Taking Action Now: Workplace Programs As Vehicles to Tackle HIV/AIDS, TB and Malaria

Nairobi, May 2009

- New business efforts against HIV/AIDS, TB and malaria
- Best practices and lessons learned
- Next steps for companies to take
Executive Summary and Workshop Learnings

In May 2009, the Global Business Coalition on HIV/AIDS, Tuberculosis and Malaria (GBC), in partnership with the International Finance Corporation (IFC), convened a three-day technical workshop in Nairobi to discuss workplace programs and disease. The workshop, Taking Action Now: Workplace Programs as Vehicles to Tackle HIV/AIDS, TB and Malaria, delivered best practices models and key resources to participants involved with workplace program development and implementation; specifically, participants learned about interventions in the supply chain, ramping up malaria and tuberculosis efforts, and monitoring and evaluation (M&E) methods. Over 120 representatives from GBC member companies, IFC client organizations, national business coalitions (NBCs), governments, multilateral agencies and technical service providers in the region participated in the workshop.

The workshop sessions inspired much discussion in Nairobi, resulting in seven key learnings, summarized here:

1. Because there are many commonalities between disease-specific workplace programs, integrating tuberculosis (TB) and/or malaria programs into existing HIV programs is quite practical and inexpensive.

2. Many workplace managers know little about TB, despite its close link to HIV; adding TB prevention and screening programs is a cost-effective and fairly simple way for companies to better protect employee health.

3. Monitoring and evaluation of workplace programs enables companies to identify both best practices and areas for improvement. In turn, companies benefit when they communicate the positive, quantitative results of workplace programs to consumers, investors, and company management.

4. Companies can learn a lot talking with each other! Most companies are happy to share their experiences.

5. Although small and medium enterprises (SMEs) are often disproportionately impacted by sick or lost workers, they also often lack the staff and financial resources to mount strong prevention programs. However, because many SMEs sell or provide services to much bigger companies, larger companies have a unique opportunity to extend workplace education and prevention programs to SMEs operating within their supply chains. Larger companies can also provide technical, financial or in-kind support to SMEs. Such extensions are cost-effective and can have powerful effects on prevention and treatment programs.

6. Companies need not “go it alone.” GBC, the Pan African Business Coalition, and national business coalitions are all available to lend a hand and provide tools and resources to the private sector. Likewise, both local NGOs and large international ones like Family Health International (FHI) and Management Sciences for Health (MSH) may be able to assist—sometimes at little or no cost to a company.

7. Several international organizations—among them the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) and President’s Malaria Initiative (PMI), the German Technical Cooperation (GTZ) and the Global Fund to Fight AIDS, TB and Malaria—are particularly committed to supporting the private sector’s efforts to fight disease. These organizations have instituted formal funding mechanisms so that they are able to offer both financial and technical assistance for certain types of private sector intervention programs.
WORKSHOP RATIONALE

GBC convened this workshop with the ultimate objective of increasing private sector action against HIV/AIDS, TB and malaria in a sub-Saharan Africa, the region which suffers most heavily under the devastating effects of these diseases. GBC aimed to convey to the private sector the urgency of refining strategies and partnerships, redoubling prevention and treatment efforts, and reaching out to SMEs (which employ a large portion of the African workforce). The workshop’s four principal themes were:

- the need for companies to extend workplace programs to their supply chains—and how to do so
- the importance of monitoring and evaluating programs to ensure accountability and effectiveness of programs—and how to do so
- the need to integrate tuberculosis into HIV/AIDS workplace initiatives—and how to do so
- the need to integrate malaria into existing HIV/AIDS workplace initiatives—and how to do so

WORKSHOP OBJECTIVES

Participants at the three-day workshop were able to take practical information from experts on program development and implementation; learn first-hand about best practices from the region; make connections to donor and technical partners; and learn about tools and resources available to them for use in their workplace programs. The central objective of the workshop was to increase the participating companies’ ability to:

1. Improve effectiveness of their workplace HIV/AIDS interventions through a structured exchange of experience and best practices
2. Take action on HIV/AIDS in the Supply Chain, especially by reaching out to and supporting SMEs
3. Manage malaria and TB effectively in the workplace
4. Use monitoring and evaluation methods to measure their program’s results and successes
5. Tap into funding sources from technical and donor agencies—as well as national and regional business coalitions—through enhanced understanding of their roles and through new or strengthened partnerships

Participants also engaged in a regionally-focused discussion on public-private partnerships (PPPs), and the roles and contributions of GTZ, PEPFAR, and the Global Fund in particular. Donor representatives emphasized the importance and the unique contribution of private sector efforts. Discussants emphasized the development expertise of the public sector, and session leaders provided examples of successful initiatives from partnerships between the public and private sectors.

