WHAT CAN TRAVEL AND TOURISM COMPANIES DO TO FIGHT AGAINST HIV/AIDS, TUBERCULOSIS AND MALARIA?

A BEST PRACTICE GUIDEBOOK
THE GLOBAL BUSINESS COALITION ON HIV/AIDS, TUBERCULOSIS AND MALARIA (GBC)

The Global Business Coalition on HIV/AIDS, Tuberculosis and Malaria (GBC) is an alliance of more than 220 international companies leading the private sector fight against HIV/AIDS, TB and malaria. GBC works to leverage the business sector's unique skills and expertise in the global drive to eradicate these three epidemics. With headquarters in New York and offices in Paris, Johannesburg, Beijing, Geneva, Nairobi, Moscow, and Kyiv, GBC also serves as the official focal point of the private sector delegation to the Global Fund to Fight AIDS, Tuberculosis and Malaria.

GBC MEMBERS

GBC's members represent 26% of the Fortune 100 and 28% of the Global 100, including many of the world's most recognized global brands. With a combined workforce of more than 11 million employees, GBC members recognize that HIV/AIDS, TB and malaria threaten the growth of key markets, affecting companies' workforces around the world - reducing productivity, increasing absenteeism, disrupting communities and impacting large existing and potential consumer segments. GBC is led by Chairman Sir Mark Moody-Stuart (Chairman, Anglo-American plc); Vice-chairmen Bertrand Collomb (Honorary Chairman, Lafarge) and Cyril Ramaphosa (Chairman, Shanduka Group); President and CEO Richard Holbrooke; and Executive Director John Tedstrom.

GBC MISSION

GBC's goal is to increase the range and quality of private sector programs to address HIV/AIDS, tuberculosis and malaria both in the workplace and broader community. GBC identifies new opportunities for business action and helps companies develop programs that address the three diseases. GBC also encourages and facilitates partnerships between business, governments, the international community and the non-governmental sector.

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In today’s interconnected world, no one is immune to infectious disease. As growing numbers of people are affected by HIV/AIDS, TB and malaria, the detrimental effects are played out within families, within companies, and across society at large. Because of their corporate social responsibility commitments, global companies have a duty to do everything they can to fight these three diseases. Moreover, if action is not taken, industries like travel and tourism may face productivity declines, a shrinking workforce, and diminishing tourism due to illness within the workforce and among their customer base. In response, the travel and tourism industry can leverage its large, yet localized, workforce while using its expertise in areas ranging from advertising to transportation to enhance and improve current awareness, sensitivity, prevention, and treatment efforts.

It is necessary to face facts, even if they are unpleasant, and the truth is that we are not winning the war against this trio of diseases, ranging from the age-old scourge of malaria to the comparatively new but incredible difficult struggle against HIV/AIDS. The Global Business Coalition on HIV/AIDS, Tuberculosis and Malaria and ACCOR recognize the critical role of businesses in turning this tide—mobilizing business in the fight against HIV/AIDS, TB and malaria. This is the mission of the GBC. Companies within the travel and tourism sector have both an interest and responsibility to act. But, more importantly, these companies have an opportunity to become leaders.

Within the travel and tourism industry some companies, like ACCOR, have already made a commitment to address HIV/AIDS, TB and malaria, in their workplaces and others in the communities in which they operate. By emphasizing core competencies, synergy between communities, companies, and the global public health community can arise, creating benefits for companies, as well as those affected by HIV/AIDS, TB and malaria.

The GBC, in partnership with ACCOR, has designed the Travel and Tourism Industry Dialogue, an initiative launched during the 2006 European CEO Summit on HIV/AIDS with the objective of catalyzing travel and tourism industry involvement in efforts against HIV/AIDS, TB and malaria. It is from this dialogue that we created this Best Practices Guidebook, a more concrete format to engage the travel and tourism industry. This guide provides simple, yet cost-effective options and resources for companies interested in implementing public health programs and fostering new health partnerships. It is our hope that readers will not only learn from the examples included in this guide, but join us in the global efforts to fight HIV/AIDS, TB and malaria.
HOW TO USE THIS GUIDEBOOK?

This guidebook is designed for corporate executives, human resources managers, communication managers, hotel managers, corporate social responsibility managers, medical officers, health educators, and labor representatives in the private sector’s travel and tourism industry. Its goal is to help these companies meet the challenges of HIV/AIDS, tuberculosis, and malaria by developing effective and appropriate prevention and care programs as well as support company policies. It can be used by small, medium, or large companies.

Rather than offering a right set of recommendations, it provides simple guidelines that a company from the travel and tourism industry can adapt to its particular needs, processes and resources. It analyzes seven examples of “best practice” company initiatives on HIV/AIDS, tuberculosis and malaria, and it intends to provide answers to common questions about how companies can leverage their own expertise to take action in areas such as leadership, workplace, core competency, and community outreach.

To provide further assistance, this practical guidebook also features useful resources and contacts for guidance and help in creating or implementing an action plan.

As such, readers will find this guide both comprehensive and action-oriented.

For further information on GBC’s Travel & Tourism Industry Dialogue please contact:
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ACKNOWLEDGEMENTS

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- ACCOR Group
- AIG Travel Guard/Noel Group
- American Express
- Grupo Visabeira
- Kerzner International
- Thanda Private Game Reserve South Africa
- Virgin Group

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“It is more than basic humanitarian concern that should drive the private sector to get involved in the global fight against AIDS. It is in the enlightened self-interest of any company that operates in affected countries. AIDS is increasingly a threat to the global market economy.”

– Dr. Peter Piot, Executive Director, UNAIDS
TRAVEL & TOURISM INDUSTRY: THE BUSINESS CASE FOR INVOLVEMENT

THE INDUSTRY CONTEXT

Travel and tourism is one of the world’s largest and fastest growing industries. According to the World Travel and Tourism Council, the industry currently sustains 174 national economies and generates around 235 million jobs: it generates over 10.4% of global GDP and employs approximately 10% of the global workforce. By 2015, the industry is expected to generate 260 million jobs, an increase of 17.7%.

INTERNATIONAL TOURISM RECEIPTS (US$ BILLION)

![Graph showing international tourism receipts from 1990 to 2006](image)

However, tourism demand depends heavily on the economic conditions in major generating markets, and in tourist destinations in particular. In years when world economic growth exceeds 4%, the growth of tourism tends to be significantly higher than average; when GDP growth falls below 2%, tourism growth tends to be significantly lower. On the local, national or regional levels, this relationship is even more pronounced: The economic conditions of a given location affect its perceived desirability as a tourist destination, and have serious impacts on how business operates.

