

Scaling Up and Sustaining the Business Response - But How? XVI International AIDS Conference August 16, 2006

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FRANCESCA BOLDRINI: We really want kind of a very open discussion and I wonder where you can move a little bit to the center and front of the room because we really want to have a debate this morning, so we're going to ask you to interact with us a lot. And microphone for questions are just up front so it would be great if you could do that.

Thank you very much for the people that are moving. To ensure this session is interactive we have forbidden the speakers to have speeches and we have also forbidden them to sit behind the safety of the desk. So they have all been complaining but I would thank them for being brave enough to play this game today of really being very open in the discussion and just speaking from their mind and their heart without the aid of PowerPoint or anything else.

What we're going to do is we're going to ask each speaker to talk for a couple of minutes about their experience and what the issues on their mind are and then to start, first of all a discussion across the panel, and then open up the discussion more broadly.

Now just a couple of words to set the scene, the role of business in HIV/AIDS has really changed a lot over the last four or five years. There have been many positive changes but there's still a long way to go as well the data from my organization, the World Economic Forum, shows that businesses

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overall are increasing their response. We have data surveyed with 11,000 businesses in over 117 countries and what that data shows is that currently today, globally, around 37-percent of businesses have policies and programs in place. Some people think this number is low, but this number has actually had doubled over the last three years so the change in the increase is very rapid and also when we look at high prevalence countries the number is as high as 60 or 70-percent. So we've seen many large businesses take a lot of action and a very active stance in their response.

And one great example we have today of that response is that of Unilever and we have with us Bernard Luten. Bernard is the head of occupational health and wellness at Unilever. And what I'd like to ask Bernard, is ask why did Unilever act? What has been your response and what are the kind of activities that you've engaged in?

BERNARD LUTEN: Do you hear me? Okay. First you need to know what Unilever is. And Unilever is a big producer of consumer goods. We make food products. We make home and personal care products. But there will be many known by the brands, as Knorr, Lipton, Freddy's Ice Creams, Ben and Jerry's and all these things. And employ 130,000 people worldwide in a hundred different countries. And amongst those countries in Africa and now you see already the link why I was so interested in the HIV issue. Because in our tea plantations in Africa; in

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Tanzania and Kenya, on the plantation alone we employ already 25,000 workers.

And with an average family of five and so that means 125,000 people dedicated to work for us that we are fully responsible for them. We are taking care of the school. Because in a home plantation we are the community, so this school, the post office, and the hospital is all Unilever's responsibility. And we realize very well that if we keep all those people in good health, no matter what the issue is malaria, or kid falls from a tree or now HIV/AIDS we must keep them in good health otherwise they cannot perform as we like it. We are very, very many years already in these communities active. So we are really part of the countries where this all takes place. Further in the discussion you will find out how we do some of these things. Thank you.

FRANCESCA BOLDRINI: Thank you very much, Bernard. It is great that companies like you are taking a stand especially in Africa and recognizing that this is an issue. And I know one other important line of progress in Africa has been done because of The World Bank. The World Bank has been active in motivating and stimulating the private sector response in Africa. And we have with us Elizabeth Ashbourne who is the senior advisor for ACTAfrica at the bank. And you know EJ what is the bank's stance? How have you acted in Africa? What are some of the things that you think have been successful?

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ELIZABETH ASHBOURNE: Yes thank you very much Francesca and I'm not the senior advisor to ACTAfrica, I'm the private sector focal point for the AIDS campaign to [inaudible] for Africa and I work primarily in the Africa region and also the rest of the world. I think that The World Bank came to the conclusion that AIDS was an issue that needed massive development in response I think in the 90s. But in 1999 there was a study that came out that said that development goals were threatened to be set back 10 years or more if we didn't address HIV/AIDS and through the multi country AIDS program, the leader of which was Debra Rugzudi [misspelled?], we've invested over two billion dollars throughout Africa and the rest of the world to date and I actually think it's somewhat more than that if you add in health and health systems to address HIV/AIDS.

We do work throughout Africa and it's a multi-sectoral response so its both to the public and private sectors. But I think that there was a challenge and there continues to be a challenge that civil society and the private sector are key stakeholders and the World Bank has always traditionally worked with national governments. And so part of the multi-country AIDS program, and I think the contribution in general to development aid that is focused on HIV/AIDS is that the bank really took that on by creating way an innovative way in which we could see that our resources would go both to the public sector and civil society and that would include the private

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sector. About five years ago we realized that the national governments were having some issue in reaching out to the private sector. And we started to work with UNAIDS and the World Economic Forum and today also with Corporate Council on Africa, the Global Business Coalition Against HIV/AIDS and Farm Access and other partners to encourage the private sector to actively get engaged and we assisted in countries with developing business coalitions as well as working with national programs and national workplace policies and all of the things that we would do traditionally. And one comment is that we talk a lot about public private partnerships and it's really easy to say you know we need more public private partnerships but it is incredibly difficult to do them.

All the stakeholders do speak different languages, and I'm not talking about French, English, Portuguese, or an Asian language or whatever but I mean the sectors themselves speak in different terminology. You know Clinton was talking about the positive outcomes of AIDS has created, an opportunity to give back, well in many ways AIDS is an opportunity for both the public and private sector to find a common ground and I think that in developing business coalitions and working with the public and private sector specifically on AIDS which is such a crisis, all kinds of positive outcomes have beyond and they've gone well beyond just working on AIDS but also I think have found an opportunity to be able to speak to each other.

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FRANCESCA BOLDRINI: Do you want to give some examples of what you think some of the positive outcomes that you've seen in Africa, for example, have been?

ELIZABETH ASHBOURNE: Five years ago I'm not sure this room would have a whole lot of people in it. And also I recall when I was in the field five years ago, the world bank and a few others were the only ones that were working with the private sector on HIV/AIDS and today we sit around in partner meetings and there are 12 international organizations. Almost every donor has committed a certain level of funding to support private sector efforts. We have regional meetings. We just recently completed a meeting in Marrakech with 14 Francophone countries. We have a pan-African Business Coalition against HIV/AIDS which is driven completely from Africa by Africans with 17 business coalitions. I think there is a tremendous swell of efforts and combined learning and now the donors are very much in a position of supporting the efforts in the country rather than driving them. I think that's been a huge success for the countries.

FRANCESCA BOLDRINI: It's really amazing to see the companies are acting. You said, how many international organizations and donors are acting now?

ELIZABETH ASHBOURNE: I would say probably about 10-12 if you add in development partners. So there's donors which are traditional bilateral and bilateral organizations and

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multilateral organizations and really almost every single one of them has some element of private sector support against HIV/AIDS, also malaria and TB and then you add in development partners so probably somewhere between 12 and 20.

FRANCESCA BOLDRINI: So a big change there. A third stakeholder are the employer's association and Fred Muia of the HIV/AIDS policy advisor for the International Organization of Employers. And I know you also have a good story to tell.

