _____ _____ _____	YES.....1 NO2	▶ 72
58.	If YES above, what additional benefits would such partnership/s provide? What challenges do you foresee in partnering with other businesses? <u>BENEFITS:</u> _____ _____ <u>CHALLENGES:</u> _____ _____		ALL SKIP TO 72

SECTION 4: MOTIVATION FOR WORKING IN HEALTH, HIV/AIDS, RH
(For businesses offering health programs in the workplace or the community)

Finally, we are interested in what motivated you to offer health programs in the workplace or community.

NO.	QUESTION	RESPONSE	SKIP TO
59.	What motivated your company to begin offering health programs in the workplace? And the community? <u>Workplace:</u> _____ _____ <u>Community:</u> _____ _____		
60.	How do you sustain the commitment and funding? _____ _____ _____		
61.	How do you capture progress in this work? _____ _____ _____		

62.	What information do you use to report to senior management? _____ _____ _____													
63.	What information do you use to report externally? _____ _____ _____													
64.	Do you report this work in your annual report?	YES.....1 NO2												
65.	Do you report this work to local leaders?	YES.....1 NO2												
66.	Do you report this work to trade or business associations?	YES.....1 NO2												
67.	Are there benchmarks, results or key performance indicators you use to report progress in workplace programs ? If so, which ones? In Health, HIV/AIDS, RH? (Circle all that apply)	HEALTH.....1 HIV/AIDS.....2 RH3 NONE OF ABOVE4												
68.	Are there benchmarks, results or key performance indicators you use to report progress in donations and grant giving ? If so, which ones? In Health, HIV/AIDS, RH? (Circle all that apply)	HEALTH.....1 HIV/AIDS.....2 RH3 NONE OF ABOVE4												
69.	(If you use benchmarks or indicators) Please give examples in the appropriate box below.													
	<table border="1"> <thead> <tr> <th></th> <th>Workplace Programs</th> <th>Community Donations/Grants</th> </tr> </thead> <tbody> <tr> <td>Health</td> <td></td> <td></td> </tr> <tr> <td>HIV/AIDS</td> <td></td> <td></td> </tr> <tr> <td>RH</td> <td></td> <td></td> </tr> </tbody> </table>			Workplace Programs	Community Donations/Grants	Health			HIV/AIDS			RH		
	Workplace Programs	Community Donations/Grants												
Health														
HIV/AIDS														
RH														
70.	What are some examples of public/private partnerships that are effective in improving the health of workers and/or the community? _____ _____ _____													
71.	What would you suggest to another company to encourage their provision of health, HIV/AIDS, and/or RH services? _____ _____ _____ _____ _____													

In the space below, please let us know any additional thoughts, comments, or suggestions you have on this topic.

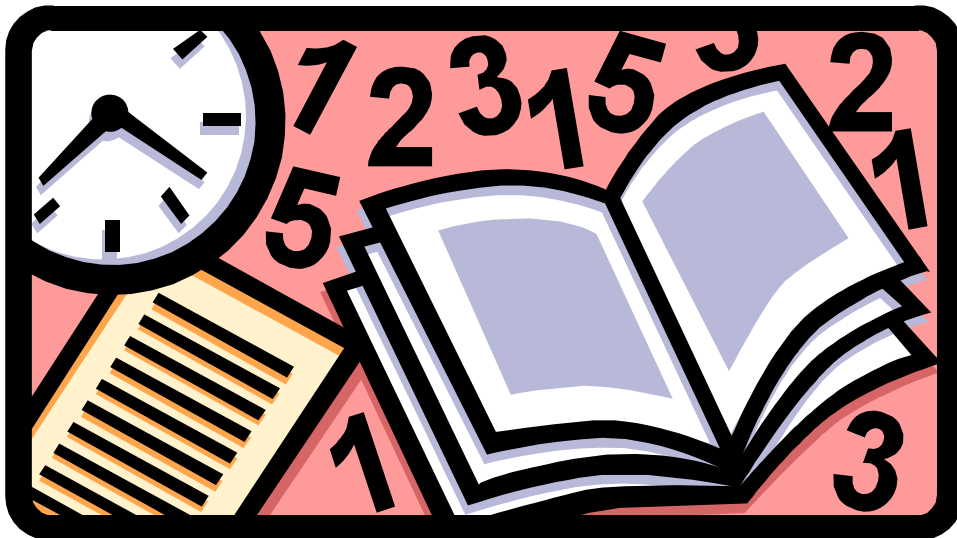
In the space below, please let us know any additional thoughts, comments, or suggestions you have on this topic.