Snapshot of the Global Epidemics

HIV/AIDS

With approximately 40 million people said to be living with HIV and close to 4.1 million newly infected in 2006, the HIV/AIDS epidemic is still wreaking havoc on individuals, industries and societies worldwide with little end in sight. Sub-Saharan Africa continues to bear the highest burden of the epidemic where an estimated 24.5 million people were living with HIV at the end of 2006 and where one in five adults are infected. Across the African continent, countries are seeing large variations in their epidemics particularly in prevalence rates. In the southern region, countries like Botswana, Swaziland and Zimbabwe are recording rising adult prevalence rates of more than 20%, while in the least-affected western region, countries including Cameroon and Ivory Coast are seeing rates of 5-7% respectively.

But the AIDS epidemic is not just an African problem. Eastern Europe, Asia and the Caribbean are also coming to grips with the devastating impact the disease is having on their economic growth, population and society in general. In Russia, China and India, the epidemic which was once concentrated in high risk groups including injecting drugs users (IDU), commercial sex workers (CSW) and men who have sex with men (MSM), is now moving quietly into the general population.
at an alarming rate. Russia now accounts for more than two-thirds of all HIV cases in the region and given the trends among vulnerable groups, infection rates will continue to increase. A similar trend is happening in India which is responsible for two-thirds of persons living with HIV in Asia.

**ADULT PREVALENCE, % (Source: UNAIDS, 2006)**

In the Caribbean, typically considered a tropical paradise, the topic of HIV and AIDS is now a hard reality. With prevalence numbers ranging between a few hundred thousands in some countries to over 3 million in others and rates of infection showing no signs of slowing, a crisis will be inevitable should the situation be left unchecked. Like Africa, the disease varies tremendously with the diversity of the region, yet infection rates continue to rise in countries such as the Bahamas, Haiti, Dominican Republic and Trinidad.

**THE AIDS EPIDEMIC** (Source: UNAIDS, December 2006)

**TUBERCULOSIS**

Tuberculosis (TB) is one of the world’s leading infectious diseases and continues to have a significant impact on the health and economic welfare of populations and societies globally. According to the World Health Organization (WHO), one-third of the world’s population is infected with the TB bacilli and close to 10% will become sick in their lifetime. Incidence rates remain highest throughout Asia, with South East Asia accounting for 34% of the entire region. China and India reported approximately 3.1 million combined TB cases in 2005.

What makes TB particularly challenging is that it is especially explosive among people living with HIV/AIDS. It is estimated that one-third of the 40 million people living with HIV/AIDS globally are co-infected with TB. With a near-perfect death rate among people living with HIV/AIDS – 90% die within months of contraction – TB is the leading opportunistic killer of this group. HIV continues...
to be the single contributing factor to the increase of TB incidence in Africa. And, increases in drug resistant strains of the bacteria due to poor treatment practices makes matters worse in such hard hit regions.

Women bear a disproportionate burden of the TB epidemic as with HIV/AIDS due to the disparities in health, education and poverty. More than 900 million women are infected worldwide with a concentration particularly among those of reproductive age (between 15-24 years of age). Failure to tackle the epidemic will result in serious workforce losses and a decline in business profits.

MALARIA

A 50,000 year-old disease that 2.5 billion people—roughly 40 percent of the world’s population—are at risk of contracting, malaria continues to wreak havoc in endemic regions of over 105 developing countries and territories most of which are in Africa. With factors like climate (temperature and rainfall) affecting the prevalence of the disease, malaria is both preventable and curable. Yet, every year more than 500 million people become sick with the malaria parasite and more than 1 million people die – most of them living in the poorest countries of the world.

According to the WHO, close to 50 million women living in malaria-endemic countries become pregnant – half of whom live in areas where the most dangerous malaria-carrying parasite resides. An estimated 10,000 of these women and 200,000 of their infants die as a result of malaria infection during pregnancy, making these two populations the most vulnerable to malaria.
Other vulnerable groups include travelers. People traveling from malaria-free regions going to areas where there is malaria transmission are at higher risk for contracting the parasite as they have little or no immunity and are often exposed to delayed or incorrect malaria diagnosis when returning to their home country. Despite completely eradicating or successfully reducing malaria thirty years ago, many global regions have experienced a significant rise in the number of cases in the last decade most notably in Asia, Latin America and the Caribbean and some parts of Europe. With tourism growth occurring at increasing rates globally, malaria, like HIV/AIDS and TB, will continue to pose serious threats to business productivity.

Impact of HIV/AIDS, TB, and Malaria on Businesses

Private sector companies over the past few decades have recognized that operating in isolation does not suffice in the current global setting. With global health challenges like HIV/AIDS, TB and malaria businesses understand that a healthy workforce and environment is critical to success.

Development of businesses is crippled, industries lose competitive markets, and economies crumble under the heavy weight of HIV/AIDS, TB and malaria. These epidemics continue to threaten global productivity, affecting GDP of already unstable nations, and creating a hindrance for expansion into emerging markets. An industry like travel and tourism is no exception. With leisure travelers basing their decisions on factors like the desirability of the destination and with an industry that prides itself on its pristine image - packaging near-perfection to its consumers - companies within this sector will face tremendous losses if they remain silent and unresponsive to the epidemics. Most importantly, the recent growth of the industry in regions like Asia, Africa, the Caribbean and Pacific Island – all regions severely affected by HIV/AIDS, TB and malaria – is at risk of declining.

EMPLOYEE PROFILE AND SUSCEPTIBILITY

With 10% of the global workforce within the Travel & Tourism sector, workers are particularly susceptible to HIV/AIDS, TB and malaria because:

- They are young (between the ages of 18-34) and single
- The nature of the business makes employees highly mobile
- They have steady income and access to commercial sex or to sexual interaction with visitors and other colleagues
- There is a consistent availability of drugs and alcohol
- Most are locally employed with little or inaccurate knowledge on the epidemics

IMPACT ON THE COMPANY LEVEL

On a micro-level, companies face serious challenges with managing the effects of the HIV/AIDS, TB and/or malaria epidemics – these effects are felt especially within the workplace.

Increased Cost of Operations:

- Recruitment and Training – due to loss of skilled and unskilled employees and workers with institutional knowledge of the company
- Higher Benefits and Insurance Premiums – as companies lose workers, insurance rates will increase due to the high staff turnover particularly as the companies seeks to offer additional coverage or support to its workers
- Management Burden – added staff might be required to manage the effects of the disease within the company

“Some travel companies are reluctant to identify themselves with a potentially fatal disease because this might affect revenues. AIDS has spread globally because of travel across time zones and countries, so tourists should be educated. It’s also good business: Companies don’t want people to be scared of visiting certain regions because of AIDS. Hotels must educate their workers, test them; the travel industry has a unique ability to disseminate the message.”

