OUTSTANDING BUSINESS ACTION
ON HIV/AIDS, TUBERCULOSIS AND MALARIA
# INTRODUCTION

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To honor outstanding business action on HIV/AIDS, the Global Business Coalition on HIV/AIDS, Tuberculosis and Malaria (GBC) presents its 2007 awards to six companies that conceived and executed creative and effective programs. This year’s winners—Abbott and Abbott Fund, Chevron, Coca-Cola China Beverages Limited, Eskom Holdings Ltd, HBO, and Standard Chartered PLC—exhibit best practices in the categories of national action, workplace, community, testing and counseling, advocacy and leadership, and core competency, respectively.

It is the first time that GBC—which added tuberculosis and malaria to its mandate one year ago—honors business excellence in malaria and tuberculosis. Business has a crucial role to play in fighting these two diseases, which fuel global poverty and seriously inhibit economic potential. As Marathon Oil Corporation, this year’s winner for business excellence in malaria and Eli Lilly & Company, the winner for business excellence in tuberculosis, both demonstrate, the private sector is making a difference and paving the way for important collaborations. With a total of eight award categories, GBC also bestows commendations to 16 other companies whose HIV/AIDS, tuberculosis, and malaria programs set the pace for additional private sector action and further innovation on these three diseases.

The eight winning companies are based on four continents and in four countries. When the entire group of 24 companies, including those who are commended, is assessed, a total of five continents—North America, Asia, Africa, Europe, and Australia—and twenty-three countries—Angola, Australia, Barbados, Cameroon, Canada, China, the Gambia, Ghana, Equatorial Guinea, Kazakhstan, Kyrgyzstan, Lesotho, Mozambique, Namibia, Nigeria, the Philippines, South Africa, Tanzania, Turkmenistan, Uganda, the United Kingdom, the United States, and Zimbabwe—are represented. This geographic diversity suggests that there has been a veritable shift in consciousness: globally, the private sector no longer views the world’s most lethal pandemics only in terms of impact mitigation or as a philanthropic project. Instead, there is a growing recognition that combating infectious disease is crucial to future stability and mid-to-long term economic growth. HIV/AIDS does not discriminate; malaria rages on in Africa, Latin America, and Southeast Asia where it remains a leading cause of illness and death; and multidrug-resistant and extensively drug-resistant forms of tuberculosis pose grave global public health threats, not limited to populations with high rates of HIV and where there are limited health care resources. There is nothing wrong with looking at these diseases individually, but the synergies among them—and their tendency to wreak the greatest damage in sub-Saharan Africa—often makes it beneficial to view them in tandem.

While companies acknowledge that HIV/AIDS, tuberculosis and malaria are not just African problems, the continent’s corporate response to these epidemics is enormously impressive. Of the 24 honorees, sixteen operate programs in Africa, with six of the eight winners represented there. Without detracting from the innovation displayed by these companies, it is worth noting that program success is boosted by strong government support. HIV/AIDS disproportionately affects Africa, but the situation would be far worse if African countries did not benefit from strong political leadership on the diseases. The emerging economies in Eastern Europe and China, which could be seriously damaged by infectious disease, are also benefiting from government action. China, which has significantly scaled up its HIV/AIDS response, produced this year’s community award winner.

Companies working in Africa are constantly re-invigorating and revamping their programs. Indeed, because it takes time—approximately three years to move from concept and strategy to a fully operational business-wide program—it is not surprising that this year celebrates seven previous honorees: Abbott and Abbott Fund, Anglo Coal S.A., BHP Billiton, Chevron, Eskom Holdings Ltd, Lafarge (Hima Cement), and Standard Chartered PLC. Each of these companies made significant amendments to their programs, ensuring their ongoing success and impact beyond the initial entry point. These companies also illustrate, as GBC previously noted in The State of Business and HIV/AIDS 2006: A Baseline Report, that in five years of publicly committing to HIV/AIDS, many companies have more than doubled their activities on the disease. Four of these companies—Abbott and Abbott Fund, Chevron, Eskom Holdings Ltd, and Standard Chartered PLC—are this year’s winners, proving that good programs can become great.

Chevron, for example, which received a commendation for its Angola workplace program in 2005, has extended its learnings and best practices (VCT, care and treatment, free condom provision) to all its global operations with the implementation of Policy 260—Chevron’s Global HIV/AIDS Policy. Abbott and Abbott Fund’s partnership with the Tanzanian Government, which was...
which is the most widely-seen film in the world of broadcasters reiterates accurate HIV/AIDS messaging. General Motors sponsored the China airing of Tuberculosis and Malaria. The Caribbean Broadcast Media Partnership on HIV/AIDS, Gap Inc., General Motors, HBO, and MTV Networks/International—use popular culture to highlight the disease and elucidate its impact.

Gap Inc. uses fashion and celebrity icons to raise awareness about and funds for the Global Fund to Fight AIDS, Tuberculosis and Malaria. The Caribbean Broadcast Media Partnership on HIV/AIDS ensures that its network of broadcasters reiterates accurate HIV/AIDS messaging. General Motors sponsored the China airing of A Closer Walk, which is the most widely-seen film in the epidemic’s history. MTV Networks/International, which has actively fought HIV/AIDS for twenty-six years, teamed up with the Body Shop to create the “Stop HIV: Spray to Change Attitudes” campaign to raise awareness among young people and support youth prevention programs. HBO, which creates a cannon of HIV/AIDS-related documentaries, movies, and programming, produced the film Life Support to raise much-needed awareness about the African-American AIDS epidemic. The company, this year’s advocacy and leadership winner, is also teaming up with GBC, the National Basketball Association (NBA), and the Kaiser Family Foundation to produce a series of television, radio, and print public service announcements (PSAs) to promote HIV testing. In marrying education with entertainment, all of these companies are facilitating edutainment, a new weapon in the ever-expanding arsenal against HIV/AIDS.

Most striking of all is that these 24 honorees garner success through collaborative efforts with diverse partners—civil society, communities of people living with HIV/AIDS (PLWHAs), national business coalitions—all of whom come together to share best practices. Just as the 2006 Awards for Business Excellence demonstrated the popularity of public-private partnerships (PPPs), this year also sees a great appreciation for programs that leverage diverse party strengths toward facilitation of a common goal. This trend is particularly evident among each of the eight award-winning companies. Standard Chartered PLC supports the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM)—the premiere partnership between governments, civil society, the private sector, and affected communities—by providing a Chairman to the Gambia’s Country Coordinating Mechanism (CCM). Coca-Cola China Beverages Limited and Abbott and Abbott Fund support the work of Ministries of Health in China and Tanzania. Marathon Oil Corporation and Eli Lilly & Company both collaborate with UN agencies, including the World Health Organization. HBO partners with the NBA, the Kaiser Family Foundation, and the GBC to disseminate its PSAs. Chevron’s Global Implementation team leaders worked with Pangea AIDS Foundation to develop HIV/AIDS prevention, education, and awareness training. Eskom Holdings Ltd provides psychosocial support to all of its employees and dependents through ICAS, an independent service provider; the company also partners with other businesses through the South African Business Coalition on HIV/AIDS (SABCOHA) and with the Department of Health.

Twenty-six years into the HIV/AIDS epidemic and thousands of years into the malaria and TB epidemics, it is clear that eradicating the world’s deadliest pandemics requires constant program review, updating, and innovation. The companies profiled in this publication are leading the way, using their products, services, and relationships to fight HIV/AIDS, tuberculosis and malaria with ever-evolving programs that are sustainable precisely because they change to reflect new challenges, lessons learned, and cutting-edge research. There is great momentum, but with over four million new HIV infections each year, one to three million annual malaria deaths and two million TB deaths, it is clear that these epidemics are still formidable challenges. Additional action across all sectors is greatly needed if we want to see significantly reduced incidence rates and disease mortalities. Business must lead the way.
Representing different global regions, industry sectors, and career trajectories, this year’s seven judges brought a unique set of experiences and perspectives to review almost 60 company-supported HIV/AIDS, tuberculosis and malaria programs. As medical doctors, attorneys specializing in human rights, foundation and multilateral leaders, agriculturalists, and media experts they used their specific skill sets and, when appropriate, the Best Practice AIDS Standard (BPAS)™ to carefully consider the applications—the most GBC has ever received—and determine winners and commended companies in seven categories: workplace, community, testing and counseling, core competency, malaria, tuberculosis, and national action. Internally, GBC’s expert team weighed recommendations for the advocacy and leadership award and agreed to honor HBO.

**KATHLEEN BEHRENS**
Kathleen Behrens is the National Basketball Association’s Senior Vice President, Community and Player Programs. She is responsible for overseeing a group that integrates all of the NBA’s existing programs that promote player social and community responsibility and support player growth and development. NBA Cares, the league’s social responsibility platform, addresses global issues including HIV/AIDS and malaria through partnerships with UNICEF, the UN Foundation, the Global Business Coalition on HIV/AIDS, Tuberculosis and Malaria (GBC) and Malaria No More and with the support of league-wide, international programs, including Basketball without Borders and Nothing but Nets. Under Behrens’ direction, NBA Cares was honored in 2005 by the Global Business Coalition on HIV/AIDS for its work on HIV/AIDS education and prevention. Prior to joining the NBA, Behrens served for six years as Executive Director of New York Cares, a non-profit organization that mobilizes volunteers to help New York City’s neediest residents. Before joining New York Cares in 1995, Behrens served in the administration of former New York Governor Mario M. Cuomo.

**JOE CERRELL**
Joe Cerrell is Director of Global Health Advocacy for the Bill & Melinda Gates Foundation. He oversees the foundation’s global health communications, public policy, finance and product commercialization. In this capacity, he manages a policy and advocacy grant making portfolio and oversees relations with governments, multilateral organizations, NGOs, the private sector, and other foundations. Prior to joining the foundation, Cerrell served as assistant press secretary to former U.S. Vice President Al Gore. He also acted as U.S. spokesperson for numerous vice presidential international state visits. Cerrell was vice president of the philanthropy practice at APCO Worldwide, overseeing the agency’s nonprofit and foundation clients. He has provided communications support and served in an advisory capacity for three U.S. presidential campaigns. He serves on the board of directors of DATA (Debt AIDS Trade Africa); is an advisory board member of the Clinton Global Initiative; and is a member of the board of trustees at the Seattle Biomedical Research Institute.

**DR. JACOB A. GAYLE**
Deputy Vice President of the Ford Foundation since September 2005, Dr. Jacob A. Gayle serves as focal point for the Foundation’s HIV/AIDS initiative. Prior to joining the Foundation, Dr. Gayle was employed for over 16 years through the US Centers for Disease Control and Prevention (CDC), serving as Special Assistant to the Director/HIV. From 1992-96, Dr. Gayle worked with the US Agency for International Development (USAID), first as HIV Technical Advisor in Pretoria (1992-94) and later as USAID’s Chief of the Global HIV/AIDS Division in Washington, DC (1994-96). Following his affiliation with USAID, Dr. Gayle accepted a detail to the Joint United Nations Program on HIV/AIDS (UNAIDS). From 1996 to 1998, he was based in Barbados and served as UNAIDS’ Intercountry Program Advisor for the English and Dutch-speaking Caribbean. Thereafter, he was appointed to serve in Washington, DC as UNAIDS Technical Advisor and Liaison to the World Bank. In 2001, Dr. Gayle was assigned to the US Permanent Mission to the United Nations in Geneva. He held dual titles of CDC Global AIDS Program Liaison to the United Nations and other International Organizations and also as UNAIDS Senior Adviser.
FRANÇOISE GIRARD
Director of the Public Health Program at the Open Society Institute, Françoise Girard was also Regional Director for Southern Central and Eastern Europe and Haiti in the 1990s. A lawyer by training, Girard spent many years working as an advocate for women’s health, gender equality and sexual rights, with a focus on advocacy and policy development with UN agencies and at UN conferences (ICPD+5, Beijing+5, Special Session on HIV/AIDS and on Children, ICPD+10, 2005 World Summit). From 1999 to 2003, she was Senior Program Officer for International Policy at the International Women’s Health Coalition. She has contributed articles to *International Family Planning Perspectives*, *Reproductive Health Matters*, *The Journal of Women’s Health and Law*, *Populi*, and *QCQ*, among others. Her other publications include “Global Implications of U.S. Domestic and International Policies on Sexuality,” June 2004.