Through facilitated plenary discussions and break-out sessions, participants were able to unpack the issues facing them – across industries and countries – and develop strategies for action against HIV/AIDS, tuberculosis, and malaria. This report presents the results of these presentations and discussions, as well as next steps.
I. UPDATE ON THE EPIDEMICS IN EAST AND CENTRAL AFRICA

HIV/AIDS, TB & Malaria are business issues in the region

Even though collaborative efforts have effected significant progress against these epidemics, Africa continues to struggle under high rates of HIV/AIDS infection and malaria mortality, as well as with new strains of drug-resistant TB. However, businesses have assumed an active and important role in fighting disease in Africa, showing an unparalleled level of commitment to their employees and their communities. Companies from every sector have recognized that inaction is not an option.

To set the context for the workshop, GBC Vice President Pamela Bolton discussed the overall epidemiology of HIV/AIDS, tuberculosis and malaria in East and Central Africa. Her presentation showed that most national HIV epidemics in sub-Saharan Africa have stabilized, albeit at unacceptably high rates.

She also highlighted the deadly synergy between TB and HIV in the region, which has resulted in a massive resurgence of TB disease – not only in Africa but around the world [Exhibit 1]. She noted that malaria control efforts have increased dramatically in the past few years, though Africa continues to bear almost 90 percent of the global malaria burden; the Democratic Republic of the Congo, Ethiopia and Kenya host the greatest number of cases in the East and Central Africa region.

Richard Kasesela (pictured, left), Chairman of the Pan African Business Coalition, presented an overview of corporate action in East Africa on HIV/AIDS, TB and malaria, citing successes, challenges and opportunities to do more. He noted the massive efforts of the private sector in the fight against HIV/AIDS, and spoke from considerable experience about the importance of NBCs in catalyzing action. The main challenges he identified were the global financial crisis, the need for more knowledge about programming around these diseases, and the shifting global focus to other issues (like the H1N1 flu virus). However, he also made the case that partnerships and strong company leadership provide major opportunities for business to continue making inroads against HIV/AIDS, TB and malaria.

Exhibit 1: HIV prevalence in new TB cases

Source: WHO
II. MANAGING TUBERCULOSIS IN THE WORKPLACE

Company Case Study: Sher Karuturi Flower Farm

Sher Karuturi Ltd is a flower farm in Naivasha, Kenya whose core business is planting and exporting roses. Since 2006, Sher Karuturi has had a comprehensive and integrated plan to address HIV/AIDS, TB and malaria. Sher Karuturi encourages HIV testing and also provides TB tests for all employees with a cough lasting more than two weeks and malaria tests for employees with fever. The company's treatment efforts have saved hundreds of lives. The program has put 120 HIV-positive employees on antiretroviral therapy and free TB treatment has led to a drop in the TB death rate among employees from 25 percent in 2005 to 13 percent in 2008.

Overview of Workplace TB Management

Globally, one-third of the population carries the bacterium that causes TB, although prevalence varies widely by region and according to socio-economic status. For example, in low-income countries, approximately half of the productive population is infected with latent TB, while only about 10 percent of the population of industrialized countries is infected.

An HIV-negative individual infected with latent TB has a 5-10 percent lifetime risk of progressing to active TB disease, depending on personal risk factors. However, an HIV-positive individual with latent TB infection runs a 5-10 percent annual risk of progressing to active TB. This deadly synergy between HIV and TB has led to a massive resurgence of TB around the world in a phenomenon known as HIV/TB co-infection. The re-emergence of TB poses threats to the business world in the forms of absenteeism, high turnover rates, and reduced productivity (see TB’s Impact on Business, below).

Especially troubling is the emergence of multiple drug resistant (MDR) and extensively drug resistant (XDR) TB, which do not respond to the standard regimen of anti-TB drugs. Treating these resistant forms of TB costs more than 100 times what it costs to treat common TB. For businesses, it is important to know that MDR- and XDR-TB can largely be prevented through the proper treatment of regular TB the first time around, which costs between US $10 and US $20 to cure. In order to secure the highest return on investment in employee and community health, companies should establish proper screening, diagnostic, and treatment methods through workplace and community programs.