FREDERICK MUIA: Okay. Thank you Francesca. Let me first start by thanking you and our friends from IAAS for putting this panel together. I'm very pleased to see people are part of a network present here. Just one word about the International Organization of Employers, it brings together national employer federations worldwide. We have a membership of 144 in as many countries. You know we said to ourselves the HIV/AIDS pandemic, it's having a heavy toll on production systems, on markets, on local communities. Why don't we use the structures that we have to mobilize employers to take action? As I said, we're very active in the area of labor and social policy issues and we represent employers in the international labor organization. This is something we've been doing for over 80 years. In fact one of the jokes that is told in the ILO [misspelled?] corridors is that the employers studied the ILO and the workers snatched it from them. So we've been trying to get it back. But anyway we have a very

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good working relationship.

And this good working relationship prompted us to come up with a code of practice on HIV/AIDS which is supposed to guide policy at national level. How should workers and employers proceed when it comes to responding to HIV/AIDS taking commitment for employers at both levels, taking action against discrimination based on HIV/AIDS, HIV status, carrying out education and prevention care and support and so forth. So we said, look the structures are there, we've been doing work in the area of occupational safety and health. How are employer organizations at national level have been providing personal development services. So how you need it to do, we don't need to create any other structure, we just integrate HIV/AIDS in our training programs. Our friend from Unilever, the Federation of Kenya Employers, which is our member in Kenya has been working very closely with the Kenya Tea Growers Association, Unilever is represented there. And they've come up with a code that it is distributed, of course borrows a lot from the code that we drafted at an international level. We've also been asking our members to come out and champion the cause either at the level of the employer organizations, our presidents at national level are leaders by the own right, so if they take a position than the others will listen.

Also we've had company champions. And we're very pleased to Stuart Berdan [misspelled?] from Levi-Strauss who is

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here. We've done work with them and we've documented in our handbook and the basic idea is to tell our members, look this company is taking action why don't you get inspired from their practice. Secondly, building partnerships. As I said we have a very close working relationship with the workers. We've been fighting issue, the ILO. But when it come to HIV/AIDS we said, "Look we are in this together. We need to join our efforts." And my boss and the boss of the workers said, "Look for the first time we are going to issue a joint statement calling on employers and unions from all over the world to come together at national level and to make the workplace a key entry point in the fight against HIV/AIDS." I think this was a milestone and we have quite a number of experiences. We have pilot programs in eight African countries where workers and employers are doing work together.

And lastly and this is very important, we've said look national employer federations sometimes have to see as representing big business. What we do when it comes to small and medium sized enterprises, we need to reach out to them. Either the supply chain management, I'm very pleased to see that they World Economic Forum has done work on this, or either by creating linkages between the small and medium sized enterprises and the big companies. So that when they exchange information they can benefit.

FRANCESCA BOLDRINI: Thank you very much Fred, so again

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lots of positive experience in Africa particularly. Our next panelist is from Cambodia. And one of the questions that we get asked very often is okay the business sector is doing lots of things in Africa where there's some very high prevalence countries. And also our data shows when the data is more than 20-percent, really that's when everyone in the business actually acts but that's often too late. And so I'd like to ask Teh Sing, who's the secretary general of the Cambodian Federation Employers and Business Associations, what is your experience in Cambodia being that it's a very different situation at this stage of the epidemic in your country. What's that meant for the business response?

TEH SING: Well this [inaudible] experience, Cambodia is one of the very countries where we have [inaudible] on treatment we have the same in 1997 and yet brought it down today by 2004 to 1.9. That itself is a success story. And I want add further to what Mr. Frederick Muia has said about the working the tripartite, the government, the workers and the employers. This is one country where we work very, very well. To be very honest as an employer myself I'm in the HIV education program for the employers. And for the past two years its very frustrating to see that the employers are actually not contributing so much because the prevalence rate in Cambodia is very low as between 3.32-4.9-percent. So what we did last May in this year the tripartite had came up with a

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solution. The employer itself the idea of the carrot and carrying private sectors to [inaudible]. We have actually come out with a ministerial decree jointly signed with the workers, the employers, and the governments where it actually forces companies with eight workers and above to have an HIV group within the organization. And if you have 51 and above you have to have a HIV committee. In fact I want to say, very proudly, in the state of Cambodia we are way above the time to deliver. We actually by [inaudible] it is effective by third of May that all companies with eight workers and above must have HIV group within the organization that will do education process and also to help whatever there is to be done and this is a real issue where we are very successful where we manage to bring it down. So sometimes we have to forgo that [inaudible] just like a father he love the child so much he has to cane the child off and on. So in this case in the Cambodia we did not wait. We the corporation of the union, the government, and the employers, we have already initiated it. And I'm happy today I see my friend, my union friend, the president of the Cambodian Trade Union is here today to support the seminar as well. So here's to tell you this is one time where the union and the workers really what we call it are supportable streams. We need them and they need us and we have put it into practice. We this is one time we work together we do not bang on the table at the meetings.

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FRANCESCA BOLDRINI: So it's a very different approach that you're taking than what we're hearing in Africa where the companies are acting themselves. How's the response been?

TEH SING: Just in the last three years when we started this education program for the companies we had managed to get two companies on board. But we feel that three years is too long and we are dealing with life. So because of that we actually the tripartite put together an action and actually persuaded the government to introduce this minister or decree when business houses has to include an HIV program and I think we should not wait. And I do realize companies as Elizabeth mentioned that the three parties have three different languages to talk, not in the case of Cambodia. We have shown it can work, the result is the proof from 3.3 to 1.9, so itself has a proven success as what today's topic is about, how to sustain and it is the real power of the people who wants to work together in putting life ahead of anything else. Let it be the employer, let it be the government, let it be the union. Cambodia is a proven success in the aspect. Thank you.

FRANCESCA BOLDRINI: I'd just like to ask the panel because it is such a different view are there other views for example from Unilever or from Australia's view of Asia of how the business response has been in Asia compared to Africa. Bernard I don't know if in Unilever you've seen a difference for example.

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BERNARD LUTEN: Yeah I also notice in our company that response in non-Africa is quite different as in the African countries. Let's face it, in the African countries you just have to drive along the roads in the country sides and you see the only industry is coffin makers. And not just coffins but coffins in all sizes. And that gets to your throat and it's the same for everybody that travels around there. So the issue is so obvious, it's so clear and there no more people left if nothing happens. And that's a complete different issue in companies like China. In China it's still, and also even in Russia, it's still very much within the high risk groups. And the rest of the society they are closing their eyes and the government's closing their eyes. And also in the companies Unilever in China, of course we are pushing them to make a policy like in all these countries but they are not confronted with the issue. They have on their mind doing their business, selling our progress, and these things are far away from their bed. And of course we highlight that also in our population there are high risk groups, there's traveling sales people, and there are people who transport et cetera. So we create awareness and it's coming now but it's still a complete different issue. Let's face it there is not yet an ART issue in Asia as in Africa.

FRANCESCA BOLDRINI: Absolutely. Annmaree O'Keefe is our special guest today and she's the HIV/AIDS ambassador for

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Australia and I wonder Annmaree if you have perspective from Australia in terms of what you're seeing are some of the challenges in Asia.