DR. CAROL JACOBS
Former Chairman of the Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria, Dr. Carol Jacobs has represented Latin America and the Caribbean on the Board since 2004. She is currently serving as the Chairman of Barbados’ HIV/AIDS Commission and Special Envoy to the Prime Minister on HIV/AIDS. In private medical practice for the past 25 years, Dr. Jacobs has been involved in HIV/AIDS for more than 18 years throughout Barbados, the Caribbean and internationally. Between 1995 and 1998, she was the Chair of the Barbados National Advisory Committee on AIDS, represented Barbados and the Caribbean on the board of the WHO’s Global Program on AIDS and subsequently on UNAIDS’ Program Coordinating Board (PCB). She has also served as a director on the boards of a number of community-based organizations including AIDS Society of Barbados, the Barbados Association of Medical Practitioners and the Optimist Club.

FELICIA PULLAM
Felicia Pullam leads APCO Worldwide’s Corporate Responsibility (CR) practice in Asia. She assists corporations with stakeholder relations, partnership building, and program design and works closely with APCO’s communication and government relations consultants in Asia and around the globe. Pullam’s work with the GBC began when she facilitated the organization’s first delegation to Beijing in 2004. Following the successful visit, APCO provided ongoing advice regarding government, media, corporate, and civil society relations in China. Pullam managed a team that brokered a partnership between GBC and the Chinese Ministry of Health (MOH) and organized the MOH-GBC Joint Summit on Business and AIDS in March 2005. The 450-person event featured a watershed call to action by Vice Premier Wu Yi. Although she is now responsible for APCO’s regional corporate responsibility programming, Pullam, a Princeton-in-Asia fellow, remains active with GBC’s efforts in China through the local advisory committee. In 2006, GBC commended APCO’s national action on HIV/AIDS.

JULIAN STANNING
Julian Stanning is an agriculturist, who has lived and worked in diverse regions of the world. His career with Unilever included five years as Chief Executive of Brooke Bond East Africa (now Unilever Tea East Africa), a business employing some 25,000 people, and Director Sustainability for the Africa Region, which included the co-ordination of HIV/AIDS programs in sub-Saharan Africa. Following retirement from Unilever in 2003, Stanning has continued to provide support as an advisor to the company’s HIV/AIDS programs. In this capacity he has visited India, Vietnam, Thailand, Malaysia, Indonesia, the Philippines, China, and the Caribbean, in addition to many countries in Africa.
**WORKFORCE:** One of the largest integrated energy companies in the world, Chevron has a total of 55,882 employees around the globe.

**AREA OF OPERATION:** Engaged in every aspect of the oil and natural gas industry, Chevron conducts business in approximately 180 countries.

**BUSINESS PROFILE:** The company traces its earliest roots to an 1879 oil discovery at Pico Canyon. The Texas Fuel Co. was founded in Beaumont, Texas. It later became known as The Texas Co. and, eventually, Texaco Inc. In 2001, these entities merged to form ChevronTexaco. The name was changed to Chevron in 2005 to present a more unified presence in the global marketplace. The acquisition of Unocal Corporation in 2005 strengthened Chevron’s position as a global energy leader, enhancing assets in key basins around the world.

**HISTORY OF ENGAGEMENT:** Without a significant decrease in the rate of infection and an increase in treatment access, Chevron determined that HIV/AIDS would decimate its workforce, reduce its customer base, shrink its profits, and threaten operations around the globe—particularly in developing nations. The highest prevalence rates in Chevron’s employee population are in South Africa (18.8%, 1,378 total employees), Nigeria (3.9%, 2,022 total employees), Angola (1.4%, 1,876 total employees), Thailand (1.4%, 1,876 total employees), and the United States (0.6%, 23,158 employees).

**BEST PRACTICES:** Chevron’s Global HIV/AIDS Policy (Policy 260) affirms that infected and affected employees are protected by the company’s existing policies on discrimination and harassment and are treated like every other employee with a life-threatening illness. It also cites a nondiscrimination clause and guarantees employee HIV/AIDS status confidentiality. The policy also states the following: there will be no pre-employment testing except as required by national or local laws; the company will strive to engage and work with national and local governments and other agencies to deploy best practices; the company will offer customized workplace and community-based education, awareness-building, prevention, and treatment programs in the areas in which it operates; and that global policy implementation, training and prevention activities are managed by the Global HIV/AIDS Office located at the company’s headquarters. The policy applies to all Chevron locations with employees in over 120 countries. Chevron conducted situational analyses to identify gaps between the HIV/AIDS threat and the current company/community training, counseling, testing and treatment resources. Data gathered included country prevalence rate and the structure of each country’s health services. Local/regional HIV/AIDS coordinators—a total of 44 around the globe—began bridging the gaps identified in the situation analysis, prioritizing countries with the greatest risk. Global Implementation Team leaders worked with Pangea Global AIDS Foundation to develop HIV/AIDS prevention, education and awareness training that is translated into numerous languages and culturally sensitive.

**HEALTH BENEFITS:** In high prevalence countries such as South Africa, Angola, and Nigeria, instructor-led training and voluntary testing following training was available to all employees and access to condoms was significantly improved. Voluntary, confidential counseling and testing is available either directly through Chevron in-house clinical services, insurance plans or local organizations. Approximately 80% of instructor-led training participants in Central Africa and 89% in Zimbabwe volunteered for testing following training. In addition to dispelling the myth that HIV-positive workers cannot be productive, Chevron’s HIV/AIDS policy leverages HIV/AIDS education programs that have been underway within certain business units for many years. The global rollout ties those business unit programs to a larger, global effort, while tailoring education, testing and treatment options to the needs and resources of each community. The training has a ripple effect within the communities: employees take information home to their families, where it is shared with friends, community members, teachers, church members, and others.

**GBC STATUS:** Chevron has been a GBC member company since December 2001.

**LEARN MORE:** [www.chevron.com](http://www.chevron.com)
**WORKFORCE:** BAT South Africa has 2,300 employees.

**AREA OF OPERATION:** The company has two cigarette factories in South Africa, one based in Paarl and the other in Heidelberg, with the head office at Signature House in Stellenbosch in the Western Cape.

**BUSINESS PROFILE:** BAT South Africa is the largest manufacturer of cigarettes in the country. Although the company can trace its heritage as far back as 1891, the company’s official biography begins in 1904 with the creation of the United Tobacco Company, the forerunner of today’s BAT South Africa. In 1999 British American Tobacco and Rothmans International merged to form British American Tobacco South Africa.

**HISTORY OF ENGAGEMENT:** In 2001, South Africa’s HIV/AIDS epidemic was turning into a pandemic with just under five million people infected and around 2000 new infections occurring daily. The board of BAT South Africa identified HIV/AIDS as an issue of strategic importance and incorporated it into the Company Charter. Its aim was to prevent as many new HIV infections as possible, to extend the life expectancy of those who were living with HIV, to be a good corporate citizen and to sustain the future of the business. The company conducted an Actuarial Risk Assessment and created a plan for a “journey to wellness.”

**BEST PRACTICES:** To ensure buy-in from all stakeholders, a task team composed of two directors, site functional sponsors, site AIDS task teams, team leaders, health and safety and union representatives was assembled to draft the company HIV/AIDS policy. Based on the principle of sustainability, it is one of non-discrimination ensuring care, support and treatment, including the dispensing of antiretroviral treatment (ARVs), for all HIV-positive employees, and their spouse or life partner. Contractors have access to HIV training and counseling programs. The goal was to promote early detection, and the pre-requisite of the training was that it had to be based on sound facts, have an integrated approach and be holistic. Company directors led by example and a campaign entitled “My Life, My Choice” ensured ownership by each employee. In 2003 a “Know Your Status” intervention was implemented; in 2004, the campaign focused on a disease management component for all employees and their families who tested HIV-positive; in 2005, the company shifted into wellness with a sub-theme of “Zest for Life”; and in 2006, BAT South Africa launched an intense intervention of chronic lifestyle diseases and offered testing opportunities for body mass index, blood pressure, cholesterol and diabetes, and HIV.

**HEALTH BENEFITS:** When the program began in 2002 with an Actuarial Risk Assessment, it indicated that 10% of BAT South Africa employees were probably HIV-positive. This translated to 230 employees infected and it was estimated that 17 employees would die of AIDS-related diseases within the year. The Risk Assessment showed an increase to 13% in the infection rate by 2006 and 31 deaths if there was no intervention. The directors made a decision to develop a holistic and integrated HIV strategy that proved most impactful. Based on the 2003 VCT test results and a subsequent Actuarial extrapolation, it was determined that there was a maximum of 121 HIV-positive employees against the projected 230. Between 2002 and 2006 only five AIDS-related deaths have been reported. Results from an internal Knowledge, Attitude, Perception and Behavior (KAPB) and intranet survey indicate that 98 percent of employees have an intimate understanding of HIV/AIDS and that the subject is no longer taboo.

**GBC STATUS:** British American Tobacco has been a GBC member company since May 2002.

**LEARN MORE:** [www.batsa.co.za/](http://www.batsa.co.za/)
**WORKFORCE:** One of South Africa’s largest financial services groups, Absa has 33,000 employees.

**AREA OF OPERATION:** Absa’s business is conducted primarily in South Africa and on the African continent, where it has equity holdings in banks in Mozambique, Angola, Tanzania, Namibia, and Zimbabwe. By the end of June 2006, Absa had more than 720 physical outlets, 8.1 million customers, and 6,256 automated teller machines.

**BUSINESS PROFILE:** 1991 signified the formation of Amalgamated Banks of South Africa (ABSA) through the merger of UBS Holdings, the Allied and Volkskas Groups, and certain interests of the Sage Group. In 1992 Absa acquired the entire shareholding of the Bankorp Group, thereby extending its asset base even further. In 1997, the name of the holding company, Amalgamated Banks of South Africa Limited was changed to Absa Group Limited, consisting of three major operating divisions. In 1998 the United, Volkskas, Allied and TrustBank brands were consolidated into a single brand, and Absa adopted a new corporate identity. In 2005, Barclays acquired a major stake in Absa as part of its drive to expand its global product and international retail and commercial banking businesses in markets outside the United Kingdom.

**HISTORY OF ENGAGEMENT:** According to the Medical Research Council (MRC) of South Africa, HIV/AIDS accounted for 29% of the deaths in South Africa in 2000 and it accounted for 44% of the deaths together with other infectious diseases. Absa recognized that HIV/AIDS and other life-threatening diseases are a serious threat to the company and its employees. The aim of Absa’s “I Know” my Health Status campaign was to motivate and help all employees optimize their health. The project encouraged employees to find out their health status—including their HIV status—improve their lifestyles and choose health.

**BEST PRACTICES:** The Absa “I Know” my Health Status campaign incorporates all health risks that can affect employees into a single project. This includes a health risk assessment (HRA) as well as voluntary counseling and testing (VCT) to identify HIV status. Absa recognized that while HIV/AIDS affected employees should enjoy the same safe working environment as any employee facing a life-threatening disease, it also understands that HIV/AIDS requires a specific focus. The company employed ReAction! to train managers and wellness champions. The geographic scope of the “I Know” my Health Status campaign was far-reaching as Absa is represented in all of South Africa’s provinces, including cities and many deep rural areas. Initially

29,772 employees were targeted and 15,777 participated. The overall uptake of VCT was 46% (51.8%, including contractors). In total, 1,696 wellness champions participated and 1,971 managers attended managerial training and informational sessions. This was the first in a series of annual interventions so impact should increase over time.

