

The State of Business and HIV/AIDS, Tuberculosis and Malaria (2008)



booz&co.



GLOBAL BUSINESS COALITION
ON HIV/AIDS, TUBERCULOSIS AND MALARIA

Foreword



Richard Holbrooke
President & CEO of GBC

In the seven years since I was asked to lead the Global Business Coalition, investments by all sectors to fight AIDS, tuberculosis and malaria have increased vastly. More remarkably, both the ability and the will of the private sector to fight these pandemics have been demonstrated unequivocally.

With our more than 220 member companies and as the official NGO designated to mobilize the worldwide business response for the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Coalition has both unique power and singular responsibility. We take this responsibility very seriously.

The State of Business and HIV/AIDS, Tuberculosis and Malaria (2008) provides solid evidence of the scope and depth of business engagement. With the dedicated and skilled partnership of Coalition member Booz & Company, the 2008 report paints a vivid picture of the diverse and innovative work companies are doing to fight these diseases on many fronts—at the workplace, in factory communities and across markets worldwide where they sell their wares. The report documents a growing diversity in the sectors that get involved: the financial services industry for example has become much more active since 2006 and has potential to exert great leadership.

Importantly this report provides for the first time a systematic examination of business action to fight tuberculosis and malaria. One in four companies responding in 2008 have put in place comprehensive malaria prevention programs. Nearly half provide workplace education on TB.

What is also evident from the 2008 State of Business report is that world business still has the potential to do much more. Every company operating in Africa or Asia needs to confront TB and malaria. And in fighting AIDS, real progress must be measured by the only criterion that ultimately matters: Is the number of

people who are HIV-positive declining? The answer is a resounding no. The number of people newly infected each day still far outpaces the number going on treatment each day. We need many more companies to emulate the leadership of those already in the Coalition and join us in this fight.

One way to bring companies on board is by convincing their CEOs. This World AIDS Day, well over 100 CEOs representing more than five million employees signed a pledge to fight HIV stigma, vowing not only to fight discrimination in their own companies but also to encourage other business leaders to make the same commitment. This historic first strikes a powerful blow against AIDS. And make no mistake: ending stigma is one of the most effective ways to stop AIDS. Stigma stops people from getting tested and from getting life-saving treatment and support.

The challenge today – and the tremendous opportunity as well – is for business is to ramp up its effort to align with the broader development agenda encapsulated in the Millennium Development Goals. Using HIV/AIDS, tuberculosis and malaria as entry points, the private sector can strengthen national health systems and boost macroeconomic development.

There is much still to be done to scale up prevention, to urge more people to get tested and to keep chipping away at the huge gaps in access to antiretroviral treatment. Let us not be complacent. We're not yet close to winning the war against these epidemics—and some of the battles need to be fought in the board room.

A handwritten signature in black ink, appearing to read 'RH', written in a cursive style.

Ambassador Richard Holbrooke
New York
December 2008

Contents

	Executive Summary	2
1	Introduction	7
2	The Global Context for Business Involvement in HIV/AIDS, Tuberculosis and Malaria	8
2.1	Global HIV/AIDS Context	8
2.2	Global Tuberculosis Context	11
2.3	Global Malaria Context	12
3	Business Action on HIV/AIDS, Tuberculosis and Malaria	14
3.1	Introduction to the Survey and Methodology	15
3.2	Overview of Business Action on HIV/AIDS, Tuberculosis and Malaria	17
	Detailed Results	24
3.3	Workplace and Employee Engagement	24
3.4	Core Competence	31
3.5	Community	35
3.6	Advocacy and Leadership	39
3.7	Gender	42
3.8	Tuberculosis	43
3.9	Malaria	45
4	Implications for Business: The Way Ahead	46
	Appendix	50
i.	About GBC	50
ii.	Acknowledgements	51
iii.	BPAS Survey	52
iv.	About the Authors	60

Executive Summary

Business must be an active participant in the fight against HIV, tuberculosis (TB) and malaria if the tragic social and economic impact of these diseases is to be brought to an end.

The State of Business and HIV/AIDS, Tuberculosis and Malaria (2008) gives solid insight and concrete evidence on the diversity of business action to fight these pandemics—from workplace, community and supply chain interventions to global advocacy, social mobilization and communication efforts.

The report presents the findings of a survey conducted by the Global Business Coalition on HIV/AIDS, TB and Malaria (GBC) and Booz & Company to assess the corporate response to the three diseases. Eighty-three Coalition members participated in the investigation, which was complemented by semi-structured interviews with 28 business leaders selected as key informants.

The business response is characterized by pragmatism, ownership of the challenge and a keen sensitivity to the human toll of these pandemics. The report identifies opportunities for taking action in new ways that would make a critical difference to the rate of overall progress and the likelihood of true success. It cautions against HIV/AIDS complacency in certain settings, calls for more initiative in

the supply chain and considers how disease-specific interventions contribute to more comprehensive health-care strengthening and, more broadly, to global health and international development.

Business action is strongest in the areas of Stakeholder Partnerships; Prevention, Education and Behavior Change; and Nondiscrimination in the Workplace (Exhibit 1).

Stakeholder partnerships are a major focus of business action across industries regardless of company size and area of operation. Eighty-seven percent of companies actively participate in business and AIDS organizations and networks. Two-thirds are involved with major global initiatives, suggesting that companies are attuned to the Millennium Development agenda and want to play a role in meeting the Millennium Development Goals (MDGs).

Companies recognize the importance of workplace prevention programs and more than two-thirds provide HIV/AIDS information, education and awareness materials in the

workplace. These programs also increasingly address the different needs and vulnerabilities of men and women, a promising step toward ensuring that HIV messages reach employees in an effective manner: half of companies surveyed have trained both male and female peer educators.

Company action on prevention is complemented by additional efforts to provide access to HIV/AIDS services. Companies' testing and counseling initiatives are growing in quantity and sophistication: just over half of companies conduct confidential testing initiatives for employees and one-third now offer immediate access to CD4/viral load testing for assessment of treatment needs. Further, two-thirds of companies ensure access to HIV treatment for employees, with 42 percent subsidizing the entire cost themselves.

CEO leadership is evident. More than half of the surveyed companies have engaged their CEOs to communicate the company HIV position or policy with employees—and 25 percent of CEOs have publicly taken an HIV test. This top-level corporate leadership on the issue is critical for many reasons, including the reduction of workplace stigma and a willingness to play a role in shaping effective public policies.

Key Findings from the 2008 Survey

The research identified six key insights:

- Partnerships, prevention and nondiscrimination are the pillars of business action on HIV and AIDS.
- Access to HIV testing and counseling services is widespread.
- CEO and senior-level leadership are paramount.
- Business is focusing on women and girls and adopting gender-sensitive approaches.
- Companies have not yet fully engaged their supply chains.
- Business is moderately engaged in tuberculosis and malaria-control efforts.

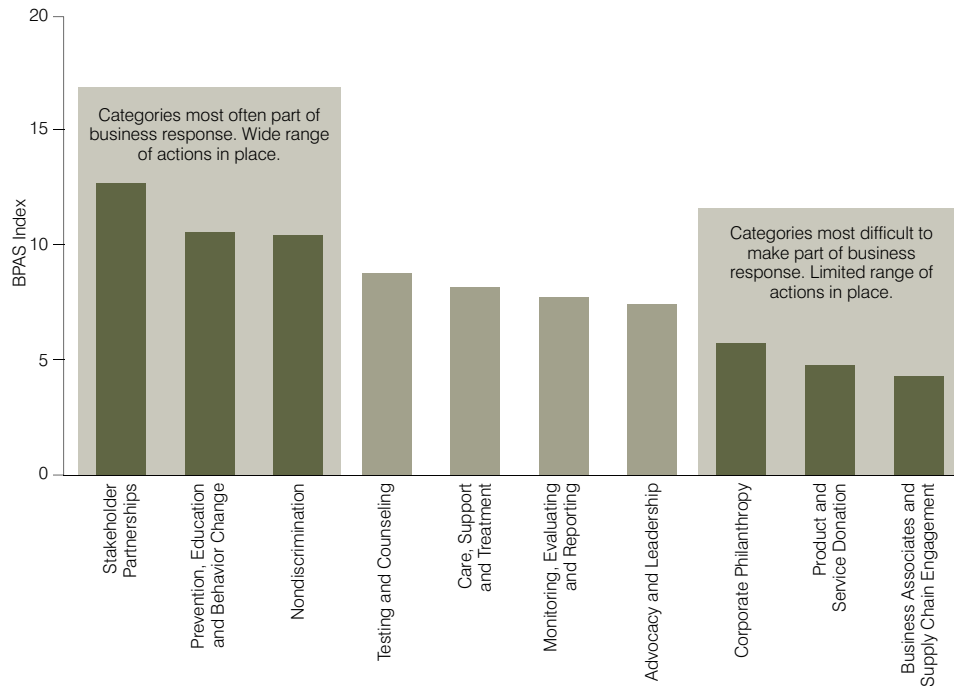
Business action is weakest in the area of supply chain engagement and companies recognize this gap. Only 16 percent of businesses have integrated HIV/AIDS compliance into contractual arrangements and interview respondents identified the supply chain as a necessary priority: the next frontier for action.

Key informant interviews highlighted the evolution of some corporate HIV/AIDS programs into general wellness programs that incorporate disease-specific interventions, as companies pursue a more holistic approach to disease management.

Interviewees also underscored the need for adequate focus on low-prevalence countries,

Exhibit 1
Depth of Action by
Category

Source: Booz & Company



particularly those that are seeing high HIV infection rates in specific subpopulations, such as the United States.

Companies have recognized that the fight against HIV cannot be won without remedying the imbalance of economic and social power between men and women. Sixty-one percent protect employees with a workplace HIV/AIDS policy that includes zero tolerance for gender-based discrimination. Nearly half support community programs related to female empowerment through girls' education, economic empowerment and/or women's health services and information.

Companies are moderately engaged on tuberculosis and malaria, findings that are consistent with the fact that many have turned their attention to these two diseases only recently. Interviews suggest that this engagement is trending upward, particularly in the case of malaria control.

Nine Action Steps for Business

The State of Business and HIV/AIDS, Tuberculosis and Malaria (2008) confirms what the GBC has maintained for years: Business is a critical actor in the fight against HIV, TB and malaria.

The 2008 report offers nine concrete recommendations for businesses to act on:

- Step up efforts to fight TB, malaria and co-infections by building on existing HIV/AIDS intervention platforms. The diseases (particularly HIV and TB) are so interconnected that an integrated approach should be considered, as appropriate to local disease epidemiology.
- Continue to fight HIV and TB stigma through word and deed. Companies should set an example that counters such discrimination by treating HIV and TB like any other serious but treatable illness.
- Invest in women and girls. Programs that promote girls' education, teach life skills or provide microfinance training to women offer powerful tools to fight HIV infection.

“The world is seeing the re-emergence of HIV in traditionally low-prevalence areas. We must therefore work out together how to best tackle this.”

AIDS Treatment and Care Director,
Clothing and Apparel Industry

- Move toward a comprehensive wellness approach. The benefits of shifting perspectives and programs to focus on general wellness – or on a variety of chronic and serious diseases – can increase program sustainability, while helping destigmatize HIV and TB.
- Measure results. Managers should invest the money needed to properly monitor and evaluate the program’s achievements and then share the results internally and externally.
- Leverage the company’s supply chain. Engaging the supply chain generates a huge multiplier effect; any company with the resources to support and monitor its suppliers’ interventions should do so.
- Do not neglect lower-prevalence settings when fighting HIV/AIDS. Companies should not feel they have a free pass in lower-prevalence settings! Well-designed awareness and prevention programs can help stop the virus from spreading out of high-risk groups (such as sex workers and their clients) and into the general population.
- Co-invest with other partners and pursue collective action to multiply coverage and impact. Bilateral and multilateral aid programs are showing more interest and willingness than ever to support private-sector efforts. Such public-private partnerships enable businesses to greatly expand the reach of their interventions.
- Align business action with existing global initiatives such as the Millenium Development Goals, the Stop TB Partnership and the Global Malaria Action Plan.

These steps enable business to increase its impact on the three diseases and ensure that the private sector contributes effectively and efficiently to overall global health and economic development.

1 Introduction

Business must be an active participant in the fight against HIV, tuberculosis (TB) and malaria if the tragic social and economic impact of these diseases is to be brought to an end. Companies must – and do – take action alongside the public health community, national and local governments, international organizations, and community organizations around the world.

It is on this basic premise that the Global Business Coalition was founded in 2001. At

that time, the private sector was relatively uninvolved in such efforts and only a few companies operating at the AIDS epicenter in Southern Africa had taken assertive action. Public-private partnerships – even public-private dialogs – were rare and few would have characterized business as a pivotal player. All that has changed. Today, as this report documents, companies around the world and across the spectrum of industries have invested talent and capital in ways that could not have been predicted even a decade ago.



Kiev, Ukraine

Natacha, 28, is seen in hospital with her youngest, a baby girl of 2 months. Her husband died an AIDS-related death two days before this picture, having been an intermittent drug user. She is HIV positive and currently severely ill in hospital after contracting the disease from him. So far, two of her children have tested negative and she is hoping it will be the same for this child.

Photo by Brent Stirton/Getty Images



2 The Global Context for Business Involvement in HIV/AIDS, Tuberculosis and Malaria

Each year, AIDS, tuberculosis (TB) and malaria collectively cause over 6 million premature deaths, making these diseases three of the biggest killers of our time.^{1,2,3}

2.1 Global HIV/AIDS Context

Since GBC's first State of Business report was issued in 2006, the HIV/AIDS pandemic has claimed approximately 4 million lives. There was good news last year, when reanalysis of UN data led experts to revise downward the estimated number of people living with HIV by nearly 17 percent.⁴ Continuing improvements in access to antiretroviral treatment (ART) and care in low- and middle-income countries have slowed AIDS death rates and, particularly in the hardest-hit regions, we have begun to see a leveling off of the once-vertiginous epidemic curve. Still, despite these hopeful signs, we also know that for every person started on antiretroviral treatment, four others become newly infected.⁵ And though ART prices have shown some further drops in the last two years, the rapidly increasing numbers of people on treatment means that these costs will continue to balloon.

Epidemiologists continue to build on their knowledge of how the epidemic varies in different geographic and cultural settings and this understanding has begun to influence

AIDS programming strategies. For example, in Russia, the seventh largest economy in the world, HIV infection rates are highest among certain subgroups – including injecting drug users and people who buy and sell sex – but rates are accelerating in the general population as well.⁶ Acknowledging this reality, prevention campaigns previously focused on groups considered high-risk are scaling up to educate the broader population.

Three-quarters of those living with HIV are in sub-Saharan Africa. The countries of southern Africa are still the hardest hit, with seroprevalence rates ranging from about 15 percent (Namibia and Zimbabwe) to 18 percent (South Africa) to 24 percent in Botswana.⁷

The United States has one of the largest populations of individuals living with HIV,⁸ due in part to the high proportion of patients on life-prolonging antiretroviral therapy. The population of individuals living and working with HIV in the U.S. is growing each year. In contrast to last year's downward revision of global HIV/AIDS incidence, in mid-2008, epidemiologists from the U.S. Centers for

1. World Health Organization, *World Malaria Report, 2008*.
2. World Health Organization, *Global Tuberculosis Control, 2008*.
3. UNAIDS and World Health Organization, *07 AIDS Epidemic Update, December 2007*.
4. Ibid.
5. *Economic Commission for Africa: Entering a New Phase in the Response to AIDS in Africa*, Peter Piot (speech), Interactive Ministerial Sessions on AIDS, Addis Ababa, March 2008.
6. UNAIDS and World Health Organization, *2008 Report on the Global AIDS Epidemic, July 2008*.
7. Ibid.
8. UNAIDS and World Health Organization, *07 AIDS Epidemic Update, December 2007*.

Disease Control and Prevention revised estimates of HIV incidence in the U.S. upward, by 40 percent.⁹ African-Americans are hit disproportionately hard by the disease and this disparity has intensified over time. Although African-Americans make up 13 percent of the U.S. population, they account for nearly half (48 percent in 2005) of the new HIV infections.¹⁰ President Clinton observed in his address to the 2008 International AIDS Conference that if African-Americans were a separate nation, that nation would rank 16th in the world in the number of people living with HIV.¹¹ AIDS is the leading cause of death for black American women between the ages of 25 and 34 years.¹²

In most parts of the world, women make up a growing proportion of those infected with HIV—a phenomenon known as the “feminization” of HIV/AIDS. The World Health Organization (WHO) estimates that, worldwide, there are now as many women living with HIV as men. However, this statistic obscures the complexity of the epidemic, which varies greatly by region and is changing over time. In sub-Saharan Africa, women constitute 61 percent of those living with HIV and the majority of new infections globally occur among women aged 15 to 24.¹³ The impact on women extends beyond simple infection figures.