ANNMAREE O'KEEFFE: Thank you, Francesca. I suppose I'd expand it beyond Asia as well to Asia Pacific. I suppose it's important just to do a quick background on what's happening with HIV in Asia Pacific. We've heard from Teh the success story coming out of Cambodia. And there's also a success story coming out of Thailand as well. However with India, numerically, its got the greatest number of people infected with HIV in the world at more than 5,000,000 and that's even larger than southern Africa. There's another country in Asia Pacific of concern and that's Papua New Guinea where numerically the numbers aren't significant because the population is not large comparatively speaking. However it has an epidemic which continues to outpace both the government of Papua New Guinea's efforts as well as development partners. And it has a number of characteristics that would be similar, similar but not the same, to some of the epidemics in Africa. Now I just give that sort of background so people understand that in Asia Pacific there are several different types of epidemics and responding to that is going to require, as Elizabeth's pointed out, a multi-sectional or development response.

Now in terms of the private sector response there are a

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handful of business coalitions which have been established. Some are more active than others, in fact few are active than those that are. However the most recent initiative in this front happened just this year in Sidney when, in collaboration with a number of significant multi-country companies which have a big footprint in Asia Pacific. President Clinton was in Sidney at the time and we were able to launch the Asia Pacific business coalition. And that, even though that it's in its embryonic stage is really looking to bring on board those major companies throughout Asia Pacific that have a footprint that are increasingly understanding the important of a private sector, a business response to HIV. And I would hope that over the next 12 months that we will start to see some significant action on that front from the private sector. I think Bernard is absolutely right. To date there has been a very limited response from the private sector, particularly major companies throughout Asia Pacific. And that's reflected very much, if you like, through the membership of the Global Business Coalition if you look at that you will see a limited number of truly Asia, Asia Pacific companies represented. But I think, and I'm optimistic, that that change is happening now.

FRANCESCA BOLDRINI: One important thing that you're raising is the important role of business coalitions and we raise many times the Global Business Coalition which is with us today and I know worldwide, I think the number of national

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business coalitions is over 35 national coalition. And I'd like to ask just EJ because you have been so involved in Africa with the business coalitions. What are some of the learnings there, maybe some of the things that you think would be good in Asia from that perspective.

ELIZABETH ASHBOURNE: As I said it took us a long time to really get involved, not only to get involved but it took quite a while for the business coalitions to get to a stage where they were developed enough to be effective communication tools for the private sector. And I think that they have an energy of their own. But certainly a critical success factor when we started some years ago was to find to the corporate champions: the CEOs of the three, four, or five companies that recognized the challenges of HIV/AIDS and the impact that HIV/AIDS would have on their industry. In the case of Africa it was quite often the banks, and I can say Standard Chartered Bank in Kenya was absolutely essential and the chairman of whom really moved the agenda and went really company to company and said, "You really need to get engaged with us. It's really important." He wasn't necessarily the largest employer but he had a personal mission to really support it. And happily when he left Kenya the coalition was really well on its way but he went to India and within three or four months had begun the process all over again and there he had employees of 4,000 and became quite a leader there. You really do see that happening

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and I would suggest that Unilever for example, and I know we keep saying Unilever but I meant there are few companies globally that have really made a huge difference to this and Unilever is certainly among the top. And they've had for a long time, part of their corporate social responsibility program to support the development of business coalitions. And luckily The World Bank and other development partners ran into that and was able to support and expand it throughout Africa and also through the rest of the world. Lastly I would just say that we were, as a result of the work in Anglophone Africa and now happily in Francophone Africa the business coalitions actually helped The World Bank at The World Economic Forum and UNAIDS create a book on how to develop a business coalition. And that came out about a year ago, and as I said now we have a Francophone version and it's been translated into French. But almost immediately after it came out I had an e-mail from China asking could we translate it into Chinese. And there have been at least ten business coalitions throughout Asia and other parts of the world, even Latin America that have been learning from the experiences of Africa. When, I might add that I was told you know there was no way that the rest of the world was going to be comfortable learning from Africa and our experience has been dramatically different. People are really hungry for the information and here's the place where Africa really has been leading. And not least of which because they feel the

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most significant impact and the companies were affected more urgently there.

FRANCESCA BOLDRINI: It's great that you bring up the issue of leadership and how important that has been to the response. This session actually belongs to the leadership track of the conference. One of the next challenges which is actually very close to the heart of the Global Health Initiative at the forum, is how to go beyond the big businesses whether multinational or national. And this is still a topic still very much up for debate. There's limited data but I know that for example in Africa at best 20-percent of small and medium enterprises are trying to make steps in the direction of the larger companies. As I said the data is limited but we're very fortunate to have with us today Sydney Rosen who's the Assistant Professor for the Center of International Health and Development and Sydney is one of the people that has studied this issue and has data on this issue. We also have with us Penny Mkalipe whose the health and wellness manager from Eskom in South Africa, one of the companies that has done many, many things in their own company and whose also now trying to engage the small and medium enterprises. So I'd like to sort of ask first Sydney to sort of make the case from the data that she has seen and then maybe Penny to sort of say what your company's experience has been in trying to mobilize SMEs and what is the challenge to get to SMEs. In Africa they employee

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between 50-80-percent of the workforce in some countries. And so if we want to tackle the epidemic of the workforce we want to find ways to pull them in into HIV/AIDS.

SYDNEY ROSEN: Thank you. The research we've done has been on small and medium sized enterprises defined as 20-200 employees. We're not talking about micro enterprises and we're not really talking about the larger medium sized companies. But in many countries big business starts at about 200 employees and goes up from there. South Africa's probably the main exception to that. The research we've done over say the last three to four years has led me to be quite cautious about what to anticipate from small and medium sized enterprises. We've consistently seen smaller companies indicating that they're not terribly concerned about HIV because they're not feeling the impact. Worker attrition, turnover workers tends to be very fairly high and health related issues, any health related issues is not the leading cause of loss of workers. When we was managers to rate HIV as a business issue, as a concern to the survival and success of their companies it's consistently outside the top five and often sitting at the bottom of the top ten as a business issue. Part of the reason is that small companies everywhere tend to operate on the margin. Most of them don't last very long and just keeping themselves in business from year to year is a challenge. And so what we have is small companies whose main challenges are

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selling their product, dealing with immense government regulation that tends to be inconsistently applied and frequently changes. Obtaining inputs and consistent supply of inputs, sometimes just maintaining a supply of electricity and water so that they can keep the business operating and under such conditions its quite hard to imagine why HIV would be amongst the top priorities. So one of the findings from our research that it's going to be a tough sell with a lot of small and medium sized business as to why they should put their resources and attention to HIV.

At the same time it's become apparent that they are not necessarily efficient providers of public health. They're not always efficient providers of their core service but in most cases their core service is not public health. And as an economist I'm concerned about efficiency and I think we need to look carefully at how to, if we expect smaller businesses to engage this issue we're going to have to think carefully about economies of scale and how to make the potential of accessing those workers more efficient than it would be if we just regarded the workers as members of the public, of the community.

Finally the third issue that we have grown concerned about through this research is the question of demand for labor. In most of the countries in which we've worked and this is limited to Africa I should say, and to Anglophone Africa to

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be fair, jobs are probably the most important issue facing most people most of the time. Employment is a huge problem and even in South Africa where the private sector is very large and active something like 40-percent of the population that wants to be employed is not employed. And so what we need the small and medium companies to do is to employ people. More than anything else that's what people want and what the government needs from small and medium enterprise. Now there is a standard equation in economics, the more expensive something is the less of it you use and it does look like that applies to labor markets in Africa as to everywhere else. And so there is a concern that we have to that by trying to encourage or force small businesses to take action on HIV we raise the cost of labor and thereby discourage hiring. And small businesses like other businesses can do other things. They can casualize their jobs, so that when they need labor instead of creating a high quality permanent job they create a temporary or casual job so that they have no obligations to that employe. So me it sort of comes back to sort of the advice to be careful what we wish for because it may be that other parts of society are more efficient at delivering public health. And small and medium size are more efficient at creating job and we may not want to confuse that issue too much.