**HEALTH BENEFITS:** All 33,000 Absa employees are covered by the non-discrimination policy, the provision of prevention education and awareness activities, voluntary counseling and testing services, and HIV/AIDS treatment, care, and support. 120,000 dependents (including spouses, children, and other dependents) also benefit from these policies and services. In addition to its broad geographic scope and ability to permeate even the deepest rural areas, Absa’s program employs a holistic model that addresses other health needs beside HIV/AIDS. More than a one-off intervention, the campaign is being repeated annually. In between HRA and VCT events, the wellness champions, who are trained twice a year, remain active, raising awareness and providing a health education service. Absa also provides testing and advice services through its nine on-site health clinics, situated in each of the provinces. If employees test positive for HIV or other health risk factors, they are enrolled in relevant management programs.

**GBC STATUS:** Absa is not a GBC member company.

**LEARN MORE:** www.absa.co.za
WORKFORCE: Eskom Holdings Ltd has 32,000 employees.

AREA OF OPERATION: Eskom Holdings Ltd is based in South Africa and has operations in all of the country’s nine provinces.

BUSINESS PROFILE: Eskom Holdings Ltd (Eskom) is a South African utility that generates, transmits, and distributes electricity. It supplies approximately 95% of South Africa’s electricity and 60% of the total electricity consumed on the African continent. The South African Government is the major share holder. Eskom has the Corporate Generation, Transmission, Distribution, and the Enterprise Divisions.

HISTORY OF ENGAGEMENT: Eskom started establishing an HIV/AIDS workplace program as early as 1998, when the first employee presented with AIDS. As the main producer of electricity in South Africa, Eskom is dependent on an economically viable supply chain, customer base, and productive workforce. The company identified HIV/AIDS as one of the greatest risks to its sustainability and invested in financial and human resources to manage the disease in the workplace. Its comprehensive program includes a non-discrimination policy, a focus on education and awareness, Voluntary Counseling and Testing (VCT), confirmatory tests, active treatment of sexually transmitted diseases, surveillance, monitoring and active treatment of opportunistic infections like tuberculosis (TB) through DOTS, enhanced access to HAART, care and support of affected and infected employees, funding support group initiatives, support for Employees Living with HIV/AIDS (ELWHA), and twenty-four hour psychosocial support of all employees and dependents through a psychosocial service provider, ICAS. Eskom also pays for Post Exposure Prophylaxis (PEP) monitoring and treatment of all its medical staff.

BEST PRACTICES: Voluntary Counseling and Testing is done in a confidential manner, with informed consent and counseling done before and after the test. All VCT is done by an external service provider, ICAS, to guarantee confidentiality and that qualified psychologists are on hand to provide crucial emotional support twenty-four hours a day, three hundred and sixty-five days a year. Before any VCT campaign, a mass briefing is held to explain the purpose of and process for the people coming to be tested. ICAS uses rapid testing to ensure immediate results, but it does not identify the person tested nor can results be traced to individual employees. ICAS provides Eskom with a report enumerating the number of people tested, the gender and age distributions, and the number of infected versus non-infected people so the company can monitor the general health of its workforce and act accordingly. Confidentiality and job security are always guaranteed. Testing is preceded by a written consent form that is signed by the employee with all the issues of the process discussed and implications of the results understood by the person taking the test. The target set by Eskom for the financial year ending March 31, 2006 was 60%, which the company reached. Some divisions reported more than 90% uptake of VCT.

HEALTH BENEFITS: Eskom’s program is successful because there is visible leadership from the top. The company lives its motto: ‘Whatever it takes,” and the Chief Executive and his managing directors drive HIV/AIDS initiatives throughout their respective business units. During their forums, HIV/AIDS and its measures are discussed and employees are given an opportunity to ask questions and comment on the issues relevant to HIV/AIDS within Eskom. The company, which distributes free condoms, recognizes that it cannot fight AIDS alone; it partners with other businesses as a member of the South African Business Coalition on HIV/AIDS (SABCOHA) as well as with government (Department of Health), and the various communities it operates in through Corporate Social Investment (CSI).

GBC STATUS: Eskom has been a GBC member company since June 2001.

LEARN MORE: www.eskom.co.za
**WORKFORCE:** Anglo Coal S.A. has 8,201 employees.

**AREA OF OPERATION:** Part of the Anglo American family of companies, Anglo Coal South Africa (ACSA) is the largest coal producer in South Africa.

**BUSINESS PROFILE:** ACSA is a division of Anglo American plc and the South African part of Anglo Coal. It produces coal for both the domestic and export markets. Domestic coal is largely supplied to Eskom power stations. ACSA's nine collieries are distributed over a large area to the North-East, East and South of Johannesburg. ACSA produced 59.3 M tons of coal in 2006.

**HISTORY OF ENGAGEMENT:** ACSA has spent the past eighteen years closely monitoring the HIV/AIDS epidemic. During the last decade, ACSA became increasingly concerned about the health and wellbeing of its employees, their families and the communities in which employees live. The company determined that it should assist employees in prevention, treatment, care and support of HIV/AIDS by formalizing and expanding an existing HIV Disease Management Program (HIVDMP) for its employees. As a division of Anglo American plc, ACSA introduced its antiretroviral therapy (ART) program in South Africa on August 28, 2002, becoming the first mining company in the country to administer ART to its workers at company expense.

**BEST PRACTICES:** ACSA's VCT program commenced in 2002. The Yebo Siyaphambili (YS)—We are Moving Forward Together—principle of “innovation” has been consistently applied to remove any hurdles to testing. When, for example, blood testing was revealed to be an obstacle to testing, it was replaced with an oral test. The philosophy underlying ACSA's testing campaign is that it should suit the client. As such, various testing sites have been created to make testing easy and confidential. Transparency underlies ACSA's HIVDMP program: regular VCT, HIV and ART reports are shared with all stakeholders. All tests are performed by health care workers (doctors or nurses) in accordance with medical testing procedures. Where additional confidentiality pledges are required (in addition to the normal professional confidentiality practices), these are jointly signed by managers and employees.

**HEALTH BENEFITS:** ACSA has reduced the incidence of HIV infection among its workforce. Although ACHS recorded 80 new infections in employees who previously tested negative for HIV, this is still significantly lower than the predicted 3-4%. As a result, the company has averted between 50-90 new infections through changed risk behavior. ACSA also reports a reduction in worker absenteeism as well as a reduction in morbidity and mortality. The company is also aware of the significant impact HIV/AIDS has on the communities in which it operates. It is involved in a number of community interventions around HIV/AIDS with the LoveLife Project, Anglo Coal's Kriel Peer Education Project, Powerbelt HIV/AIDS Project, and the joint venture around the Bubhezi Project in Bushbuckridge.

**GBC STATUS:** Anglo American plc has been a GBC member company since November 2001.

**LEARN MORE:** www.angloamerican.co.uk
**WORKFORCE:** Coca-Cola China Beverages Limited has about 30,000 employees, including those working at the bottlers.

**AREA OF OPERATION:** Coca-Cola China Beverages Limited has its biggest operation in Shanghai and has operations in all areas of the country. China is now Coke’s third largest market after the United States and Brazil.

**BUSINESS PROFILE:** Coca-Cola China is now the leading carbonated soft drink maker in the country. The Coca-Cola system (company and local partners) has invested more than US $1.25 billion in China since 1979. The Coca-Cola system in China operates as a local business. Beverage concentrate is produced locally and purchased in local currency.

**HISTORY OF ENGAGEMENT:** In 2003, Coca-Cola China began its partnership with the Chinese Foundation for the Prevention of STDs and AIDS (the Foundation), one of the largest AIDS foundations in China. Since then, Coca-Cola has mobilized its extensive network and resources while drawing on the valuable experience accumulated in its worldwide efforts to combat the spread of HIV. In November 2003, Coca-Cola China supported the International Seminar on HIV/AIDS and SARS at Tsinghua University. In the same year, the Company participated in the “121 Joint Action” initiated by the Foundation and supported by China’s 31 ministries and commissions and 48 civil societies. Coca-Cola was the first multinational company to join the “121 Joint Action.”

**BEST PRACTICES:** Since 2005, Coca-Cola China has been working with the Foundation on a national HIV/AIDS awareness and prevention campaign with the theme of “Nationwide Action, Operation AIDS Free.” The 2005 campaign included an initiative targeting women and youth in over 100 cities nationwide and more than 21 million people; and HIV/AIDS awareness and prevention exhibitions in 11 major cities. According to the Foundation’s estimate, the campaigns reached some 50 million people who learned basic knowledge about HIV/AIDS prevention. The 2006 national HIV/AIDS prevention pamphlets, posters, and VCDs in more than 100 cities reached 21 million people. In addition, a trip to South Africa by China’s Ministry of Health (MOH) and civil affairs experts facilitated sharing of experiences across two countries. Applying the experience gained in South Africa, Coca-Cola initiated an AIDS orphan care program to subsidize the daily living, education, health care, and psychological expenses of 150 AIDS impacted orphans in Yunnan province. Similarly, government MOH officials introduced new HIV/AIDS preventive measures to China.

**HEALTH BENEFITS:** In 2005 and 2006, the national HIV/AIDS awareness campaigns reached over 71 million people in some 200 cities and counties in China. Yunnan Province has reported one of the country’s most serious HIV/AIDS epidemics; its AIDS orphans are in dire need of services. Coca-Cola’s AIDS Orphan Care program provides support and care to 150 AIDS impacted orphans from 75 villages in Yunnan province. The program has improved the quality of lives of 150 orphans and directly benefited over 100 families. Coca-Cola China and the Foundation partnered with the Yunnan Provincial Women and Children Development Center, an organization directly under the Ruili Municipal Government, to implement the orphan care program in Ruili, Yunnan Province.

**GBC STATUS:** The Coca-Cola Company has been a GBC member company since August 2001.

**LEARN MORE:** [www.coca-cola.com.cn/](http://www.coca-cola.com.cn/)
WORKFORCE: Founded in 1908, General Motors Corporation (GM), employs about 280,000 people around the world.

AREA OF OPERATION: GM maintains its global headquarters in Detroit, Michigan and manufactures cars and trucks in 33 countries, operating in over 12,000 communities. Many of its global locations are in high-risk countries including South Africa, Kenya, Thailand, India, Indonesia, and China.

BUSINESS PROFILE: GM has been the global industry sales leader for 76 years. In 2006, 9.1 million GM cars and trucks were sold globally under the following brands: Buick, Cadillac, Chevrolet, GMC, GM Daewoo, Holden, HUMMER, Opel, Pontiac, Saab, Saturn, and Vauxhall. The company has dealerships in over 200 countries. Its largest national market is the United States, followed by China, Canada, the United Kingdom, and Germany.

HISTORY OF ENGAGEMENT: General Motors was inspired to establish its global HIV/AIDS community programs by three interrelated perceptions and realities: first, the enormously destructive power of the epidemic itself, and its threat to the health and security of its workforce but also the communities, regions, and nations in which they live and work; second, the company’s historic commitment to health, dignity, and human rights both in its immediate community and the world at large; and third, a belief, inspired and sustained by the film, *A Closer Walk*, that broad awareness and better education are essential priorities if the battle against HIV/AIDS is to be won.

BEST PRACTICES: GM’s global outreach initiative is based on its belief that the AIDS pandemic is too large for any one entity to solve. Required is a catalyst of some sort, an inspiring theme, a unifying principal or a tool that can be easily used and shared by many. For this reason, GM determined that it could best raise global AIDS awareness by being the principal sponsor of the distribution phase of the film, *A Closer Walk*. GM’s corporate partners on the initiative include Eastman Kodak Company, HSBC, Coca-Cola, Colgate Palmolive, and BD (Becton, Dickinson and Company). Conceived as a tool to create a groundswell of public opinion that would dramatically alter the climate in which global AIDS priorities are established and polices are made, *A Closer Walk* is the most effective and widely-seen film on the subject of AIDS in the epidemic’s history. In 2003, GM sponsored the first premier of *A Closer Walk* in Johannesburg and began using the film internally as a cornerstone of its HIV/AIDS employee program.