Global funding is increasing, but the global need is growing even faster. In order to reach the UN Millennium Development Goal on HIV/AIDS – to stop and reverse the spread of the disease by 2015 – much work remains to be done.

2.1.1 Impact of HIV/AIDS on Industry

HIV/AIDS continues to complicate global efforts to end poverty, improve public health and promote development. The disease stalls economic growth by reducing availability of human capital.¹⁴

- Those affected are often unable to work and require significant care, directly impacting business workforce capacity, efficiency and skills building.
- By killing off mainly young adults, AIDS seriously weakens the taxable population, reducing the resources available for public expenditures such as education and health services of all types, putting increased pressure on the state’s finances and slowing growth of the economy.
- AIDS causes both loss of income and increased spending on health care by the household. The income losses lead to reductions in non-essential purchases as well as a substitution effect away from education and/or nutrition and toward health care and funeral spending.

Direct costs for business include increased medical insurance expenses and increased costs for recruitment and training. In the hardest-hit regions, the impact of HIV/AIDS on industry can be dramatic. In sub-Saharan Africa, for instance, nearly two-thirds of businesses report at least some impact on their operations by HIV/AIDS. The International

9. Hall H. I., R. Song, P. Rhodes, J. Prejean, Q. An, L. M. Lee, J. Karon, R. Brookmeyer, E. H. Kaplan, M. T. McKenna, R. S. Janssen, *Estimation of HIV Incidence in the United States*, JAMA, Vol. 300, No. 5, 2008, pp. 520-529.
 10. Hall et al., 2008.
 11. President Clinton’s source: Wilson P., L. Wright and M. T. Isbell, *Left Behind: Black America: a Neglected Priority in the Global AIDS Epidemic*, The Black AIDS Institute, Los Angeles, 2008.
 12. Wilson et al., 2008.
 13. World Health Organization, *Gender Inequalities and HIV*, Gender, Women and Health.
 14. Bell, C., S. Devarajan and H. Gersback, *The Long-Run Economic Costs of AIDS: Theory and Application to South Africa*, World Bank Policy Research Working Paper No. 3152, 2008.

Labor Organization (ILO) estimates that 18 countries in sub-Saharan Africa will see 10- to 30-percent reductions in their workforces by 2020 due to the disease.¹⁵

The potential impact of the feminization of HIV/AIDS on business must also be considered. Women account for over 40 percent of the global labor force and, in certain industries such as manufacturing in the apparel, footwear and toy sectors, make up over 80 percent of the employee base.^{16, 17} The workplace itself or a woman's daily commute can also place her at increased risk for HIV infection through sexual assault or abuse.

2.2 Global Tuberculosis Context

Tuberculosis (TB) is one of the world's leading infectious diseases and the eighth highest cause of death worldwide. It is estimated that one-third of the world's current population – approximately 2 billion people – is exposed to TB, with new infections growing at a rate of one per second. Each year, nearly 9 million people become ill with active disease and 2 million die, mostly in developing countries.

Some 80 percent of those who become ill with tuberculosis in a given year live in 22 countries in South and East Asia and sub-Saharan Africa. Although Africa has only 11 percent of the world's population, it accounts for more than a quarter of the global TB burden, with an estimated 2.4 million TB cases and 540,000 TB deaths annually. TB is the world's greatest infectious killer of women at reproductive age.¹⁸

HIV and TB interact in negative synergy and the two diseases are often referred to as the “dual epidemic.” The rise of the HIV epidemic has fuelled the resurgence of TB in recent years. As those infected with HIV become immune-compromised, they become increasingly vulnerable to other infections. An HIV-positive person exposed to TB infection is many times more likely to become ill with TB than someone who does not have HIV. In fact, TB is the leading cause of death among people who are HIV-positive. In Africa, HIV is the single most important factor driving the rise in TB incidence since 1990.¹⁹ South Africa alone accounts for 28 percent of all HIV-positive TB cases worldwide.²⁰

The recent emergence of multi-drug resistant TB (MDR-TB) and its deadlier counterpart, extensively drug-resistant TB (XDR-TB), has posed new challenges for the prevention and treatment of this ancient disease. The global burden of MDR-TB is estimated at 5.6 percent of all TB, or approximately 500,000 cases. Eastern Europe, Russia and other countries of the former Soviet Union are home to the highest concentrations of drug-resistant TB. China and India have the largest actual numbers of persons with MDR-TB.²¹

2.2.1 Impact of Tuberculosis on Industry

Like any public health emergency, tuberculosis can have a devastating effect on business and concern within companies has understandably grown in recent years as the impact of the disease is felt in high-prevalence settings.

15. International Labor Organization, *The ILO Code of Practice on HIV/AIDS and the World of Work*, 2005.
16. International Labor Organization, *Facts on Women at Work*, 2003.
17. *Women's General and Reproductive Health in Global Supply Chains*, Business for Social Responsibility, October, 2006.
18. World Health Organization, *Fact Sheet No. 104: Tuberculosis* (rev. March 2007). www.who.int/mediacentre/factsheets/fs104/en/. Accessed Nov. 30, 2008.
19. World Health Organization, *TB/HIV*. www.who.int/tb/challenges/hiv/en/index.html. Accessed Nov. 30, 2008.
20. World Health Organization, *Global Tuberculosis Control: Surveillance, Planning, Financing*, 2008.
21. *Ibid.*

22. World Economic Forum (WEF), *Tackling Tuberculosis: The Business Response*, February 2008. www.weforum.org/pdf/GHI/TB.pdf. Accessed Nov. 30, 2008.
23. Breman J. G., A. Mills, R. W. Snow, J. Mulligan, C. Lengeler, K. Mendis, B. Sharp, C. Morel, P. Marchesini, N. J. White, R. W. Steketee and O. K. Doumbo, *Conquering Malaria*. In *Disease Control Priorities in Developing Countries* (2nd ed., ed. D. T. Jamison, J. G. Breman, A. R. Measham, G. Alleyne, M. Claeson, D. B. Evans, P. Jha, A. Mills and P. Musgrove), Oxford University Press, New York, 2006, pp. 413-431.
24. Breman et al., 2006, p. 415.
25. Booz & Company, *The Corporate Response to Malaria: An Actionable Overview*, August 2007. www.gbciimpact.org/documents/media/publications/GBC-Malaria-Report-July-2007.pdf. Accessed Nov. 30, 2008.
26. UNICEF, *Malaria Technical Note #6*, February 2003.
27. Abu-Raddad L. J., P. Patnaik and J. G. Kublin, *Dual Infection with HIV and Malaria Fuels the Spread of Both Diseases in Sub-Saharan Africa*, *Science*, Vol. 314, No. 5805, 2006, pp. 1603–1606.
28. Sachs J. and P. Malaney, *The Economic and Social Burden of Malaria*, *Nature* 2002; 415: 680-5.
29. Foster R. and C. Leighton, *Economic Impacts of Malaria in Kenya and Nigeria*, Research Paper 6, Health Financing and Sustainability Project, Agency for International Development, USA, 1993.

Like HIV/AIDS, tuberculosis often impacts people in their most productive years – 75 percent of those struck down are between the ages of 15 and 54 – and resulting employee absenteeism can cost companies dearly. Globally, tuberculosis reduces worker productivity by US\$13 billion annually.²²

Certain workplaces are high-risk settings for tuberculosis: Conditions where employees work in close proximity for lengthy time periods are most conducive to transmission of the TB bacterium. Working environments in industries such as mining and manufacturing can be particularly dangerous.

2.3 Global Malaria Context

Each year, malaria causes an estimated 350 million clinical episodes and over one million deaths.²³ Malaria is ranked the eighth highest cause of loss of disability-adjusted life years (DALYs), a measure of overall disease burden. Although nearly half the world's population is at risk from malaria, making the disease a truly global issue, sub-Saharan Africa is by far the hardest hit. Home to the most deadly strain of malaria parasite and mosquito vector, the continent reports the majority of malaria cases and nine out of 10 associated fatalities.²⁴

Most malaria-related fatalities occur in children; those under the age of four make up 82 percent of deaths and lost DALYs worldwide, while 75,000 to 200,000 infant deaths each year occur in malaria-endemic areas of Africa. Malaria kills one African child

every 30 seconds.²⁵ Because of physiologic changes associated with gestation, pregnant women are also particularly vulnerable to infection, as is a woman's unborn fetus.

There is evidence to suggest that the interaction between malaria and HIV infection may be accelerating the transmission of both. HIV infection has been found to roughly double the risk of malaria parasitemia and clinical malaria in nonpregnant adults.²⁶ Not only does HIV infection reduce immunity, increasing a person's susceptibility to malaria infection, but malaria attacks also cause HIV viral load levels to spike, increasing an individual's likelihood of infecting a sexual partner.²⁷

2.3.1 Impact of Malaria on Industry

Like HIV and TB, malaria has major economic repercussions. Businesses operating in malaria-endemic areas suffer lost productivity due to malaria-associated absenteeism of their workers or, even more commonly, workers taking time off to care for sick children.

It is estimated that malaria costs Africa more than US\$12 billion in direct costs and lost gross domestic product (GDP) each year.²⁸ One study estimated the value of production lost to malaria at two to six percent of GDP in Kenya and one to five percent in Nigeria.²⁹ For households, malaria treatment can cost US\$0.41-\$3.88 each time a family member falls sick. Several malaria episodes each year can put financial strain on poor households or divert consumption spending to health-care needs.

Large-scale projects from the building of the Panama Canal to the construction of BHP Billiton's Mozal smelter in Mozambique have been derailed by malaria outbreaks³⁰ (see text box on page 37 to learn how the company responded). The unpredictable impacts on a company's workforce of seasonal malaria spikes exacerbate the problem. Conversely, the elimination of malaria as a

cause of morbidity can make a big positive impact. In the past, Greece, Spain, Italy, Portugal, Jamaica and Taiwan all saw faster-than-average economic growth once they eradicated malaria.³¹

Exhibit 2 provides an overview of daily mortality, prevalence and several other key indicators associated with each of the three diseases.

	HIV/AIDS	TB	Malaria
Daily mortality	5,500	4,500	2,500
Global prevalence / Cases per Year	33 million	14.4 million	250 million
Costs required / year	\$18 billion (\$10bn current spending)	\$3.1 billion (\$2.4bn current spending)	\$5.1 billion (\$1.1bn current spending)
Treatment duration fixed ACT	Lifelong	6-9 months (longer for MDR-XDR)	3 days with fixed ACT combination
Total DALYs lost per year	57 million	34 million	35 million

Exhibit 2

Global Burden of HIV/AIDS, TB and Malaria

Source: Global Malaria Action Plan, Roll Back Malaria, 2008; World Malaria Report, WHO, 2008; Global Tuberculosis Control, WHO, 2008; 2008 Report on the Global AIDS Epidemic, UNAID, 2008; Financial Resources Required to Achieve Universal Access to HIV Prevention, Treatment, Care and Support, UNAIDS, 2007.

30. Spielman A., S. Weerasuriya, P. Malaney, A. Kiszewski, D. Willis, R. Pollack and A. Teklehaimanot, *Industrial Anti-Malaria Policies*, Global Health Initiative, WEF, Geneva, 2002.

31. World Economic Forum (WEF), *Business and Malaria: A Neglected Threat?* June 2006.

Vijayawada, India
Grandparents pose with their grandchildren. The children
have lost their parents to AIDS and the grandparents have now
taken that role over despite the many obstacles in their way.
Photo by Brent Stirton/Getty Images



3. Business Action on HIV/AIDS, Tuberculosis and Malaria

3.1 Introduction to the Survey and Methodology

To measure business action on HIV, tuberculosis (TB) and malaria, the Coalition and Booz & Company conducted an online

survey and telephone interview program with Coalition members. Eighty-three companies representing 15 industries completed the survey, including companies that have been fighting these diseases for decades and those just beginning to get involved.

Exhibit 3
Best Practice Action Standard (BPAS) Framework
Source: GBC

Broad Areas of Corporate Engagement based on the Business Action Methodology (BAM)	BPAS Categories of Activity	Definition
I. Workplace and Employee Engagement	1. Nondiscrimination 2. Prevention, Education and Behavior Change 3. Testing and Counseling 4. Care, Support and Treatment	<ul style="list-style-type: none"> HIV/AIDS Policy Prevention and education programs Programs that enable people to determine their HIV status and support in dealing with the outcome Access to treatment, support and care
II. Core Competence	5. Product and Service Donation 6. Business Associates and Supply Chain Engagement	<ul style="list-style-type: none"> Donations by companies of products, services and expertise Extending policies and programs to suppliers and business associates
III. Community	7. Stakeholder Partnerships 8. Corporate Philanthropy	<ul style="list-style-type: none"> Collaboration between business, the public sector and NGOs Philanthropic donations from companies
IV. Advocacy and Leadership	9. Advocacy and Leadership 10. Monitoring, Evaluating and Reporting	<ul style="list-style-type: none"> Business leaders promoting change and taking leadership role in fight against HIV/AIDS Documentation and reporting on outcomes of programs; monitoring and evaluation of these programs
V. HIV/AIDS and Gender	11. Gender-appropriate Interventions for HIV/AIDS	<ul style="list-style-type: none"> Targeted, gender-appropriate interventions for HIV/AIDS, recognizing that men and women have different cultural and biological needs and vulnerabilities relating to the epidemic
VI. Tuberculosis	12. Engagement in Tuberculosis Activities	<ul style="list-style-type: none"> Existence of programs appropriate for the company's workforce and the communities in which they operate
VII. Malaria	13. Engagement in Malaria Activities	<ul style="list-style-type: none"> Existence of programs appropriate for the company's workforce and the communities in which they operate

To further illuminate trends in private sector action, 28 semi-structured interviews were conducted with business leaders from Coalition companies.

BPAS (Best Practice Action Standard) tool for assessing corporate action. The tool considers 10 categories of activity on HIV/AIDS based on the Business Action Methodology (BAM). As recommended in the 2006 report, the BPAS has been updated annually to reflect the changing epidemic and the evolving role of business. As a result, the 2008 BPAS includes categories for TB and malaria and for gender-sensitive responses to HIV/AIDS (see Exhibit 3).

Each category comprises 10 activities—up from five in 2006. Exhibit 4 illustrates the 10 activities in the Nondiscrimination category.