Company Case Study: Chevron Corporation

Chevron’s TB program in Nigeria targets its contract workforce—including truck drivers, warehouse staff, catering staff, and security guards, as well as employees’ dependents and members of the community. Chevron’s workplace TB awareness campaign aims to increase access to TB information through peer educators, along with improved diagnosis and Directly Observed Therapy specific to TB type. Chevron also focuses on improving the quality of care available to TB-infected patients, as well as sponsoring research in the community and workplace. Chevron partners with the Nigerian Ministry of Health to provide training and build health care capacity, while working to increase partnerships with other community organizations and the private sector.

TB’s Impact on Business

TB exacts a huge economic toll on national economies. According to the World Economic Forum, reduced or lost productivity of workers with TB alone causes US $13 billion in losses every year. 75 percent of those who become ill with TB are of working age, between 15 and 54. Illness from TB, which can last for months, causes extremely high levels of absenteeism. TB also causes high rates of turnover due to the death of workers, resulting in the loss of trained, skilled and competent manpower. The need for replacement workers requires that companies pay for training, which incurs additional costs for businesses.
In his presentation at the workshop, Dr. Jeremiah Chakaya of the Kenya Association for the Prevention of TB and Lung Disease (KAPTLD) spoke of the specific challenges of addressing TB in the workplace. Break-out discussion groups identified opportunities and challenges in the management of TB in their workplaces [Sidebar: Opportunities and Challenges]. Based on these recommendations, GBC has identified four corporate actions necessary to fighting TB itself and its ill effects in the workplace [Exhibit 2]. The WHO recommends six elements for a successful TB workplace policy [Exhibit 3].

The Role of National Business Coalitions in the Fight Against TB

In a panel discussion with national business coalition leaders, participants identified successes and challenges of workplace programming in the region. The role of national business coalitions (NBCs) is to come together to address issues of HIV/AIDS in support of private sector companies and to develop a secretariat that has the technical expertise to address these issues. As hubs of resources for information-sharing and the mobilization of resources, NBCs play an important role in advocacy and representation of the private sector, especially on issues of HIV/AIDS at the national policy level.

Opportunities & Challenges

In group discussions, participants helped to highlight a number of opportunities that are present for business to take action in the fight against TB in the workplace. These include:

- HIV as an entry point for integrated TB services
- Including SMEs and supply chains in efforts surrounding TB
- Engaging existing HIV support groups on TB issues

However, there are many challenges that remain. These include:

- Companies’ failure to make TB a business priority
- Need for stronger accountability mechanisms
- TB service provision that is fragmented from HIV services
- Discontinuity of Global Fund and other donor support to programs

One major challenge to TB programming is the fact that NBCs have historically focused only on HIV/AIDS. Of all African NBCs, only the Tanzanian, Ethiopian, and Zambian Coalitions include TB as part of their mandate or services. Even in these cases, much of the action is on an ad hoc basis, as HIV is often an entry point to TB services.

“A business coalition is as strong as its members.”
—Dykson Opul, Uganda Business Council

Exhibit 2: Company Steps for Controlling TB

1. Pursue high quality DOTS (direct observed therapy, short-course) programs to support adherence among employees.
3. Empower people with TB in the workforce and community by fighting stigma.
4. Use core competencies to enable and promote research.

Exhibit 3: WHO key elements of a TB workplace policy

Source: WHO
A suggestion for how NBCs can enhance their roles in creating TB workplace programs included creating a “memorandum of association” for HIV, TB and malaria, or expanding their constitutions to include TB and malaria in their mandates. However, there are barriers to expanding the scope of NBCs’ work. Starting a new program and refocusing the private sector is difficult, and there is a dearth of local analysis supporting the need for TB workplace programs.

NBCs must support business action against TB, and they can help ensure TB strategies in the workplace are consistent with national guidelines. NBCs must also facilitate collective action at the industry, national, and regional levels. Part of this leadership should take the form of influencing companies to focus not only on HIV, but rather to integrate their approaches to encompass HIV, TB and malaria.

### III. SCALING UP WORKPLACE MALARIA CONTROL

While one instance of malaria may pass quickly, it is a frequently recurring disease and cumulatively results in much lost work over time. In addition to ill employees’ absences, parents may miss work to care for sick children, who are at particular risk for malaria infection. Malaria threatens a country’s investment climate, decreases labor productivity, and leads to increased labor costs and costs of doing business.

Yet there is good news for business: malaria interventions are highly cost-effective, and often result in noticeably dramatic reductions in number of malaria deaths. Workshop participants shared examples of companies that have successfully reduced risk in the workplace and the community, as well as best practice elements for company malaria engagement [Company Case Study: Marathon Oil; Exhibit 4].