HEALTH BENEFITS: After four years, thousands of copies of *A Closer Walk* are circulating in schools, universities, community organizations, churches, NGOs, corporate workplace settings, and UN and government agencies in more than two dozen countries around the world. From December 1-4, 2006, China’s CCTV aired the film on its two most popular channels as a special World AIDS Day media event, which was preceded by a premiere at the Great Hall of the People on November 29th. More than 300 million people through mainland China saw the historic broadcast. By the end of 2007, *A Closer Walk* will be seen by more than a billion people.

GBC STATUS: General Motors has been a GBC member company since September 2005.

LEARN MORE: www.gmability.com
WORKFORCE: Alcan Inc., a leading global materials company, has a total of 65,000 employees around the world: 23,300 in North America; 31,500 in Europe and Eurasia; 5,500 in Asia; 800 in Africa; and 2,350 in Latin America and the Caribbean. Approximately 750 employees are currently employed in Cameroon at Alucam and its subsidiary Socatral.

AREA OF OPERATION: Alcan has approximately 430 facilities, offices and R&D centers in 61 countries and regions worldwide; its head office is in Montreal, Canada.

BUSINESS PROFILE: With operations in bauxite mining, alumina processing, primary metal smelting, power generation, aluminum fabrication, engineered solutions as well as flexible and specialty packaging, Alcan delivers high-quality products, solutions and services worldwide. The Alucam facility, established in Cameroon over 50 years ago, transforms alumina into primary metal and semi-finished products and exports the majority of production to Europe.

HISTORY OF ENGAGEMENT: Since the first cases of HIV/AIDS were reported at Alucam in 1986, the Company, whose business model fosters and embraces the economic, social and environmental wellbeing of its employees and their communities, has identified the disease as a priority. Alucam recognized that efforts to address the growing epidemic could not be limited to its own workforce. By 1997 Alucam, with support from the Pan-African Organization for the Fight Against AIDS, introduced actions to promote testing as well as awareness-raising and prevention campaigns on site, in the community and in schools. In 2004, Alcan’s Medical Center at Sanaga (an Alucam subsidiary) became a government-recognized Approved Treatment Center, enabling Alucam to make its health care facilities available to the entire population.

BEST PRACTICES: As an Approved Treatment Centre, and through a private-public agreement with the Cameroon government, the Sanaga facility can obtain drugs at low cost in exchange for treating patients referred by social service agencies. This includes free care to pregnant women, victims of sexual assault, children, and poverty-stricken individuals. Care and treatment is also provided to others at a low cost. This facility also offers services to surrounding community residents, who can receive the same quality of care as Alucam’s workers, including anti-retroviral treatment (ARV), and voluntary and anonymous HIV/AIDS testing and counseling. The Center also distributes free condoms to community residents: over 200,000 condoms were distributed in 2005 alone.

HEALTH BENEFITS: Within Alucam, the HIV+ “peer educators” program has helped overcome the misperception that HIV/AIDS is not a real problem and also motivates employees to seek early screening and treatment. The strength of this program has translated into the community, with “peer educators” and their relatives leading awareness-raising and prevention sessions. Since the initial HIV/AIDS program was formally launched in 1997, over 90,000 people have taken part in the information and training sessions, and the annual number of participants in the awareness program has tripled to reach more than 12,000. Also encouraging is the sharp drop in the seroprevalence rate within the Alucam community: ranging from 12% to 15% before 2000, it now stands around 3%. Successful implementation of an HIV/AIDS program in both the workplace and community has allowed Alucam to leverage its learnings to additional company sites, as well as to other businesses in Cameroon and internationally.

GBC STATUS: Alcan has been a GBC member company since January 2006.

LEARN MORE: www.alcan.com
**WORKFORCE:** About 310 permanent employees and 200 contractors work for Hima Cement in Kasese, while about 25 employees work at the head office in Kampala.

**AREA OF OPERATION:** Hima Cement Ltd. is a subsidiary of Bamburi Cement Ltd., based in Kenya, which belongs to the Lafarge Group. Hima’s head office is located in Kampala, Uganda’s capital city; the factory is located in Kasese District, in the far western part of Uganda (at the border with Democratic Republic of Congo), which is 400 kilometers away from Kampala City.

**BUSINESS PROFILE:** Lafarge is the world’s leading producer of building and construction materials (cement, concrete and aggregates). The Group employs more than 75,000 people in 80 countries around the world. The company operates in 10 African countries: 10% of its employees are African and 10% of its global turnover comes from sub-Saharan Africa. With a production capacity of 600 tonnes of Clinker a day, Hima Cement is one of the leading cement producer industries in Uganda. It was established in 1959.

**HISTORY OF ENGAGEMENT:** A recent prevalence study conducted among employees showed that 11.5% of Hima’s staff was living with HIV. Statistics from Hima’s VCT Center show that HIV prevalence in Hima’s operating area is about 12%, which is much higher than the national prevalence rate: 7% in 2006. In 2003, Boston University carried out an HIV Business Impact Assessment at Hima, which confirmed the epidemic’s considerable impact on company productivity. This impact is evident in but not limited to absenteeism and additional medical costs. Given the remoteness of the area, people living around the factory are either directly or indirectly related to the employees: anything affecting their health can impact workers’ well-being and performance. The company relies on a dynamic local business environment, which includes reliable contractors and other service providers from the host community.

**BEST PRACTICES:** Hima’s community program relies on four pillars: Education, Awareness and Sensitization; Condom Promotion and Distribution; Free Voluntary Counseling and Testing; and Free Care and Treatment for People Living with HIV/AIDS at Hima/IAA Clinic. The Education, Awareness and Sensitization component features peer education, couple workshops to ensure that women also receive HIV/AIDS information, school trainings, community days, youth health sensitization seminars, international days, and poster, brochure, and video distribution during functions and outreach activities. Under the Condom Promotion and Distribution pillar, Hima distributes free condoms through workplace dispensers and through peer educators in the community. The company runs an accredited VCT Center 500 meters from the factory where employees, their families and community members can be counseled and tested for free. The clinic, which is run through an agreement with International Air Ambulance (IAA), offers free ARVs and treatment for opportunistic infections for all workers, their registered dependents, and community members within a flexible 10 km radius. Hima also sponsors regular mobile VCT campaigns to decrease stigma and discrimination and offers a Post-Test Club so community members can discuss their status in a safe space.

**HEALTH BENEFITS:** Hima Cement Ltd. offers the only program in Uganda in which both workers and the community have access to free HIV/AIDS related treatment services from an accessible community-based clinic. Before Hima created its community program, community members who tested HIV-positive at Hima’s VCT facility were referred to government hospitals for ARVs. Today, more than 2,000 people have made the decision to be tested so they can benefit from Hima’s free ARV treatment program. Others have received behavior change counseling so they can live healthier lives.

**GBC STATUS:** Lafarge has been a GBC member company since January 2002.

**LEARN MORE:** www.bamburicement.com
**WORKFORCE:** Standard Chartered has 59,205 employees.

**AREA OF OPERATION:** Standard Chartered has an extensive global network of over 1,400 branches in over 50 countries in the Asia Pacific Region, South Asia, the Middle East, Africa, the United Kingdom, and the Americas.

**BUSINESS PROFILE:** Standard Chartered PLC is listed on both the London Stock Exchange and the Hong Kong Stock Exchange and is consistently ranked in the top 25 FTSE-100 companies by market capitalization. As one of the world’s most international banks, Standard Chartered employees represent over 100 nationalities. The Bank is well positioned in the emerging trade corridors of Asia, Africa and the Middle East, from which it derives over 90 percent of profits. Serving both Consumer and Wholesale Banking customers, the Bank combines deep local knowledge with global capability.

**HISTORY OF ENGAGEMENT:** In 1999, it was estimated that 10% of Standard Chartered’s employees in Kenya were off work at any one time due to HIV/AIDS. Recent business impact assessments undertaken in Kenya and Zambia identified that the cost of HIV/AIDS to the business was 0.5% and 1% of total costs respectively (US $270,000 and US $300,000 annually). As a result, Standard Chartered committed to promoting the health of its employees and customers, minimizing the costs to the business associated with HIV/AIDS and responding to what the Bank recognizes to be a global challenge. In 2003, the Bank launched its “Living with HIV” program. The program aims to remove the stigma attached to HIV/AIDS in the hope that more people will seek testing and treatment.

**BEST PRACTICES:** Since May 2005, the Bank has provided a Chairman for the Country Coordinating Mechanism (CCM) of the Global Fund to Fight AIDS, Tuberculosis and Malaria in the Gambia. By applying business management skills, increasing accountability and communications amongst all stakeholders and strengthening the composition of the CCM, the Chairman has improved the performance of both the CCM and the GFATM grant that it oversees. With guidance from the World Economic Forum’s Global Health Initiative and in partnership with AIDS Business Coalition Tanzania (ABCT), the Bank is rolling out the “Living with HIV” program to SME customers in Tanzania. The Bank is using the experience gained in Tanzania to rollout the model to more markets during 2007 and beyond. And, from September 2006 to February 2007, the Bank piloted a program in Thailand which used messages on Automatic Teller Machine screens to encourage customers to be tested for HIV; the graphic appeared on Thailand’s 41 branch screens, and another pilot program is being launched in China. Standard Chartered has also committed to the Clinton Global Initiative to extend its education program to one million people over the next three years.

**HEALTH BENEFITS:** The application of business skills to the CCM of the GFATM in the Gambia has improved the performance of local development mechanisms through the generation of funds and improved efficiencies in process and project implementation. These benefits can be directly translated into additional patients treated. By improving the representation of the CCM, the initiative has also ensured that individual projects are more effectively prioritized and targeted at the country’s needs. The Supply Chain Program seeks to help the Bank’s SME customers rollout their own HIV/AIDS workplace programs. Companies will benefit from education opportunities (through training workshops) and support form the Bank and the AIDS Business Coalition Tanzania (ABCT) in developing their own workplace programs. Standard Chartered’s Thailand ATM campaign raises awareness about HIV/AIDS among customers and their families and directs them to where they can obtain more information on HIV/AIDS and be tested.

**GBC STATUS:** Standard Chartered PLC has been a GBC member company since July 2001.

**LEARN MORE:** www.standardchartered.com
**WORKFORCE:** Gap Inc. has 150,000 employees.

**AREA OF OPERATION:** Gap Inc. operates more than 3,100 stores in the United States, the United Kingdom, Canada, France, Ireland, and Japan.

**BUSINESS PROFILE:** Founded in 1969, Gap Inc. is a leading international specialty retailer offering clothing, accessories and personal care products for men, women, children, and babies under the Gap, Banana Republic, Old Navy, Forth & Towne, and Piperlime brand names. Fiscal 2006 sales were $15.9 billion. The company is expanding its international presence with franchise agreements for Gap and Banana Republic in Asia and the Middle East.

**HISTORY OF ENGAGEMENT:** Gap developed a new, limited collection of clothing and accessories for men and women for (PRODUCT) RED. First launched in Europe before moving stateside, (PRODUCT) RED is a global economic initiative whose primary objective is to engage the private sector in the fight against AIDS in Africa by channeling funds from the sale of (RED) products directly to the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). Created in 2002, the Global Fund is the world’s leading funder of programs to fight AIDS, tuberculosis and malaria. It has committed over $4.5 billion to life-saving programs in 130 countries and accounts for a quarter of the world’s funding for AIDS programs in the developing world. Bono’s brainchild, (RED) is not a charity. Instead, it harnesses the power of some of the world’s most iconic brands. Gap was one of the first (RED) partners; it launched its collection in the fall of 2006 and contributes 50 percent of profits from the sale of Gap (PRODUCT) RED merchandise to the Global Fund to finance AIDS programs in Africa, with a focus on women and children.

**BEST PRACTICES:** To celebrate the introduction of the Gap (PRODUCT) RED Collection and ensure its success, the company launched a powerful advertising campaign featuring a cast of celebrities photographed by renowned photographer Annie Liebovitz. The campaign consists of compelling images of Steven Spielberg, Jennifer Garner, Chris Rock, Penelope Cruz, Christy Turlington, Don Cheadle, Mary J. Blige, Dakota Fanning, and Apolo Ohno. From Chris Rock’s humorous expression reinforced with the tagline UNCENSORED(RED) to Mary J. Blige’s soulful glance accompanied by the tagline EMPOWERED(RED), the ad campaign captures a range of commanding emotions. Gap views (RED) both as an opportunity to deliver a sustainable flow of private sector money into the Global Fund as well as a chance to continue to improve the economic development of the regions affected by HIV/AIDS in Africa by sourcing some of the product there.