As in *The State of Business and HIV/AIDS (2006)* study, the survey is based on GBC's

Exhibit 4

BPAS Category

Example—

Nondiscrimination

Source: Booz & Company

BPAS Category of Activity	Activity
Nondiscrimination	<ol style="list-style-type: none"> 1. Clear articulation of company's position 2. Inclusion of HIV/AIDS and gender policy in credo, statement or company policy 3. National or Regional HIV/AIDS Policy applicable to hard-hit regions 4. Global Policy applicable to worldwide company operations 5. Explicit stand-alone HIV policy incorporating human resources and broader company commitment 6. Involvement of employees, women's groups and/or people living with HIV/AIDS in policy formulation and program implementation 7. Liaison and cooperation with local unions and local government 8. Clear definition of employee benefits, including prevention, access to testing and treatment and reasonable accommodations for people living with HIV 9. Inclusion of spouses and dependents in employee health and HIV benefits 10. Extension of policy to suppliers, distributors and business associates

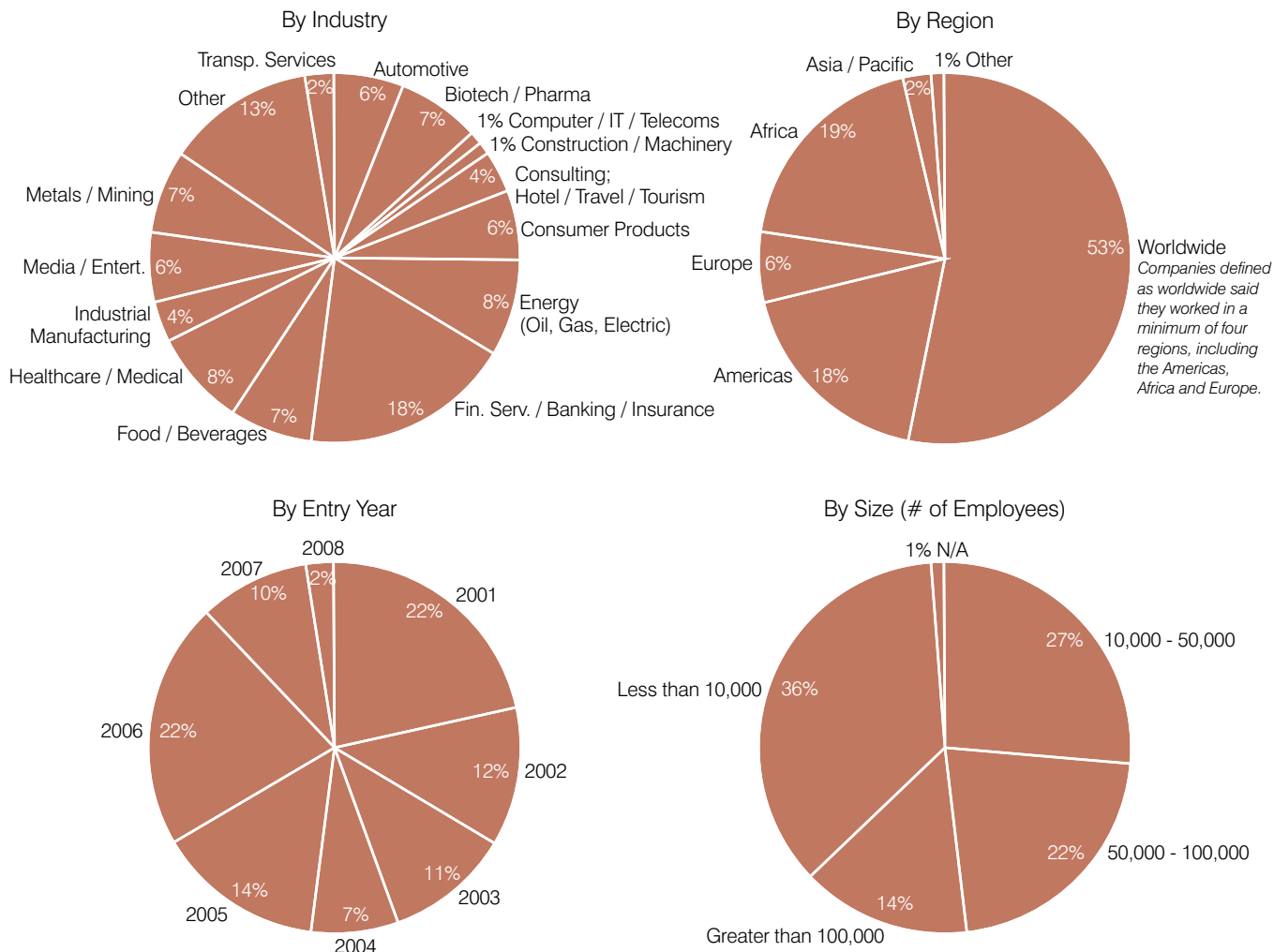
3.2 Overview of Business Action on HIV/AIDS, Tuberculosis and Malaria

3.2.1 Characteristics of Respondents

Eighty-three companies representing 15 industries participated in the 2008 survey. Of

note is the active participation of the financial sector (18 percent of the sample). Although this industry group has traditionally been less engaged in global health issues, financial services companies are now establishing themselves in this field, with the potential to become future leaders. Their engagement

Exhibit 5
GBC Survey—
Characteristics of
Respondents
Source: Booz & Company



reflects the overall trend of business involvement expanding across various industries (Exhibit 5).

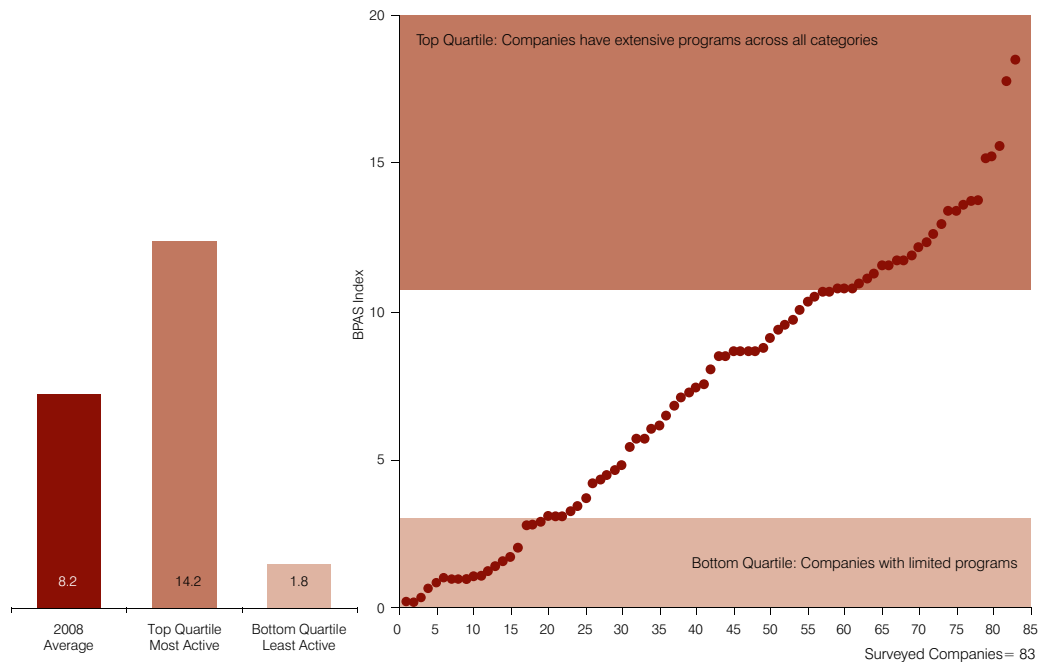
Respondents range in size from those with fewer than 10,000 employees (36 percent) to large multinational organizations with workforce levels exceeding 100,000 (14 percent), with half the companies considering their business as worldwide.

The period since 2006 has seen a tremendous increase in Coalition membership. One-third of 2008 survey participants are new members who joined since 2006.

3.2.2 Trends: Business Action on HIV/AIDS

All companies surveyed have some type of HIV/AIDS activity in place. The average company score, based on the BPAS index, is 8.2 (out of a possible score of 20). The most active companies in the survey group (75th percentile and above) averaged 14.2, whereas the least active quartile averaged 1.8 (Exhibit 6). A score of 8.2 implies that, on average, surveyed GBC members are working across about four of the 10 BPAS activities in each response category. The most active, at 14.2, are implementing over seven of the

Exhibit 6
Range of Company
Action on HIV/AIDS
Source: Booz & Company



10 actions per category. Active companies are also more likely to be working across several categories—developing interventions and programs that span the workplace, community, core competence and advocacy and leadership continuum.

Of the 10 BPAS categories, business action is strongest in the areas of Stakeholder Partnerships; Prevention, Education and Behavior Change; and Nondiscrimination.

Companies are taking deliberate steps to reach their workforces. A key way in which

companies contribute to the global fight is by taking an active role in educating their workforces and not leaving this function to the public sector alone. Companies also leverage their connections to employees by developing nondiscrimination policies that destigmatize the disease and create environments in which workers are more likely to seek testing and treatment services.

As important as company action is, there is universal recognition that business cannot undertake such work in isolation. The private sector must act in concert with other

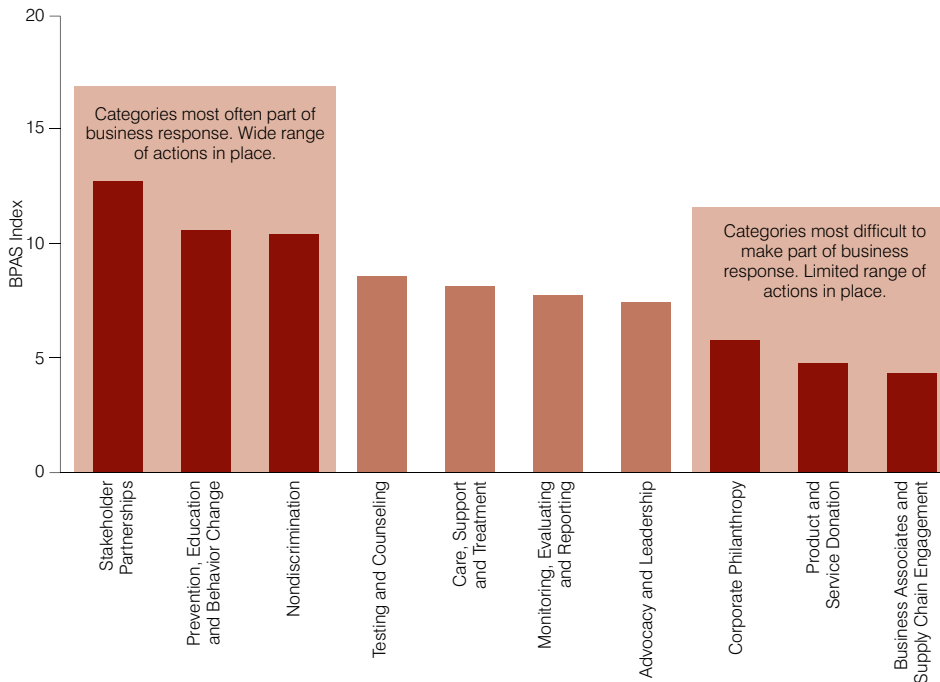


Exhibit 7
Depth of Action by
Category

Source: Booz & Company

stakeholders, particularly public and civil society players, to align efforts and work synergistically. Increasingly, business is looking to group together – across industries and sometimes even within an industry – to develop collective initiatives that leverage individual company strengths and maximize impact.

Companies are much less active in the areas of Corporate Philanthropy and Product and Service Donation. They are also facing challenges in engaging business associates and supply chains on HIV/AIDS—the category with the least reported activity. Interviewees identified supply chain engagement as an area of high potential but acknowledged the difficulties in building traction on this issue. The need for big industry to show leadership and catalyze supply chain efforts across its network is critical.

Company Size Variations

Workforce size shows a marked influence on the scale of efforts (as it did in 2006). Large companies show stronger response across all categories except, interestingly, in Product and Service Donation (Exhibit 8). Smaller companies are much less likely to engage in Care, Support and Treatment and in Monitoring, Evaluating and Reporting activities than larger ones.

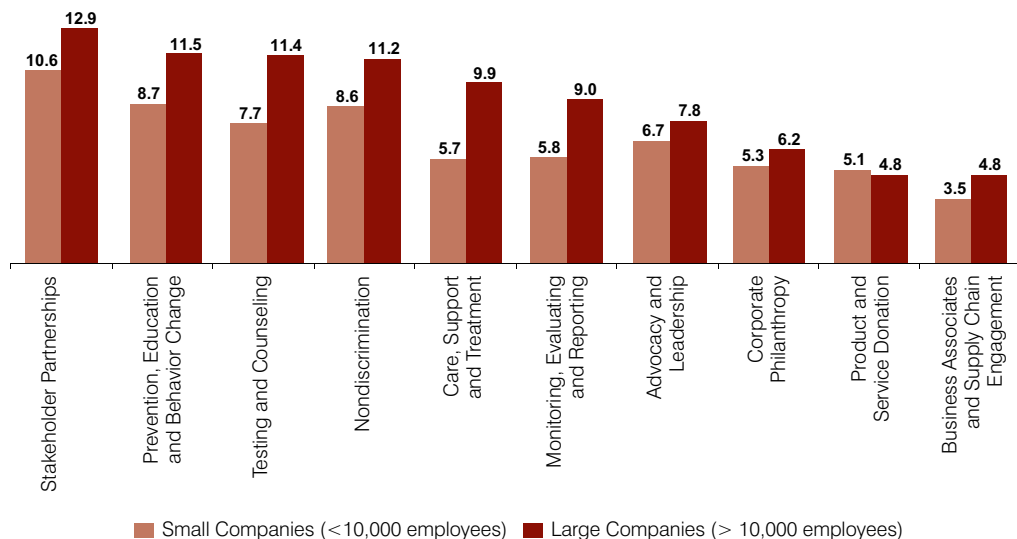
Regional Variations

Regional presence is also a determining factor. Companies with operations in Africa are significantly more active (Exhibit 9). Industries with a large presence in sub-Saharan Africa and other hard-hit localities are more likely to deploy a comprehensive programmatic approach to the fight against

Exhibit 8

Company Activity by Size

Source: Booz & Company



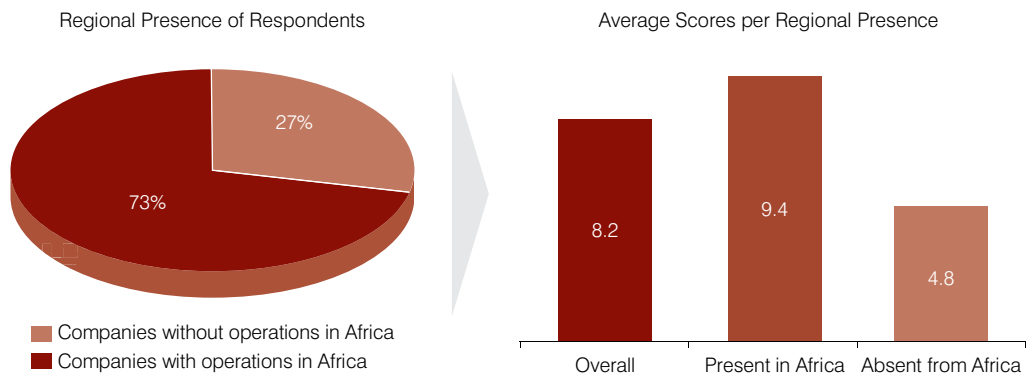


Exhibit 9
Regional Variations

Source: Booz & Company

HIV/AIDS. Interviewees underscored the need, however, for a commensurate focus on low-prevalence countries, particularly those that are seeing high HIV infection rates in specific subpopulations, such as the United States.

Industry Variations

In the early years, business action on HIV/AIDS was confined to industries with large workforces in high-risk areas (notably extractives, energy and manufacturing)

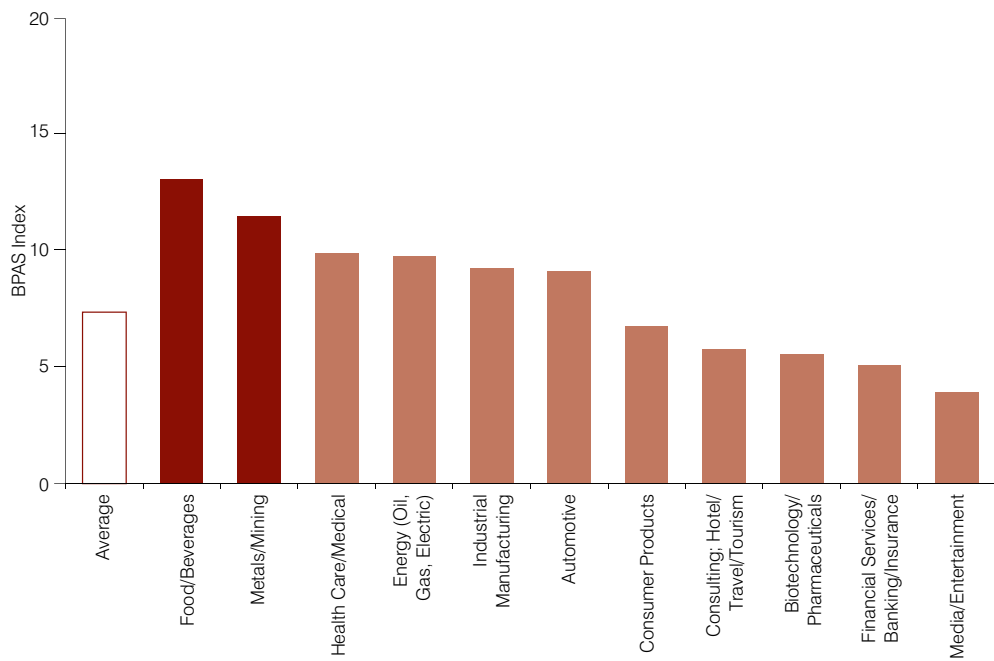


Exhibit 10
Depth of Action by Industry

Source: Booz & Company
Note: This analysis includes industries where three or more companies responded to the survey.

and companies with products and services necessary to diagnose or treat HIV (pharmaceutical or medical technology companies). The 2008 survey reveals involvement by many other companies in broad sectors ranging from media and entertainment to telecommunications and retail (Exhibit 10).