FRANCESCA BOLDRINI: Thank you very much Sydney. Now Penny I know Eskom's been really involved not just in what

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they're doing in Eskom but also working really hard to tackle the responses for SMEs that Eskom works with. Maybe you want to start with what you have found the response of the SMEs in your supply chain to be and whether they were interested or felt that this should be an issue? Because I think it's a very valid question. Their imminent priority is getting their job done and that's sometimes difficult so this is far beyond their day to day work.

PENNY MKALIPE: Thank you, Francesca. Our work at Eskom, I think is totally different from you've just cast, Sydney. And I think I just wanted to just give you our experience.

There has been an overwhelming response from the different suppliers that we have introduced those HIV/AIDS workplace problems too. And I'll give you an example and I think I need to actually tell the Eskom story to everybody. Eskom has been involved in managing HIV and AIDS as early 1980s, 1988 at the most. We have quite a comprehensive HIV/AIDS workplace program. The reason why Eskom is actually involved in extending this program to suppliers is because we worry about our bottom line. It's important to also just put Eskom into its right perspective. It's a power utility company in South Africa and the major one really, and employs about 51,000 employees. And after just the importance of sustaining Eskom as a business it's also importance for us to sustain the

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communities that our customers to our electricity that we produce, that's important. Also there are the major stakeholders who for our own sustainability have major energy challenges in Africa and I'm sure the world also. But in South Africa it's actually much more urgent. We are actually embarking on a capital expanding involving almost 85 [inaudible] just expanding our electricity supply. We are going to need those small and medium sized companies in our contractors and suppliers to be able to sustain our own self. So for us it was really a business decisions where they promote the bottom line.

How we actually did it is that we encouraged our suppliers to actually register and be part of our program. And how we actually did that is that we bought Eskom 1,000 tool kits. We used the [inaudible] tool kit because we know that most of them do not know how to put up an HIV/AIDS program. That different policies, different education and awareness and also linking them to the resources within their own areas where they work and also where they live. And we know the challenges around HIV/AIDS especially in developing countries like South Africae, issue around poor health care systems, and mother than that most people want to do something but they just don't know how. And it just takes big companies like Eskom to also just assist in those companies in setting themselves up and coming up with programs that we'll be able to sustain them especially

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in the fight against HIV and AIDS. And when Eskom bought those [inaudible] tool kits we realized as well that we don't necessarily have the capacity to be able to sustain the education, the mentoring and coaching that is important as well. And also to be able to sustain the whole program, so it was important for us to also establish other capacity building companies of which care ways in know that a number of people who are from the Care Ways group here in [inaudible] who actually took each individual company through a process of putting systems in place. And I'm very happy that from the 400 tool kits, we sampled 40 of those companies as part of our pilot. And from there the actually interesting results that we displayed yesterday during our poster presentation. And the success stories are basically number one, most companies were yearning for this direction. Initially when we started about 87-percent of them did not have anything in place in the workplaces around HIV/AIDS and I'm proud to actually say just from the 40 suppliers we actually were able to have 93-percent of them having some initially in HIV/AIDS policy 93-percent. And two were able to also touch almost about 3,000 employees just from the 40 sampled suppliers. And I'm saying the response has actually been so overwhelming we can't wait to get back home to actually reenergize the whole program and allow the ones that have been left out of the pilot to actually be part of that. Because I'm definitely sure we'll be able to

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reach far larger population. And the need for business to be involved is actually imperative and very urgent especially in developing countries where we cannot hundred percent rely on government to assist us. So partnerships for me should be meaningful and should be serious commitment coming from big business to escalate on what we do to the suppliers so that the message is actually heard. And from then on we'll be able to escalate it to treatment and testing obviously and care and support for so many other people that are infected and also affected by HIV. I think it is very important for business to be involved, and it's very important as well to have that hundred percent commitment because without it there's no way we're going to fight HIV and really have meaningful results from it. Thank you [applause].

FRANCESCA BOLDRINI: Thank you Penny. One of the thing you said that is in stark contrast to what Sydney's saying and I like to see that we're starting to a bit of a debate in our panel is that the suppliers, the SMEs working with you are screaming for these programs. And Sydney rightly raise where are they going to find the time to do this? Why are they going to prioritize this? I mean what are the kind of things the SMEs you've been working with have been seeing? Why are they doing this so quickly.

PENNY MKALIPE: Okay a number of the small companies that we deal with who are suppliers are actually feeling the

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brunt of HIV. You take a company with about 20 employees in South Africa, if one or two of them are actually ill because of HIV, or [inaudible] even having AIDS defining diseases, it's a real problem and it can actually really collapse those companies. South Africa is actually leading also in black economic empowerment companies and those are actually upcoming companies that need the support, do not usually have the resources, not even the know how. And as much as money could be also important for them, but it's also important for the own livelihood as companies. So there is that business imperative as well for them to be able to sustain themselves. Other than even thinking about sustaining Eskom. So they are feeling the brunt either within the different companies or even with their own structures within the different companies. So to them it is not necessarily just being kind and wanting to do it. It does make business for them to be involved.

FRANCESCA BOLDRINI: Any reactions at all? From Sydney, and I also know that Bernard and Fred you have programs in Kenya with tea growers which is a very different group of small enterprises. Maybe things from your experiences and Sydney please feel free to disagree or to add to what's being said.

SYDNEY ROSEN: I should say that I'm certainly not going to challenge what Penny just said. The only thing I would point out is that there aren't many companies like Eskom.

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In South Africa it's more than just a large electric company it's the only one, at least at this point. And I have to say I owe part of my career to Eskom's cooperation on this issue so I owe a debt of gratitude as well. I think it points out the danger of generalizing. I don't doubt that the companies that Eskom works with were thrilled at the opportunity. But I also don't doubt that the companies we've surveyed have other things on their minds. And so it does suggest that we need to divide and conquer in this area, that some companies will respond and other won't. And the extent that these companies like Eskom, whatever they can do is great but as a professional researcher and skeptic because of my field of research I would like to see the results in terms of impact on the epidemic. And I'd also be interested in a cost-benefit analysis, that tells us whether this is, in fact, an efficient way to reach people.

FRANCESCA BOLDRINI: So I know the tea growers association is a very different approach and also the size of the enterprises that you work with was very different. So what was your experience, perhaps Fred and then more the association overall and then Bernard more on how did Unilever go about it because it's very different than what Eskom did. Fred.

FREDERICK MUIA: I think I can agree with Sydney because we have this expression, "The business of business is business." But you know in Kenya the Federation has its program that they call the Young Entrepreneurs Training

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Program. And young entrepreneurs they don't have many employees. It's just the entrepreneurs and perhaps one or two people and then if the entrepreneurs contracts HIV/AIDS you know that's the end of the business. So the very survival of the business is dependent on the survival of that person. So the Federation when it talks to the me, says to them, "Okay you may not have the capacity but we are going to give you the capacity so that you can respond to the pandemic. Because the very survival of your company is dependent on you, and the entrepreneur and the people who are working for you." So I can very much agree with what our friend from Eskom has said.