72.

THANK YOU FOR YOUR TIME!

Annex C: Aware-RH Survey Instrument: French

PARTICIPATION DES ENTREPRISES AUX PROGRAMMES DE SANTÉ AU TRAVAIL OU DE SANTÉ COMMUNAUTAIRE :



ENQUÊTE AUPRÈS D'ENTREPRISES EN AFRIQUE DE L'OUEST

ORGANISÉE PAR AWARE-RH
(Action for West Africa Region -
Action pour la Région de l'Afrique de l'Ouest)

AOÛT 2004

INTRODUCTION ET AGRÉMENT

AWARE est un programme appuyé par l'USAID qui vise à améliorer la santé en Afrique de l'Ouest. Nous demandons à des entreprises telles que la vôtre de participer à une enquête sur vos politiques, programmes et participation au niveau communautaire en rapport avec l'amélioration de la santé. Globalement, ces éléments sont souvent désignés par l'expression de responsabilité sociale de l'entreprise (RSE). Votre participation sera grandement appréciée. Le but de cette enquête est d'évaluer l'expérience des entreprises pour ce qui est des programmes de santé au travail et de santé au niveau communautaire. Les résultats de cette enquête serviront à identifier les politiques et les programmes qui ont permis d'améliorer la santé des employés et de la communauté en général, d'échanger des leçons apprises au niveau des entreprises et d'identifier les meilleures pratiques qui peuvent être appliquées à une plus grande échelle pour obtenir un impact plus important.

Soyez assuré que vos réponses resteront strictement confidentielles. Votre participation est totalement volontaire et vous pouvez sauter toute question à laquelle vous ne souhaitez pas répondre. Si vous avez des questions ou des inquiétudes au sujet de cette étude, vous pouvez contacter Jessica Smith, à Abt Associates, au numéro suivant : 1-301-347-5347. Il vous faudra environ 20 minutes pour répondre aux questions de l'enquête.

Les entreprises qui répondent à cette enquête seront prioritaires pour recevoir l'assistance technique d'AWARE-RH pour établir ou renforcer des programmes de santé au travail et/ou des programmes de santé au niveau communautaire. Les résultats de cette enquête seront communiqués par courrier à tous ceux qui ont pris part à celle-ci. En outre, tous les participants seront invités à assister à une réunion à Dakar, au Sénégal, prévue provisoirement pour les 14-15 septembre 2004, pour la présentation des résultats et une discussion sur les mesures à envisager. Les réponses resteront confidentielles et les résultats ne seront rapportés que de manière globale.

En apposant votre signature ci-dessous, vous indiquez vous êtes disposé à participer à l'enquête.

Nom

Titre

Signature

Date

INSTRUCTIONS

Veillez lire attentivement chaque question et encercler le numéro approprié dans la colonne RÉPONSE ou remplir les cases prévues à cet effet. S'il y a une ➔ après votre réponse, passez à la question indiquée.

Utilisant l'exemple suivant, si votre réponse à cette question est "NON", vous encercleriez "NON," passeriez aux questions 11-14, puis liriez la question 15 à laquelle vous répondriez.

NO.	QUESTION	RÉPONSE	PASSEZ À
10.	Votre entreprise fait-elle don de fournitures à la communauté ?	OUI..... 1 NON..... 2 ➔	15

Encerclez seulement une réponse, à moins d'instructions contraires (*Encerclez toutes les réponses qui s'appliquent*). Pour certaines questions, il vous est demandé d'expliquer ou de décrire votre réponse dans un espace prévu à cet effet. Nous vous serions reconnaissants de répondre de manière franche et informative car vos réponses affineront considérablement les résultats de l'enquête.