**HEALTH BENEFITS:** Gap Inc. began sourcing garments from Lesotho in the late 1980s. Over the past several years, the company has also encouraged economic development in Lesotho and neighboring countries by supporting the original version and subsequent extensions of the African Growth & Opportunities Act (AGOA), federal legislation that eliminated tariffs on certain types of textile exports from sub-Saharan Africa to the United States. As a result of the quota and AGOA, Lesotho’s garment industry is currently one of its largest employers and most important sources of tax revenue. Gap is also committed to investing in other communities in which it does business. For example, through community trade partnerships with the Hillcrest AIDS Center in South Africa, where all employees are HIV-positive, Gap helps support local economic development.

**GBC STATUS:** Gap Inc. has been a GBC member company since September 2005.

**LEARN MORE:** www.gapinc.com
WORKFORCE: MTV Networks International has 3,106 employees: 93 employees in North America; 1,980 employees in Europe and Eurasia; 785 employees in Asia; and 248 employees in Latin America and the Caribbean.

AREA OF OPERATION: MTV Networks has headquarters in New York City, and MTV Networks International has headquarters in London and offices around the world. MTV reaches more than 488 million households in 70 countries worldwide.

BUSINESS PROFILE: MTV was established in 1981 in the United States. MTVNI includes the premier multimedia entertainment brands MTV: Music Television, VH1, Nickelodeon, TMF (The Music Factory), VIVA, Flux, Paramount Comedy, and Game One, which are seen in 546 million households in 171 countries and broadcast in 28 languages via 136 locally programmed and operated TV channels and 170 websites. The company’s diverse holdings include interests in television syndication, digital media, publishing, home video, radio, recorded music, licensing and merchandising and two feature film divisions, MTV Films and Nickelodeon Movies. MTV Networks, a unit of Viacom, has more than 120 channels worldwide.

HISTORY OF ENGAGEMENT: MTV has been involved in HIV/AIDS for twenty-six years. The company was established in 1981, the same year the US Centers for Disease Control and Prevention (CDC) identified the first case of what would later be identified as AIDS. Since then, MTV has created an impressive collection of HIV/AIDS public service announcements (PSAs), introduced millions of viewers to HIV-positive people, and encouraged young people to protect themselves and get tested. MTV and the Kaiser Family Foundation have a long collaborative history. Recently, the two teamed up to respond to the epidemic through think HIV, a long-term effort that provides young people with a platform to foster dialogue and active engagement on HIV/AIDS. On January 29th, MTVNI teamed up with The Body Shop to create the “Stop HIV: Spray to Change Attitudes” campaign to raise awareness among young people about HIV/AIDS and support youth prevention programs around the world through MTVNI’s Staying Alive Foundation.

BEST PRACTICES: For eight weeks, The Body Shop sold a limited edition co-branded fragrance, Rougeberry, in 2,076 shops in 44 countries. MTVNI created an advertisement to promote Rougeberry sales and the entire “Spray to Change” campaign, which aired on MTV channels worldwide to reach 1.4 billion people. Leaflets packed with HIV/AIDS information were distributed in The Body Shop stores and at campaign events. A micro-site was created where people could buy the fragrance, get more information about HIV/AIDS by linking to MTV’s Staying Alive website, and participate in a graffiti art auction that was created for the campaign. All proceeds go to MTV’s Staying Alive Foundation. Through think HIV, MTV helped create a number of awareness vehicles, including thinkhiv.org, the first ever multi-platform, interactive community designed for the first generation of Americans who have lived their entire lives during the AIDS epidemic; think HIV: This is Me, a documentary in which young people share how their generation has been affected by the epidemic; and an innovative PSA series entitled Fight for Her Rights, which focuses on young women.

HEALTH BENEFITS: The “Spray to Change Attitudes” campaign is the first-ever multi-platform HIV/AIDS prevention campaign between a global retailer and a global media brand spanning TV, the Web, and mobile events on the high street. Think HIV is similarly groundbreaking in that it has become a trusted source of information among young people. The website—thinkhiv.org—hosts 32 youth bloggers from around the United States, highlighting states in every region, a diverse representation of races, a spectrum of sexual orientations and stories ranging from those who are infected, affected or newly aware that HIV/AIDS impacts them.

GBC STATUS: MTV has been a GBC member company since June 2001.

LEARN MORE: www.mtv.com and www.staying-alive.org
**WORKFORCE:** Multinational computer technology corporation IBM has a total of 329,373 employees worldwide: 148,070 in North America; 84,918 in Europe and Eurasia; 96,908 in Asia; 1,266 in Africa; and 13,690 in Latin America and the Caribbean.

**AREA OF OPERATION:** IBM was established in 1924 and is headquartered in Armonk, New York.

**BUSINESS PROFILE:** IBM creates, develops and manufactures advanced information technologies, including computer systems, software, networking systems, storage devices and microelectronics. Over the last ten years, IBM has been one of the largest corporate contributors of cash, equipment, and people to non-profit organizations and educational institutions across the U.S. and around the world.

**HISTORY OF ENGAGEMENT:** “Innovation that matters for the world” is one of IBM’s core values and drives the company’s mission. In November 2004, IBM announced a new initiative called World Community Grid (WCG) (www.worldcommunitygrid.org). WCG was designed to support humanitarian research by creating the largest public computing grid and harnessing the plentiful, underutilized resource of PCs and laptops worldwide. Through WCG, anyone, anywhere with a computer can contribute to HIV/AIDS research—any individual can download the software onto their PC, combine it with the power of other devices and help create a permanent “engine for good.” The name was chosen to represent the endeavor’s reach (worldwide), volunteer and scientific collaboration (community), and technical underpinnings (grid computing). In November 2005, WCG launched the FightAIDS @ Home project, sponsored by The Scripps Research Institute, which is using computational methods to identify new candidate drugs to block HIV protease, a key molecular structure that when blocked, stops the virus from maturing and thus avoids the onset of AIDS.

**BEST PRACTICES:** As a philanthropic project, IBM enabled Scripps to run its HIV/AIDS research free of charge. IBM donated the hardware, software, technical services and expertise to build the infrastructure and continues to provide free hosting, maintenance, support and security for the project. IBM also provides technical assistance to researchers and helps prepare the code and compile all results to research specifications. WCG is available only to public and not-for-profit organizations to use in humanitarian research that might otherwise not be completed due to the high cost of the computer infrastructure required in the absence of a public grid. As part of IBM’s commitment to advancing human welfare, all results on FightAIDS @ Home must be published in the public domain and made public to the AIDS research community. IBM has invested significantly in communications efforts to promote FightAIDS @ Home to encourage individuals and other organizations to join WCG and contribute their unused computer time to the research effort.

**HEALTH BENEFITS:** WCG’s projects received almost 600 media hits in 2006 alone, helping to raise awareness about HIV/AIDS research. Scripps was able to complete five years of research in just six months, producing results that have immediate impact on future, as well as related experiments—the best anti-HIV protease compounds have been presented to synthetic chemists so that they can incorporate these “lead” molecules into the design of better inhibitors than the clinically-approved drugs. Other laboratories within the project utilize the information generated by the computations in selecting, synthesizing, characterizing and testing new inhibitor molecules against HIV. IBM has also built a dynamic and engaging website that provides volunteers with the latest information on the FightAIDS @ Home project and the ability to gauge their personal contributions, a forum to chat with other members, as well as opportunities to create or become part of a team contributing to HIV/AIDS research. As of February 13, 2007, WCG had 327 partners, more than 260,000 volunteers from almost 200 countries, and more than 519,000 devices that have contributed more than 76,000 years of run time.

**GBC STATUS:** IBM is not a GBC member company.

**LEARN MORE:** www.ibm.com
WORKFORCE: Marathon Oil has 2,460 employees, with 1,890 in North America, 485 in Europe and Eurasia, 5 in Asia, and 80 in Africa. 2,400 employees travel to Bioko Island, Equatorial Guinea (EG).

AREA OF OPERATION: The company has exploration and production activities in the United States, the United Kingdom, Angola, Canada, Equatorial Guinea, Gabon, Indonesia, Ireland, Libya, and Norway. Marathon is also developing integrated gas projects that are linking stranded natural gas resources with key demand areas where domestic production is declining and demand is growing, particularly in North America.

BUSINESS PROFILE: Marathon is the fourth-largest U.S.-based fully integrated international energy company engaged in exploration and production; integrated gas; and refining, marketing and transportation operations. The company is the fifth largest refiner in the U.S., with 974,000 bpd of crude processing capacity in its seven-refinery system. The Company’s retail marketing system comprises approximately 5,700 locations in 17 states; nearly three-quarters are Marathon brand locations. Marathon serves the Midwest and Southeast as a petroleum products marketer with 87 light product and asphalt terminals, and the company owns, operates, leases or has an ownership interest in approximately 9,900 miles of pipeline.

HISTORY OF ENGAGEMENT: When Marathon acquired production interests on Bioko Island, Equatorial Guinea (EG) in 2002, and through engagement with the Equatorial Guinea Government and the EG Ministry of Health and Social Well-Being (MoH), the company quickly identified malaria (Plasmodium falciparum) as the key health issue facing employees and local communities. Marathon realized that elimination or at least a drastic reduction of malaria on Bioko Island would not only reduce the health care and economic burden of this devastating disease on the local population where it accounts for almost half of child mortality, but that this would also help protect the workforce.

BEST PRACTICES: Marathon and its business partners teamed with the Equatorial Guinean Government and leading health specialists to design a comprehensive malaria eradication program—the Bioko Island Malaria Control Program (BIMCP). The program, which was initiated in 2003, consists of three principal interventions: 1) Vector Control: Primary intervention is accomplished through indoor residual spraying (IRS), which breaks the cycle of infected mosquitoes transmitting the parasite to new victims; 2) Case Management: This required medical staff to be trained to diagnose and treat malaria cases using new protocols that rely on combination drug therapies to overcome resistance to long-standing treatments based on use of a single drug; and 3) Monitoring and Surveillance: Designed to monitor the effectiveness of the program (reduction in mosquito numbers and their level of infectivity), this component checks ongoing project results and facilitates necessary operational adjustments. Marathon and its partners are working closely with several UN agencies, including the World Health Organization, as well as regional organizations such as the Carlos III Institute of Spain and the U.S. Centers for Disease Control and other organizations supporting health services development on Bioko Island. This collaboration aims to avoid duplication of effort and to ensure that malaria control efforts are effectively integrated for the health and well-being of the local population.

HEALTH BENEFITS: After only two years of indoor residual spraying, results show a 95 percent reduction in malaria transmitting mosquitoes (based on average number of infected mosquitoes caught in the home per 100 nights from prespray baseline research) and a 44 percent reduction in the presence of malaria parasites in children (based on blood smear testing). For a population of a quarter million people on the island that has been experiencing an average of one episode of malaria per person per year, the program was able to avert an estimated 150,000 cases in its first year of implementation. In the same period, the project brought additional economic benefit to the lower 40% of earners in the population through a net savings of 6 percent of their revenues that they would have otherwise spent on treatment of malaria illness. For every dollar invested by the project, the return to the community, including averted cases, improved productivity and reduced absenteeism was four dollars.

GBC STATUS: Marathon Oil Corporation has been a GBC member company since April 2006.

LEARN MORE: www.marathon.com
WORKFORCE: Novartis Pharma AG has a total of 99,000 employees: 20,000 in North America; 30,000 in Europe/Eurasia; 15,000 in Asia; 2,000 in Africa; and 32,000 in Latin America and the Caribbean.