The most active companies are in the Food/Beverage, Metals/Mining, Health Care/Medical and Energy sectors—all of which tend to operate in African markets. Financial service members, which made up the largest proportion of the sample (19 percent), reported a limited range of activity overall. Companies from this sector are likely to be newer members of GBC and more recently engaged on HIV issues.

Likewise, companies without a direct workforce in high-prevalence areas were less likely to have comprehensive workplace programs in place. This is likely to be the case for media and entertainment companies, which scored lower than other industries.

However, business can leverage its core competencies to respond to the challenges of disease: a GBC financial services member company is currently creating one of the world's first large-scale private-sector HIV/AIDS treatment and support programs aimed at treating large numbers of South Africans who do not have private health insurance.

3.2.3 Trends: HIV/AIDS and Gender

Companies have recognized that the fight against HIV cannot be won without taking on some very difficult issues related to gender. The average activity score for gender-appropriate interventions reveals that business is indeed responding to the feminization of AIDS (Exhibit 11). Companies are integrating gender-sensitive measures into their workplace and community programs, increasing access to sexual and reproductive health services and taking steps to tackle broader issues of female education and economic empowerment.

3.2.4 Trends: Business Action on Tuberculosis and Malaria

The 2008 results convey an encouraging overall picture of moderate engagement levels in tuberculosis and malaria, which is consistent with the fact that many companies have turned their attention to these diseases only in the past few years. The interviews suggest that these levels are trending upward, particularly in the case of malaria control.

In developing their TB and/or malaria strategies, companies are building on lessons learned from their HIV/AIDS response. They are using HIV/AIDS work as a template to guide program planning, partnership-building and advocacy efforts for the two new diseases. Indeed, some companies reported that HIV/AIDS was an entry point to initiating projects and activities

aimed at strengthening overall health systems as well.

The average activity scores for both TB and malaria are still low relative to HIV-associated intervention areas (Exhibit 11). It is important to note that the TB and malaria components of the BPAS are focused on workplace interventions. Companies with such programs in place would therefore score higher, whereas those involved exclusively in advocacy or core competency efforts may not.

Not surprisingly, companies with operations in Africa report stronger engagement in both tuberculosis and malaria activities.

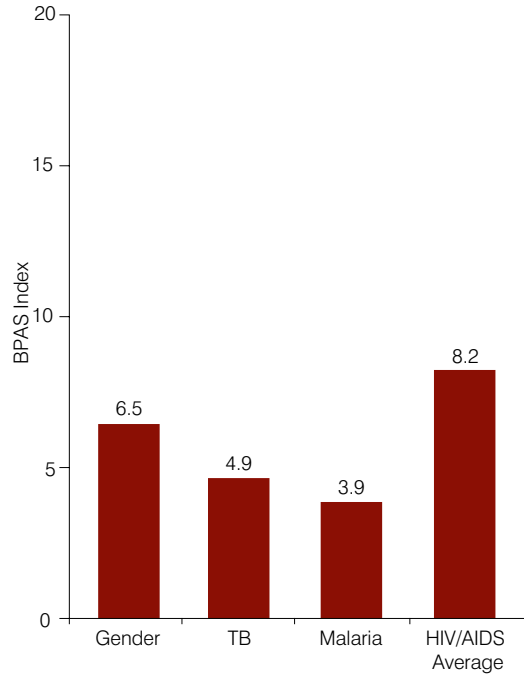


Exhibit 11
BPAS Scores on
Gender, Tuberculosis
and Malaria

Source: Booz & Company

Detailed Results

The following sections present select highlights of the 13 categories of activity in the Best Practice Action Standard (Exhibit 3). Survey results are complemented by case studies on tuberculosis and malaria to provide a comprehensive picture of business action on all three diseases.

3.3 Workplace & Employee Engagement

The Code of Practice developed by the International Labor Organization states that HIV/AIDS should be treated in company workplaces like any other serious, treatable illness or condition.

Comprehensive HIV/AIDS workplace programs include:

- A nondiscrimination policy that looks to eliminate stigma.
- Prevention and education activities to increase awareness.
- Confidential testing and counseling support.
- Access to care, support and treatment for employees living with HIV/AIDS.



A Pledge to Fight HIV Discrimination and Stigma

As a member of the Global Business Coalition on HIV/AIDS, Tuberculosis and Malaria, our company is committed to fight HIV/AIDS discrimination and stigma in our workplace.

We pledge that our hiring, promotion and retention decisions will not be influenced by an individual's actual or perceived HIV status.

We pledge to take prompt and meaningful action to improve our performance should we determine it falls short of these goals.

Recognizing the power of leadership by example, we pledge to use every opportunity to encourage other business leaders to make the same commitment.

3.3.1 Nondiscrimination

A nondiscrimination policy ensures that a worker will not experience discrimination in the workplace based on his/her actual or perceived

HIV status. It also provides a framework for programmatic action. Four-fifths of all survey respondents have clearly articulated a policy of zero-tolerance for discrimination on the basis of HIV status (see Exhibit 12).

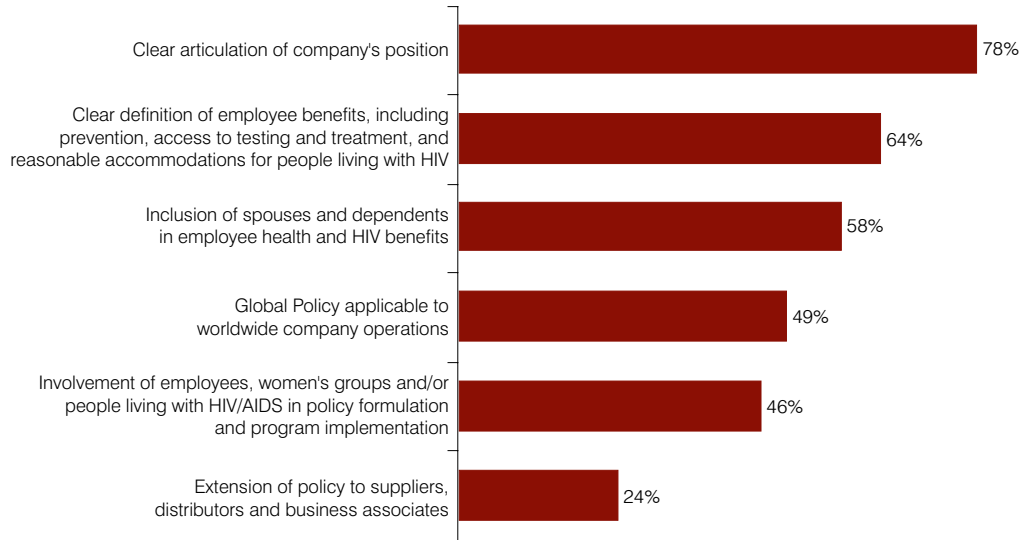


Exhibit 12
Company Action
on HIV/AIDS
Nondiscrimination
Source: Booz & Company

Case Study: TB Workplace Program

Eskom Holdings

Eskom already had a well-established HIV/AIDS program and recognized that people living with HIV/AIDS are the most vulnerable for infection with tuberculosis. In response, Eskom has fully integrated their TB efforts with their HIV workplace program under the broader umbrella of the company's Health & Wellness program. As a result, in addition to HIV programming – which includes a policy of nondiscrimination, education and awareness; voluntary counseling and testing; enhancing access to highly active antiretroviral therapy (HAART); treatment of opportunistic infections; and 24/7 psychosocial support – Eskom's 32,000 employees have access to a comprehensive workplace TB program. This program focuses on surveillance, monitoring and active treatment of the disease through directly-observed therapy (DOTS) in addition to education and prevention activities.

Top-level leadership is a powerful influence in companies. When a CEO pledges publicly to fight discrimination, as over 100 major corporate CEOs representing some five million employees did this year (see text box on page 24), it sends a powerful signal to workers that they will be treated equitably. In GBC's experience, companies that make their nondiscrimination policies clear and unequivocal have the highest testing and treatment uptake.

Once companies have put their own policies in place, one challenge they face is how to support the other members of their value chain (suppliers, distributors) as well as their business associates in embracing nondiscrimination.

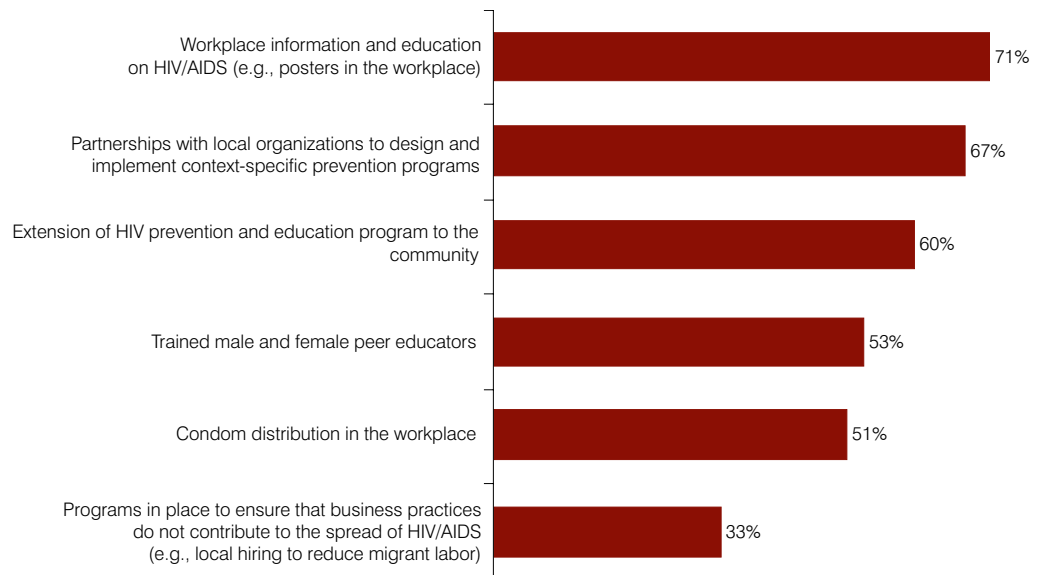
3.3.2 Prevention, Education and Behavior Change

With 6,800 new infections³² occurring each day, HIV prevention efforts are as critical as ever—and preventing new HIV infections is much more cost-effective than treating them. Businesses are taking an active role in delivering prevention messages to their workforce.

Slightly more than two-thirds of companies provide information, education and awareness materials in the workplace (see Exhibit 13). Half have trained male and female peer educators, a promising step toward ensuring that HIV messages reach employees in a manner that takes account of the different needs and vulnerabilities of each gender.

Exhibit 13 Company Action on Prevention, Education and Behavior Change

Source: Booz & Company



32. UNAIDS and World Health Organization, *07 AIDS Epidemic Update*, December 2007.

Sixty-seven percent of companies are developing prevention programs in partnership with local organizations, which often have the programmatic expertise to design appropriate interventions. Sixty percent extend their work into the community.

Interviewees observed that prevention efforts should not focus solely on the developing world. The HIV/AIDS epidemic in the United States is cause for serious concern and many US-based companies that have been involved in fighting the disease abroad for years noted that renewed energy must be devoted to addressing this issue “at home.”

3.3.3 Testing and Counseling

There has been excellent progress in the area of testing and counseling. Three-quarters of companies provide general information and education materials on HIV testing and counseling. Sixty-four percent now provide in-house or outsourced testing facilities for their employees (see Exhibit 14). Moreover, companies are offering increasingly sophisticated testing and counseling programs. One-third of companies now offer immediate access to CD4/viral load testing for assessment of treatment needs.

Testing has always been the bridge between HIV prevention and treatment. Advances in diagnostic technology have simplified the

“When I visit our developing country operations I regularly see our employees wearing t-shirts that say “I’ve been tested.” We’ve come a long way on testing.”

Director, Global Public Policy & Government Relations, Auto Industry

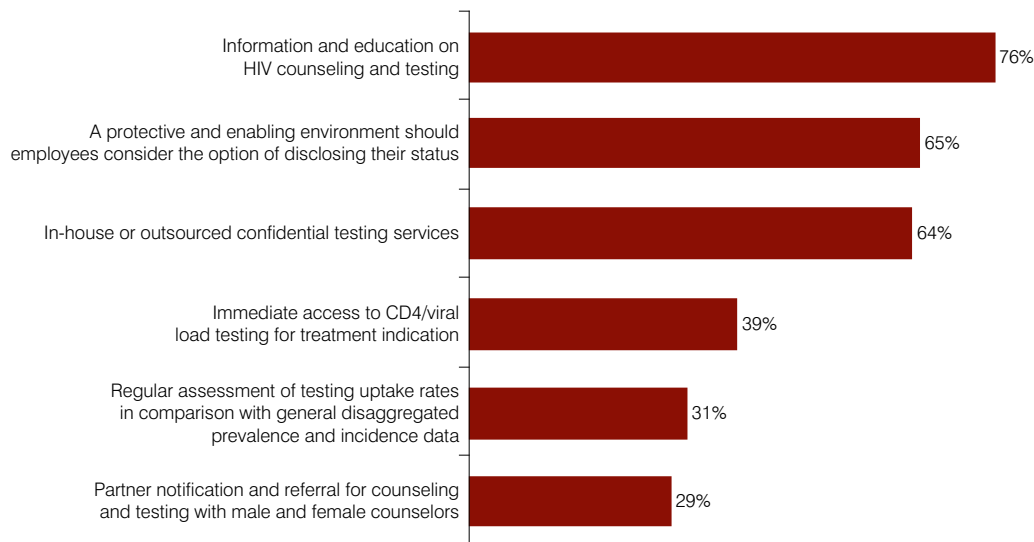


Exhibit 14
Company Action on Testing and Counseling

Source: Booz & Company

ability to learn one's status.³³ However, in low- and middle-income countries, more than 80 percent of people living with HIV still do not know their status. National governments have moved testing higher on the national agenda and some countries, such as Kenya, have developed country-wide initiatives to mobilize populations to get tested. The private sector is similarly prioritizing and scaling-up testing campaigns: companies recognize that convincing a high proportion of employees to become aware of their HIV status is key to maintaining an effective HIV/AIDS program.

As companies expand their programs and become more sophisticated in approach, it's vital that they not slack off on the basics. It is important to ensure that employees get tested regularly, particularly for companies in hard-hit settings. Companies must fight "testing fatigue." Many companies now aim for 100 percent testing of their workforce each year, a job that requires continued energy and managerial leadership to do well.

Of course, it is essential to have processes in place linking testing to treatment and referral services. Fifty-eight percent of companies report having follow-up and referral structures for wellness and treatment. This is a strong showing, but more companies need to take action in this area.

3.3.4 Care, Support and Treatment

Companies are taking active steps to make certain that HIV-positive employees have some type of access to care, support and treatment upon diagnosis. Two-thirds ensure some type of access to treatment to employees (Exhibit 15). This can occur through service provision at on-site facilities or through referrals to existing local providers.

Fifty-two percent of companies ensure affordable access to treatment and a smaller portion - 42 percent - ensure fully subsidized access.

Despite recent global policy changes that have vastly reduced the cost of first-line antiretrovirals (ARVs) - see the Treatment Costs text box on page 30 - these medications are still costly.

Extension of treatment access to spouses and dependents varies among companies. A substantial percentage of businesses - 58 percent - ensure treatment access to spouses, but just 31 percent offer the same for dependents. Ensuring access to treatment is important because it incentivizes employees to get tested; workers who know they can be treated for HIV are more likely to learn their status.

33. World Health Organization, *HIV Testing and Counseling*. www.who.int/hiv/topics/vct/en/index.html. Accessed Sept. 17, 2008.