<table>
<thead>
<tr>
<th>Exhibit 4: Best Practices for Corporate Malaria Control Efforts</th>
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<tbody>
<tr>
<td>• Identify malaria as a corporate priority</td>
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<td>• Include malaria in the company’s wellness and health benefits strategy and program</td>
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<tr>
<td>• Increase workplace and/or community awareness about malaria</td>
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<td>• Distribute repellents and insecticide-treated bed nets to employees and their families</td>
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<td>• Provide access to ACT (artemisinin-based combination therapy) treatment in-house or through health service contractors</td>
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<td>• Engage the local community in planning, advocacy and implementation</td>
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<td>• If feasible, conduct/arrange for indoor residual spraying (IRS) of employee homes</td>
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<tr>
<td>• Employ environmentally conscious practices to reduce concentration of larvae and mosquitoes</td>
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<td>• Impact reporting, external advocacy and participation in malaria platforms</td>
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### Company Case Study: Marathon Oil Corporation

**Marathon Oil**’s successful anti-malaria program in Equatorial Guinea has reduced malaria incidence rates by 85 percent in two years. Inside and around their plant on Bioko Island, Marathon used methods such as screening, fogging, use of protective clothing, and provision of preventive drugs (chemoprophylaxis) for non-resident workers.

Island-wide, indoor residual spraying has been standard practice since 2004, along with improved case management (rapid diagnostic tests, artemisinin-based combination therapies, Intermittent Preventive Therapy), bed net promotion and distribution since 2007, and IEC campaigns. These efforts have greatly reduced cases of malaria on the island, shown in Exhibit 5.
The Corporate Alliance on Malaria in Africa (CAMA) is a group of companies taking decisive action against malaria. CAMA maps major private sector initiatives, starting with countries in which CAMA members have operations. The ultimate goal is the creation of an evidence-based roadmap used to assist in eliminating malaria deaths; CAMA’s strategy is to persuade companies to implement workplace programs, and then to oversee extended services to families, communities, and finally entire countries. CAMA helps its member companies to expand their programs, recruits new companies and sectors, and publicizes their successful initiatives against malaria infections and mortality rates in Africa.

GBC and CAMA in 2009 released the Company Management Guide: Implementing an Integrated Malaria Control Program as a new tool for the private sector in the fight against malaria. The guide targets business managers who are beginning or expanding malaria control efforts and provides practical guidance on key elements of an integrated malaria control program. It offers a broad overview of malaria control and available intervention options, as well as connecting readers to further resources for more in-depth information on how to implement a chosen program. The Guide also provides direction on how to connect with public sector initiatives to strengthen health systems and support large-scale impacts.

Exhibit 5: Reduced Malaria Incidence in Equatorial Guinea

IV. DEMYSTIFYING MONITORING & EVALUATION

Measuring performance is part and parcel of conducting business in any sector: managers calculate return on investment, year-on-year growth and product sales; communicate these results to CFOs, investors, donors, managers, and all other interested parties; and consider these numbers when making financial and programmatic decisions. Workplace health programs should be considered no differently.

Yet GBC’s 2008 survey, published in The State of Business and HIV/AIDS, Tuberculosis and Malaria (2008), indicates that only 28 percent of respondents “utilize recognized measurement methodology for M&E” [Exhibit 6]. Since the study, additional companies have developed and improved M&E in their programs, but the means for M&E in this area are still unclear to many. Group discussions supported the idea that M&E often comes as an afterthought to programmatic planning in East Africa and elsewhere. However, there are effective methods and compelling reasons for measuring achievements.

“I was able to identify my company’s weaknesses and how best to strengthen the action plan in place through the M&E session.”

—Participant evaluation feedback
Sabine Durier, Principal Strategy Officer of IFC against AIDS (pictured below), led a session on M&E, facilitating discussions about the definitions and values of M&E. She defined “monitoring” as the day-to-day follow-up on activities during program implementation, such as checking in on progress and identifying deviations. “Evaluation,” then, is the episodic assessment of overall achievements and results—in other words, of success. M&E contribute to the execution of projects in a number of ways: the process enables companies to identify problems and adjust the project to correct them; it ensures the efficient use of resources; and it strengthens accountability.

During the session, IFC Against AIDS’s Roadmap for Action was introduced as an instrument to help companies undertake the M&E process [Exhibit 7]. This tool, along with the GBC/GTZ M&E toolkit, helps companies measure results and communicate progress to their key stakeholders. Participants split into groups to discuss a prevention or treatment intervention for one disease and developed potential indicators for the intervention. This exercise helped to reinforce the practical application of lessons learned about M&E of disease programs.