– Amb. Richard Holbrooke, President & CEO, Global Business Coalition on HIV/AIDS, Tuberculosis, and Malaria
Decline in Worker Productivity:
- Employees who are ill will either require sick leave or reduce their efficiency
- Training and retraining of employees to fill vacated positions slows productivity
- Drop in employee morale and motivation makes employees less focused on their respective tasks (loss of morale due to family, friends or colleagues affected by the diseases)

Reduction in Profits:
- Due to rising operating costs within the business
- Decline in consumer spending – consumers in local communities sometimes account for a significant portion of company profits particularly in small business within the travel and tourism sector
- Economic prosperity is threatened by putting national economies at risk, deterring investment and decreasing output for foreign exchange

A CONCEPTUAL BUSINESS COST CURVES OF RESPONSES TO HIV/AIDS:

![Graph showing cost curves over time for responses to HIV/AIDS]

SPECIFIC CONCERNS FOR THE TRAVEL AND TOURISM SECTOR
(adapted from the HIV/AIDS Handbook for South African Tourism and Hospitality Companies)
- Risk of foreign tourists visiting particular countries and regions where companies have major investments
- Travelers engaging in more risky behaviors than they would at home, including unprotected sex, multiple sex partners and increased drug and alcohol use
- Sex tourism in particular is seen largely as contributing factor to the spread of HIV/AIDS
- Studies have shown that there are high levels of sexual interactions between employees and guests within this industry
- Employees within the industry may be called upon to answer guest concerns concerning the epidemics, HIV/AIDS in particular depending on the business location
- Education among employees is critical to addressing the epidemics

THE MOTIVES FOR THE BUSINESS RESPONSE TO HIV/AIDS, MALARIA AND TUBERCULOSIS ARE BOTH PHILANTHROPIC AND BUSINESS-ORIENTED
On a deeper humanitarian level, the travel and tourism industry has an integral role to play in addressing these epidemics given its close ties to the natural, social and cultural environment. By implementing innovative solutions within the workplace, developing partnership within the industry and using their brand-power to advocate among governments, companies within this sector are poised to make a difference.

CONSUMERS DO CARE THAT BUSINESSES CAN RESPOND TO THE EPIDEMICS
In the travel and tourism sector, the “Ethical Index”, developed by Condé Nast Traveler in 2007 highlighted that travelers consider actions led by hotel companies within the communities where they operate to be socially responsible and look favorable upon them.

DO TOURISTS CARE ABOUT WHAT HOTELS DO TO SUPPORT LOCAL COMMUNITIES? YES, THEY DO!

AN EXCERPT FROM THE RECENT CONDÉ NAST TRAVELER POLL (2007):

Is it important for hotels to contribute to health care in impoverished local communities?
- Very important: 32.3%
- Somewhat important: 38.6%
- Not very important: 23.4%
- Not at all: 5.7%

Given the choice between two luxury hotels, one of which is slightly more expensive but contributes to the community, which would you choose?
- More expensive contributor: 70.5%
- Less expensive non-contributor: 29.5%

How much more would you pay per night for a hotel that employs locals and has training and health programs?
- Less than $1: 12.6%
- $1 to $2: 19.7%
- $3 to $5: 38.2%
- $10: 29.5%
“Whether in the workplace or in the wider community, through advocacy and branding, prevention, care and treatment programs for employees, or financial, scientific and technical commitment, the role of the private sector is indispensable.”

– Secretary-General Ban Ki Moon, UN
Given the potential impact of HIV/AIDS, tuberculosis, and malaria on the travel and tourism industry, there is a clear responsibility for companies to act. Until present, the business response has been diverse and must be scaled-up as the pandemics advance.

**GBC Members Operating in the Industry**

In 2007, GBC designed the travel and tourism industry dialogue to provide a forum and a vehicle to catalyze and synergize concrete and innovative initiatives against AIDS, TB and malaria. GBC member companies in this industry include hotel chains, airline companies, tour organizers, as well as travel insurance and service providers. These member companies, as a contribution to the industry dialogue, have provided examples or case studies of their actions in the fight against one or more of the three diseases.

The case studies provide background information, disease-related activities, main outcomes, and learned lessons. The objective is twofold:

- to share best practices and innovative experiences initiated by international companies from the travel and tourism industry
- to inspire companies that might be interested in getting involved and/or fostering new partnerships

Motivations for initiating an HIV/AIDS, TB, or malaria response are diverse and include recognition of actual or potential negative impacts on productivity, market positioning, response to discrimination, opportunities to enhance image with target markets, etc. At the individual company level, the emphasis in the early stages of action on HIV/AIDS, tuberculosis, and/or malaria tends to be on safeguarding core business activities by protecting and supporting the workforce. However, as companies become aware of the significance of other stakeholders in influencing the impact of HIV/AIDS, TB and malaria, they have extended their responses to wider community involvement initiatives, advocacy, education and prevention. Companies from the travel and tourism industry have a unique and vital role in supporting this global fight. When possible, corporate activity should extend beyond the traditional horizons to the local community to build partnerships with other stakeholders.
GBC proposes the Business Action Methodology™ (BAM), a process which results in a strategic, goal-oriented action plan, tailor-made to an individual company’s characteristics and core competencies. It applies to four main areas where companies can take action and become leaders:

**Potential Areas of Intervention**

**WORKPLACE**
Immediate and priority area in heavily affected and vulnerable regions

Examples:
- Non-discriminatory policy,
- Voluntary Counseling and Testing, etc.

**COMMUNITY INVOLVEMENT**
Continuum between the workplace and the community

Examples:
- “Social Investment” programs, philanthropy, etc.

**CORE COMPETENCY**
Products, services and operations that the company does best

Examples:
- Innovative applications of these competencies, partnerships, etc.