AREA OF OPERATION: A major pharmaceutical company headquartered in Basel, Switzerland, Novartis Pharma AG has four core businesses: pharmaceuticals (ranked by IMS Health as one of the fastest-growing global pharmaceutical companies worldwide in recent years), vaccines and diagnostics, Sandoz generics, and consumer health. The majority of employees involved in the malaria initiative are based in Switzerland, the United States, and Africa; production plants are located in China, Switzerland, and the U.S.

BUSINESS PROFILE: Created in 1996 by the merger of Ciba-Geigy and Sandoz, the Novartis mission has always been to discover, develop and market innovative products to cure diseases, ease suffering, and enhance the quality of life of patients. A commitment to improving global health is a key part of the overall mission. In 2006, Novartis Pharma AG was named the “Super Sector Leader” in the Dow Jones Sustainability Index (DJSI), which tracks the performance of companies in terms of corporate sustainability. Its malaria initiative is the largest initiative within the corporate citizenship program.

HISTORY OF ENGAGEMENT: In 2001, Novartis Pharma AG and the World Health Organization (WHO) entered into an agreement to provide the company’s Coartem® treatment to malaria endemic countries without profit. The anti-malarial Coartem® is a breakthrough in the treatment of multi-drug resistant malaria and has been added to the WHO’s Essential Medicines list. It is highly effective, with cure rates of up to 95%, even in areas displaying multi-drug resistance. To meet demand, in 2005, Novartis Pharma AG embarked on the largest and fastest scale-up the industry ever saw. It went from producing four million treatments in 2004, to 33 million in 2005, to 62 million anti-malarial treatments in 2006.

BEST PRACTICES: Novartis Pharma AG targets sub-Saharan countries where malaria is endemic. In 2006, Novartis produced 62 million treatments of Coartem® and the expected capacity for 2007 is 100 million. The company also acknowledges that providing treatment is not enough if patient compliance is low. To ensure that Coartem® is used properly, Novartis developed novel packaging designed to address problems with poor literacy rates. Coartem® blister packs are user-friendly and color coded for four dosage levels. Each pack contains simple diagrams encouraging patients to finish their treatment courses. Novartis Pharma AG developed a pediatric patient compliance booklet, ‘Juma the Strong Boy,’ to boost understanding and encourage correct use of the treatment. This booklet is produced in Swahili and many local languages. Novartis Pharma AG’s malaria initiative also provides training for healthcare workers; there was great success in Zambia. As Novartis Pharma AG looks to the future, one of its main goals is to develop a pediatric formulation of Coartem® available without profit for distribution to public sector agencies and malaria-endemic developing countries.

HEALTH BENEFITS: Since it began Coartem® distribution in 2001, Novartis Pharma AG has contributed to saving approximately 240,000 lives, with around 200,000 lives saved in 2006 alone. In malaria heavy Zambia, there was a 10.5% drop in malaria incidence in 2004, just one year after the country initiated a malaria control program and treatment with Coartem®. There was also a decline in malaria deaths from 50,000 to 33,000 over the same time period.

GBC STATUS: Novartis Pharma AG has been a GBC member company since August 2004.

LEARN MORE: www.novartis.com
**WORKFORCE:** BHP Billiton has 38,000 employees.

**AREA OF OPERATION:** Company employees work in more than 100 operations in approximately 25 countries in North America, Asia, and Africa.

**BUSINESS PROFILE:** BHP Billiton is the world’s largest diversified resources company. It occupies industry leader or near industry leader positions in major commodity businesses, including aluminum, energy coal and metallurgical coal, copper, manganese, iron ore, uranium, nickel, silver and titanium minerals; BHP also has substantial interest in oil, gas, liquefied natural gas, and diamonds.

**HISTORY OF ENGAGEMENT:** When BHP Billiton started construction of the Mozal smelter in Mozambique in 1998, it was against the background of a country that was emerging from a 17-year civil war. The infrastructure and economy were shattered and government structures were fragile. The impact of malaria was even higher than anticipated: there was a significant absentee rate among the workforce and 13 of the 4,000 construction workers infected with malaria died. Beyond the Mozal smelter, the impact of malaria was as severe. In 2002, 40% of outpatients at Mozambican clinics and 60% of children admitted to hospitals suffered from malaria. According to the World Health Organization, malaria became even deadlier in the 1990s, partly because of weaker efforts to control it and growing resistance to common malaria drugs. Children were the most vulnerable.

**BEST PRACTICES:** Mozal’s immediate responsibility is to its workforce and the community surrounding the smelter. Mozal provides bed nets, house-to-house indoor spraying, artemisinin combination therapies (ACT), education on malaria through activities such as industrial theater, and includes the disease in its induction program. Medical support is available in clinics built by the company. The company funded the first anti-malarial pilot program in Mozambique, starting with an area of 10 km radius around Mozal. Extensive training of field staff and health workers was undertaken, particularly addressing the shortage of these skills in Mozambique. By 2005, 255 health workers had participated in integrated training programs. Clinics throughout southern Mozambique were supplied with more powerful medicines. Mozal alone distributed more than 7,000 bed nets—the newest of which repel mosquitoes for five years. House-to-house indoor spraying of insecticides was started.

**HEALTH BENEFITS:** At Mozal, productivity and morale have improved, while absenteeism has decreased from 20% to 1%. By October 2005, the number of recorded cases of malaria infection had been reduced by 73%, medical evacuations by 73% and fatalities by 97%. The costs of medical treatment and replacement recruitment and training have dropped, and Mozal is in a position to implement its development projects with good prospects for sustainability. Local communities have also benefited. In 1999, nearly 9 in 10 children who lived near the smelter were infected. By June 2005, the South African Medical Research Council showed that this figure had fallen to about 2 in 10. BHP Billiton has demonstrated that a company can operate in a country of perceived high risk. This reduces the perception of investment risk and the initiative becomes a further catalyst for FDI.

**GBC STATUS:** BHP Billiton has been a GBC member company since May 2003.

**LEARN MORE:** [www.bhpbilliton.com](http://www.bhpbilliton.com)
**WORKFORCE:** One of the world’s leading gold producers, AngloGold Ashanti has 61,368 employees around the globe: 397 in North America; 542 in Asia; 54,960 in Africa; and 5,469 in Latin America and the Caribbean.

**AREA OF OPERATION:** At the end of 2006, the company had 21 operations located in 10 countries on four continents, together with a substantial project pipeline and a focused, global exportation program. Greenfields exploration is underway in Western Australia, Colombia and the Democratic Republic of Congo (DRC), and through exploration partnerships and joint ventures in Alaska, Russia, China, the Philippines and Laos.

**BUSINESS PROFILE:** AngloGold Ashanti (AGA) produced 5.6 million ounces of gold in 2006, of which 2.6 million ounces (45%) came from deep-level hard-rock operations in South Africa and the balance of 3 million ounces (53%) from shallower and surface operations around the world.

**HISTORY OF ENGAGEMENT:** In 2005, Ghana reported three million cases of malaria, which is the leading cause of disease in Obuasi where AGA maintains its mine. During this same year, between 6,000 and 7,000 malaria cases were diagnosed monthly among employees, contractors and employee dependents at the AGA Obuasi Mine. The impact on productivity at the Obuasi Mine was significant with an average of 7,400 shifts per month being lost due to malaria. As part of a business and values-driven response, AGA implemented a broad-based Malaria Control Program to incorporate the whole Obuasi community and outlying villages in April 2006.

**BEST PRACTICES:** AGA’s integrated Malaria Control Program consists of four key components: 1) vector control (Indoor Residual Spraying, Environmental Management of potential breeding sites, and distribution of insecticide treated bednets), 2) effective disease management (diagnosis and treatment), 3) surveillance and monitoring, and 4) community information sharing, health education and communication. The Company established a Malaria Control Center in Obuasi, which houses a malaria research laboratory that is affiliated with the Noguchi Research Institute in Accra and the University of Witwatersrand in South Africa. AGA has representation on the Ghanaian Country Coordinating Mechanism (CCM) committee and has engaged Ghana’s Central Government in an attempt to facilitate extension of its malaria control initiatives. During 2006, a community knowledge, attitudes and perception (KAP) study on malaria was performed to strengthen health education initiatives going forward.

**HEALTH BENEFITS:** By December 2006 the total monthly malaria cases for the Obuasi community, as reported by the Health Directorate, had reduced from 11,800 to 6,000 compared to January 2006. For the Obuasi Mine, during the same comparative periods, total cases dropped from 7,000 to 2,500. Among Obuasi Mine employees and contractors the incidence rate decreased year on year from 24% to 9%. Direct monthly treatment costs at the AGA Edwin Cade Hospital were reduced from US$55,000 to US$26,000. While further work must be done to understand the program’s impact on absenteeism, the statistics suggest a positive effect: the average number of shifts lost per month fell from 7,400 shifts in 2005 to 2,705 in December 2006. The program, which created 116 new job opportunities locally by employing program supervisors and spraymen, is building local capacity in malaria control to ensure sustainability.

**GBC STATUS:** AngloGold Ashanti is not a GBC member company.

**LEARN MORE:** www.anglogoldashanti.com
**WORKFORCE:** Eli Lilly & Company has 41,502 employees.

**AREA OF OPERATION:** The 130-year-old company conducts clinical research in more than 50 countries; operates research and development facilities in nine countries; has manufacturing plants in 13 countries; and markets its products in 143 countries. It is headquartered in Indianapolis, Indiana, United States.

**BUSINESS PROFILE:** The global, research-based company was founded in May 1876 by Colonel Eli Lilly in Indianapolis, Ind., in the Midwestern section of the United States. A 38-year-old pharmaceutical chemist and a veteran of the U.S. Civil War, Colonel Lilly was frustrated by the poorly prepared, often ineffective medicines of his day. In 1886, he hired a young chemist to function as a full-time scientist, using and improving upon the newest techniques for quality evaluation. Together, they laid the foundation for the Lilly tradition: a dedication that first concentrated on the quality of existing products and later expanded to include the discovery and development of new and better pharmaceuticals.

**HISTORY OF ENGAGEMENT:** In 1992, U.S.-based Partners in Health (PIH) was working in Northern Peru, when one of its health workers died of multi-drug-resistant tuberculosis (MDR-TB) upon his return to Boston. Investigation of treatment failures revealed a 16 percent prevalence rate of MDR-TB in Peru. The National TB Program began, based on data from Massachusetts State Laboratory, to test various treatment protocols to treat MDR-TB. Eli Lilly and Company was the first pharmaceutical company to provide support and drugs in order to initiate a pilot project to treat MDR-TB in Peru in 1996. In further response to the growing MDR-TB pandemic, Lilly developed a multi-prong approach and global partnership early in the new millennium to fight the disease. It began by looking at which countries were most afflicted and discovered that, out of 400,000 new cases each year, half occurred in China and India. Other countries hardest-hit were Russia and South Africa. Lilly then identified key components to curing MDR-TB drug supply: properly trained health care staff and community support.

**BEST PRACTICES:** Lilly worked with Médecins Sans Frontières (MSF) and WHO by providing two discounted MDR-TB drugs, cycloserine and capreomycin, to meet immediate treatment needs worldwide. As a result, the WHO created the Green Light Committee (GLC) in 2000. The GLC became the platform which reviewed drug requests and allocated drugs based on sound programs. Lilly then contemplated helping developing country companies produce these drugs at a lower operating cost so they could sell them to the expanding market of international aid agencies, governments, and individuals. The Lilly team realized that tackling only one part of the problem—supply—was not comprehensive enough to have impact at a macro level. Lilly determined to expand the global partnership to include 14 new organizational partners. Now in its fifth year, Lilly’s multi-pronged approach and global partnership to fight MDR-TB has operations in some 40 countries and a $70 million commitment. The Lilly MDR-TB Partnership has three components: Transfer of Technology and Drug Supply; Training, Treatment and Surveillance; and Community Support, Patient Advocacy, and Workplace Awareness and Prevention.