VEUILLEZ FAXER L'ENQUÊTE TERMINÉE D'ICI AU 14 AOÛT 2004 À :



JESSICA SMITH /ABT ASSOCIATES
FAX : 1-301-718-3125

QUESTIONS ?
EMAIL : Jessica_Smith@abtassoc.com

Définitions et acronymes principaux

À titre d'information, vous trouverez ci-dessous la définition de quelques termes et l'explication de quelques acronymes fréquemment utilisés

Antirétroviral (ARV)	Classe de médicaments utilisés pour traiter le VIH.
Responsabilité sociale de l'entreprise (RSE)	“Engagement continu de l'entreprise à se comporter de manière déontologique et à contribuer au développement économique, tout en améliorant la qualité de vie des employés et de leur famille, ainsi que de la communauté locale et de la société dans son ensemble.” (World Business Council for Sustainable Development)
Prévention du VIH	Comprend l'information et l'éducation, la distribution des préservatifs, ainsi que la consultation de dépistage de VIH.
Traitement et soins pour le VIH	Comprend le traitement des infections opportunistes, les thérapies ARV, le soutien psychosocial et la prise en charge des orphelins.
Organisation non gouvernementale (ONG)	Une organisation privée, sans but lucratif.
Infection opportuniste (IO)	Les infections opportunistes se produisent chez des personnes dont le système immunitaire est affaibli. Les maladies opportunistes qui sont courantes chez les sidéens sont notamment la pneumonie, la tuberculose et la toxoplasmose.
Santé de la reproduction (SR)	Les services de santé de la reproduction comprennent habituellement la planification familiale, la prévention et le traitement des infections sexuellement transmissibles, les soins prénatals, l'accouchement et les soins post-partum.
Consultation de dépistages (CDAG)	Services confidentiels fournis à des personnes qui désirent en savoir plus au sujet du VIH et/ou être testées pour la maladie.

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NUMÉRO IDENTIFICATION

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[UTILISATION INTERNE EXCLUSIVEMENT]

PREMIÈRE PARTIE : INFORMATIONS GÉNÉRALES

Premièrement, nous souhaiterions vous poser quelques questions sur les dimensions et les caractéristiques de votre entreprise. Toutes les questions ont trait à votre site particulier (si votre entreprise a plus d'une implantation).

NO	QUESTION	RÉPONSE	PASSEZ À
1.	Quel est le nom de votre entreprise ?	_____	
2.	Quel est votre titre ?	_____	
3.	Dans quelle ville/localité se trouve votre entreprise ? Ville/localité : _____ _____	CAMEROUN..... 1 GHANA 2 NIGERIA..... 3 SÉNÉGAL 4 BURKINA FASO 5 BÉNIN 6 COTE D'IVOIRE 7	
4.	Quelle est la nature de votre entreprise ? AUTRE ? Veuillez préciser : _____ _____	EXPLOITATION MINIERE 1 PETROLE 2 MISE EN BOUTEILLE 3 PRODUITS ALIMENTAIRES/PRODUITS DE BASE4 AUTRE 96	
5.	Combien d'employés avez-vous ?	1-49..... 1 50-200..... 2 200+ 3	
6.	Quelle est à votre avis, le pourcentage de votre main-d'œuvre qui est cadre, spécialisée, non spécialisée, occasionnelle/contractuelle ?	CADRE _____% SPECIALISEE _____% NON SPECIALISEE _____% OCCASIONNELLE/ CONTRACTUELLE _____% TOTAL 100%	
7.	Depuis combien de temps votre entreprise existe-t-elle ?	NOMBRE D'ANNEES (Inscrivez 0 si moins d'un an)	

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NO	QUESTION	RÉPONSE	PASSEZ À
8.	Quel a été le total de vos recettes l'an dernier (2003) ?	<p>RECETTES</p> <p>Monnaie : _____</p>	

DEUXIÈME PARTIE : CONTRIBUTION AUX COMMUNAUTÉS AU SEIN DESQUELLES VOUS TRAVAILLEZ

Ensuite, nous voudrions vous poser des questions au sujet des programmes communautaires de votre entreprise.