**ADVOCACY & LEADERSHIP**
The voice of business leaders

Examples:
- Stigma and Discrimination addressed by Senior Management, Leaders promoting behaviors that prevent the spread of the disease, etc.
### CASE STUDY COMPANIES BY AREA

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<th>Company</th>
<th>Workplace</th>
<th>Community Involvement</th>
<th>Core Competency</th>
<th>Advocacy and Leadership</th>
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### CASE STUDY COMPANIES BY DISEASE

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ACCOR: “Going On A Trip?” Campaign

BACKGROUND ACCOR is the European leader and a major global group in hotels, the global leader in services to corporate clients and public institutions. The company operates in nearly 100 countries and has approximately 170,000 employees. It offers to its clients over 40 years of expertise in its two core businesses: Hotels, with the Sofitel, Pullman, Novotel, Mercure, Suitehotel, Ibis, All Seasons, Etap Hotel, Formule 1 and Motel 6 brands, representing more than 4,000 hotels and nearly 500,000 rooms in 90 countries, as well as strategically related activities, such as Lenôtre; Services, with 23 million people in nearly 40 countries benefiting from ACCOR Services products in human resources, marketing services and expense management.

DISEASES ADDRESSED HIV/AIDS and Malaria

AREAS OF INTERVENTION Workplace, Core Competency, Advocacy & Leadership

FOUNDATIONS OF ACTION AIDS and malaria are the leading cause of death in the world. As one of the foremost leaders in the hotel industry and services, the ACCOR group is engaged in the fight against AIDS and malaria. The group acts first for its employees who are most exposed to HIV/AIDS, with interventions and actions depending on the local contexts (prevalence level, politics, local culture). Through their hotel chain activities, ACCOR can equally engage actions of prevention with its clients when necessary.

On December 1, 2006, Gilles Pélisson, CEO of the ACCOR Group signed the Global Business Coalition’s Declaration of Commitment. During the European CEO Summit on Business and AIDS on October 13th, 2006, Richard Holbrooke, President and CEO of GBC, announced the forthcoming launch of a travel and tourism industry dialogue. The task of this working group, spearheaded by ACCOR, is to join efforts in the fight against AIDS. Today it is a done deal, and the first initiative of the travel & tourism dialogue was to produce two prevention films on AIDS and Malaria.

ACCOR has been a GBC member company since 2006.

KEY ACTIONS After joining GBC and with its support, ACCOR has developed in partnership with Air France, two films that seek to educate travelers on the basics of HIV/AIDS and malaria. Airing across ACCOR’s hotel chains, the three minute films are set in an urban environment putting travelers in both virtual and real global locations where HIV/AIDS and malaria are most prevalent. The partnership also sees Air France conducting screenings of the films through its international vaccination centers which are visited by close to 80,000 passengers, and in international airport lounges. Each film, directed by French film maker Madeleine Caillard (Société MAD & CAT) and launched in summer 2007, seeks to empower travelers with information so that they make responsible choices and take necessary precautions while traveling abroad. This prevention campaign targets all populations regardless of their education or culture.
MAIN OUTCOMES AND LESSONS LEARNED

The film was distributed by ACCOR CEO, Gilles Pélisson, to the executive members of the World Travel and Tourism Council (WTTC) in Lisbon in May 2007. ACCOR is now displaying it in its business operations and Air France will be distributing it in the Air France/KLM vaccination centers and in Airport lounges.

The films are expected to reach:
- ACCOR = 120 million clients worldwide
- Air France = 60,000 to 80,000 visitors per year in the major vaccination center in Paris

MORE INFORMATION

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VIDEOS, MAY 2007

Website http://www.businessfightsaids.org/site/pp.asp?c=gwKXiNVJtF&b=2729859

For more information on ACCOR’s workplace activities developed in 2007, please refer to the text box entitled “ACT-HIV” on page 32 of this guide.
AIG Travel Guard/Noel Group: “Make a Mark Foundation”

**BACKGROUND** AIG Travel Guard is one of America’s leading providers of travel insurance plans for more than 6 million travelers each year. Travel insurance plans through AIG Travel Guard are distributed by more than 12,000 travel agents across the United States.

Travel insurance through AIG Travel Guard may include coverage for trip cancellation, travel interruptions and delays, emergency medical expenses, medical evacuation expenses, and lost or delayed baggage. AIG Travel Guard’s plans also include 24-hour travel emergency service for emergency medical assistance, last-minute or emergency travel changes, lost luggage tracking, pre-trip travel advice, and more.

**DISEASES ADDRESSED** HIV/AIDS

**AREA OF INTERVENTION** Community involvement

**FOUNDATIONS OF ACTION** Established in 1993 by Travel Guard founders John & Patty Noel, the Make a Mark Foundation is a non-profit, humanitarian organization focused on making “a positive difference in the lives of our global neighbors”.

AIG Travel Guard/Noel Group has been a GBC member company since August 2003.

**KEY ACTIONS** Travel Guard donates all administrative expenses and a percentage of its annual profits to the Make a Mark Foundation. By doing so, 100% of individual donations go directly to helping orphans and homeless children affected by the growing AIDS pandemic. While the majority of current HIV/AIDS initiatives are focused on treatment, prevention, and education, the intergenerational village concept is one of the few that address the looming orphan crisis. Beyond food and shelter, it provides a framework for instilling the values and skills children will need to lead productive lives. It is a holistic, multi-pronged approach that focuses not only on medical care and prevention, but also on the longer-term crises in housing, education, and economic development that AIDS has created.

Make a Mark Foundation is currently in partnership with “Build the Village” – a faith-based organization that is also focused on addressing the plight of orphans and homeless children in Africa. Together, they are building homes for 50 orphans and their caretakers in the Nandi area of Kenya.

They are also building a primary school that will be open to the public and generate revenues to sustain the needs of the orphans and their caretakers.

“While many orphans are themselves infected with the virus and caring for other family members, it is our social responsibility to step in and help alleviate effects of this horrific pandemic.”

– John Noel, President and CEO, AIG Travel Guard
MAIN OUTCOMES AND LESSONS LEARNED The first intergenerational village is now nearing completion near Kitui, Kenya, on 1,000 acres of donated land. This village will serve as a pilot to establish the parameters and benchmarks that can be used for creating other such self-sustaining, multigenerational villages throughout Africa. The Kitui village has 42 dwellings fully completed. Each will house 7-9 children along with a housemother or father.

Kitui Village will serve as home for more than 300 residents. Currently there are 200 children and 25 grandparents in residence. To date, construction has been completed on a community center, clinic, staff houses, guest house, chaplain’s house, water treatment center, a primary school, a technical school and a police post. A water and irrigation system has also been established.

The village will achieve sustainability through diverse agricultural activities, such as “Shambas” (community gardens), bee-keeping, and aloe vera farming.

Make A Mark’s vision is to create more intergenerational villages throughout Kenya and the rest of Africa.

While the intergenerational village concept is not a panacea from the entire population of orphans and elders, it is applicable for areas with extraordinarily high HIV rates that have virtually wiped out a generation of adults.