Thank you.

FRANCESCA BOLDRINI: Bernard do you want to talk about Unilever's experience? I mean you really worked with, I know very, very small tea growers so.

BERNARD LUTEN: Yeah just a general remark. I hear Unilever being mentioned a lot of times, of course I appreciate it especially when you also know our products [laughter] but let's face it. Unilever and other companies we do this all together in the business coalitions, in the other partnerships, there's a bit of partnership called PIA, that's [inaudible] Africa. And we don't do this our self. Also HIV is not a competitive issue so you do this with your competitors and you do that as business in total. That's one thing.

The other thing is it's not just Unilever and our

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companies and employees. It's employees, it's family members of employers, at the end it's consumers, so it's an entire community. And I understand fully that when you are an enterprise just on your own like consultant or whatever or whatever you're selling single tea bags in India, then you cannot have a policy. So at the end where comes to is that the entire community gets access to all these awareness programs and at the end to all the treatment. Only when the community is healthy enough and can support it. Of course there's probably a leadership role in companies but that the end it must be the community. And that's why I like just to mention what I think is a wonderful initiative.

The Dutch government two weeks ago launched what we call a health insurance fund. And the base of the health insurance fund was a liaison with the Dutch multi-national Shell, Heineken, Heineken has been very, very active. You hear Unilever here but with countries like Heineken and also I see Brian Briggs here from Anglo American, these companies are very, very active in this field. So there's three Dutch multi-nationals, four in fact, Heineken, Shell, Unilever, and a telephone company called Cell Tell [misspelled?] and they were sticking their heads together. And together we said, as Dutch government what can we do as a group of Dutch companies because the Dutch government, we are quite a wealthy country. The Dutch government is sitting on a lot of money but the problem

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is they don't like to spend this to give this money to governments and don't know what's going to happen with the money. So they are looking very careful for projects where they're sure that the people that need to benefit actually benefit from them. And we raised the idea and actually we got sixty million euros for three years for a pilot that in Nigeria, where all of our four companies are active, we use the same HMO, health service providers, a company called Igea [misspelled?]. And by doing so the Dutch government gets a signal that this Igea HMO is not just an enterprise, it's a solid enterprise because otherwise these big companies wouldn't deal with them. And as a crown on our efforts, they put the quality control for HIV, and paid for by the Dutch government, in the hands of Farm Access International. And now it comes. The entire communities, they've selected three communities at the moment. I don't know exactly the details but if you would go to the booth here at the exhibition from Farm Access Internationals, they have a lot of brochures about it. It is brand new. It is really lovely. And in those communities everybody has health insurance but everybody must pay for it, if you're unemployed and you live on the street you must pay, for example, you must pay a dollar or maybe .25 cents for yourself for a year. But then you have health insurance. And if you are businessman and you make good money then you must maybe pay \$200.00 per year. But everybody in the society in

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those groups has access to medical care. Not only for HIV/AIDS also when the kid has malaria or whatever. And at the end it is I think such projects that will really make the big difference.

FRANCESCA BOLDRINI: Thank you very much, Bernard. You've raised two other issues. So back to public private partnerships and the importance of all working together. You also bring in the model of developing insurance models with the enrollment of the private sector. And I think that what we hearing is sort of bit create an imperative that sort of HIV/AIDS is bringing us all to do and think of what are the new approaches and how can we tackle some of the real challenges in terms of mobilizing the private sector. EJ do you want to comment?

ELIZABETH ASHBOURNE: Well I guess first I'd just like to congratulate the Dutch government for the vision to do this and also Farm Access who worked, I know, on this project to put it together for closing on 2-3 years. There are representatives here. And it's a really, really innovative scheme. I know Igea really well in Nigeria. It's an excellent organization and eminently replicable in other countries but the leadership of Dutch industry cannot possibly be overlooked and so it'll be interesting to see how that comes about but it's really fresh like two, three weeks old. So good luck.

But I guess, you know it's funny that Fred said, "The

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business of business is business." I was thinking exactly those same words when Sydney was talking. I mean we've never approached this as the private sector taking on public health but certainly a partnership because it really matters if employees are sick. But in the last year there's been a proliferation of programs that target small and medium enterprises. And including from the World Bank and from lots of other organizations. And the fact is that it's actually quite expensive to reach out to small and medium enterprises because there's a lot of them and they're not very organized and you go even beyond that to the informal sector where the informal economies in so many countries are enormous and huge and absolute opportunities. Market places in Nigeria for example have more people in the market place than in some entire countries in Africa or Asia certainly. It's an extremely expensive venture to try and reach them. However it's actually not expensive at all to implement prevention programs. So we sat down maybe a year and a half ago to try and say how can you do this? I mean how can we leverage our resources, each of our organizations and even in the countries the representation working with the private sector usually is only one of two people. And so with small medium enterprises, with the informal sector, you need a lot of face to face time. You know we sort of came up with this idea from everyone's experience to have large companies reach out to their small,

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medium, enterprises, who were their contractors and who were their suppliers. I think one of the first programs actually was in Mozambique with a company called Mozal [misspelled?]. And as Sydney said, having a discussion with them, they were saying, "How do we convince our broom manufacturer?" You know the people who provide brooms that they need to worry about a prevention program when their broom handles are not available and subsequently they can't actually do the business they're supposed to do. And that is a never ending discussion that you have to have in terms of prioritization with small and medium enterprises. You can't ever forget that small and medium enterprises struggle every single day and that their struggle is about business not about health issues.

And so the supply chain initiative which was launched and Chris Trimble [misspelled?] who's here today has been going around all over Africa and working with companies and developing the program and launching it, and developing a handbook, and I encourage you to pick up the document. This is the document, "Supply Chain Initiative." We hope that it is an efficient way to reach small and medium enterprises. There have been a lot of development partners who've been engaged and involved in this project. The World Economic Forum has taken the lead and should very much be congratulated. But we'll continue to work and figure out what the best economy of scale is, as Sydney pointed out.

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FRANCESCA BOLDRINI: Thank you EJ for bringing this up and also to Bernard for raising many of the names of the companies that are involve din the project. I'll just say one word which is this is a new set of guidelines that we're launching at this conference. It has in it the experiences of Eskom, of Unilever, of Heineken, of Standard [Inaudible] Bank, and many other examples of companies who are trying to doing this. But it's only one approach, you know, to tackling this response and I think it's really important also to listen also the experiences of Sydney and to other experiences. I know many of you in the audience have and I think that's where I'd like to move next is to turn to the audience. We've covered a number of issues, SMEs, the differences between Asia and Africa, the importance of leadership. The importance of public private partnerships. I see there are some cards that have been handed to me here but there are also microphones around the room and I'd encourage you to go those microphones and take questions. Maybe microphone number two would like to ask the first question and then number one. Please if you could state your name and organization in the question.