NO	QUESTION	RÉPONSE	PASSEZ À
9.	Consacrez-vous du temps de travail à des activités bénévoles en rapport avec la santé ?	OUI 1 NON..... 2	
10.	Proposez-vous à votre personnel de faire du bénévolat pendant son temps de travail ?	OUI 1 NON..... 2 →	12
11.	Est-ce que ce temps est payé ou non ?	PAYE 1 PAS PAYE..... 2	
12.	Votre entreprise donne-t-elle des fournitures ou des produits à des organisations communautaires ? (par exemple, des fournitures de bureau à une ONG)	OUI 1 NON..... 2 →	14
13.	Est-ce que ces dons aident des organisations qui travaillent dans le secteur de la santé, du VIH/SIDA et/ou de la santé de la reproduction (SR) ? <i>(Encerclez toutes les réponses qui s'appliquent)</i>	SANTE 1 VIH/SIDA 2 SR 3 AUTRE 4	

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NO	QUESTION	RÉPONSE	PASSEZ À
14.	Votre entreprise alloue-t-elle des subsides à des organisations qui travaillent dans les domaines de la santé, du VIH/SIDA et/ou de la santé de la reproduction (SR) ? <i>(Encerclez toutes les réponses qui s'appliquent)</i>	SANTE 1 VIH/SIDA 2 SR 3 AUTRE 4	
<i>(Pour les entreprises qui octroient des subsides ou des dons à des communautés. Les autres passent à la question 21)</i>			
15.	Quelle est la valeur des subsides et des dons en pourcentage des recettes ?	0-5% 1 5-15% 2 15-25% 3 Plus de 25% 4	
16.	Pensez-vous que les subsides ou les dons de votre entreprise ont débouché sur une meilleure performance (par exemple, une augmentation des ventes) ?	OUI 1 NON 2	
17.	Pensez-vous que les subsides ou les dons de votre entreprise ont amélioré les relations avec la communauté locale ? Avec les responsables locaux ? <i>(Encerclez toutes les réponses qui s'appliquent)</i>	OUI-COMMUNAUTE 1 OUI-RESPONSABLES 2 NON 3	
18.	Votre travail sur ces questions a-t-il amélioré vos liens avec le gouvernement et en ce qui concerne les buts des politiques de l'État ?	OUI 1 NON 2	
19.	Tous les combien communiquez-vous avec les groupes locaux et/ou les responsables communautaires ?	TOUS LES MOIS 1 TOUS LES TRIMESTRES 2 TOUS LES ANS 3 JAMAIS 4	
20.	Tous les combien utilisez-vous votre programme communautaire pour aider les cadres supérieurs dans des discussions avec les parties prenantes?	TOUJOURS 1 SOUVENT 2 PARFOIS 3 RAREMENT 4 JAMAIS 5 SANS OBJET 6	PASSEZ TOUS A 24
<i>(Pour les entreprises qui n'apportent pas actuellement une aide à des communautés)</i>			
21.	Votre entreprise pourrait-elle envisager d'octroyer des dons ou subsides à la communauté ?	OUI 1 NON 2	➔ 23
22.	Seriez-vous intéressé par l'établissement d'un programme qui appuierait des initiatives communautaires dans le domaine de la santé, et par la mise en place de partenariats avec des ONG et le gouvernement?	OUI 1 NON 2	➔ 24

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NO	QUESTION	RÉPONSE	PASSEZ À
23.	(Si la réponse est Non) Pourquoi ? _____ _____ _____		

TROISIÈME PARTIE : PROGRAMMES AU TRAVAIL

Nous voudrions maintenant des renseignements sur tout programme au travail que vous offrez à vos employés.