**HEALTH BENEFITS:** The Lilly Partnership is the only philanthropic MDR-TB program that combines early detection and treatment, health care worker training, surveillance, community and patient support, and transfer of drug-manufacturing technology to companies in developing countries. Lilly focuses on the prevention, treatment and management of multi-drug resistant strains of TB. MDR-TB is more costly and complicated to treat than regular TB; Lilly has uniquely helped to reduce the cost barrier. Lilly developed the first truly comprehensive strategy to fight global MDR-TB by employing a coalition of experts for each of the Partnership’s programmatic areas. It also transfers its technology, including quality and safety control procedures and business management plans to international pharmaceutical companies. The company also organized, for the first time in tuberculosis, a global network of expert healthcare partners. Partners developed training materials that are being disseminated to millions of health care practitioners worldwide both in the public and private sector. In each facet of the Partnership, local programs develop and become self sufficient. International companies developing Lilly off-patent drugs have strengthened their manufacturing skills, generate exports, and create hundreds of jobs resulting in economic growth for their countries. Partnership-trained health workers go on to train others in health centers, hospitals and universities to provide widespread results dissemination not often achieved in complex disease treatment.

**GBC STATUS:** Eli Lilly & Company has been a GBC member company since January 2007.

**LEARN MORE:** www.lilly.com and www.lillymdr-tb.com
WORKFORCE: AstraZeneca PLC has 66,500 employees.

AREA OF OPERATION: AstraZeneca’s corporate office is in London. Its major R&D sites are in Sweden, the UK, and the US. The company is active in over 100 countries and has a growing presence in emerging markets.

BUSINESS PROFILE: AstraZeneca is one of the world’s leading pharmaceutical companies. It discovers, develops, manufactures and markets medicines for important areas of healthcare—cancer, cardiovascular, gastrointestinal, infection, neuroscience, and respiratory and inflammation. The company’s dedicated research facility in Bangalore, India is focused on finding new therapies for TB that will act in drug resistant disease and reduce the complexity of and/or the duration of treatment.

HISTORY OF ENGAGEMENT: AstraZeneca has a long commitment to improving health in the developing world. Since 2002, it has worked in partnership with the Red Cross to combat the spread of TB among vulnerable populations. In 2003, the company opened a state-of-the-art dedicated TB research center at its Bangalore site in India. Over 80 scientists there work closely with the company’s infection research center in Boston, Massachusetts, U.S., as well as with external academic leaders in the field. The company’s work is focused on finding new therapies that will act on drug-resistant strains, shorten the duration of treatment, eradicate disease (including the latent form) to reduce the chances of relapse, and be compatible with HIV/AIDS therapies.

BEST PRACTICES: AstraZeneca’s community-based partnership with the Red Cross and the Red Crescent is based on philanthropic support and aims to tackle the spread of TB among people living with, and at risk of, the disease in Central Asia and Africa. It consists of a successful community-based partnership in Central Asia, which has supported thousands of people living with TB and reached over 300,000 people through a targeted TB awareness campaign. It also announced a new global partnership that builds on the success of Central Asia. This extended partnership will run for three years from 2007-2009 with the aim of combating TB and TB/HIV co-infection in sub-Saharan Africa and Central and South Asia.

HEALTH BENEFITS: AstraZeneca’s global partnership focuses on addressing TB and TB/HIV co-infection in some of the world’s poorest communities. From the beginning of 2007, AstraZeneca has worked with the Red Cross to participate in a partnership via a new skills transfer scheme whereby the company will utilize its skills to support programs in Africa and Central Asia. This involves the donation of time and skills to support the development and implementation of programs at a country level. The partnership focuses on skills areas including marketing and communications; project management; and technical support and knowledge in TB. Over 300,000 people in Kyrgyzstan, Turkmenistan and Kazakhstan have been reached in Central Asia through a TB awareness campaign run through the media and targeted education and health sessions held in schools and the workplace. Evaluation at health sessions has shown an increase in understanding and knowledge of the signs of TB among target groups.

GBC STATUS: AstraZeneca PLC has been a GBC member company since June 2006.

LEARN MORE: www.astrazeneca.com
**WORKFORCE:** Dole Philippines, Inc. has 23,910 employees.

**AREA OF OPERATION:** One of Dole Philippines, Inc.’s two operating divisions is Stanfilco. Stanfilco is primarily engaged in the production and export of Cavendish bananas to countries such as Japan, Korea, China, Hong Kong, New Zealand and the Middle East.

**BUSINESS PROFILE:** Dole Philippines, Inc. is a subsidiary of Dole Food Company—the world’s largest producer and marketer of high quality fresh fruit, vegetables, fresh cut flowers, and a growing line of packaged foods based in the United States. Stanfilco produces and exports high-quality Dole fruits and vegetables such as papaya, mango, and asparagus. Currently, it employs about 500 management employees and more than 5,000 regular rank-and-file employees. The company’s size in terms of hectarage is approximately 30% of the country’s banana industry. Stanfilco contributes 36% of the total volume produced and shipped in the Asia-Pacific Region.

**HISTORY OF ENGAGEMENT:** Tuberculosis (TB) remains a major public health problem in the Philippines, which has the world’s ninth greatest TB burden. Out of a population of 85 million, around 390,038 Filipinos have TB. Despite drug availability, TB continues to kill 75 Filipinos daily. A 2003 National Demographic Health Survey revealed that among those diagnosed with TB, only 31% sought treatment, citing cost and distance of health centers as the primary hurdles. TB incidence is highest among the productive age group (21-59 years of age), which is the age profile of Dole Stanfilco’s workforce. Local studies have shown that those in the agricultural sector, with low income, are as vulnerable as the urban poor living in congested areas. Recognizing the real threat of TB to its workforce, their families and communities, Stanfilco launched a TB-DOTS program in 2004.

**BEST PRACTICES:** Stanfilco is currently implementing two types of TB programs: workplace and community. For the workplace, all employees, seasonal and service workers, their dependents, applicants and service providers are given free TB healthcare. Called the Workplace ++ Model, or the stand-alone scheme, Stanfilco provides comprehensive coverage of TB services from sputum examination, on-site treatment of employees, to TB education and counseling. For the community at large, Stanfilco offers its clinics as DOTS centers to serve everyone in the area; health assessments and proper referral to the Philippine Government’s Rural Health Units (RHUs) are carried out at these sites. The company also works to build the capacity of

farm clerks to be competent and dedicated TB educators and treatment partners. Stanfilco’s TB program, which maintains strong partnerships with NGOs and the public sector, was the first company program in the Mindanao region.

**HEALTH BENEFITS:** Employees have gained a greater awareness and better understanding of TB as manifested in their willingness to undergo further examination and their increased health-seeking behavior. Since 2004, 1,293 employees and 1,779 non-employees have been educated on TB. Additionally, 418 employees and 42 non-employees were referred for diagnosis while 113 were found to have TB and treated. There is also an increased case detection rate. Data shows that there was a 200% increase in the number of cases referred to the Philippine Government’s RHUs for proper diagnosis from 2004 to 2006.

**GBC STATUS:** Dole-Stanfilco is not a GBC member company.

**LEARN MORE:** www.dole.com
WORKFORCE: Abbott has 65,000 employees.

AREA OF OPERATION: The company markets its products in more than 130 countries. Its headquarters is based in north suburban Chicago, Illinois, United States.

BUSINESS PROFILE: Abbott is a global, broad-based health care company devoted to the discovery, development, manufacture and marketing of pharmaceuticals and medical products, including nutritional, devices and diagnostics. Abbott Fund is a philanthropic foundation established by Abbott in 1951 to create healthier global communities by investing in creative ideas that promote science, expand health care and strengthen communities worldwide.

HISTORY OF ENGAGEMENT: Tanzania, one of the poorest countries in the world, is facing a significant challenge in responding to the HIV/AIDS pandemic—an estimated 1.9 million people in the country are living with HIV. Abbott and Abbott Fund initiated a partnership with the Government of Tanzania in 2000 to introduce programs to assist orphans and vulnerable children in four sites in Tanzania. Through work on this program, Abbott Fund and the Government of Tanzania were able to develop a successful working foundation. In 2002, this partnership was further expanded to create a national initiative to modernize the public health care infrastructure and systems and support scale-up of voluntary counseling and testing (VCT) and treatment services for people living with HIV/AIDS and other serious illnesses. When the Abbott Fund program started, there were very few donors in the country, and there was a significant need for improvement in its health care management, infrastructure, and services. By the end of 2007, Abbott Fund will have invested more than $50 million in the Tanzania partnership.

BEST PRACTICES: The Abbott Fund partnership with the Government of Tanzania was designed to adapt resource-limited health systems to meet the lifelong treatment needs of people with HIV/AIDS. This includes improving facilities, upgrading administration and systems, training staff, increasing access to VCT and HIV care, and assisting orphans and vulnerable children. The program is managed through close collaboration between the Tanzanian Ministry of Health and Abbott Fund, working with implementing NGOs Axios, Elizabeth Glaser Pediatric AIDS Foundation, and Family Health International. The Abbott Fund initiative provides support for 90 hospitals and rural health clinics, bringing HIV services into some remote regions for the first time. This includes building a modern three-story outpatient center and state-of-the-art clinical laboratories at the country’s leading teaching and reference hospital. An extensive hospital IT system was installed to track health history, referrals, test results and drug prescriptions. There have been more than 7,400 health care worker trainings in effective HIV patient care, and 200 physicians now serve as trainers for other health professional staff. Specialized Abbott employee volunteers provide technical support in construction, engineering, infection control, IT, waste management, security and lab management. Additionally, field service engineers supported by Abbott Fund maintain all donated Abbott lab equipment.

HEALTH BENEFITS: Abbott Fund partnership with the Government of Tanzania has improved the day-to-day well being of people affected by HIV/AIDS. Specifically, nine hospitals are receiving training and support to enable them to provide comprehensive HIV care and treatment. Testing capacity has increased and waiting time has been reduced at new laboratories; now patients can often receive results the same day, versus waiting weeks or months in the past. VCT has been expanded and accelerated through improved facilities, training, community education and better management practices to provide privacy and reduce stigma, with more than 150,000 people receiving VCT services. People with HIV are seen in the same setting as people with other illnesses; this full integration has resulted in reduced stigma associated with HIV. And, more than 150,000 children and families have been provided with services to date, including legal services for widows and orphans, and health and education services for children affected by HIV/AIDS.

GBC STATUS: Abbott has been a GBC member company since January 2002.

LEARN MORE: www.abbottglobalcare.org
**WORKFORCE:** Caribbean Broadcast Media Partnership on HIV/AIDS (CBMP) has 54 members from 23 countries and territories.

**AREA OF OPERATION:** CBMP was launched in Barbados and serves broadcasters throughout the Caribbean region. CBMP broadcasters cover a total estimated population of some 40 million people in the second most highly impacted region of the world by HIV/AIDS.

**BUSINESS PROFILE:** Launched in May 2006 at an historic summit of Caribbean broadcasters in Bridgetown, Barbados, the CBMP is committed to uniting top broadcasters from the Caribbean region in a coordinated response to the region’s surging HIV/AIDS epidemic. It was inspired by former UN Secretary-General Kofi Annan’s call to action under the Global Media AIDS Initiative. This historic partnership creates a structured framework for information and resource sharing among broadcasters that has significantly expanded HIV/AIDS related programming and public education activities across the Caribbean.

**HISTORY OF ENGAGEMENT:** The creation of the CBMP was the first coordinated media response to HIV/AIDS executed across all Caribbean territories. It represents the single largest mobilization of media companies in response to any social issue in the region. Recognizing their unique power as broadcasters to deliver lifesaving information about HIV/AIDS and fight stigma and discrimination, participating executives signed the Bridgetown Declaration in 2006, and the CBMP was born. Since its inception, the CBMP has worked proactively to engage regional and local institutions in an effort to develop accurate, complementary and culturally relevant messaging, as well as to direct audiences to local resources and services.