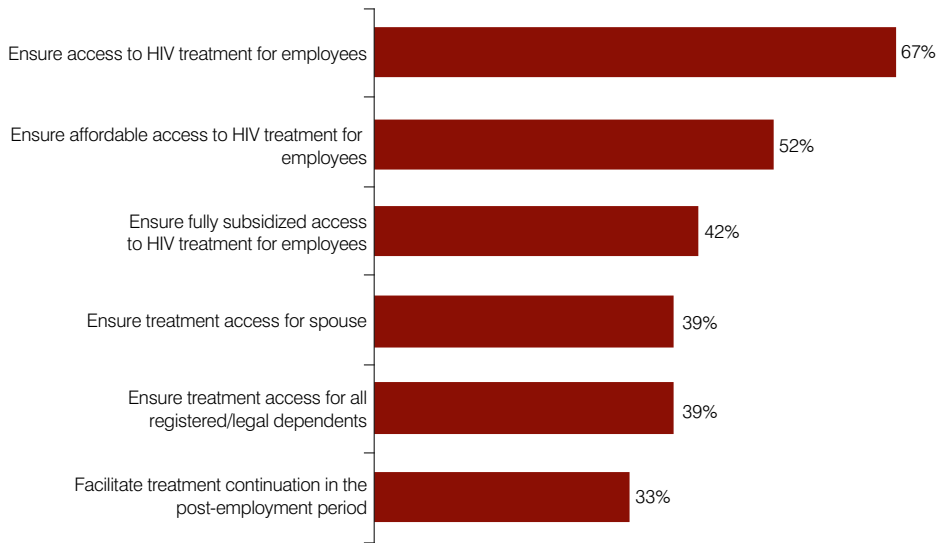


Exhibit 15
Company Action on Care, Support and Treatment

Source: Booz & Company

Case Study: Malaria Workplace Program

Chevron

Chevron offers a best-practice example of a comprehensive malaria control campaign for employees as well as community members. Chevron's strategy was developed on the ABCD principle: awareness, bite prevention, chemoprophylaxis and diagnostics. The company implemented a plan in Angola for improved public education, insecticide-treated bed net distribution and provision of robust clinic services—including strengthening of the local health systems through donation of equipment and diagnostic training for hospital staff. The program benefits to the company and to the community have been rapid and clearly demonstrated: In the first two years since the program began in 2004, clinic admissions had fallen by 600 percent, lost work days had decreased from 1,700 to 560 and there was a 40-percent reduction of total diagnosed malaria cases.

Treatment Costs: Despite unprecedented progress, gaps still remain

Novel drugs and innovations in medical technology have dramatically extended the life expectancy of people living with HIV/AIDS in developed countries. Until recently, those living in the developing world have not benefited from these medical advances due to the prohibitive costs of antiretroviral drugs (ARVs). ARV access in developing countries has improved dramatically in the past few years. Several factors have led to significant price reductions of ARVs, allowing millions to gain access to these life-saving medications.

Exhibit 16 illustrates the decline in ARV prices from 2002–2008, in some cases by as much as 60 percent, particularly for first-line drug combinations. These decreases can be attributed to increased competition among the growing number of products pre-qualified by WHO, new pricing policies by pharmaceutical companies and successful negotiations between the William J. Clinton Foundation and major generic manufacturers. Depending on the combination

therapy being used, drug prices for first-line therapy can now range between US\$100–\$600.

About 950,000 more people were receiving antiretroviral therapy at the end of 2007 compared with year-end 2006, with the greatest increase in sub-Saharan Africa.

Despite these unprecedented gains, global coverage of antiretroviral therapy in low- and middle-income countries is still incomplete. ARVs currently reach close to 3 million people in developing countries, less than half of the 6.5 million that WHO estimates are in need.

Access to second- and third-line treatment regimens, which can cost up to 10 times more than first-line therapy, is still a great challenge in resource-limited settings. Organizations like the International Drug Purchase Facility, UNITAID and the Clinton Foundation have achieved some progress to date—to allow, for example, the sale of generic antiretroviral drugs efavirenz and abacavir at a lower cost in developing countries through production in India and South Africa. However, work remains to be done in this arena.

Exhibit 16
Antiretroviral
Treatment Cost
Index
Source: Booz & Company

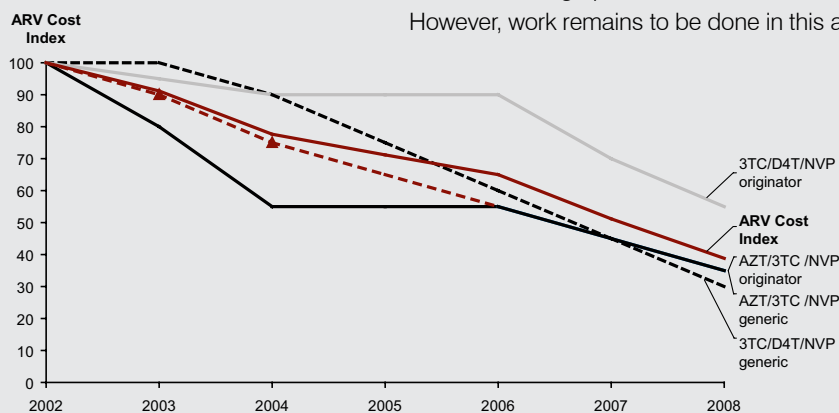




Photo by Getty Images

3.4 Core Competence

Companies use their core competencies to fight against HIV/AIDS by “doing what they do best.” Business assets critical in the fight include expertise in areas such as media and public education, logistics and distribution and health-care management.

3.4.1 Product and Service Donation

Two-thirds of companies donate products and services to AIDS programs (Exhibit 17). This trend is most pronounced, not surprisingly, in the Health Care/Medical industries (Exhibit 18). Though many companies are involved in product

and service donation, fewer than half – 47 percent – complement their contributions with technical assistance. Business is encouraged to develop local training, capacity-building and infrastructure development projects around product and service donation initiatives. Such efforts not only address the HIV/AIDS epidemic, but contribute to strengthening overall health systems as well.

A few companies are offering their greatest asset – their employees – to the fight by way of international corporate volunteer programs. Employees volunteer their time through placements at local nongovernmental organizations (NGOs) in resource-limited

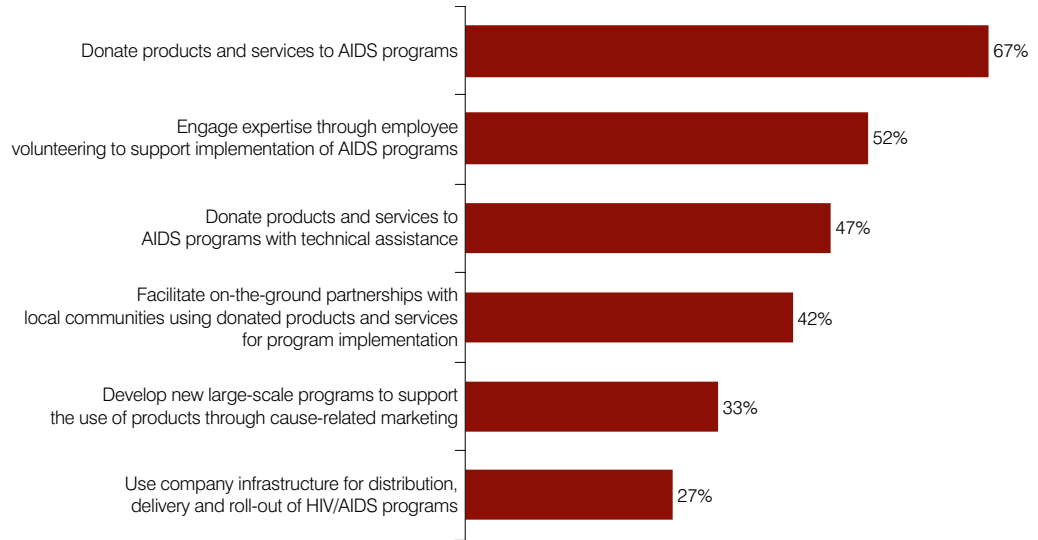
“If a company wants to get engaged, the first thing I would ask them would be: ‘What do you do best and how could you use that to influence others?’”

VP for Health, Oil & Gas Industry

Exhibit 17

Company Action on Product and Service Donation

Source: Booz & Company



Case Study: TB Core Competence Program

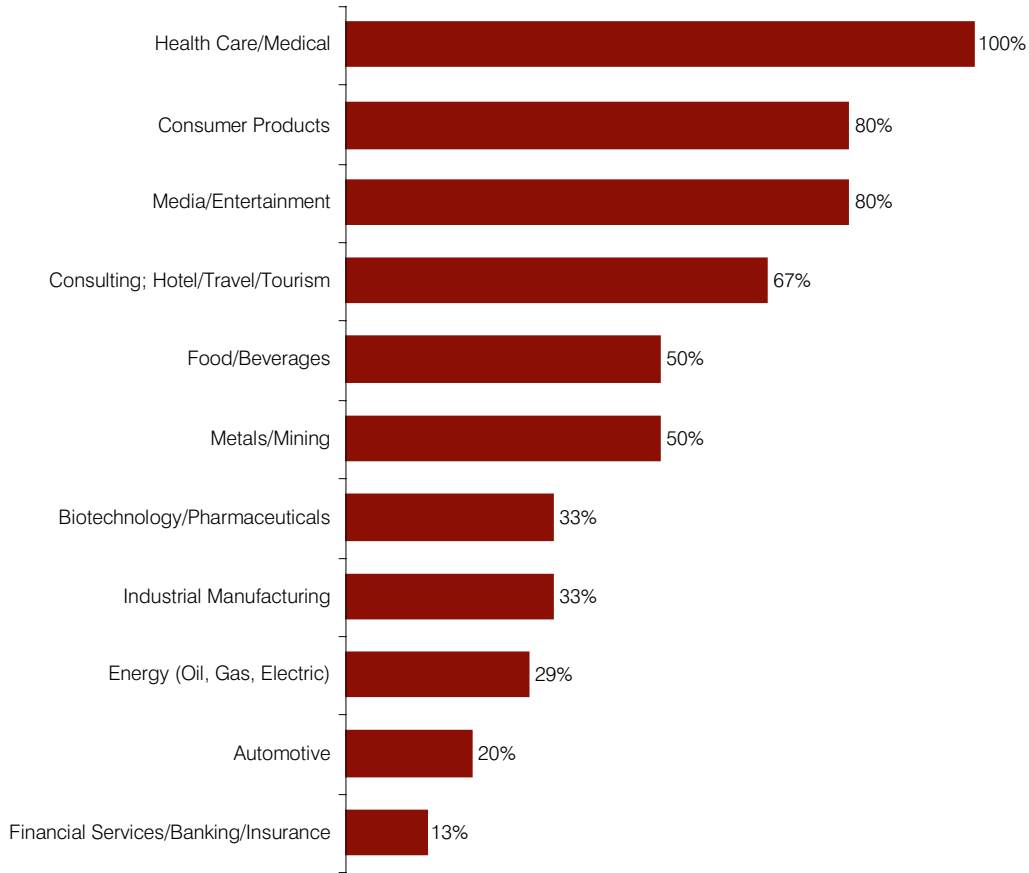
BD

BD partnered with the Foundation for Innovative New Diagnostics (FIND) in an ambitious campaign to improve TB diagnostics in 39 countries, providing the technology and technical assistance necessary to access new and more accurate diagnostic tools. BD developed a liquid culture system that dramatically improves the speed and accuracy of TB diagnosis – which, in turn, helps reduce the spread and mortality rate of TB – and conducted thorough demonstration studies around the world. As the studies contributed to the global scientific body of knowledge on the efficacy and feasibility of implementing such diagnostic technology in high-burden TB settings, BD recognized the urgent need for lab strengthening and training programs to facilitate the adoption of these vital diagnostics. To that end, the company has disbursed widespread grants aimed at lab improvements. BD and FIND realized that pricing of diagnostics was yet another obstacle in effectively stemming the epidemic and they worked together to ensure appropriate pricing agreements for low-income countries highly burdened by TB. Notably, the partnership focused on patients co-infected with TB and HIV, a particularly vulnerable population.

Exhibit 18

Donation of Products and Services by Industry Sector

Source: Booz & Company
 Note: This analysis includes industries where three or more companies responded to the survey.



settings that can last from three months to a year. NGOs benefit from the vast experience and skills volunteers bring to their assignments. Companies benefit as well: returning employees report that their time abroad equips them with an enhanced world view, a newfound ability to “think outside of the box,” and an immense feeling of satisfaction at having contributed their time to a worthy cause.

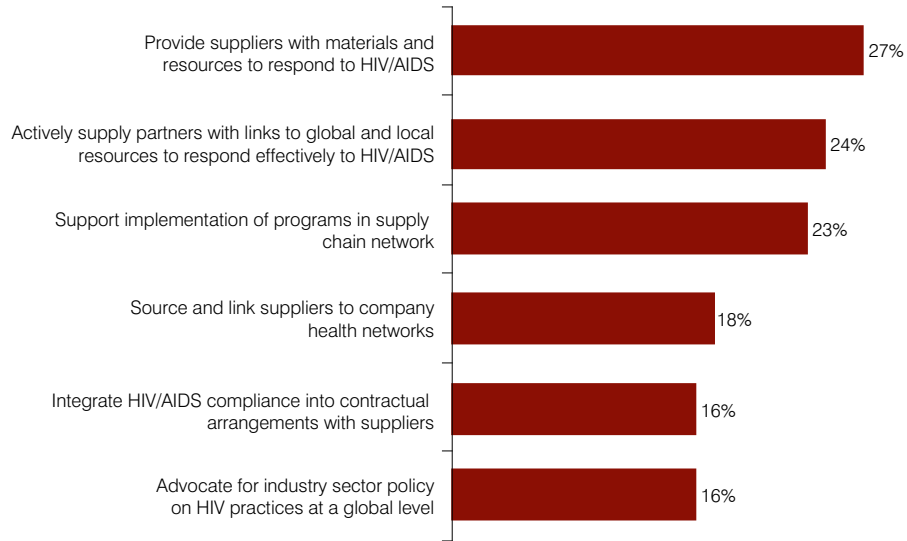
3.4.2 Business Associates and Supply Chain Engagement

Progress in the business fight against HIV/AIDS will not reach its maximum potential until company supply chains are fully engaged. Contractors and small and medium enterprises that constitute a business’ value chain – both upstream and downstream – are home to millions more employees than parent companies themselves.

Exhibit 19

Company Action on Business Associates and Supply Chain Engagement

Source: Booz & Company



Case Study: Malaria Core Competence Program

Deutsche Post World Net/DHL

Deutsche Post World Net (DPWN), the parent company of DHL and a leading global logistics group, partnered with UNICEF to fill a vital gap in a large-scale malaria control program in Kenya. In Kwale, one of the nation's poorest and most remote districts with poor road infrastructure, DHL's logistics network and resources enabled the company to distribute 20,000 long-lasting insecticide-treated nets to all 56 health facilities in the district. Following this highly successful pilot project, DHL collaborated with the Ministry of Health to scale the program up to a nationwide distribution of 3.5 million nets over eight days—multiplying the number of Kenyan children sleeping under a net by 10, according to UNICEF. In addition to leveraging the company's material resources, DPWN leveraged employee knowledge and skills to support the national malaria program, conducting a medical logistics analysis to evaluate strengths and weaknesses of the medical supply chain in the Kwale district and documenting potential areas for improvement.



Photo by Getty Images

Companies are taking limited action: Roughly a quarter (27 percent) provide suppliers with HIV/AIDS-related materials and resources; about the same proportion (24 percent) link suppliers to global and local resources that could assist with developing an HIV/AIDS response (see Exhibit 19). Twenty-three percent actually support program implementation in the supply chain network. Exerting leverage through contracts is rare; only 16 percent of businesses have integrated HIV/AIDS compliance into contractual arrangements.

Interviewees from the oil and gas sector noted that industry leadership from the major companies is critical to catalyze contractor action. Companies should ensure consistency in their message to suppliers; simple, common and actionable messages from clients are more likely to yield results than multiple different asks.

3.5 Community

Business can prompt change far beyond factory and office walls. Companies are contributors to and beneficiaries of the communities in which they conduct their work. Companies engage their communities in multiple ways: by extending workplace programs into the community, by forging partnerships with key stakeholders to advance common goals and objectives and by investing financial resources into philanthropic programs.

3.5.1 Stakeholder Partnerships

Partnerships are a major focus of business action across industries regardless of company size and area of operation. Eighty-seven percent of companies actively

“Our company has 110,000 direct employees, but we’ve got a million exposed lives if you include our contractors.”

Health & Safety
Director, Oil & Gas
Industry

“When partnerships are concerned, the sky’s the limit and we want to get as creative as we can!”

Practice Manager,
Executive Search

participate in business and AIDS organizations and networks (Exhibit 20). Two-thirds are involved with major global initiatives such as the Global Fund, UNAIDS and WHO—suggesting that companies are attuned to the Millennium Development agenda and want to play a role in meeting the MDGs. At a more local level, 82 percent of companies support HIV/AIDS programs in their immediate communities. Two-thirds encourage employees to become involved in community programs. HIV education and awareness initiatives and orphan support programs are two examples of such community programs.