It emerged during the M&E session that some smaller companies think they do not have the expertise or financial resources to get expert help with their M&E efforts. However, there are a number of options available to them that can help them achieve their measurement goals without breaking the bank. These include:

- Using simple approaches and a limited number of measures
- Collaborating with NGOs in the area
- Asking for help from a national business coalition

Any of the above are good options for smaller companies with unmet M&E needs.
V. EXPANDING PROGRAMS INTO THE SUPPLY CHAIN

While many multinational companies (MNCs) are headquartered in the developed world, many also depend heavily on parts of their supply chains in the developing world. Breweries’ supply chains, for example, include millet farmers, lorry drivers, and the regional brewers themselves. Car manufacturers’ supply chains include the many firms that produce any part of their cars. East Africa is home to a large number of small and medium enterprises (SMEs) which serve as parts of larger supply chain; therefore, expanding health programs into the supply chain and to SMEs are especially pertinent to the private sector in this region.

The number of company employees in any business is low compared to the number of contractors and contributors in the company’s entire supply chain. Thus, mobilizing a company’s supply chain allows that company to make an even greater impact against a disease than it could by focusing only on its own employees. This is especially true of multinational companies with supply chains in the developing world – and particularly in Africa, where the disease burden is heaviest.

SMEs in the supply chain are often smaller than the companies they service, and so are less likely to have available resources for employee health. Because these SMEs contribute to the bottom line of those larger companies, these larger companies naturally depend on healthy workforces in the supply chain. Thus, sustainability demands that any business consider the entire supply chain, with a special focus on SMEs, when deciding whether and how to implement a workplace program on HIV/AIDS, TB or malaria.

There has been progress over time in service provision to supply chains. *State of Business and HIV/AIDS 2006* found that only nine percent of businesses were taking action in their supply chains. By 2008, GBC’s follow-up survey found that 65 percent of companies had some sort of activity with their supply chain SMEs. However, there is still much more that companies—especially large ones—can do to ensure that workers in SMEs in the supply chain have the same access to health resources as employees of the purchaser company.

Sancia Dalley of GBC and Tish Enslin of IFC presented a practical approach to the development of appropriate workplace programs for smaller companies. To help SMEs develop programs, IFC developed a training program to build HIV/AIDS capacity and decrease the impact of HIV/AIDS on their business [Exhibit 8].

**Exhibit 8: IFC Training Program for SMEs**

Pre-Engagement

Identification of clients to be enrolled in the Training Program (companies with 30-500 employees) by sector and country/region

- SME clients and the supply chain of larger clients or that are key constituencies of strategic clients

**Goal of the IFC Against AIDS Training Program:**
To build the capacity of SMEs on HIV/AIDS through a training program, to prevent and mitigate the impact of the disease on their businesses

**SME Training Program: Initial Training**

- One full day
- Maximum of 15-18 companies per cohort
- Maximum of 25 participants per cohort
- Modular, interactive, including case studies
- Participants develop their own company’s HIV/AIDS action plan for the next four months

Follow-Up Process

- Formal: Cohorts meet with facilitator every four months
- Informal: Via telephone or e-mail
- Some face-to-face meetings also when feasible

12 month period

Source: IFC Against AIDS

**SME Lessons Learned**

- Getting a company’s HR manager on board is of vital importance for the success of a supply chain program
- When negotiating with a company representative, take an interest in what the company does/makes
- Regular consultations with the supply chain companies are necessary for success
- Make sure the cost implications of extending health services to the company’s employees or contract workers are clear
- Designate a technical advisor to help with implementation
- Keep the budget flexible to be prepared for the unexpected
- Sign an MOU with contractors to enhance commitment on both sides
This IFC program educates employees of SMEs about the business case for SME involvement in workplace programs against HIV/AIDS. The program provides a one-day initial training session for developing company HIV/AIDS action plans, followed twelve months later by a meeting to ensure program implementation and achievement of set objectives.

A number of case studies showed that successful expansion of HIV/AIDS programs to SMEs is feasible; the cases of Guinness Nigeria, Unilever Nigeria, Nigerian Breweries, Bamburi Cement and Nile Breweries provide example of successes and challenges in implementing SME programs [Sidebar: SME Lessons Learned—page 8].