Community involvement and support is very integral to the success of the intergenerational village. The community offers something that is very unique and irreplaceable in the lives of these orphans: a sense of belonging.

MORE INFORMATION

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American Express - “(RED)” Campaign

As the world’s largest travel agency, American Express offers travel and related consulting services to individuals and corporations around the globe. American Express has contributed significantly to sustainable travel, developing environmental and cultural heritage campaigns.

BACKGROUND Established in 1850, American Express was among the first successful express delivery businesses to arise during the United States’ rapid westward expansion. After issuing its premier charge card in 1958, the company began introducing local currency cards in markets outside the United States, establishing one of the world’s strongest and most identifiable business and brand names. It is led by CEO Kenneth Chenault, who joined the company in 1981. Headquartered in New York City, American Express operates in more than 130 countries and employs approximately 65,000 people worldwide.

DISEASES ADDRESSED HIV/AIDS

AREA OF INTERVENTION Core competency

FOUNDATIONS OF ACTION Prior to becoming founding partner of the ground-breaking RED campaign, American Express’ HIV/AIDS activities focused primarily on AIDS walks, employee volunteering and other philanthropic initiatives. However, when U2 leader Bono approached American Express’ Chief Marketing Officer John Hayes in 2005 with a new initiative the company took a leap of faith in their business and signed on. American Express demonstrated significant leadership from the get go by providing its research, marketing, advertising, public relations and corporate social responsibility staff and expertise – as well as its financial resources - for both Product (Red) and a new credit card.

American Express has been a GBC member company since December 2001.

KEY ACTIONS American Express (RED) credit card is a business model that engages “conscience consumers” who want a simple, hassle free way of supporting women and children affected by HIV/AIDS through their existing shopping habits. Launched in the UK in March 2006, American Express donates a minimum of 1% to the Global Fund – for every eligible pound spent - to help fight AIDS in Africa. Spending above £5,000 per year will generate an increase of 1.25% on all spending above that amount, and an extra £5 will be given to the Global Fund if card members make their first purchase on the card within the first month.

American Express has also established partnerships with local and regional travel companies to offer RED deals to its card members. Ranging from two for one cocktails and weekend getaways to free additional nights at a luxury hotel, American Express has engaged and created energy among its partners demonstrating that business can be both profitable and positive for all.
MAIN OUTCOMES AND LESSONS LEARNED  Since its launch (RED) partners have contributed $45.5 million from the sale of (RED) products to the Global Fund. More than half of these funds have flowed directly to Global Fund through financed grants in Ghana, Rwanda and Swaziland. These grants are financing comprehensive national HIV/AIDS programs led by the ministries of health, to provide antiretroviral treatment for children and adults, to assist in the prevention of mother-to-child transmission of HIV, as well as essential counseling and testing activities to reduce the overall risk of HIV transmission. The contribution made by Product (RED) partners is more than nine times the amount that businesses have contributed to the Global Fund since it was founded in 2002.

MORE INFORMATION

Websites  www.americanexpress.com
           www.joinred.com
           http://joinred.blogspot.com
Grupo Visabeira: “Workplace Activities in Lusophone Africa”

**BACKGROUND** Visabeira Turismo SGPS (Tourism) and Visabeira Serviços SGPS (Services) are sub-holdings of the large Portugal-based multinational company Grupo Visabeira. Established in 1980 in the telecommunication sector, Grupo Visabeira quickly became the national leader within its industry and took its success to the international market. Through diversification of its portfolio to include real estate, construction as well as tourism and services, the company responded to the demands of its consumer base and expanded into countries including Mozambique, Angola, Brazil, Spain, France, Belgium, Mexico and Dubai. Under its Visabeira Tourism portfolio, the company has a wide-range of services that offer unique, integrated and complementary services to its clientele. This is done through its wide-ranging hotel chains that include apartment hotels and cottages, rural tourism hotels with capacity for meetings, fairs and events organization.

**DISEASES ADDRESSED** HIV/AIDS in 2006/2007, Malaria in 2008

**AREAS OF INTERVENTION** Workplace, Core competency

**FOUNDATIONS OF ACTION** Visabeira Tourism is operating in several African countries, including Mozambique and Angola where HIV/AIDS and malaria are major public health concerns. Committed to renewing the tourism sector in these two countries and supporting investment through infrastructural development, Grupo Visabeira embarked on developing HIV/AIDS campaigns targeted at their more than 2000 employees.

Grupo Visabeira has been a GBC member company since 2003.

**KEY ACTIONS** Visabeira Tourism collaborated with the GBC and ECOSIDA – the Mozambique Business Coalition against AIDS - to develop a workplace program for its employees. Focusing primarily on prevention, education and awareness, the company developed educational tools and activities that were specific to the local Mozambican culture ranging from peer education training to AIDS brochures and posters. To encourage behavior change through prevention strategies Grupo Visabeira purchased and distributed condoms on its facilities and moved even further to developing a voluntary counseling and testing campaign to encourage employees to know their HIV status.

Grupo Visabeira understands well the power of images and has teamed up with the National AIDS and Malaria Programs to distribute health messages across Mozambique. By providing free media space on public health problems including HIV/AIDS and malaria, the company will reach a large audience through Channel 1 – TV Cabo and TVZine – Mozambique’s promotional channel and most read magazine.

“Tourism is a key to stability and development in vulnerable countries.”

– Paulo Varela, Vice-President, Grupo Visabeira
MAIN OUTCOMES AND LESSONS LEARNED Grupo Visabeira is exploring innovative ways to collaborate with private and public sector partners in Mozambique and Angola. Through these partnerships the company will deepen its engagement on HIV/AIDS and malaria not only within the workplace but into the communities by creating tools and activities specific to the tourism sector.

MORE INFORMATION

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Kerzner International “The HIV/AIDS Initiative”

BACKGROUND Kerzner International Holdings Limited, through its subsidiaries, is a leading international developer and operator of destination resorts, casinos and luxury hotels. Kerzner’s flagship brand is Atlantis, which includes Atlantis, Paradise Island, a 2,900-room ocean-themed destination resort in The Bahamas. This unique destination features a variety of accommodations, including the new resort The Cove Atlantis, all built around a 100-acre waterscape with over 20 million gallons of fresh and saltwater lagoons, pools and habitats, the world’s largest open-air marine habitat and some of the most beautiful beaches in the world. Kerzner is extending its Atlantis brand globally with the development of Atlantis, The Palm, Dubai, a 1,500-room, water-themed resort expected to open in late 2008 on The Palm, Jumeirah. Kerzner has also commenced construction of a 500-room, destination casino resort in Morocco that will open in 2009, which will be operated by Kerzner under a new brand that it will be introducing to the market. Kerzner also manages six luxury resort hotels under the One&Only brand. The resorts, featuring some of the top-rated properties in the world, are located in The Bahamas, Mexico, Mauritius, the Maldives and Dubai. An additional One&Only property is currently in the development stages in South Africa.