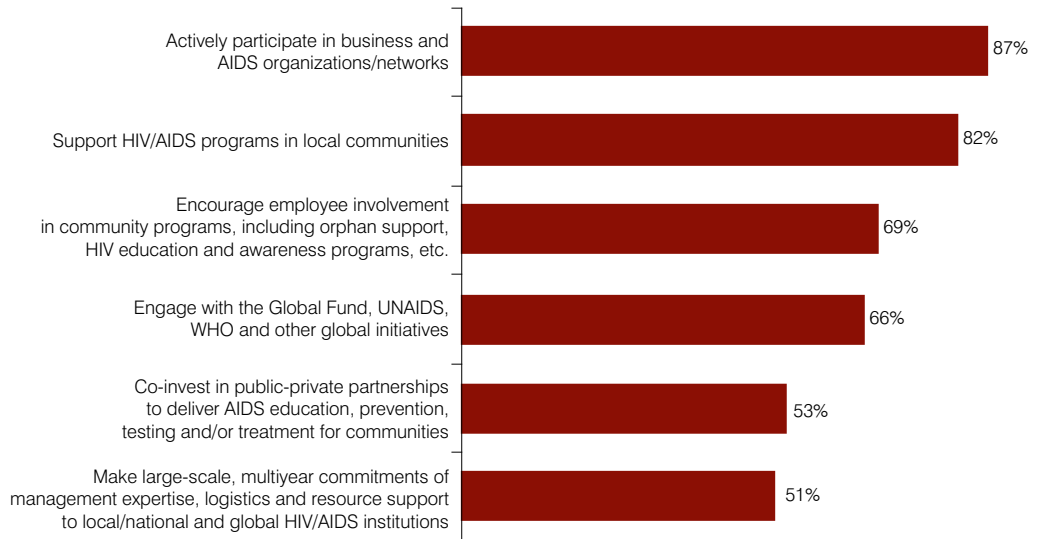
Collective efforts that bring businesses together as a single team, particularly from different industries with varying and complementary competencies, are also gaining traction.

Public-private partnerships do necessitate some accommodation on both sides: companies used to acting swiftly and unilaterally will need to adapt to the slower pace of government action, whereas both government and NGO players may need to overcome a tendency to mistrust corporate entities. Interviewees cited conflicting organizational agendas and a lack of trust and understanding between collaborators as common pitfalls. Often, the sheer number of partners involved in a particular program can pose a challenge from a management perspective. Prospects for successful collaboration are highest when partners hammer out clear agreement on shared objectives and define each party’s roles and responsibilities explicitly.

By providing critically needed support that addresses specific health issues affecting a

Exhibit 20
Company Action
on Stakeholder
Partnerships

Source: Booz & Company



Case Study: Malaria Community Program

BHP Billiton

As BHP Billiton developed a malaria control program for employees at the company's Mozal smelter in Mozambique, the company recognized that the community at large was debilitated by the disease and that limiting the offensive against malaria to the Mozal site would have little effect, given the prevalence of the disease throughout Mozambique. BHP began a widespread prevention campaign, including provision of bed nets, house-to-house indoor spraying and education on malaria through activities such as industrial theater. Company clinics and well-trained field staff and health workers provide treatment and medical support to the broader community and BHP strengthened local government and public facilities with training and resources, including more effective medicines – artemisinin-based combination therapy – than had previously been available. In 1999, nearly nine in 10 children who lived near the smelter were infected; by June 2005, the South Africa Medical Research Council showed that this figure had fallen to about two in 10.

Case Study: TB Community Program

Xstrata Coal

Xstrata Coal, in partnership with Re-Action! Consulting, local communities and the South African government, has extended the reach of the company's comprehensive HIV/AIDS and TB workplace program into the broader community. In order to form a bridge between company health facilities and the local communities in which they operate, Xstrata trains and employs outreach workers, including "expert patients"—individuals who personally benefit from HIV testing and treatment at the Xstrata "uBuhle Bempilo" clinic (translated as "The Beauty of Life"). Outreach workers have visited over 90 percent of households in the community and vulnerable individuals (including women, children and elderly individuals) have been identified for particular focus. In addition to providing HIV/AIDS and TB education and testing and counseling opportunities to all, outreach workers give vulnerable individuals – people who often cannot travel to the clinic for voluntary counseling and testing – the opportunity to test at home. All individuals who test positive for either disease are enrolled in a treatment, care and support program immediately and referred to the clinic for ongoing treatment and monitoring. Infected women are often recruited as either community workers or volunteers in the community, churches, schools and clinics and offer care, support and information to the rest of the community.

large part of the population, companies can help to increase the reach and effectiveness of a country's health-care system. Companies in developing countries can deliver services through their own clinics, fund employee participation in medical schemes, or provide training and/or operational support to government health centers in their area of operations. Sharing of responsibilities helps shift some of the burden off overtaxed public-sector facilities, whereas supporting Ministry of Health facilities directly helps to increase their capacity. Likewise, corporate focus on prevention and education initiatives will relieve pressure on curative health services across the board.

3.5.2 Corporate Philanthropy

Corporate philanthropy efforts are concentrated on one-off or annual donations to HIV/AIDS programs, with slightly more than half of companies engaging in these activities (Exhibit 21). Companies also support employee-driven philanthropy—one-third create company-driven campaigns to support employee giving and 31 percent offer matched employer contributions.

Leaders in corporate philanthropy are engaging in large-scale donations to agencies like the Global Fund. Although this number is relatively small – 16 percent – the sheer size of their contributions, reaching into the many millions, warrants commendation.

Exhibit 21 Company Action on Corporate Philanthropy

Source: Booz & Company

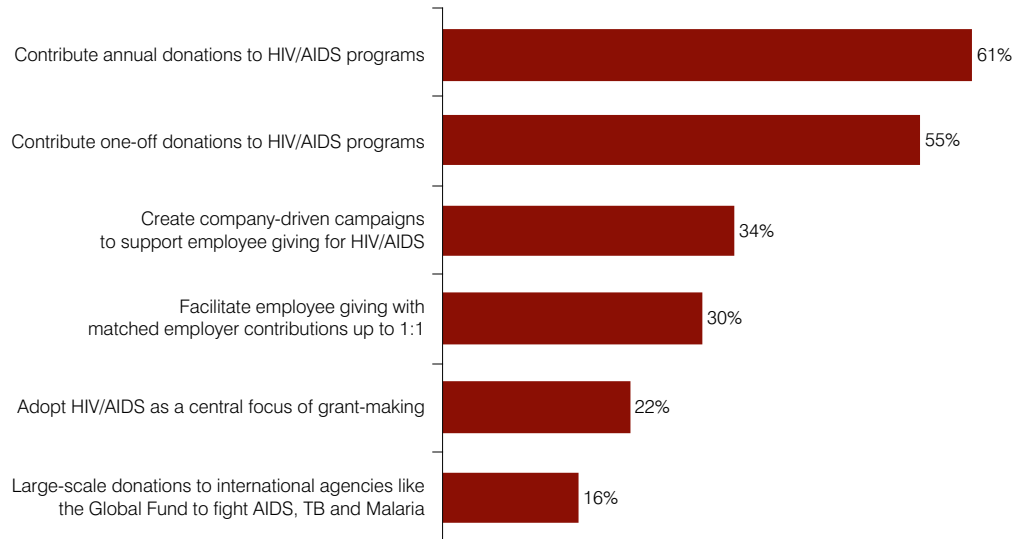




Photo by Getty Images

“Every time business leads by example and encourages and rewards its people for doing what is right, good things happen and positive change occurs.”

CEO, Getty Images

3.6 Advocacy and Leadership

3.6.1 Advocacy and Leadership

CEO advocacy and leadership is critical to a company’s HIV/AIDS efforts. At the time of the survey, more than half of companies had secured CEO communication with their employees on HIV (Exhibit 22). A slightly smaller proportion – 43 percent – had secured public announcements from their CEO on HIV.³⁴

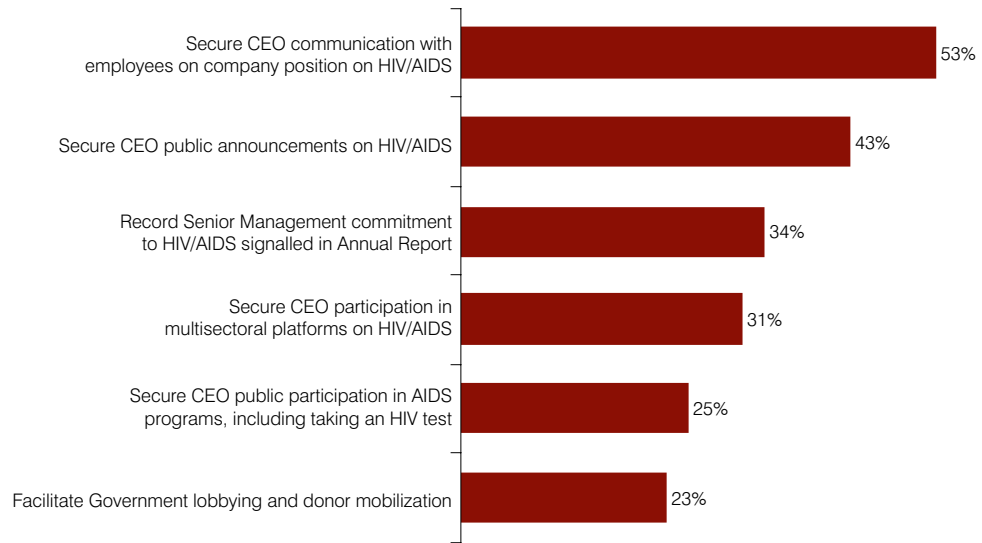
Often, it is the CEO who initiates a company’s entry into HIV/AIDS engagement or drives forward existing programs. CEO-to-CEO advocacy through business and peer networks is also critical in expanding the number of private-sector players involved in the fight. Interviewees noted the importance of leadership at multiple levels within the company, beyond the CEO. Internal “HIV champions” who advance programmatic agendas by way of expertise, passion, or sheer personality are critical to success.

34. As described earlier, for World AIDS Day 2008, over 100 Coalition member company CEOs made a public pledge that their companies’ hiring, promotion and retention decisions would not be influenced by an individual’s HIV status. Recognizing the power of their leadership, they also pledged to “use every opportunity to encourage other business leaders to make the same commitment.”

Exhibit 22

Company Action on Advocacy and Leadership

Source: Booz & Company



Case Study: Malaria Advocacy and Leadership

Exxon Mobil

In 2000, Exxon Mobil launched its Africa Health Initiative to further the Abuja targets of the Roll Back Malaria Program. Since then, the company has invested more than US\$40 million in programs focusing on malaria research, community disease control and community advocacy. Exxon's advocacy initiatives have included such high-profile collaborations as the 2007 "Idol Gives Back" telecasts on Fox cable network, which attracted an estimated 27 million viewers and helped raise US\$75 million from other corporate partners and the viewing public and the company-produced television spots educating the public on malaria, which aired on prime-time television, reaching the massive audience of the 2008 Olympics. In addition to education and advocacy efforts, Exxon has been a leader in improving international structures and processes to address the epidemic on a global scale. As one of two private-sector companies to respond to a challenge by the Global Fund to Fight AIDS, TB and Malaria, Exxon helped improve the quality and quantity of malaria grants from international donors like the World Bank and the Global Fund and, in partnership with World Bank and Voices/Johns Hopkins University Center for Communications Programs, Exxon helped develop a "Global Malaria Scorecard" for use by all Roll Back Malaria partners to track data such as the percentage of children sleeping under insecticide-treated bed nets. The scorecard provides an invaluable tool to show the correlation between resources spent and results achieved.

Case Study: TB Advocacy and Leadership

Eli Lilly

Eli Lilly has not only been a corporate leader in the fight against tuberculosis, but has been on the cutting edge of addressing the growing MDR- and XDR-TB epidemic, using a multipronged approach and global partnership to combat the disease. Extensive evaluation identified the countries hardest hit by the epidemic (including China, India, Russia and South Africa) and key components to curing MDR-TB: drug supply, properly trained health-care staff and community support. As a result, the Lilly MDR-TB Partnership leverages the support of 14 major partners to target the regions with the greatest need through the most direct and effective interventions.

3.6.2 Monitoring, Evaluating and Reporting

A clear evaluation plan helps a company demonstrate return on its investment in fighting AIDS, TB and/or malaria. Evaluation data can also be used to communicate program success to management and donors, which is critical to funding sustainability. Companies must set

clear objectives and measurable performance indicators for a malaria control program, just as they would for a new business project. Current efforts do not measure up: although 65 percent of surveyed companies document their AIDS policy and plan, fewer than one-third utilize recognized measurement methodology for M&E (Exhibit 23).

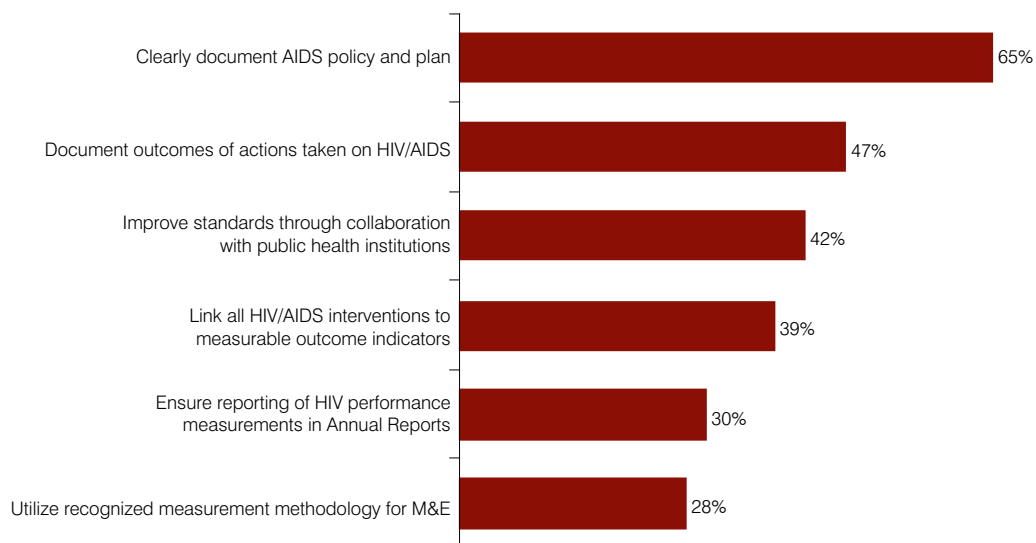


Exhibit 23
Company Action on
Monitoring, Evaluating
and Reporting

Source: Booz & Company

Photo by Getty Images



3.7 Gender

Companies are taking on the issue of women and girls' vulnerability to HIV/AIDS in their

workplace and community programs. Sixty-one percent protect employees with a workplace HIV/AIDS policy that includes zero tolerance for gender-based discrimination and 43 percent

Exhibit 24

Company Action on Gender-appropriate Interventions for HIV/AIDS

Source: Booz & Company

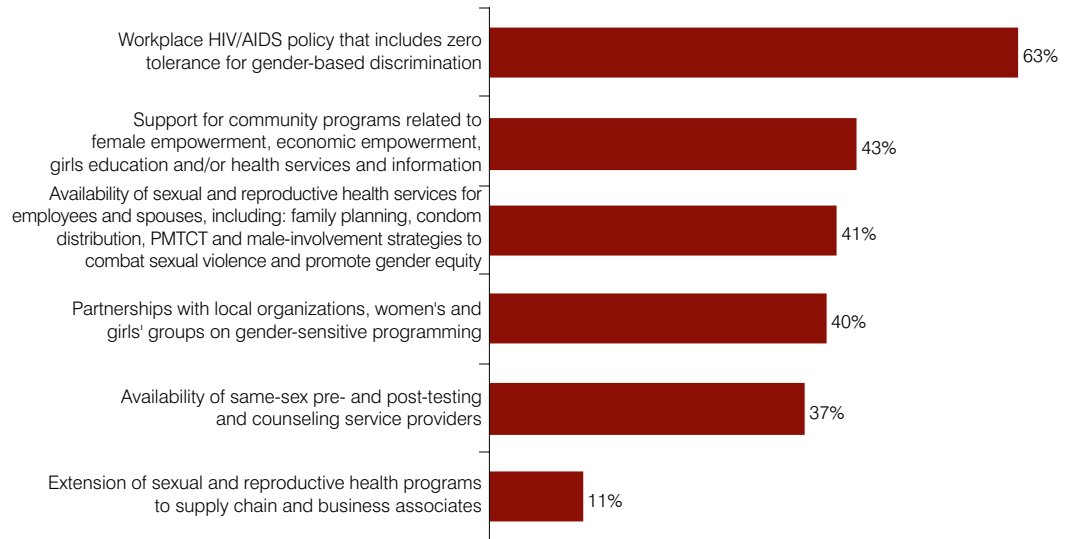




Photo by Getty Images

“We always know how we are doing. More than 10 percent of a project budget goes to monitoring and evaluation so we can go to the government and show them the true impact.”