NO	QUESTION	RÉPONSE	PASSEZ À
24.	Votre entreprise a-t-elle une politique visant à offrir des programmes et/ou des services de santé au personnel ?	OUI.....1 NON2 →	27
25.	Si tel est le cas, qui est couvert par cette politique ? <i>(Encerclez toutes les réponses qui s'appliquent)</i>	EMPLOYES.....1 PERSONNES EN CHARGE2 SOUS-CONTRACTANT ...3 AUTRE4	
26.	Cette politique prévoit-elle des services de santé de la reproduction, tels ceux qui figurent dans la colonne de droite ? <i>(Encerclez toutes les réponses qui s'appliquent)</i>	PLANIFICATION FAMILIALE1 DIAGNOSTIC IST2 PREVENTION IST3 TRAITEMENT IST4 SOINS PRENATALS.....5 ACCOUCHEMENT6 POST-PARTUM7 AUTRE8	
27.	Votre entreprise a-t-elle une politique sur le VIH/SIDA?	OUI.....1 NON2 →	30
28.	Si la réponse est Oui, qui est couvert par la politique ? <i>(Encerclez toutes les réponses qui s'appliquent)</i>	EMPLOYES.....1 PERSONNES A CHARGE2 SOUS-CONTRACTANT ...3 AUTRE4	
29.	Lesquels des éléments suivants sont compris dans votre politique sur le VIH/SIDA ? <i>(Encerclez toutes les réponses qui s'appliquent)</i>	ATTENUATION DE LA STIGMATISATION 1 COUVRE TOUS LES EMPLOYES 2 COUVRE LES PERSONNES EN CHARGE 3 COUVRE PREVENTION ET TRAITEMENT 4 GARANTIE CONFIDENTIALITE 5	

Draft for comment

NO	QUESTION	RÉPONSE	PASSEZ À
30.	(Pour les acheteurs) Votre fournisseur a-t-il des programmes de santé, des politiques VIH/SIDA et/ou des programmes VIH/SIDA ? (Encerclez toutes les réponses qui s'appliquent)	PROGRAMMES SANTE1 POLITIQUES VIH2 PROGRAMMES VIH.....3 PAS SUR4 AUTRE5→	32
31.	Cela a-t-il influé sur votre décision de faire appel à ce fournisseur pour votre travail ? Si la réponse est Oui, en quoi ? _____ _____ _____ _____	OUI.....1 NON2	
32.	(Pour les fournisseurs/sous-traitants) L'entreprise qui a passé un contrat avec vous pour vos services a-t-elle un programme de santé pour les employés, des politiques VIH/SIDA et/ou des programmes VIH/SIDA ? (Encerclez toutes les réponses qui s'appliquent)	PROGRAMMES SANTE1 POLITIQUES VIH.....2 PROGRAMMES VIH.....3 PAS SUR4 AUTRE5→	34
33.	Cela a-t-il influé sur votre décision de faire appel à cette entreprise pour votre travail ? Si la réponse est Oui, en quoi ? _____ _____ _____ _____	OUI.....1 NON2	
34.	Quels mécanismes d'assurance-santé votre entreprise offre-t-elle à ses employés ? (Encerclez toutes les réponses qui s'appliquent) Si la réponse est AUTRE, veuillez expliquer : _____ _____ _____	ASSURANCE PRIVEE1 PLAN DE PAIEMENT ANTICIPE2 CONTRIBUTION A UNE ASSURANCE OBLIGATOIRE DE L'ETAT3 ACCORD AVEC UN ETABLISSEMENT PRIVE POUR DES SERVICES DE SANTE 4 AUTRE5 AUCUN.....6→	38