DISEASES ADDRESSED HIV/AIDS

AREAS OF INTERVENTION Workplace, Community Involvement, Core Competency

FOUNDATIONS OF ACTION The Caribbean has the second highest regional HIV/AIDS prevalence rate in the world, exceeded only by Africa. The Bahamas’ first confirmed AIDS case was reported in 1983; by the end of 2000, AIDS was the leading cause of death in the general population, including those in the 15-44 age group. Unlike many Caribbean countries, the Bahamas has adopted a proactive HIV/AIDS policy: ARV treatment has been readily available since 1995. Still, in 2002, 15% of its 10,250 people living with HIV/AIDS declined to seek treatment.

Kerzner International has been a GBC member company since September 2003.

KEY ACTIONS Launched in 1991, Kerzner International began its HIV/AIDS work by offering educational, awareness, and prevention campaigns at its former resort in Sun City, South Africa. When the company left South Africa and expanded into the Caribbean, Kerzner immediately recognized that limited funding for ARV therapies mandated private-sector involvement. With the Bahamian government and the Clinton Initiative, Kerzner partnered with the business community raising over $1 million in order to assist local organizations and government agencies seeking to improve the quality of life for people living with the disease; reduce transmission rates among women and children; and develop a national/regional HIV/AIDS resource center. In anticipation of World AIDS Day, the Atlantis resort now designates November as AIDS Awareness Month and works with the Bahamian AIDS Secretariat and the Bahamas AIDS Foundation, offering a series of educational programs to all hotel employees. Concerned that the Bahamas has only two Highly Active Antiretroviral Therapy facilities, the company is currently supporting efforts to decentralize HIV/AIDS care through patient outreach, healthcare worker training, record management, and pediatric care expansion programs.
In 2001, Kerzner also began hosting the Michael Jordan Celebrity Invitational Golf Tournament at its Atlantis, Paradise Island Resort. The tournament has become a highly lucrative celebrity-studded event featuring such high-powered names as Michael Jordan, Charles Barkley, Chris Tucker, Bill Clinton, John McEnroe, Barry Bonds, Mia Hamm, and Angie Everhart. Part of the proceeds from this annual event benefit the Kerzner HIV/AIDS Initiative, helping to achieve its financial goal, which goes toward funding the Bahamas AIDS Secretariat.

**MAIN OUTCOMES AND LESSONS LEARNED**

Through the efforts of Government, the Clinton Foundation and the Kerzner AIDS Initiative, by January 2006, over 2,000 Bahamians were receiving ARV treatment at a cost of US$ 140 per patient, a significant decrease from the original $3,500 price tag the drugs once fetched.

The primary lesson learned is that through commitment to corporate social responsibility, partnerships can be formed that can have a major impact with respect to correct social ills in the communities where they do business.

**MORE INFORMATION**

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Thanda Private Game Reserve South Africa: The “Star School” Initiative

**BACKGROUND** Thanda Private Game Reserve is situated in KwaZulu-Natal, South Africa, which is an area that is strongly affected by unemployment and HIV/AIDS.

**DISEASES ADDRESSED** HIV/AIDS

**AREAS OF INTERVENTION** Community involvement, Workplace

**FOUNDATIONS OF ACTION** Thanda, which means ‘love’ in Zulu, is rooted in a unique union of wildlife, exclusive hospitality and traditional Zulu culture. Since its inception, Thanda has been an integrated part of the local community working with tribal and government leaders to develop a unique luxury tourism destination, but also to develop one of the poorest and most exposed areas in Southern Africa.

The development of Thanda itself, an investment of over R100 million (US$1.5 million), provides more than 220 jobs, which in turn support more than 1500 people. Recognizing the responsibility of Thanda as a citizen of the local community, a set of comprehensive projects were launched in conjunction with the development of the lodge. These range from empowerment of local businesses, natural conservation to HIV/AIDS prevention.

Thanda Private Game Reserve has been a GBC member company since June 2007.

**KEY ACTIONS** Thanda’s commitment to responsible tourism is channeled through the Thanda Foundation and the JAC (Jobs, AIDS, Conservation) Initiative. The JAC Initiative has established three main projects in the Zululand area, bringing together entrepreneurial experience and private funding with local black entrepreneurs, community organizations, and government to tackle the issues of Jobs, AIDS and Conservation head on.

The largest of these projects is the Star School Initiative.

**Star School** Despite tremendous progress and economic growth, young people of South Africa face tremendous challenges with HIV/AIDS, unemployment and violence as parts of daily life. Paradoxically, the power to change this is in the hands of young people themselves. The Star School program aims to give young people the power, confidence and knowledge to take control of this future.

Star School focuses not only on what the right choices are for young people, but why they should make those choices. Using methods originally designed for training Olympic athletes and business leaders, the program focuses on awakening the dreams of each individual and creating the understanding that the only way to be sure of reaching these dreams is to make the right choices, especially those that will protect them from HIV/AIDS.

The program leverages the existing life-orientation curriculum present in each South African High School, training the life-orientation teachers, working with school management and the department of education, to create a program that is sustainable in the long term.
Star School launched its first program at Siphosabadletshe High School in rural KwaZulu/Natal in mid 2005. The program has since expanded to 40 High Schools in the region and 10 schools in Namibia. The program now reaches over 40,000 students.

**MAIN OUTCOMES AND LESSONS LEARNED** A qualitative evaluation of the first pilot school program by Research International showed that the program had significant impact on dropout rates due to pregnancy, improved academic performance and was well received and supported by students, teachers and parents. These preliminary results are encouraging, but it is over a period of several years that we expect the most significant results in changing risky behavior amongst students.

The key to successfully rolling the project out in a large number of schools in a short time has been close cooperation between Star School and the regional/local departments of education and the management team of each school. Star School is integrated into the core curriculum of each school, reaching all students and tasking school management and teachers to bear primary responsibility for program delivery. This assures that students, teachers and management are vested in its success.

Early success has created a tremendous demand for the Star School program throughout Southern Africa. In order to meet this need and act as a positive force to thousands of young people, we have set ambitious goals for expanding the project. The next phase of the project will be to add 40 schools in the Durban area in 2008 and 30 additional schools in Namibia, followed by an additional 80 schools in 2009.