Director,
Pharmaceutical
Foundation

support community programs related to female empowerment through girls' education, economic empowerment and/or women's health services and information.

Companies see the importance of partnering with local organizations to ensure that programs are gender-sensitive within the local cultural context: 40 percent engage in such partnerships.

3.8 Tuberculosis

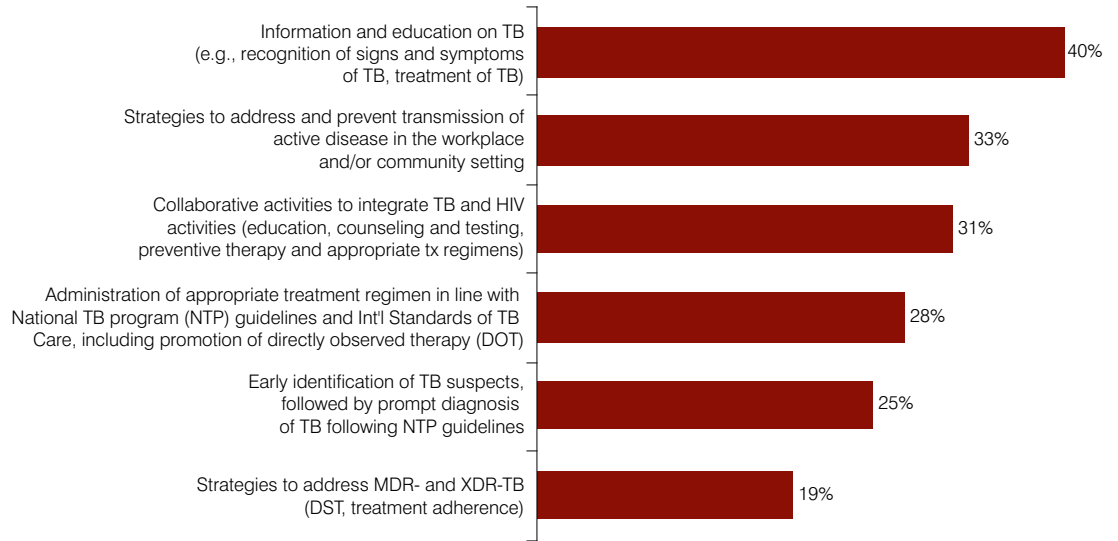
Almost half of all companies provide workplace information and education on TB

(see Exhibit 25). Although this is a promising finding, only a third of respondents engage in coordinated activities for HIV and TB. The frequency of co-infection and the parallels in strategy around prevention and treatment make it logical for companies to mount dual-disease programs. One-quarter of companies are identifying suspected TB cases early and administering therapy in line with national and international guidelines. Only 19 percent of companies are engaging in specific activities to address the challenge of drug-resistant TB. Interviewees cited the need for greater advocacy around TB to give the disease an “image boost.”

Exhibit 25

Company Action on Tuberculosis

Source: Booz & Company



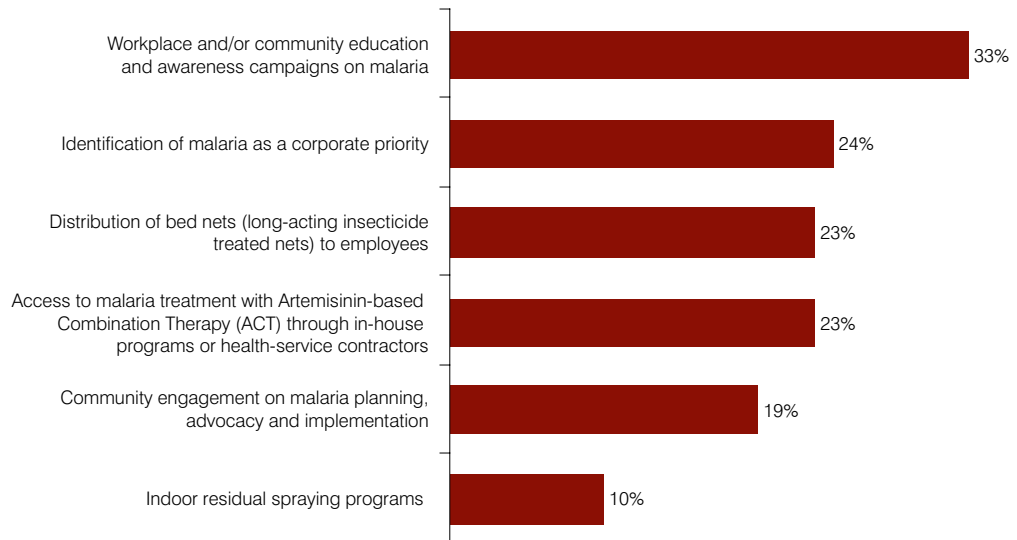
Companies' engagement on TB is consistent with a comprehensive occupational health and safety or employee wellness approach. This bodes well,

as we are seeing the beginnings of an overall trend toward incorporating HIV action into this comprehensive type of wellness program.

Exhibit 26

Company Action on Malaria

Source: Booz & Company





© MHallahan/Sumitomo Chemical - Olyset® Net.

3.9 Malaria

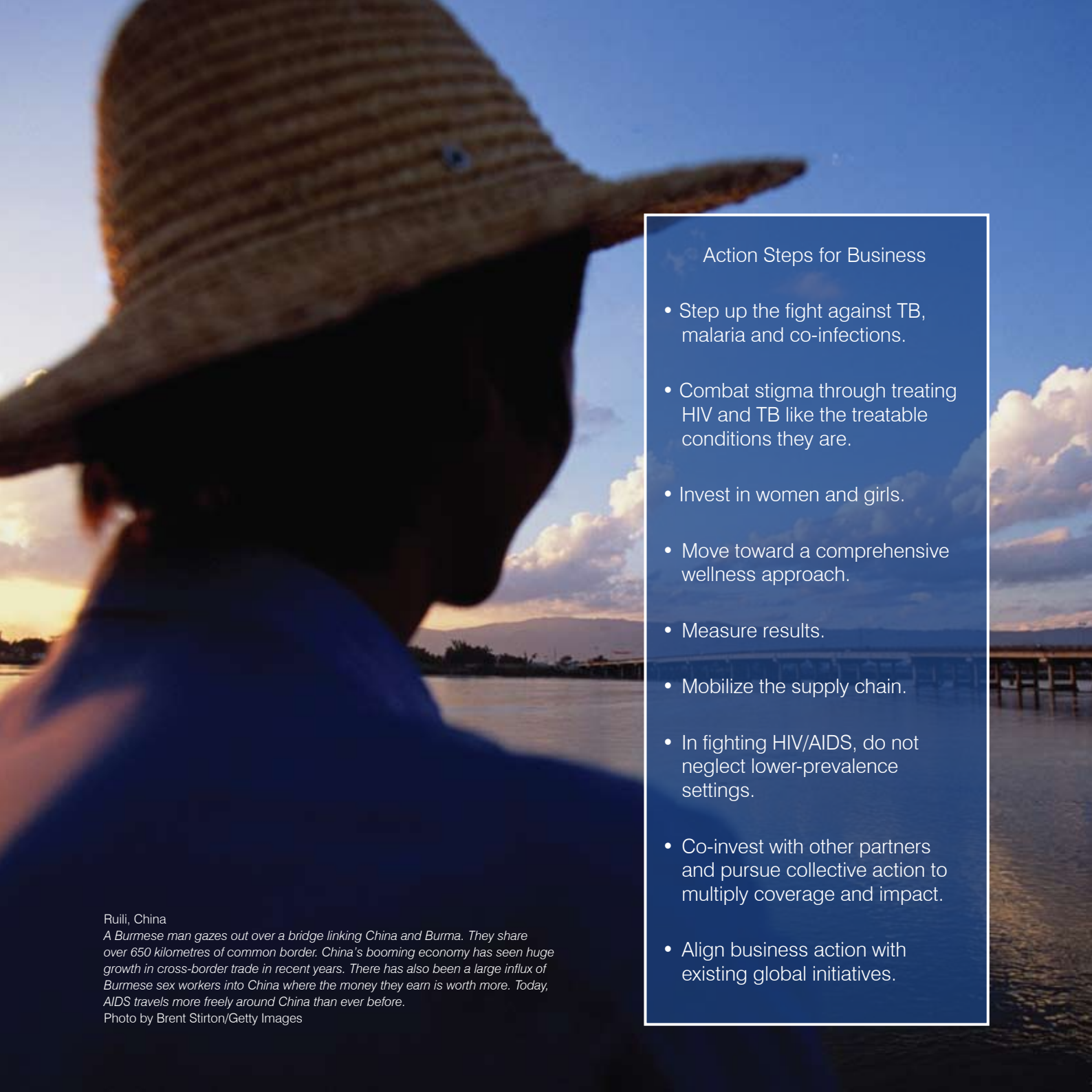
Over the last few years, there has been a major increase in global attention paid to malaria and its economic toll. Funders such as the Global Fund to Fight AIDS, TB and Malaria and the President's Malaria Initiative have dramatically increased the level of investment in malaria control. This increased attention is likewise reflected in the finding that one in four companies today identify malaria as a corporate priority (see Exhibit 26). An even greater share – about a third – have implemented a workplace and/or community education and awareness program.

One-quarter of companies distribute long-lasting insecticidal bed nets to employees. A similar proportion provide access to malaria treatment, including WHO-endorsed artemisinin-based combination therapy (ACT). A smaller number – 10 percent – participate in indoor residual spraying (IRS) programs.

Interviews revealed that innovative initiatives to address malaria – outside of workplace and community settings – are increasing. Companies are participating in mass media campaigns, developing youth-centered programs and supporting social mobilization efforts.

“We found out that 35 percent of the visits to our medical centers were linked to malaria, [which] led us to launch malaria prevention and treatment programs. In one plant in Malawi we’ve already seen a 25 percent drop in cases.”

Health Coordinator,
Construction Industry



Action Steps for Business

- Step up the fight against TB, malaria and co-infections.
- Combat stigma through treating HIV and TB like the treatable conditions they are.
- Invest in women and girls.
- Move toward a comprehensive wellness approach.
- Measure results.
- Mobilize the supply chain.
- In fighting HIV/AIDS, do not neglect lower-prevalence settings.
- Co-invest with other partners and pursue collective action to multiply coverage and impact.
- Align business action with existing global initiatives.

Ruili, China

A Burmese man gazes out over a bridge linking China and Burma. They share over 650 kilometres of common border. China's booming economy has seen huge growth in cross-border trade in recent years. There has also been a large influx of Burmese sex workers into China where the money they earn is worth more. Today, AIDS travels more freely around China than ever before.

Photo by Brent Stirton/Getty Images

4. Implications for Business: The Way Ahead

This *State of Business* report offers companies in all sectors a new opportunity to benchmark their individual and collective response to the fight against HIV/AIDS, tuberculosis and malaria. Drawing on the survey and interview responses, we offer nine action areas where business should direct its energy to make the most meaningful and sustainable impact.

Nine Action Steps

Step up efforts to fight TB, malaria and co-infections.

As TB is so intimately linked to HIV in many settings, every company with an HIV program should consider adding provisions to screen for and treat TB as well. The evidence shows that companies can use their HIV/AIDS intervention platforms as the basis on which to build tuberculosis and malaria actions. Though each disease has its own requirements in prevention and care, companies can use their existing infrastructure and management talent, learning from HIV/AIDS best practice, building support inside the company and applying their HIV experience to develop and execute successful strategies for tuberculosis and malaria.

Continue to fight HIV and TB stigma through word and deed.

People with HIV and AIDS still face stigmatizing and discriminatory practices. Companies

should set an example that counters such discrimination by treating HIV and TB like any other serious but treatable illness. Once employees trust that they will be supported, not penalized, they are much more likely to seek diagnosis and treatment.

Invest in women and girls.

Companies must recognize that the fight against HIV cannot be won without addressing the imbalance of social and economic power between men and women. As women gain more power in the political sphere and the workforce, they also become more empowered to negotiate for their own and their family's health. Programs that promote education, teach life skills, or provide microfinance (where small loans are made to assist women to start and expand small businesses) provide powerful tools to fight HIV infection. Likewise, when women have at least moderate financial and personal autonomy, they are more likely to invest in preventive measures like insecticide-treated bed nets

“I’d like to see TB dealt with in the same way as hypertension.”

Chief Medical Officer,
Parastatal Energy
Company

and to seek prompt treatment for symptoms of illnesses like malaria and TB in their children and themselves.

A comprehensive wellness approach offers important advantages.

Ideally, interventions to address HIV/AIDS, TB and malaria should be part of a comprehensive health system for employees and (if extended) the broader community. There is evidence of a transition in the business response toward a more holistic approach to the three diseases, especially in sophisticated companies that have been proactively involved in addressing employee health for years. The benefits of moving toward a general wellness approach – or even just a chronic and serious diseases perspective – can include greater sustainability of the program as well as a destigmatizing effect for both HIV and TB. Given the sharp rise in chronic diseases like hypertension and diabetes among the working-age population of emerging market countries, companies will more readily find a business case for helping workers to look after all aspects of their health.

Measure results.

In economically challenging times, it is more important than ever to demonstrate return on investment. A company starting a new program should begin by carrying out a needs assessment to determine what interventions are most needed. A company must set clear objectives and measurable performance

indicators for an AIDS, TB, or malaria effort, just as it would for a new business project. Managers should invest the money needed to properly monitor and evaluate the program’s achievements (typically 5 to 10 percent of the total program budget) and then share the results internally and externally.

Leverage the company’s supply chain.

A multinational company today most likely has a large and complex web of suppliers and distributors making up its value chain. Because large companies exert considerable leverage over their suppliers, they have both carrot and stick mechanisms at their disposal to encourage contractors to adopt disease prevention and worker protection provisions. Because engaging the supply chain generates such a huge multiplier effect, any company with the resources to support and monitor its suppliers’ interventions should do so.

In fighting HIV/AIDS, do not neglect lower prevalence settings.

We have seen – most recently in the case of the United States – that national-level HIV statistics can be dangerously deceptive, concealing much higher rates of infection among specific subpopulations. Companies should not feel they have a free pass in lower-prevalence settings! Well-designed awareness and prevention programs can help stop the virus from spreading out of high-risk groups (such as sex workers and their clients) and into the general population.

Co-invest with other partners and pursue collective action to multiply coverage and impact.

Today, there are more options than ever for companies to work with partners in multiple sectors and tap supplemental funding from sources like the President's Malaria Initiative and the Global Fund to Fight AIDS, Tuberculosis and Malaria. Bilateral and multilateral aid programs are showing more interest and willingness than ever to support private-sector efforts. Such public-private partnerships enable businesses to greatly expand the reach of their interventions. The Global Fund alone, for example, has committed US\$11.3 billion in 136 countries to support interventions against all three diseases and its most recent round of grants included several principal recipients from the private sector. Likewise, the President's Emergency Plan for AIDS Relief, or PEPFAR, has authorized up to US\$48 billion to combat global AIDS, tuberculosis and malaria, making it the largest commitment by a nation to combat disease in human history.

Align business action with existing global initiatives.

Since the new millennium, the global community has devoted an unprecedented amount of attention to public health issues, including HIV/AIDS, TB and malaria. International agencies, national governments, civil society actors, representatives of people living with disease, local NGOs and the private sector are all key stakeholders in this effort.

The collaborative work of these many groups is yielding results as disease morbidity and mortality declines and millions of lives are saved. To ensure that these combined efforts continue to make an impact, it is vital for all stakeholders to work in an aligned and synergistic manner.

For return on investments to be maximized, business must act on these diseases not autonomously, but rather in ways that support existing global strategies. The United Nations' eight [Millennium Development Goals \(MDGs\)](#)³⁵ to be reached by 2015 provide the overarching global framework for action and each country is expected to develop coherent national AIDS, TB and malaria control plans that eventually dovetail with the [Global Plan to Stop TB](#) and the [Global Malaria Action Plan](#), critical roadmaps developed by the Stop TB Partnership and Roll Back Malaria, respectively. Business can make a huge contribution to meeting the MDGs, but to do so within the next seven years will require sustained focus on comprehensive and integrated prevention strategies.