DENISE BURKA: Okay my name is Denise Burka [misspelled?] and I'm with the Canadian HIV/AIDS Legal Network, on the board of that organization. But first and foremost I'm a positive person and I found out I had HIV when my baby tested positive and subsequently died. I think the hardest thing for

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a person in my position is returning to work. And to try and even find a job and I realize that there are enable policies that enable—I'm talking about Canada now because I really don't another situation, but that encourage people with disabilities to apply for job and that they will be looked on as, you know, as fairly. But I don't think that's in practice. If I'm thinking of returning to work I really have a dilemma as to whether to declare my HIV status or not and one of my biggest problems is the insurance companies, whether they will give me a hard time if I take time off because it is an episodic illness. And when Hileal [misspelled?] was speaking this morning about getting the ARVs out more, than more and more it's going to be an episodic illness that people are needing to take time off work. And I feel that while they may hire me at first once they realize that I may need time off work to go to doctor's appointments, to go to, you know maybe I came with an illness just the same as somebody with multiple sclerosis could do the same thing, I think it won't be very long before I'm fired. And even though I may have talent in that position why would they keep me on when they could have somebody else who doesn't have those illnesses? I'm wondering how businesses are working with insurance companies, I'm talking private insurance companies, not the Canadian insurance because they're very good at getting you back into the workplace, but private insurance companies to make sure that they don't take people off and what

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are your policies as far as hiring people.

FRANCESCA BOLDRINI: I don't know, Fred if you want to comment work because you've worked a lot on the code of practice and this is really an issue of non-discrimination and then Penny also.

FREDERICK MUIA: If I could respond to that based on the work we've done on the ILO Code of Practice on HIV/AIDS and are very pleased that the director of the ILO AIDS program Dr. Kirsten [misspelled?] is here. The code gives a set of guidelines on how to address the issue of discrimination how to address the issue of discrimination based on HIV status, real or perceived. So this set of guidelines are the ones that we check out to our members at a national level and we encourage them to take a position, non-discrimination. And when they come up with their policy many of them have they say in this company we do not practice discrimination. Secondly I like to give an example of a company in Kenya, Momeer's [misspelled?] Sugar Company. I'd like to refer to the statement I made Elizabeth when I said the business of business is business. I was referring to this dichotomy, you know public health issue, business issue. And many of our members who have championed the cause said, "We are doing this because, to us, it's a business issue." I remember Momeer's Sugar Company when the prices of ARVs were too high they said, "Look whatever it takes we're going to provide our employees with ARVs, those who need

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them, because we need our employees to continue working for us." And the federation of Kenya employers, just to answer the question referring to insurance companies, they have a working group on HIV/AIDS that brings the various stakeholders and the insurance companies are represented in these. Because there have been difficulties because of the prevalence of HIV/AIDS in Kenya, how the insurance companies were going to deal with this problem. The discussions are going on. There are companies that are now accepting you know people with HIV to take insurance policies as a result of the discussions that they've had at the level of the federation thank you.

FRANCESCA BOLDRINI: We have lots of questions so if you can keep your answers short because I have a big pile of cards and want to try to answer at least some of these.

PENNY MKALIPE: In just answering the lady that just posed the question. If you were to be employed at Eskom it's not only just about policies and the different guidelines that are there and collecting dust somewhere. We live those policies, amongst the people that are actually here is part of our Eskom delegation, we have two people that are actually living with HIV/AIDS that are part of our HIV/AIDS program. And when you do get employed at Eskom, you will actually go through the usual medical surveillance which is the pre-employment test. And we always encourage people to do tell when they do have chronic illnesses of which HIV and AIDS would

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be one of them. But you will not be discriminated against at Eskom when you do have HIV, and after disclosure we also do have a policy and a procedure that guides managers as well as to how best we would be able to accommodate you. It's called the job accommodation procedure which actually highlights exactly what the issues I just alluded to: issues around hospital visits, issues around side effects from ARVs, exactly how we are going to manage you as one of the employees at Eskom. It would be a non-discriminatory purposes and you'd be well accommodated. And there are people that are actually part of our CA that are from Eskom that are living with HIV and AIDS, and not a single one of them has ever been discriminated against. And issues around insurances in South Africa, I cannot comment much on those.

FRANCESCA BOLDRINI: Bernard do you want to comment?

BERNARD LUTEN: I'm going to say when I heard your saying your personal situation, my hairs were rising. I cannot imagine and I'm really shocked that in a country like Canada when I look out of my hotel window, what do I see, I see wealth, wealth, wealth. I mean this is a highly, highly developed, very rich country, that the situation here is like you described. I mean I find that bloody shame for the country.

FRANCESCA BOLDRINI: I'd also like to add I actually had another talk this week with Canadian businesses. And

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unfortunately from our data it is true actually that Canadian business is a little bit behind. It's about half of what the global average is, so only 16-percent of businesses have policies in place in Canada. And we talked a lot about this issue so it's great that you are speaking up and hopefully you are going to push them to keep doing more. Brian you've been waiting so patiently and Anglo is a great example of many of the things we're talking here so maybe you want comment and ask a question.

BRIAN: Well the comment I wanted to make is that you know AIDS is an issue which effects all businesses and what you're hearing today from people who are working in the front line is that if you're operating in a business in a country with a high burden of disease. And it is absolutely essential for that business to respond effectively to AIDS in all its dimensions, what you're hearing from people whereby doing those responses they've shown that they can actually have better businesses and it's shown over and over again. It's just lovely to hear those messages from the people sitting there. It's also very great to have people like Sydney Rosen from the academic sector, analyzing and monitoring and evaluating what is going on. But the more that we get involved in these responses the more we are able to show that an effective response to AIDS is good business. AIDS has taught us to value each and every employee that works in our business. They're

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all important and I don't mind what size of businesses, for small businesses even more importantly every single employee matters. And if you don't have a healthy workforce you're not going to have a good business. And if your employees don't have healthy families and they're worried about illness in the family then you're also not going to have productive employees. So as businesses we've learned, respond effectively in the workplace, show how it's done, and take it beyond your business. And Penny showed how to take it beyond the big business to the small businesses. Take it out into the communities and just get on and respond and we're beginning now to talk in terms of how we can stop AIDS. How we can measure our response, our prevention response, our treatment responses. We believe we have all the tools now to do the job. It's just a question of leadership and will to get on and put an end to AIDS. We can do it.

FRANCESCA BOLDRINI: Thank you very much, Brian.

Microphone number three.

BRUCE MCGUIDE: Thank you. My name's Bruce McGuide [misspelled?] from Future's Group Europe. Three observations. The first is about this business with the supply chain. We're a small business. We suppliers to DFID, we run HIV/AIDS programs under contract to DFID the British AIDS program. If DFID phones my up as my major client and says, "Bruce I want you to do x, y, and z. Jump through this hoop." It doesn't

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matter what it is I'll do it. I will be overwhelming in my response because that's the nature of my relationship. So I'm kind of dubious about the power involved, the power involved, the power and leverage involved in the supply chain relationship that kind of is predictable. It's very good what you did at Eskom that your people down at your supply chain if you as their major paymaster asked them to do it. Secondly I'd like to go, what about the other direction of the supply chain, the sub-contractors. Bernard mentioned Heineken. Heineken's a beer company. They have breweries throughout sub-Saharan Africa. But they also have sub-contractors who are doing beer promotions, they have pretty girls in tight t-shirts out in bars, all over South Africa, Angola, Zambia. So I think we should challenge big companies to say what are you doing about that side of your business? Because actually if you do something about that it will hit your pocket. It will hit Heineken's pocket to try and work to do things differently. And the third observation I'd like to make is that everything we hear about prevention, research, and the theory of prevention is that you've got to go and ask the people, you've got to understand people as to why they might change their behavior. And I haven't seen yet, I don't mean just here but anywhere, research saying whether employees would like to have their employer address their sexual behavior. Because my hunch is that if you really look at the employees and say where might

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the impetus come for a change of behavior on your part, I think your employer would come very far down the line. I think it would come very far down the line. I think it would come very far down the line for most of the people in this room. It's just not in the nature of the employment relationship. So big companies can achieve certain little things. But I share Sydney's deep skepticism about the nature of employer - employee relationships for HIV.