It emerged from discussions that many MNCs use the same SMEs in their supply chains. Workshop participants suggested that MNCs should endeavor to map their supply chains in collaboration with other companies in their industries, and to collaborate to expand health services to their in-common SMEs. Such a strategy adds efficiencies and reduces the demand on each individual MNC.

**Company Case Study: SABMiller**

Under the motto “From grain to glass,” Nile Breweries—a subsidiary of SABMiller—takes a comprehensive view of its supply chain, engaging employees at every level. Health interventions begin at the very bottom of the chain (sorghum and barley farmers and suppliers) and end with the final point of consumption (bartenders and bar-goers who sell and consume the beer). The company's supply chain efforts build off Nile Breweries' strong integrated workplace program, which addresses HIV/AIDS, TB and malaria. The program includes awareness and prevention education by peer educators, voluntary counseling and testing (VCT) and the provision of antiretroviral therapy (as needed), and anti-malaria bed nets. While expanding from the workplace into the community, Nile Breweries ensured that peer educators worked within their own groups. For example, the 290 sorghum and barley farmers who were trained as peer health educators have reached 4,000 of their fellow farmers with critical HIV/AIDS information.

**VI. LEVERAGING LOCAL PARTNERSHIPS**

Public-private partnerships (PPPs) provide great value when extending workplace programs to the community, enable a company to expand its impact, and present an opportunity to build a company’s reputation for corporate social responsibility. Expanding into the community is essential in order to fill local gaps in access to prevention and treatment services. The health of the general population impacts the general investment and business climate of a country: the healthier the general community, the healthier business will be.

Businesses, in their efforts at creating or expanding programs in the community, can apply through partnerships the expertise of governments and non-governmental organizations. Companies should not have to work alone—rather, partnerships with governments at the local or national level offer a real opportunity for sharing responsibilities and extending the scale of programs. Agencies like PEPFAR, GTZ and, to some degree, the Global Fund, provide technical assistance coupled with funding support; PPPs can also enable companies to greatly increase the scale and impact of their prevention, treatment, and care initiatives by sharing costs.

**Government and Business**

Governments in Africa are generally the foremost provider of healthcare services. Governments also set national guidelines for HIV/AIDS, TB and malaria care and treatment; businesses should try to adhere to these guidelines.
Key Governmental Partners that Work with Business

Deutsche Gesellschaft fur Technische Zusammenarbeit (GTZ)

GTZ, or the German Technical Cooperation, is the development arm of the German government, dedicated to improving people’s living conditions in a sustainable way. Its SPAA program (Support to Private Sector in Africa to Fight AIDS) aims to strengthen and expand the private sector’s role in the fight against AIDS through regional organizations. GTZ’s partners include the German government, the East Africa Business Council, the Pan-African Business Coalition, and the Southern African Development Community (SADC) HIV/AIDS Unit.

GTZ offers support to its working partners, including the private sector, in a variety of areas. These include technical assistance; strengthening the pan-African network; support for sector-specific approaches to HIV workplace programs; continuous efforts to align and harmonize approaches among international development partners; and continuous networking with companies through a public-private partnership approach.

As defined by the German International Aid Program, public-private partnerships are common risk- and cost-sharing projects or programs between public and private partners. GTZ’s PPP model combines the technical, managerial and financial resources of private partners with the development expertise of GTZ; this way, both are able to reach their objectives more efficiently. The general criteria for a GTZ Africa Facility grant include:

- Company based in Africa
- Contribution size up to €200,000
- Required 50% match from the private sector
- Funding is awarded for up to 3 years’ duration
- Application deadline is June 30

U.S. President’s Emergency Plan For AIDS Relief (PEPFAR)

Like GTZ, PEPFAR prioritizes partnerships with the private sector. One such partnership supports an HIV treatment and care program in Kericho, Kenya, offering voluntary HIV counseling and testing every three months for the area’s tea plantation workers. The private sector provides anti-retroviral treatment (ART) programs for workers who test positive for HIV, while PEPFAR supplies the ART for the employees’ families.

PEPFAR also has joined with GBC’s Health at Home/Kenya program, which is implemented according to the guidelines of the award-winning AMPATH (Academic Model Providing Access To Healthcare) model. The program provides home-based HIV testing, TB screening and malaria bed net distribution in western Kenya. PEPFAR committed up to US $2.7 million in a matching agreement with GBC member companies, resulting in a total of US $5.4 million provided over two years of the Kenya initiative. The program aims to reach 2 million rural Kenyans through its integrated approach to home-based testing and care.