35. *Goal 1:* Eradicate extreme poverty and hunger.
Goal 2: Achieve universal primary education.
Goal 3: Promote gender equality and empower women.
Goal 4: Reduce child mortality.
Goal 5: Improve maternal health.
Goal 6: Combat HIV/AIDS, malaria and other diseases.
Goal 7: Ensure environmental sustainability.
Goal 8: Develop a global partnership for development.

Appendix

i. About GBC

The Global Business Coalition on HIV/AIDS, Tuberculosis and Malaria (GBC) is an alliance of 220 international companies leading the business fight against these three diseases. GBC works to leverage the private sector's unique skills and expertise in the global response – including developing comprehensive workplace policies; supporting community programs; utilizing core competencies; facilitating leadership and advocacy by business leaders; and brokering public-private partnerships. The official focal point of the private sector delegation to the Global Fund to Fight AIDS, Tuberculosis and Malaria, GBC maintains office in New York, Paris, Johannesburg, Beijing, Nairobi, Moscow and Kyiv.

For more information on GBC and to access resources for business action on HIV/AIDS, TB and malaria, please visit www.gbcimpact.org or contact:

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ii. Acknowledgements

GBC and Booz & Company would like to thank all who contributed to this report and most especially to GBC member companies that completed the 2008 online survey. We are grateful to GBC colleagues Joelle Tanguy, Senior Vice President, Global Programs and Partnerships and Keith Decie, Vice President, Communications and External Affairs, for their insightful revisions to earlier drafts of the report.

We extend special thanks to those individuals who took the time to talk to us on behalf of their businesses. Your honesty, experience and insights brought the research data to life.

Photo Credits

Many thanks to GBC members, Getty Images and Sumitomo Chemical for allowing us to feature their wonderful photographs in this report.

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“Every time business leads by example and encourages and rewards its people for doing what is right, good things happen and positive change occurs. We must each use our unique talents and resources to make the world a better place. At Getty Images, we are addressing AIDS by turning to our core business: imagery.”
Jonathan Klein, CEO and Co-Founder, Getty Images

iii. BPAS Survey

The goal of the survey is to identify what actions GBC members are currently undertaking to fight the three epidemics of HIV/AIDS, Tuberculosis (TB) and malaria based on the Best Practice Action Standard Framework (BPAS).

The 2008 survey requires organizations to determine their current engagement in response to HIV/AIDS, TB and malaria using 13 categories. For each category, the respondent is provided 10 options and must select all those that are relevant in reflecting their company's efforts.

Note: The following is only a section of the BPAS. The GBC work with member companies to guide them through the full assessment process. For further information on the BPAS or to view/complete this survey, please contact the GBC at www.gbcimpact.org.

HIV/AIDS Nondiscrimination Policy

An HIV/AIDS nondiscrimination policy serves as a position statement on HIV/AIDS in the workplace and provides guidance for the development of workplace programs and policies.

Which of the following components of a nondiscrimination policy that are listed below pertain to your company?

- Clear articulation of company's position
- Inclusion of HIV/AIDS and gender policy in credo, statement or company policy

- National or Regional HIV/AIDS Policy applicable to hard-hit regions
- Global Policy applicable to worldwide company operations
- Explicit stand-alone HIV policy incorporating human resources and broader company commitment
- Involvement of employees, women's groups and/or people living with HIV/AIDS in policy formulation and program implementation
- Liaison and cooperation with local unions and local government
- Clear definition of employee benefits, including prevention, access to testing and treatment and reasonable accommodations for people living with HIV
- Inclusion of spouses and dependents in employee health and HIV benefits
- Extension of policy to suppliers, distributors and business associates

HIV/AIDS Prevention, Education, and Behavior Change

Companies' HIV/AIDS prevention, education and behavior change programs in the workplace vary in scope and scale of interventions, but all are intended to support employees in their knowledge and understanding of the virus and to protect the company's bottom line.

In which of the following activities around prevention, education and behaviour change does your company engage?

- Workplace information and education on HIV/AIDS (e.g. posters in the workplace)

- Company produced or locally acquired gender appropriate education materials (e.g. pamphlets)
- Trained male and female peer educators
- On-site facilities to access HIV/AIDS with trained staff
- Target group interventions including industrial theatre, film screenings, women's groups, guest lectures, etc.
- Condom distribution in the workplace
- KAP (Knowledge, Attitudes and Practices) surveys to assess baseline knowledge and measure impact of prevention interventions
- Partnerships with local organizations (UN agencies, NGOs, faith-based organizations, community groups, women groups, Sexual and Reproduction Health services) to design and implement context-specific prevention programs
- Community extension of programs, involvement of spouses and families in HIV/AIDS prevention and training employees to advocate and educate in the community; public awareness campaign that include the use of various media platforms
- Programs in place to ensure that business practices do not contribute to the spread of HIV/AIDS (e.g. local hiring to reduce migrant labor)

HIV/AIDS Testing and Counseling

Testing and counseling programs, conducted on-site or through off-site facilities, enable employees to know their HIV/AIDS status and provide them with knowledge to respond appropriately.

In which of the following testing and counseling activities does your company engage?

- Information and education on HIV Counseling and Testing
- Active "Know Your Status" Campaigns to increase uptake of testing
- Partnerships with local groups to tackle stigma and ensure locally relevant information and counseling
- In-house or outsourced confidential testing services
- Routine quality assurance of counseling and testing services (voluntary or opt-out), testing protocols and kits, through consultation including community-based groups and unions
- Follow up and referral structures for wellness and treatment
- A protective and enabling environment should employees consider the option of disclosing their status
- Regular assessment of testing uptake rates in comparison with general disaggregated prevalence and incidence data
- Partner notification and referral for counseling and testing with male and female counselors
- Immediate access to CD4/viral load testing for treatment indication

HIV/AIDS Treatment, Care and Support

Company treatment, care and support programs vary in scope and scale, but all are intended to assist infected and affected employees receive appropriate medical care and support services, enabling continued participation in the workforce.

In which of the following treatment, care and support activities does your company engage?

- Facilitate employee access to local services including, where relevant, Prevention of Mother to Child Transmission (PMTCT) services and family planning services
- Ensure access to HIV treatment arrangements for employees
- Assess quality assurance on treatment and care
- Ensure affordable access to HIV treatment for employees
- Ensure fully subsidized access to HIV treatment for employees
- Ensure treatment access for spouses as well as SRH services for HIV+ women, including family planning and PMTCT
- Ensure treatment access for a specified number of dependents
- Ensure treatment access for all registered/legal dependents
- Facilitate treatment continuation in the post-employment period (retirement, incapacitation, widows, care-givers, etc.)
- Full commitment to continued treatment in the post-employment period

HIV/AIDS Stakeholder Partnerships

Companies may partner with stakeholders including people living with HIV/AIDS (PLWHA), employees, local community groups, etc. in an attempt to make their HIV/AIDS-related activities effective and locally and culturally responsive.

In which of the following stakeholder partnership activities does your company engage?

- Actively participate in business and AIDS organizations/networks
- Support HIV/AIDS programs in local communities
- Encourage employee involvement in community programs including orphan support, HIV education and awareness programs, etc.
- Publicly advocate for business engagement with communities and government
- Work with local governments to support public policy on HIV/AIDS
- Participate in national level organizations (e.g., Country Coordinating Mechanisms, National AIDS Commissions, etc.)
- Engage with the Global Fund, UNAIDS, WHO and other global initiatives
- Lead business initiatives that institutionalize business involvement in HIV/AIDS
- Co-invest in public-private partnerships to deliver AIDS education, prevention, testing and/or treatment for communities
- Make large-scale, multi-year commitments of management expertise, logistics and resource support to local/national and global HIV/AIDS institutions

HIV/AIDS Corporate Philanthropy

Companies engage in philanthropy by providing financial contributions to charitable causes. This may take the form of direct giving, or donations through a company foundation.

In which of the following corporate philanthropy activities does your company engage?

- Contribute one-off donations to HIV/AIDS programs
- Contribute annual donations to HIV/AIDS programs
- Implement significant company incentives for employee volunteering in HIV/AIDS programs
- Contribute large-scale donations to international agencies, foundations and fund-raising mechanisms
- Create company-driven campaigns to support employee giving for HIV/AIDS
- Facilitate employee giving with matched employer contributions up to 1:1
- Large-scale donations to international agencies like the Global Fund
- Extend employee giving programs to business partners and supply chain
- Initiate industry/sector-wide fund-raising for HIV/AIDS
- Adopt HIV/AIDS as a central focus of grant-making
- Guarantee quality assurance for donated products and services
- Donate product and services to AIDS programs
- Donate products and services to AIDS programs with technical assistance
- Engage expertise through employee volunteering to support implementation of AIDS programs
- Facilitate on-the-ground partnerships with local communities using donated products and services for program implementation
- Develop dedicated products for application in AIDS programs
- Use company infrastructure for distribution, delivery and roll-out of HIV/AIDS programs
- Use dedicated design and manufacture of products for donation to existing AIDS programs
- Develop new large-scale programs to support the use of products through cause-related marketing
- Ensure sustainable use of products and services in AIDS programs through long-term training, capacity and infrastructure development such as technology transfer

HIV/AIDS Product and Service Donation

By contributing their core products and services, businesses can support HIV/AIDS-related programs of governments, non-governmental organizations, multilateral institutions, or other local actors.

In which of the following product and service donation activities does your company engage?

HIV/AIDS Business Associates and Supply Chain Engagement

Companies work on HIV/AIDS with their business associates and supply chains, either through advocacy with other companies and industry peers or by extending policies and programs directly to supply chain employees.

Which of the following activities regarding business associates and supply chain engagement pertain to your company?

- Engage suppliers and distributors that comply with general industry codes
- State recommendations to supply chain partners on HIV/AIDS
- Provide suppliers with materials and resources to respond to HIV/AIDS
- Integrate HIV/AIDS compliance into contractual arrangements with suppliers
- Actively supply partners with links to global and local resources to respond effectively to HIV/AIDS
- Jointly develop branded materials and resources for suppliers
- Source and link suppliers to company health networks
- Support implementation of programs in supply chain network
- Lead partnership with other companies and suppliers grouped by industry/geography for local program roll-out
- Advocate for industry sector policy on HIV practices at a global level

HIV/AIDS CEO Advocacy and Leadership

Senior leader and CEO engagement with HIV/AIDS varies across industries, regions and companies and ranges from active involvement in program development to advocacy at a global policy level.

Which of the following actions around CEO advocacy and leadership pertain to your company?

- Senior Management commitment to HIV/AIDS signaled in Annual Report
- Secure personal and internal CEO commitment
- Secure CEO participation in AIDS policy, including gender equity and program design
- Secure CEO communication with employees on company position on HIV/AIDS
- Secure CEO public announcements on HIV/AIDS
- Secure CEO participation in multi-sectoral platforms on HIV/AIDS
- Secure CEO public participation in AIDS programs including taking an HIV test
- Secure CEO visits to hard-hit country operations and engagement with local communities and governments
- Facilitate Government lobbying and donor mobilization
- Promote international recognition of CEO and company as a leader on HIV/AIDS

HIV/AIDS Monitoring, Evaluation and Reporting

Monitoring, evaluation and reporting of HIV/AIDS activities are the processes through which a company documents and shares information about the progress and outcomes of its activities.

In which of the following monitoring, evaluation and reporting activities does your company engage?

- Clearly document AIDS policy and plan
- Clearly document AIDS programs implementation strategy
- Link all HIV/AIDS interventions to measurable outcome indicators

- Create committee presiding over AIDS program with defined roles and responsibilities
 - Include representation from other sectors
 - Utilize recognized measurement methodology for M&E
 - Document outcomes of actions taken on HIV/AIDS
 - Ensure reporting of HIV performance measurements in Annual Reports
 - Improve standards through collaboration with public health institutions
 - Take steps to engage the company industry sector in HIV reporting
- Availability of same-sex pre- and post-testing and counseling services providers
 - Access to gender-sensitive treatment, care and support services
 - Support for community programs related to female empowerment, economic empowerment, girls' education and/or health services and information
 - Partnerships with local organizations, women's and girls' groups on gender-sensitive programming
 - Leverage core competency to meet the needs of women and girls (e.g., in-kind donations of SRH commodities, financial expertise for women's economic empowerment)
 - Extension of sexual and reproductive health programs to supply chain and business associates
 - Peer advocacy among other companies and the community on the importance of addressing women and girls in the HIV/AIDS response

HIV/AIDS and Gender

Companies make undertake targeted, gender-appropriate interventions for HIV/AIDS, as men and women have different cultural and biological needs and vulnerabilities relating to the epidemic.

Which of the following gender-related items pertain to your company?

- Workplace HIV/AIDS policy that includes zero tolerance for gender-based discrimination
- Acknowledgement of female HIV/AIDS vulnerability and special needs in the company HIV/AIDS policy
- Availability of sexual and reproductive health services for employees and spouses including family planning; condom distribution, PMTCT and male involvement strategies to combat sexual violence and promote gender equity

Tuberculosis

Tuberculosis (TB) is one of the world's leading infectious diseases with grave impact on global health and economic welfare. According to the World Economic Forum, TB is responsible for a \$13 billion decline in worker productivity each year. Companies develop programs as appropriate for their workforce and the communities in which they operate.

In which of the following activities around tuberculosis does your company engage?

- Identification of TB as a corporate priority through a workplace TB policy
- Information and education on TB (e.g. recognition of signs and symptoms of TB, treatment of TB)
- Early identification of TB suspects, followed by prompt diagnosis of TB following National TB Program (NTP) guidelines
- Administration of appropriate treatment regimens in line with NTP guidelines and International Standards of TB Care, including promotion of directly observed therapy (DOT)
- Provision of preventative therapy for latent TB infection
- Strategies to address and prevent transmission of active disease in the workplace and/or community setting
- Strategies to address MDR- and XDR-TB (DST, treatment, adherence)
- Targeted interventions for vulnerable populations including those living in congregate settings, HIV-infected individuals and women
- Collaborative activities to integrate TB and HIV activities (education, counseling and testing, preventative therapy and appropriate tx regimens)
- Documented M&E strategy with stated program goals and objectives, baseline measurement and outcome indicators

This translates to an annual loss of \$12 billion for the entire African continent. Companies develop programs as appropriate for their workforce and the communities in which they operate.

In which of the following activities around malaria does your company engage?

- Identification of malaria as a corporate priority
- Malaria explicitly outlined in corporate wellness and general health benefits strategy and program
- Workplace and/or community education and awareness campaigns on malaria
- Distribution of bed nets (long acting insecticide-treated nets) to employees
- Access to malaria treatment with Artemisinin-based Combination Therapy (ACT) through in-house programs or health service contractors
- Access to ACT treatment for families of employees
- Community engagement on malaria planning, advocacy and implementation
- Indoor residual spraying programs
- Environmentally conscious business practices to reduce larva and mosquito multiplication
- Impact reporting, external advocacy and participation in national and international malaria platforms

Malaria

Malaria is one of the greatest threats to global health and economic welfare. Economists estimate that malaria costs endemic countries 1.3 percent of GDP annually in lost productivity.

iv. About the Authors



Shuma Panse (lead author) is GBC's Knowledge, Evaluation and Performance Manager in New York. She provides technical assistance to Coalition members on the design and implementation of workplace and community programs and manages the Coalition's tuberculosis strategy and programmatic activities. Shuma has previously worked for the U.S. Centers for Disease Control and Prevention and the U.S. Peace Corps. She holds a Masters in Public Health in International Health and Development from Tulane University and a BA from Barnard College, Columbia University.



Pamela Bolton is Associate Vice President of GBC's Knowledge, Evaluation and Performance department in New York. She leads GBC's efforts to disseminate expertise, stimulate innovation and boost performance in the corporate response to HIV/AIDS, tuberculosis and malaria. Pam has 20 years' experience in global health, pharmaceuticals and consulting. She holds a Master of Business Administration from Baruch College, a Master of Health Science from Johns Hopkins University and Bachelor of Arts from Wesleyan University.



Sancia Dalley is the Knowledge, Evaluation and Performance Program Officer in New York. She provides programmatic guidance to member companies on the design and implementation of HIV/AIDS, TB and malaria programs and serves as the focal point for the Coalition's work with national business coalitions in Latin America and the Caribbean. Born and raised in Jamaica, Sancia holds a B.A in International Relations and French from Wesleyan College.



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