FRANCESCA BOLDRINI: Let me ask also number two if you can also make your questions and then we can go around because we're going to run out of time otherwise.

DR. SIMELAR DOUGAL: Okay thank you very much. I actually don't have a question. I just want to make a few comments and maybe share with you a different kind of approach of dealing with the problem of HIV and AIDS in the workplace. We just launched a program, my name is Dr. Simelar Dougal [misspelled?] from Daimler Chrysler South Africa. And together with the local chamber of business we have established an independent trust that is aimed at helping smaller businesses who are members of the chamber of business to actually role out comprehensive [inaudible] to HIV and AIDS in the workplace. And comprehensive in the sense that it's a range of activities from line management training to corporal persons training to peer educators training to patients training and even to actually carry out [inaudible] campaigns in the companies that

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we work with. And not only carrying out [inaudible] campaigns, actually also linking the patients who are so identified through our [inaudible] campaigns to a private network of doctors who then take care of those patients on an ongoing basis. Because I don't think really that sufficient for you to just and go into a company and say I've drawn up the policy and that's an adequate response to the problem of HIV and AIDS. To even go in there I want to do an HIV [inaudible] campaigns and then that's the end of the story. I do know that the business of business is business. And I agree with Sydney that businesses should not actively be engaging that its not their core competencies. But if you come from a place like a South Africa, somewhere in the eastern cape which is very rural in South Africa where you know that waiting time for people when they go to a clinic to even get VCT is upwards of three hours. Or if you test and you find out you're positive that your waiting time to be able to actually access treatment is upwards of three months. You have to wait for other people who in the queue before you. And you can see that we can't sit back and wait for governments actually to do everything themselves. Business has to come to the party. But then again seeing that business is not - the core function of business is not actually to provide health services, we've come up with this alternative model to say let businesses come together, establish an independent to actually service this comprehensive needs of

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employees in these different companies. We started with 18 companies who have signed up to participate in this program. And in this company they talk to about 9,000 employees, and are benefits also open to dependents for employees so potentially we can reach over 45,000 people you know just by going in this way. So I thought I might just share this experience with you of the different approach of how to deal with this in the workplace.

FRANCESCA BOLDRINI: The last two comments and questions are actually very closely linked to some of the ones I have on the question cards here. There's one question about, what is the role of business coalitions? How they are working on a network to help address some of these things? One question about it's one thing to have a policy but how do I implement it and turn it into a program? And other very pragmatic question, okay what are the steps you should take if you are business that wants to do these kinds of things? How do you do about doing that? And the last one also the person from Futures raised, was, of course Eskom has a lot of power in their suppliers and distributors. How do we scale up or what other approaches can we use? I don't know who, maybe Penny then Fred and Annmaree.

PENNY MKALIPE: I think the role of the different business coalition is actually critical. I do not necessarily see individual companies being able to sustain these programs

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on their own. And I think it's important to actually link with the other companies that are also in the region and also fighting against HIV and AIDS. I think at Eskom it is not just about Eskom alone. Eskom is involved in this project with the South African Business Coalition. And they actually have many members of which many of them also came up from the suppliers that we actually brought over to them. So the role of business coalitions I think it's critical. Also other than that it's for any program to be sustainable it's also important to also realize that other than issues around cost and the importance of whether the owners of those companies want to be part of HIV or AIDS or not it's also very important on time management as well. A lot of the other companies complained a lot about time, it takes a lot of time. But then if you latch on to existing business processes that exist within the different companies you'd be able to actually go and really reach as many people as you possibly can. But it's critical to have the coalitions of the different business companies that are actually coming together to fight HIV and AIDS.

FRANCESCA BOLDRINI: And Annmaree?

ANNMAREE O'KEEFFE: What I just wanted to raise was the issue of incentive and motivation, and I think what - particularly from the Asian Pacific experience - when you compare that to say an African experience, what you've got is businesses responding to very different situations. You have

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in parts of Africa private sector responding to what I think could be described as a very real constraint to better business. In parts of Asia and Pacific because they are very different types of epidemics it's a case of convincing the private sector to respond to what is still a potential constraint to better business. And that is, I think, a very fundamental difference in terms of the different environments that we're respectively operating in. So coming back to the role of business coalitions, I think a business coalition operating in a country where the epidemic rate is high is possibly going to have a very different approach to say the new embryonic business coalition that we have for Asia Pacific, which is really going to be private sector, particularly significant employers of the potential and how to actually implement prevention in their own corporate structures.

FRANCESCA BOLDRINI: Let me just take the last three questions because we want to reserve a little bit of time for review to close. So one and then three and then two.

HENRY WALLA: Thank you my name is Henry Walla [misspelled?] I'm here from Kenya. I work for the [inaudible] Development Organization, working principally at the intermediate level. Now our experience has been that [inaudible] from the capitol cities. The workplace policies are not even learned about or not implemented and it will be interesting to hear from many of the panelists what you

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experiences on this have been and what your response has been as well thank you.

CHEMA REE: Thank you my name is Chema Ree [misspelled?] I'm from Nigeria, I also [inaudible]. And I sat here and listened to the portions very attentively and I want to thank the presenters. One problem I have though is that you talk about Africa as if Africa is a homogenous country, there are different countries with different experiences and I think that part should be, you know, I think it's very important that we know that. Now I'm very Nigeria and we have a very strong business coalition, mostly multi-nationals, banks, but there is also the social partners, there employer organizations working with the labor organizations and government. And trying to mobilize down to the informal sector, even though the informal sector is not cut for the economy the informal sector is also very organized and we are trying very bad to reach those informal sector organizations in some of the work we do. One of the things that the labor organizations have done, we have a national workplace policy and the national labor congress has also come up with a workplace, a policy, that they expect workers at all levels to use in negotiating with their employers. And we are hoping and looking forward to more proactive programs in all workplaces because it's a [inaudible] between the social partners and right now we are establishing some baseline information working together, that's employers

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and workers, to establish the knowledge, attitude and practice in the more workplaces that are [inaudible] to them. I believe not only Igea but there are also other health organizations that are working and maybe in the next two years we might have more information to provide.

FRANCESCA BOLDRINI: Thank you very much. I hope that we will in a few years be able to talk about the informal sector as well. Can you keep the comment or question short, because I really want to give the panel a chance to close.