**MORE INFORMATION**

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Virgin: Virgin Unite

**BACKGROUND** Virgin, a leading branded venture capital organization, is one of the world’s most recognized and respected brands. Conceived in 1970 by Sir Richard Branson, the Virgin Group has gone on to grow very successful businesses in sectors ranging from mobile telephony, to transportation, travel, financial services, leisure, music, holidays, publishing and retailing. Virgin has created more than 200 branded companies worldwide, employing approximately 50,000 people, in 29 countries.

**DISEASES ADDRESSED** AIDS, Tuberculosis and Malaria

**AREAS OF INTERVENTION** Workplace, Community Involvement, Advocacy & Leadership

**FOUNDATIONS OF ACTION** Established in 2004, Virgin Unite is the not-for-profit entrepreneurial foundation of the Virgin Group. Working as a catalyst, Virgin Unite drives new approaches to global social and environmental issues through two core approaches: 1) entrepreneurial incubation to create sustainable solutions and 2) business inspiration and mobilisation to create good investments and to get staff and customers involved around the world. They partner with frontline organizations to come up with solutions that will last for the long run in order to fight tough social issues and uplift communities. Virgin Unite is currently running a number of initiatives, below are a few that are core to Virgin’s businesses from the Travel and Tourism sector.

Virgin has been a GBC member company since March 2003.

**KEY ACTIONS**

**HEAVEN’S ANGELS CAMPAIGN - RURAL TRANSPORT NETWORK:** The Rural Transport Network (RTN) is a new model of healthcare delivery led by an army of entrepreneurs on motorbikes designed to reach the last mile and uplift communities in rural Africa. Everyday 10,000 people in sub-Saharan Africa die needlessly of easily preventable diseases such as AIDS, TB and Malaria. A disproportionate number of victims are located in rural areas that are difficult to reach where healthcare and transport infrastructure is grossly inadequate. Through the RTN Virgin is: bridging the last mile transport gap, achieving sustainable healthcare solutions, and fostering local entrepreneurship. Sustainability is key- the company is testing a new business model by allowing entrepreneurs to earn a commission for their health work as well as generate income by using the bikes for their own commercial courier and taxi ventures.

Launched in June 2007, motorbikes are running with local healthcare partners in Kenya and South Africa, and will soon to hit the ground in Nigeria. It requires £5,000 to buy a new motorbike, employ a new health worker and cover all the running costs for the first year. Each rider will then reach thousands of people every year. Virgin Atlantic and Virgin Trains among a number of other Virgin businesses have taken a lead in raising funds for the RTN through the Heaven’s Angels campaign (over $1 million). Virgin Hotels has also made Heaven’s Angels core to their business – having developed unique product offerings at each of their properties, proceeds of which go to the RTN.

**BHUBEZI COMMUNITY HEALTH CENTRE – South Africa** In Mpumalanga province, the US Government (PEPFAR/USAID), Virgin Unite, Anglo Coal and the Ndlovu Medical Centre have partnered to advance a public-private partnership to mitigate the impact of AIDS and improve
primary healthcare in the Bushbuckridge community. The partnership will create a ‘one-stop centre’ for basic primary health, TB, HIV/AIDS and Malaria care at a local level through the development of the Bhubezi Community Health Care. Collectively, the partners have pooled approximately US $7.3 million to build the clinic and support its running costs. Virgin Unite and Anglo Coal will be providing additional funds to support the management costs.

Opening its doors in April 2007, Bhubezi will serve a community of 100,000 people from 12,000 households living in 21 villages. Virgin Hotels supports the clinic by helping to start community businesses to empower the community through its Pride n’ Purpose initiative - the non-profit community arm of Ulusaba, Richard Branson’s private game reserve. In addition to staff from area game reserves the clinic also serves migrant mine workers, game and commercial farms, timber plantations, area pensions and the informal sector operating in the region.

0% CHALLENGE The 0% Challenge was initiated by Richard Branson in 2005 after he learned that an Ulusaba employee had died from an AIDS related illness. Turning this unfortunate incident into a positive workplace movement, Richard Branson issued a challenge to his employees:

- 0% deaths from HIV/AIDS
- 0% new infections
- 0% transference of infection from mother to baby, and very importantly
- 0% tolerance of discrimination against those affected

On World AIDS 2006, Virgin Group launched its Global HIV/AIDS Policy and Management Guidelines. The company’s hotel arm, Virgin Hotels, implemented the 0% Challenge and recorded a milestone for the company when over 50 staff of the Ulusaba Game Reserve voluntarily tested for HIV, after Richard Branson publicly took an HIV test. The company is now developing its group-wide staff education processes through an e-learning tool, and the appointment of HIV Champions.

MAIN OUTCOMES AND LESSONS LEARNED Virgin’s examples are a few of the many unlikely partnerships that can be formed across private and public to tackle HIV/AIDS, TB and Malaria. Virgin understands that to have optimal impact, no one company or government can go it alone. Through its deep entrepreneurial roots, Virgin recognizes the importance of creating long-lasting solutions – that are owned and driven by the local communities - rather than pouring charitable dollars into a problem.

MORE INFORMATION

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Businesses are increasingly becoming aware that not only do they have an important role to play in the global fight against the HIV/AIDS, TB and malaria epidemics but that they cannot do it alone. Important lessons can be drawn from these seven cases which can serve as recommendations to companies interested in developing their own strategies and those wishing to refine or adopt various interventions.

SUCCESSFUL ACTIONS:

- Recognizing the core competencies of the business, identifying a partner who is able to bring the necessary additional skills and expertise are critical for the creation of successful partnerships and programs.
- Collaborating with other private sector companies and public entities - departments of health and education - local NGOs and community networks that can provide technical support to the project and who possess deeper knowledge of local cultural settings.
- Engaging senior leaders within the company, including CEOs, facilitates better a more successful implementation thereby guaranteeing significant impact. These leaders also serve as advocates internally among employees and outside the business in communities, among government leaders and industry peers.
- Establishing a consultative approach with all stakeholders including people infected by the epidemics – particularly HIV/AIDS - ensures a more appropriate intervention with high impact.
- Understanding the link between the workplace and community continuum and developing interventions that can bridge the two.
- Starting small or developing simple interventions is sometimes the most effective way that not only is easier to manage but more cost-efficient to the business.
- Creating sustainable programs is integral to leaving lasting solutions in the areas of business operations.
- Realizing that the cost of action far outweighs the cost of inaction; that is, low prevalence in one region or country does protect your business from the impact of the epidemics.