Draft for comment

NO	QUESTION	RÉPONSE	PASSEZ À
35.	Quels sont le ou les types du personnel qui ont droit à une assurance-santé ? (Encerclez toutes les réponses qui s'appliquent)	CADRE1 QUALIFIE2 NON QUALIFIE3 OCCASIONNEL/CONTRAT4	
36.	L'assurance couvre-t-elle la santé primaire, la prévention du VIH/SIDA, le traitement du VIH/SIDA et/ou la santé de la reproduction? (Encerclez toutes les réponses qui s'appliquent)	SANTE PRIMAIRE1 PREVENTION VIH/SIDA ...2 TRAITEMENT VIH/ SIDA...3 SR4	
37.	Cette assurance couvre-t-elle aussi les familles de ces employés ?	OUI1 NON2	
38.	À part l'assurance pour les accidents de travail, vous est-il arrivé d'aider un employé (en dehors de la famille) à obtenir une assurance-santé ?	OUI1 NON2	
39.	À votre connaissance, est-ce que certains de vos employés sont séropositifs ou ont le SIDA ?	OUI1 NON2 →	42
40.	Ces employés ont-ils accès à un traitement médical ?	OUI1 NON2 →	42
41.	Si la réponse est Oui, où reçoivent-ils des soins médicaux ? (Encerclez toutes les réponses qui s'appliquent) Si la réponse est AUTRE, veuillez préciser : _____	AU TRAVAIL1 STRUCTURE PUBLIC2 ONG3 STRUCTURE CONTRÉSSIONELLE4 AUTRE96 NE SAIT PAS98	
42.	Passez-vous des contrats avec des ONG pour fournir des services de santé, de VIH/SIDA ou de SR à vos employés ? (C'est-à-dire, allouez-vous des fonds à des ONG pour qu'elles fournissent de tels soins à vos employés ?) (Encerclez toutes les réponses qui s'appliquent)	SANTE1 → VIH/SIDA2 → SR3 → AUTRE4	44 44 44
43.	Orientez-vous vos employés vers des ONG ou des structures de santé publics pour des services de santé, des services VIH/SIDA ou des services de SR ? (Encerclez toutes les réponses qui s'appliquent)	SANTE1 VIH/SIDA2 SR3 AUTRE4	

Draft for comment

NO	QUESTION	RÉPONSE	PASSEZ À
44.	Offrez-vous des services de prévention du VIH (éducation sur la santé, fourniture de préservatifs, la consultation de dépistage volontaire (CDV)) sur le lieu de travail ? (Encerclez toutes les réponses qui s'appliquent)	EDUCATION SANITAIRE. .1 → PRESERVATIFS2 → CDV3 AUTRE4 →	46 46 46
45.	(Si vous fournissez des services de CDV) Fournissez-vous un CDV sur place, hors site ou sous contrat avec une ONG ou un prestataire privé ? (Encerclez toutes les réponses qui s'appliquent)	SUR PLACE1 AILLEURS.....2 CONTRAT AVEC ONG3 CONTRAT AVEC PRESTATAIRE PRIVE4	
46.	Offrez-vous un traitement et des services de soins VIH au travail ? (Encerclez toutes les réponses qui s'appliquent)	INFECTIONS OPPORTUNISTES 1 ANTIRETROVIRAUX 2 SOUTIEN PSYCHOSOCIAL 3 PRISE EN CHARGE ORPHELINS 4 AUTRE 5	
47.	Offrez-vous les services de la santé de la reproduction suivants au travail ? (Encerclez toutes les réponses qui s'appliquent)	PLANIFICATION FAMILIALE 1 DIAGNOSTIC IST 2 PREVENTION IST 3 TRAITEMENT IST 4 SOINS PRENATALS 5 ACCOUCHEMENT 6 POST-PARTUM 7 AUTRE 8 →	49
48.	Quels avantages perçus prévoyez-vous si vous fournissiez des services de SR/PF parallèlement à une éducation et des services de VIH/SIDA ? Avantages : _____ _____		PASSEZ TOUS A LA QUATRIEME PARTIE
	Coûts : _____ _____		
49.	(Si vous n'offrez pas actuellement de services de SR) Votre entreprise serait-elle intéressée par la fourniture de services supplémentaires de santé de la reproduction /planification familiale volontaire ?	OUI..... 1 NON 2	
(Pour les entreprises qui n'offrent pas actuellement de services de santé à leurs employés. Tous les autres passent à la Quatrième Partie)			
50.	Avez-vous déjà envisagé de mettre en œuvre un programme qui permettrait à vos employés d'avoir accès à des services de santé ?	OUI..... 1 NON 2 →	52