Another example of PEPFAR’s commitment to powerful PPPs is a new prevention paradigm called Partnership for an HIV-Free Generation. This initiative partners 19 MNCs so that they can share technical expertise, creativity and financial support in order to bolster efforts to eliminate HIV/AIDS in Kenya.

In addition to PEPFAR programs, the United States President’s Malaria Initiative (PMI) has engaged US $15 billion over five years; 12 of the 15 recipient countries are located in sub-Saharan Africa. Tanzania, one of the 12 African recipient countries, writes a fixed percentage into their budget at the beginning of each budget cycle to dedicate to public-private partnerships—a PPP best practice. The Kenyan government has expressed interest in adopting this approach for its 2010 budget.
Global Fund to Fight AIDS, Tuberculosis and Malaria

The Global Fund is an independent public-private funding agency whose mandate is to raise and disburse substantial funds; operate transparently and accountably; and achieve sustained impact on HIV/AIDS, TB, malaria and poverty reduction. Set up to be different from other funding institutions, the Global Fund operates as a financial instrument—and not as an implementing or technical assistance entity. Programs are owned and managed by recipient countries. The funds are designed to be inclusive of all sectors: the Global Fund’s Board and Country Coordinating Mechanisms comprise representatives from both the public and private sector, as well as donors, civil society, NGOs, academic institutions and people living with each of the three diseases.

The private sector is an important partner in meeting the Global Fund’s long-term resource requirements. Private sector entities have also become implementers of Global Fund grants.

The Private Sector as a Partner for Resource Mobilization

The private sector supports the Global Fund with financial and in-kind resources. In 2008, the private sector, including foundations, contributed US $190 million to the Fund for programs fighting HIV/AIDS, TB and malaria.

One well-known example is Product (RED), a brand and business model that was created to engage business and consumer power in the fight against AIDS in Africa. Project (RED) works with the world’s premier consumer brands to make unique (RED) products. Up to 50 percent of gross profits from the sale of all (RED) items goes to Global Fund-financed AIDS programs in Africa. More than US $122 million has been raised in the program’s first three years.

Chevron provides another example of the private sector’s contribution to the Global Fund; Chevron is a GBC member company and the Fund’s first Corporate Champion. The objective of the Corporate Champions Program is to significantly increase private sector contributions to the Fund through financial and in-country engagement. Chevron became a Corporate Champion in January 2008, committing US$30 million over three years. Contributions from Chevron support grants in Angola, Nigeria, South Africa, Indonesia and the Philippines.

Country Coordinating Mechanisms: a means for private sector participation in national strategy

Country Coordinating Mechanisms (CCMs) are a central piece of the Global Fund’s commitment to local ownership and participatory decision-making. They are multi-stakeholder bodies that coordinate the submission of national proposals for funding; select one or more Principal Recipients for funding; monitoring the implementation of activities; and evaluate the performance of grants. The private sector has interaction with and representation on CCMs around the world. For example, a representative of Standard Chartered Bank chaired the CCM in the Gambia, applying his private sector skill set to the Global Fund process and helping improve oversight and the implementation of Global Fund grants.

The Private Sector as Implementer of Global Fund Grants

The Global Fund encourages countries to engage non-governmental actors, including members from the private sector, to become involved as implementers of Fund-financed programs. The private sector contributes as implementing bodies through Country Coordinating Mechanisms, which allow companies to contribute to national AIDS planning and strategies. Given the essential role of these mechanisms to the fight against HIV/AIDS, the private sector must play an active role in CCMs.
During Round 8 of funding, the Global Fund introduced what it calls the “dual track funding mechanism,” where the body makes grants to both government and non-government recipients at once, as part of its commitment to strengthening the role of civil society and the private sector in Global Fund processes. In Round 8 (2009), Access Bank in Nigeria and AngloGold Ashanti in Ghana were awarded grants to lead malaria programs in the capacity of private sector Principal Recipients. Both companies are GBC members.

**ACTION STEPS TO TAKE FOLLOWING THE WORKSHOP**

There have been great strides in the fight against HIV/AIDS, tuberculosis and malaria in East Africa and around the world. GBC and business will continue to work together in the region, the continent, and the globe. Workshop discussions in Nairobi covered programming, scaling up existing programs, and forging strategic partnerships across sectors. Participants identified several next steps for conference participants and for GBC.

- **For companies with well-advanced programs:** reach out to other firms in your geographic area and offer to share your experiences. Discuss complementary ways to partner and expand your respective HIV, TB and malaria programs to cover more people.

- **For “beginner” companies, especially SMEs:** identify larger companies in your geographic area—or companies that contract with you—to see whether they can share experience or lend support to help you initiate awareness-raising, education and prevention programs.