**BEST PRACTICES:** Serious gaps between HIV/AIDS knowledge and behavior change pervade every global region of the world, but the problem is particularly evident in the Caribbean, where conservative social values, pervasive homophobia and stigma suppress frank disease discussion. With its vast communications infrastructure and ability to reach diverse audiences, shape attitudes and influence behavior, the mass media represents a formidable force in the fight against the epidemic. CBMP’s broadcaster members share an integrated, cross-platform approach that includes several ways to increase public awareness of HIV/AIDS. Chief among them are targeted Public Service Announcements (PSAs) branded under a single regional campaign—“LIVE UP: Love, Protect, and Respect.” Members also have access to original long-form programming produced by partners like MTV, BET and Univision. In addition to offering the use of broadcast materials, CBMP’s services include information resources, capacity-building workshops, small project stipends, and special events. One of the more recent special events, an alliance with the International Cricket Court, UNICEF and UNAIDS, was an unprecedented success. Through this arrangement the CBMP’s “LIVE UP” messages were broadcast to an estimated 2 billion people worldwide, and “LIVE UP” informational resources were distributed at matches throughout the 8-week tournament.

**HEALTH BENEFITS:** CBMP’s integrated, cross-platform approach aims to ensure high levels of audience penetration with powerful, accurate messages about HIV/AIDS, refer audiences directly to local resources, and build an ongoing and sustainable communications platform for delivery of HIV/AIDS messaging. Most importantly, the CBMP aims to build the capacity of its broadcast members to produce HIV/AIDS themed content, engage local experts and partners, and to ensure message accuracy and consistency. Through its efforts, the CBMP is helping media houses across the region build sustainable capacity to produce and air HIV-related messaging across multiple broadcast platforms.

**GBC STATUS:** Caribbean Broadcast Media Partnership on HIV/AIDS is not a GBC member company.

**LEARN MORE:** www.cbmphiv.org
**WORKFORCE:** Central Azucarera Don Pedro, Inc. (CADPI) has 742 employees.

**AREA OF OPERATION:** An integrated sugar manufacturer with a raw sugar mill and sugar refinery, CADPI is located in Nasugbu, Batangas, a province south of Manila. Its refined sugar and molasses are sold to leading food and beverage manufacturers, such as Nestle Phil., San Miguel Corporation, Coca-Cola Bottlers Phils., and other industrial users and independent traders.

**BUSINESS PROFILE:** Incorporated in 1927, Central Azucarera Don Pedro’s history can be traced to the 1800s when the Roxas family bought the Nasugbu Estate and started planting sugarcane. Through the years, CADPI underwent modernization and expansion that culminated in the installation of a 5-mill tandem, new boilers and various equipment in the process house. In 1994, it became a fully integrated sugar manufacturer when it erected a 17,000 bags per day refinery. CADPI’s manufacturing operation is ISO 9001 certified, and its refined sugar has earned the quality Philippine Standard Mark from the Philippine Department of Trade & Industry.

**HISTORY OF ENGAGEMENT:** CADPI is a member of the Philippine Business for Social Progress (PBSP). Founded in 1970, PBSP is a membership-based NGO consisting of CEOs of top Philippine businesses. It is the first of its kind in Southeast Asia and the only non-profit consortium of corporations leading advocacy initiatives and facilitating corporate social responsibility. When PBSP launched its STI and HIV/AIDS workplace program, CADPI was one of the first companies to become involved. In 2001, with assistance from PBSP, CADPI trained its medical staff and volunteers to develop and implement an HIV/AIDS education/prevention workplace program. The program has been mainstreamed as part of the employees’ welfare program. Through the Roxas Gargolla Foundation (RGF), which is CADPI’s community development office, the program extends to surrounding communities and even to the sister company in Bacolod City.

**BEST PRACTICES:** Nasugbu (population 103,750) has experienced a major public health crisis related to the booming nightlife industry and a growing commercial sex industry. It has become a key destination for local and foreign tourists in a trend that could see increased STI and HIV/AIDS cases. In 2004, PBSP worked on a partnership with the RGF and CADPI’s Community Development Department for a multi-sectoral response to social development. The project focused on youth development, paying particular attention to skills development for out of school youth and safe sex practices among entertainment workers. In collaboration with PBSP, CADPI facilitated the organization of a Videoke Bar Association in Nasugbu and lobbied for local government support to encourage male and female sex workers, bar employees and tavern owners to attend education and prevention sessions.

**HEALTH BENEFITS:** Through the World Bank Small Grants Program, PBSP and CADPI partnered to organize the Nasugbu AIDS Watch Council (NAWC), which is supported by a local ordinance to oversee all activities related to STI and HIV/AIDS prevention and control. The program successfully steered the passage of the local ordinance and creation of a permanent multi-sectoral structure for education/information campaigns on STI and HIV/AIDS prevention and control. Twelve sessions covered 8 Barangay high schools and the state university and reached 2,104 high school students, health workers, entertainers, and videoke bar managers.

**GBC STATUS:** Central Azucarera Don Pedro is not a GBC member company.

**LEARN MORE:** www.cadp.com.ph
WORKFORCE: HBO has 2,100 employees.

AREA OF OPERATION: Headquartered in New York City, HBO also maintains offices in Los Angeles, San Francisco, Chicago, Denver, Philadelphia, Atlanta, and Dallas.

BUSINESS PROFILE: Home Box Office, Inc. is the premium television programming subsidiary of Time Warner Inc., providing two 24-hour pay television services—HBO and Cinemax—to over 40 million U.S. subscribers. HBO programming is sold into over 150 countries worldwide.

HISTORY OF ENGAGEMENT: Firm believers in the notion that films can—and do—change people’s lives, HBO has produced important documentaries, movies, and programming highlighting the HIV/AIDS epidemic in an effort to raise awareness, undo stigma, and encourage people to protect themselves and get tested. From groundbreaking films such as And the Band Played On, Gia, and In the Gloaming, to hard-hitting documentaries like The Broadcast Tapes of Dr. Peter, Common Threads: Stories from the Quilt, and Lifestories: Families in Crisis: Blood Brothers: The Joey DiPaolo Story, HBO has produced a plethora of works on the subject over the years.

BEST PRACTICES: Even when “AIDS fatigue” discouraged some media companies from covering the epidemic, HBO continued to educate its viewers about the disease and the different ways in which it was affecting people of all ages, races, and sexual orientations. Each of its productions made it clear that HIV/AIDS is not just a medical disease but a devastating crisis that permanently alters societies. This has been accomplished in a variety of ways, whether it was through Rory Kennedy’s Pandemic: Facing AIDS, the Oscar-nominated film Yesterday or the critically-acclaimed Angels in America. In addition, most recently in 2007, HBO produced the documentary The Blood of Yingzhou District, and the film Life Support.

HEALTH BENEFITS: Most recently, in March 2007, HBO premiered Life Support. Inspired by a true story, the film follows an HIV-positive Brooklyn woman named Ana (Queen Latifah), who channels her energy and regret over past drug addiction into working for Life Support, an AIDS outreach group. The film sheds light on an important phenomenon: African Americans are disproportionately affected by HIV/AIDS, accounting for half of all new AIDS cases in the United States, while representing just 12 percent of the country’s population. According to data from UNAIDS, 90 percent of people infected with HIV do not know their status. In the U.S., the CDC estimates that one in four people living with HIV does not know it. To maximize Life Support’s impact, HBO partnered with GBC, the National Basketball Association (NBA) and the Kaiser Family Foundation to produce a series of television, radio and print Public Service Announcements (PSAs) to promote HIV testing. Utilizing the expertise of each collaborator, the PSA launched June 13 at GBC’s Annual Awards for Business Excellence Gala and was debuted domestically in the U.S. during the NBA Playoff Games on ABC. HBO underwrote the PSA production costs, including the development of all creative—both broadcast and print.

GBC STATUS: HBO has been a GBC member company since September 2004.

LEARN MORE: www.hbo.com
GBC’s Business Action Methodology™ (BAM) is a structured approach to designing a corporate response to HIV/AIDS, tuberculosis and malaria. Grounded in the experience of hundreds of businesses worldwide, yet specific to each corporation, the BAM facilitates our mission to harness the power of the global business community to end the HIV/AIDS, TB and malaria pandemics.

The BAM consultation period is typically organized in three fluid phases:

1. **Situation Analysis:** GBC helps members define their specific goals and needs. After compiling strategic information, we apply our expert understanding of the industry, region, and key stakeholders and identify the best strategy to maximize company assets and produce quantifiable results.

2. **Strategy Design:** During this phase, GBC helps members design their HIV/AIDS, TB and malaria strategies by identifying implementation partners, making connections with best practice companies, prioritizing options, and sharing effective models.

3. **Strategy Implementation:** GBC experts assist with problem-solving and implementation challenges, on-going monitoring and evaluation, and member company program profiling.

The Best Practice AIDS Standard™ (BPAS) is a self-assessment tool designed by GBC to help companies assess the range and depth of their business’ HIV/AIDS strategy, using their core competencies, community programs and public advocacy campaigns. BPAS also allows companies to confidentially monitor and evaluate their business AIDS response and examine their progress. This candid process is the first step in encouraging companies to improve programs that protect their workforce and supply chain and maximize the impact of their products, services and philanthropic efforts on the global AIDS crisis.

There are ten primary components to the standard:

1. **Non-discrimination**
2. **Prevention, Education and Behavior Change (which are gender sensitive and specific)**
3. **Testing and Counseling**
4. **Care, Support and Treatment**
5. **Product and Service Donation**
6. **Corporate Philanthropy**
7. **Community and Government Partnerships**
8. **Business Associates and Supply Chain Engagement**
9. **Advocacy and Leadership**
10. **Monitoring, Evaluation and Reporting (including Disaggregated Data)**
**GBC Partnership Models & Brokerage**

Business is a uniquely powerful partner in combating the HIV/AIDS, tuberculosis and malaria epidemics. Public health crises like these are closely linked to an overlapping set of social issues including economic development, food security and the status of women and children. GBC works in consultation with companies, donor agencies and implementing partners to develop new and innovative models for public-private partnerships (PPP’s).

Through tried and tested models like **co-investment** which expands company workplace programs into communities and **co-financing**, which connects financial and infrastructural resources in a cost-effective way, GBC helps to:

1. Bridge the gap between the public and private sectors
2. Capitalize on overlapping corporate and development strategic interests
3. Develop frameworks for collaboration
4. Leverage business core competencies, financial investments and operational infrastructure
5. Connect with strong implementing partners and
6. Establish solid monitoring and evaluation processes for sustainability

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**GBC’S Strategic Positioning, Vast Networks and In-House Expertise Facilitate Partnership Conceptualization, Planning and Execution.**
Healthy Women Healthy Economies (HWHE) is a Nike Foundation supported initiative developed and led by the Global Business Coalition on HIV/AIDS, Tuberculosis and Malaria (GBC). HWHE advocates for greater coordinated action among the private sector, non-governmental organizations, governments, international donors and policy makers, to ensure that women and girls are prioritized in all HIV responses.

GBC leads the Healthy Women Healthy Economies Initiative by:

**Formulating evidence-based arguments** that inform the business community as well as policymakers regarding the importance of investing in women and girls affected by the epidemic.

**Providing businesses with new and improved programmatic options** to strengthen their workforce, community, core competencies, advocacy and philanthropy activities in the fight against the feminization of HIV/AIDS.

**Complementing and supporting** organizations’ ongoing efforts to ensure a sustainable movement; convening business, sexual and reproductive health, education and microfinance communities to support improved HIV/AIDS policies and programs.

### Health Services and Information

- Integrate sexual and reproductive health into HIV/AIDS programs such as voluntary and confidential testing.
- Increase availability to modern contraceptives, including male and female condoms.
- Ensure that prevention of mother-to-child transmission (MTCT) is integrated into HIV/AIDS prevention, care and treatment services.

### Economic Empowerment

- Educate women and girls in urban and rural communities in basic financial literacy and money management.
- Develop innovative pay structures that result in savings accounts and loan opportunities for female employees and/or women in the community.
- Provide women and girls with access to credit and business skills.
- Ensure access to the formal employment sector and ensure equal pay for equal work.

### Education for Girls

- Advocate for the education of girls in the community and workplace.
- Provide incentives/support in the workplace to keep girls in school.
- Subsidize school fees and provide scholarships for tuition, books, uniforms, and other necessary materials.