Draft for comment

NO	QUESTION	RÉPONSE	PASSEZ À
51.	Pourquoi avez-vous décidé de ne pas mettre en œuvre un programme de santé au travail ? _____ _____		PASSEZ TOUS A 54
52.	Seriez-vous intéressé par l'élaboration d'un programme qui permettrait à vos employés d'avoir accès à des services de santé ?	OUI..... 1 → NON 2	54
53.	(Si la réponse est Non) Pourquoi ? _____ _____		PASSEZ TOUS A 56
54.	Qu'est-ce qui serait utile à votre entreprise pour la mise en route d'un programme au travail qui comprendrait des services VIH/SIDA et/ou des services de SR ? _____ _____ Comment serait-il avantageux _____		
55.	En quoi serait-il bénéfique pour votre entreprise de pouvoir offrir aux employés un accès à des services VIH/SIDA et à des services de santé de la reproduction au travail ? _____ _____		
56.	Si on vous donnait des exemples des meilleures pratiques montrant comment des activités de VIH/SIDA ont aidé à améliorer les résultats d'une entreprise sur trois fronts (c'est-à-dire, la performance financière, sociale et environnementale) seriez-vous plus enclin à adopter ces activités ?	OUI 1 NON 2	
57.	Seriez-vous intéressé par un partenariat avec d'autres entreprises dans votre secteur ou avec vos fournisseurs/clients pour établir de tels programmes et politiques ? Si la réponse est Oui, quels partenaires ? _____ _____	OUI 1 NON 2 →	72

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NO	QUESTION	RÉPONSE	PASSEZ À
58.	<p>Si vous avez répondu OUI à la question ci-dessus, quels avantages complémentaires découleraient d'un tel partenariat ou de tels partenariats ? Quelles obstacles prévoyez-vous dans un partenariat avec d'autres entreprises ?</p> <p><u>AVANTAGES :</u> _____ _____</p> <p><u>OBSTACLES :</u> _____ _____</p>		PASSEZ TOUS A 72

QUATRIÈME PARTIE : INCITATION À TRAVAILLER DANS LES DOMAINES DE LA SANTÉ, DU VIH/SIDA, DE LA SR

(Pour les entreprises qui offrent des programmes de santé au travail ou au niveau de la communauté)

Enfin, nous souhaiterions savoir ce qui vous a incité à offrir des programmes de santé au travail ou au niveau de la communauté.

NO	QUESTION	RÉPONSE	PASSEZ À
59.	<p>Qu'est-ce qui a incité votre entreprise à commencer d'offrir des programmes de santé au travail ? Et au niveau de la communauté ?</p> <p><u>Au travail :</u> _____ _____</p> <p><u>Au niveau de la communauté :</u> _____ _____</p>		
60.	<p>Comment soutenez-vous l'engagement et le financement ?</p> <p>_____</p> <p>_____</p> <p>_____</p>		
61.	<p>Quelle information utilisez-vous pour cerner les progrès obtenus dans ce travail ?</p> <p>_____</p> <p>_____</p> <p>_____</p>		
62.	<p>Quelles informations utilisez-vous pour rendre compte aux responsables supérieurs ?</p> <p>_____</p> <p>_____</p> <p>_____</p>		
63.	<p>Quelles information utilisez-vous pour rendre compte en dehors de votre entreprise ?</p> <p>_____</p> <p>_____</p> <p>_____</p>		

Draft for comment

NO	QUESTION	RÉPONSE	PASSEZ À
64.	Rapportez-vous ce travail dans votre rapport annuel?	OUI1 NON.....2	
65.	Rapportez-vous ce travail aux leaders locaux ?	OUI1 NON.....2	
66.	Rapportez-vous ce travail aux associations professionnelles ou d'entreprises ?	OUI1 NON.....2	
67.	Utilisez-vous des repères, résultats ou indicateurs clés de performance pour rapporter les progrès dans les programmes au travail ? Si tel est le cas, lesquels ? Pour la santé, le VIH/SIDA, la SR ? (Encercler toutes les réponses applicables)	SANTE.....1 VIH/SIDA.....2 SR3 AUCUN4	
68.	Utilisez-vous des repères, des résultats ou des indicateurs clés de performance clés pour rapporter les progrès en ce qui concerne l'octroi de dons et de subsides ? Si tel est le cas, lesquels ? Pour la santé, le VIH/SIDA, la SG ? (Encercler toutes les réponses applicables)	SANTE.....1 VIH/SIDA.....2 SR3 AUCUN4	
69.	<p>(Si vous utilisez des repères ou des indicateurs) Veuillez donner des exemples en rapport avec les catégories ci-dessous.</p> <p style="text-align: center;">Programmes au travail Dons/subventions à la communauté</p> <p>Santé</p> <p>VIH/SIDA</p> <p>SR</p>		
70.	<p>Quels exemples de partenariats public/privé sont efficaces pour améliorer la santé des employés et/ou de la communauté ?</p> <p>_____</p> <p>_____</p> <p>_____</p>		