- **For ALL companies:** follow up with participants you met at this workshop from other companies, NGOs and business coalitions. Build on the contacts and connections you made here to continue the dialogue!

- **For governments (national, regional and district level):** continue to maintain regular communication with companies that have shown their commitment to offering disease prevention and wellness programs for workers and families; these companies are your allies and deserve your support. Help them know and follow national guidelines.

- **For national business coalitions:** leverage the support and experience of companies within your coalition to develop tools and resources, as well as advocate for greater private sector involvement at national level. Build on the partnerships made here and within the Pan African Business Coalition (PABC)

- **For partners:** continue working with companies that participated in the workshop, as well as NBCs in the countries where you have a presence, to support their programs. Look out for other opportunities to collaborate with GBC.

- **For GBC:** collect and share best practice stories, particularly in regional forums like this. Continue to broker partnerships and help create opportunities for the private sector to use its expertise to fight HIV/AIDS, TB and malaria. Strengthen partnership with PABC and clearly outline opportunities for GBC to support national business coalitions. In response to requests, GBC will highlight cost-analyses in the future, as well as exploring the possibility of an M&E workshop.
ANNEX: CONFERENCE EVALUATIONS

GBC is very interested in feedback from our members and partners. In this spirit, participants were asked to fill out an anonymous survey about their experiences and opinions on the East Africa Technical Workshop. Evaluations confirmed that the content covered was practical and useful, and that the breakout group format was very popular. Participants especially enjoyed the M&E session, and many reported that the Technical Workshop represented a strategic opportunity to network with other companies from their industry. Excerpts from the evaluation are presented below.

- Over **96 percent** of participants felt the Technical Workshop was useful to them and their companies. **40 percent** of participants ranked the workshop as “**Highly Useful.**”

**Overall Feedback**

- “Quite an eye-opener on what we need to do on TB!”
- “The idea of monitoring and evaluation carries the whole session.”
- “It was great but exhausting.”
- “I have learned that companies don’t need a lot of resources to help implement policies in the workplace.”
- “GBC is a great partner.”
- “Addressing TB and malaria in the workplace is just as important as HIV and thus it is important to address these two diseases in a holistic manner for better productivity.
- “There is technical support available as long as we look for it.”
- “We always believed that comprehensive health programs work better. After attending the workshop, my belief has been proven by examples of Africa.”
- “Companies don’t need a lot of resources to help implement policies in the workplace.”
- “[There is a need to secure] more efforts and support from my management.”
- “Partnerships can help in expanding a program’s reach.”
- “Since we have never approached malaria in our workplace programs and it is a serious issue, I will definitely make a presentation on the same and possibly start a program on the same.”
- “[We need to generate] more involvement and awareness on malaria, TB and other illnesses, e.g. diabetes.”
- “Involving the CEO and senior managers in training and knowledge dissemination [is critical for program-buy-in]. [We need] technical support in terms of integrating malaria and TB into company wellness programs and access to [credible] information.”

**M&E Session Feedback**

- “The M&E session made me realize the need to do ‘M&E 101.’”
- “Simplified M&E reporting and its fundamentals. BRAVO.”
- “I will set up an M&E process.”
Break-Out Sessions Feedback

- “[Break-out session] brought out the relevance of inclusion of TB into our NBC work, as it will also provide an avenue for more services being offered to member companies.”
- “Very useful because I learned a lot on challenges and entry points about TB in workplaces.”
- “Good to learn what other organizations are doing—the challenges and opportunities to integrate health aspects at work.”
- “Break-out sessions could have been a little longer.”
- “I was able to learn [from] the companies that are doing very well, how they managed to achieve this, the challenges they faced and how we can follow this as an example. Also, we were able to define key terminologies like M&E.”

Supply Chain Session Feedback

- “It was good and actually gave me an idea in which our Bank can give back through SMEs.”
- “Presentations/discussions reveal to me how much my organization is lagging behind. Quite challenging but a journey of a 1,000 miles starts with 1 step.”
- “They were very helpful since the presentations and shared experiences challenged those who did not have any programs in place to start thinking of starting them.”
- “I realize the importance of including the community around us in our workplace programs.”
HOSTS GBC AND IFC AGAINST AIDS THANK PARTICIPANTS IN THE 2009 GBC EAST & CENTRAL AFRICA HEALTH @ WORK TECHNICAL ROUNDTABLE FOR THEIR INVALUABLE CONTRIBUTIONS:

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