ASHELY GASGUIN: Sure my name is Ashley Gasguin [misspelled?] from the International Executive Service Corp and actually I want to talk about the informal sector because it's what we're working with right now. We have programs in South Africa with Alcoa and Zambia, and Papua New Guinea. And we're about to launch in Swaziland and [inaudible] and our experience is that business owners at the informal level particularly 0-10 employees really want to have some kind of information, some kind of system to be able to access, continuing access to treatment, testing for their employees when they understand it as a business issue first. That's the way to mobilize the population. We're able to do that through chambers of commerce, through the business coalitions and then our experience is that as result of people participating in this kind of initiative which is a modified workplace approach, it's not a traditional workplace approach. For every nine people

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participating in the program 10 from those participants and the greater community are actually VCT. So we think that there are ways of mobilizing the informal sector. It can get expensive but there are ways of doing it by leveraging existing national, regional, and local structures.

FRANCESCA BOLDRINI: Thank you very much. I want to ask out to the question about the informal sector and maybe you have some experiences but also one question I got on a card which is very close to me is TB/HIV. I actually worked in TB for a fair amount of time before I worked in HIV and the joint epidemic particularly in Africa but then also when we look in Asia with countries like India and China having the biggest burden of disease in the world for TB, what are companies doing in that respect? What are the employer associations thinking about with that issue? So any comments either on the informal sector or on the issue of TB/HIV.

FREDERICK MUIA: On the informal sector, I've been talking a lot about the traditional Kenya employers but there are a lot of other members in Africa also doing work in this area. The informal sector is very difficult to organize so what the federation has said, and they put in their strategy it let's have in Kenya the call them the [inaudible] because they're people without formal structures, they work outside in the open, in Swahili. They're encouraged to form trade associations, and then through the trade associations they can

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access services that the federation provides in the area of HIV/AIDS. So they have this as part of their strategy and the [inaudible] operators are also benefitting from the business development services, that and improve your business. They have a center Nekuru [misspelled?] where quite a number of them are participating. Just one word about India, our membership as I said is from all over the world. What we are doing with the ILO is to try and see what sort of experiences lessons learned in Africa can be shared with our members in India. As a matter fact I was in New Delhi where the Council of Indian Employers, which is our member, but all the employer organizations together in India to commit to take action on HIV/AIDS. So based on the lessons learned they said the reality of the epidemic in our country is different but we need to learn from others and we need to action, thank you.

FRANCESCA BOLDRINI: Sydney very quickly and Penny I think you want to say something about TB/HIV because Annmaree five minutes to wrap on the session and we're out.

SYDNEY ROSEN: Just a comment on something that would help all of us try to move forward to we desperately need better evaluation of what we're doing. We really don't know what works. We don't know if anything that we're doing actually works, or how much it costs or whether the benefits exceed the costs. And you know 20 years into a workplace response it's a failure of my profession in particular, but

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perhaps of all of us more broadly that we haven't done a very good job of measuring outcomes. And so then we're in a position where we're arguing about what we should do without really much information about what we'll get from it, and so as we move forward and as more companies take on projects, my plea is that we build in rigorous evaluations so that we don't find ourselves in the position five years from now.

FRANCESCA BOLDRINI: Penny on TB/HIV.

PENNY MKALIPE: On the role of business I think also in managing TB is actually paramount. In South Africa we do have a very high prevalence of not only just TB but multidrug resistant TB. And the role of business is very important because a number of people that were actually going queue for the whole day just to get anti-TB treatment is unacceptable. And also issues where people have forgotten their templates, actually just escalate the problem of adherence and issues around multidrug resistance. So I can only speak at Eskom. At Eskom when you do have TB you do come with your treatment, because we get free treatment for TB, when you come to the clinic at any outpatient health center, within Eskom we have almost about 34 of them, any person belonging to any company who is doing work for Eskom at the particular time can actually go to the clinic and gets a card, keeps the card and actually follows the dot system very, very well. And the success rate just on that has actually been phenomenal. We've reduced the

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number of people having multidrug resistance and also adherence to the six month therapy. And I think it is important for us to be able to work with all those public health issues so that we can be able to combat a lot of problems that come from taking your medication and work and also being there and leading a productive as well.

FRANCESCA BOLDRINI: Thank you very much. We're actually out of time so I'm sorry that I'm not going to be able to get answers to all the questions. But I just want to ask Annmaree O'Keefe to sum up and reflect a little bit on what's been discussed today.

ANNMAREE O'KEEFFE: What a challenge but I think it's been a particularly interesting discussion from a personal perspective because we've been looking at how we can actually strengthen that whole private sector response. I've found the different views coming forward today particularly instructive. I think the first point that was made and it was made by Bernard was the recognition of corporate responsibility to be supporting the much broader global international response to HIV. And we're perhaps slow but I think now well recognized that any effective response to HIV, has to be as the World Bank has so strongly recognized, has to be multi-sectoral: i.e. public sector working very closely with civil society which of course includes very strongly private sector.

Now how is private sector actually going to implement

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or shape its responses? I think we heard from the International Federation of Employees the needs are threefold. The workplace policies have to be there, the support for workers, particularly those who are already infected with HIV, and of course dealing very much with stigma and discrimination and eradicating that as much as possible from the workplace and in particular through the workplace policies as well.

I found the experience in Cambodia to be one that perhaps others of us representing different governments could actually consider, which was to actually bring forth legislation that required employers to take a very visible and a very physical action in terms of the response to HIV.

In all of this it's all very well to say we need legislation. It's all very well that it's the responsibility of the corporate entities but what we really do recognize that without the corporate champions it's not really going to work. There has to be, just as there has to be that pressure that comes from a community on a government to make change, whatever it is that we might be talking about, it can be childcare through to HIV responses you need to also have the champions within the corporate sector. We've heard today recognizing some of those very important international corporate champions but I think there's smaller ones too. Some of the chambers of commerce have been particularly active. There's a chamber of mines in B&G for example which I know personally has been

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particularly active in supporting the broader response. But you know corporate champions come in different shapes and forms and sizes and bank balances, but they're all incredibly important.

I think what's really helped us too to get some reality into understanding this discussion is the realities confronting us and these particularly as described by Sydney. I know she made this point a bit later but I think it is such an important point in terms of need for evaluation of the workplace response. We expect that of ourselves within donor activities to actually have serious M&E in place and it's something that clearly private sector needs to be considering even more strongly than perhaps they do now. I think probably as we look around find different experiences but the essentiality of having rigorous monitoring and evaluation in place is absolutely essential if we're going to inform the future direction of the workplace response and also shape the existing work that's going on now.

The challenge of accessing the informal sector, and I think we all recognize the enormity of that, but given the way in which HIV manifests itself particularly with high risk groups and we might find that there's a very direct linkage between high risk groups and the informal sector. Clearly that's an area where we probably all have to put greater energies into it. And it's been pointed out by a member of the

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audience so important to leverage the local, national, and regional structures again particularly through chambers of commerce.

Finally and I think this is the challenge that confronts all of us is drawing on the lessons that we've learned today, but also being brave enough to actually confront with a degree of creativity, I think informed very strongly by what we're finding in the workplace through monitoring and evaluation, but having the courage and the willingness and the leadership be it from the private sector or be it from the government, be it from the community but working together to ensure that we have that collective courage to implement the sorts of workplace policies and demand the sort of workplace policies that are absolutely essential if that private sector response is actually going to take us collectively further. Thank you.

FRANCESCA BOLDRINI: Thank you very much. Please join me in thanking all our panelists today for their active participation and for your participation.

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