Draft for comment

NO	QUESTION	RÉPONSE	PASSEZ À
71.	Que suggèreriez-vous à une autre entreprise pour l'inciter à fournir des services de santé, de VIH/SIDA et/ou de la SR ? <hr/> <hr/> <hr/> <hr/> <hr/>		

Dans l'espace ci-dessous, veuillez indiquer vos pensées, commentaires ou suggestions supplémentaires à propos du thème de cette enquête.

72.	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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**MERCI D'AVOIR PRIS LE TEMPS DE RÉPONDRE AUX QUESTIONS
DE NOTRE ENQUÊTE**

Annex D: AWARE-RH Survey Results

Workplace Programs and Employee Benefits in Primary Health, Reproductive Health, and HIV/AIDS

Category	Primary Health Care	Reproductive Health	HIV/AIDS
Policies			
Have a Policy	12/14 firms	12/12 firms	8/12 firms
Services Covered by Policy	Not Asked	ANC services (8/12); STI management (8/12); Labor/delivery (8/12); FP (7/12)	7/8 firms include stigma reductions 8/9 firms cover prevention and treatment 8/8 firms assure confidentiality
Cover Employees	12/12 firms	12/12 firms	8/8 firms
Cover Dependents	9/12 firms	9/12 firms	4/8 firms
Cover Contractors	3/12 firms	3/12 firms	1/8 firms
Insurance			
Have a Health Insurance Policy	13/14 firms	9/13 firms include RH coverage	9/13 firms include HIV/AIDS coverage 9/9 cover prevention 8/9 cover treatment
Mechanisms	7/13 private arrangement 7/13 private insurance	4/9 have private arrangement 5/9 have private insurance	4/9 have private arrangement 5/9 have private insurance
Cover Employees	13/13 firms	8/8 firms	8/8 firms
Cover Dependents	13/13 firms	8/8 firms	8/8 firms
Cover Contractors	5/13 firms	2/8 firms	3/8 firms
Services			
Workplace	1/14 firms provide primary health services on-site	1/14 firms provide RH services on-site	1/14 firms provide HIV/AIDS services on-site
Refer	7/14 firms	5/14 firms	6/14 firms
Contract-out Services	7/14 firms	5/14 firms	4/14 firms contract-out HIV services 2/14 firms contract-out VCT services

Annex E: AWARE-RH Survey Results

Community Initiatives in Health, Reproductive Health, and HIV/AIDS

Category	MNCs	LEs	SMEs	Total
Number of Companies in Survey	5	5	4	14
# of firms that donated supplies or products to any community organization	5	3	2	10
#of firms that donate supplies to local health organizations	4	0	1	5/10 firms donate to a health organization 5/5 firms donate to PHC organizations 3/5 firms donate to RH organizations 4/5 firms donate to HIV/AIDS organizations
# of firms that grant funds to local health organizations	3	0	1	4/10 firms grant funds to a health organization 4/10 firms grant funds to PHC entities 3/10firms grants funds to RH entities 3/10 firms grant funds to HIV/AIDS entities
# of firms that that support all three -- PHC, RH and HIV/AIDS organizations	3	0	0	3/10 firms
Stated benefits for the company from their community involvement	1	1	0	2/10 increased performance
	2	1	1	4/10 improved community relations
	3	1	1	5/10 improved government relations
How information about community efforts is communicated	3	1	1	5/10 firms communicate with community leaders at least quarterly; 3of the 5 do so monthly.
	4	1	0	5/10 firms report on their community involvement with company senior management
	4	0	0	4/5 firms do so "often" or "always"
Not involved in health	0	2	2	4/4 firms would consider becoming involved