KEY CHALLENGES:

- Developing effective monitoring and evaluation systems to assess program impact has largely been a challenge for many companies, including those within the Travel & Tourism industry. Within the context of this sector very few companies have quantitative data on their programs since most interventions have been relatively new. Though anecdotal reviews indicate programs are proving to be successful, it is important that companies pay close attention to the progress and impact of their initiatives to reflect new challenges, uptake among target audience and cutting-edge responses. Establishing clear project-specific processes and outcome indicators that are aligned with project objectives and interventions is critical in the development phase and can be supported by partner expertise and resources.
- Many countries are lacking good public health and social infrastructure for successful implementation of initiatives. This proves challenging to actual program roll-out for companies. Some will opt to creating these support structures while others will partner with local governments and NGOs to address this need.
- Prioritizing the type of initiative, intervention and target population can overwhelm businesses and cripple their effective response, especially if this includes outreach to guests. Companies are encouraged to take a collaborative approach internally by partnering with various departments (communications, human resources etc) in identifying and developing their strategies. Exercises including conducting needs assessments and developing project goals and objectives are important first steps to deciding on specific priorities.

COMPREHENSIVE APPROACH

At this time, no one company in the travel and tourism industry has developed a comprehensive approach in the four areas of intervention.

As demonstrated by these seven company examples, the Travel & Tourism industry (and its affiliates) can take a collective industry-approach to addressing the epidemics within its workplace, in the communities where it operates, using its core skills and expertise and serving as advocates on a broader level.
HOW CAN THE TRAVEL & TOURISM INDUSTRY RESPOND TO HIV/AIDS, TB & MALARIA?

The case studies highlighted in the previous chapter illustrate the kinds of responses companies in the travel and tourism industry have had in the fight against HIV/AIDS, tuberculosis, and malaria. These examples demonstrate the depth and breadth of industry contributions, and provide a starting point for other companies interested in initiating and/or increasing engagement on these issues. In developing a company response strategy, the following principles should be considered:

- Business response should be commensurate to the size and scope of the respective company, taking into consideration location, disease burden, workforce size, and other relevant factors.
- Company-developed programs and interventions should always be grounded in evidence-based approaches and in line with international scientific standards.
- Creativity and innovation are important when conceptualizing a company program. There are a myriad of ways to address the three diseases and companies are encouraged to be inventive, while continuing to build on existing international and local best practices.

To scale-up successful programs as well as ensure sustainability of their efforts, companies should form partnerships between industry, government and NGOs.

How can companies in the travel and tourism industry respond to HIV/AIDS, TB, & malaria?

To deepen engagement in the fight against HIV/AIDS, tuberculosis, and malaria, GBC proposes the following practical recommendations for companies in the travel and tourism sector. These guidelines are in the four recommended areas for interventions: workplace, community outreach, core competency, as well as advocacy and leadership. We encourage companies to tailor this information in a way that best meets their needs.

PROTECT THE BUSINESS BY PROTECTING THE WORKPLACE

A healthy workforce and employee base should be the top priority of every company in the travel and tourism industry. Workplace programs are those that address an employee’s experience in their work environment and put in place measures and policies that allow employees to work and contribute productively to society.

SOME KEY ACTIVITIES INCLUDE:

1. **Risk Assessment** Companies should assess the level of risk HIV/AIDS, TB and/or malaria pose to their workforce. As mentioned in Chapter 1, there are a number of risk factors unique to the travel and tourism industry that should be considered (young, mobile workforce, access to the sex industry, etc.), along with local prevalence rates. In addition, the company can carry out a survey of employee knowledge, attitudes, and practices related to HIV/AIDS, TB, and malaria.

2. **Management and employee input in the program development process** An inclusive approach, that takes into account both management and employee perspectives, concerns and questions is recommended. This will ensure buy-in from the important stakeholders and the eventual beneficiaries of the workplace program, and will contribute to long term program success.
Typical Management Questions:
- What is the extent (prevalence) of these pandemics in the workforce?
- How are these pandemics affecting worker productivity?
- How are changes in worker productivity affecting business costs?
- What will investments in prevention and care cost the company?
- What benefits can be expected from investments in prevention and care?
- Do prevention programs work?

Typical Employee Questions:
- Will the company respect my privacy if I seek information or services?
- Will the company use test results to fire me or deny me benefits?
- How can we as employees contribute to and strengthen company workplace programs and policies?
- What role will our union(s) play in program design and implementation?

3. A Comprehensive HIV/AIDS, TB or Malaria policy
A company policy that officially articulates the company’s position on employee rights and provisions regarding the three diseases is very important. The policy should include: Statements against stigma and discrimination in the workplace based on his/her either real or perceived health status, confidentiality of medical records, and availability and access to prevention, education, care and treatment. Employees should also be ensured of access to health and pension benefits and continuation of employment regardless of disease status. The company policy should be developed with input from key stakeholders, communicated to employees and to customers on a regular basis, and revised as necessary.

4. Prevention and education activities to increase awareness and avoidance
Access to knowledge is central to any disease prevention effort. Companies should educate their employees about the risks, means of transmission, and ways to protect themselves and their families from HIV/AIDS, TB and malaria. All education programs should be tailored to meet the needs of the target population and be created in a culturally appropriate and gender sensitive manner. To deepen the impact of education activities, it is recommended that the input of persons living with HIV/AIDS (PLWHA), as well those living with TB or malaria, are included in the development of educational programs. Employees should also be encouraged to bring all educational information back to their families and communities, in order to disseminate knowledge even further.

**KEY PREVENTION ACTIVITIES FOR EMPLOYEES AND FAMILIES**

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<thead>
<tr>
<th>For HIV/AIDS, TB and Malaria</th>
<th>TB-Specific</th>
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<tbody>
<tr>
<td>Dissemination of educational materials (posters, brochures, etc.) in the workplace</td>
<td>Treatment of Active TB to Prevent Further Transmission</td>
</tr>
<tr>
<td>Informational meetings for employees</td>
<td>Preventive therapy for latent TB infection</td>
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<td>Peer education</td>
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**HIV/AIDS Specific**
- Condom Distribution
- Prevention of Mother-to-Child Transmission
- Treatment of STIs (Sexually Transmitted Infections)

**TB-Specific**
- Treatment of Active TB to Prevent Further Transmission
- Preventive therapy for latent TB infection

**Malaria-Specific**
- Provision of ITNs (insecticide-treated bednets)
- Distribution of Intermittent Preventive Treatment (IPT), particularly to pregnant women and children
- Indoor Residual Spraying (IRS) in employee homes
Gender Sensitivity

Women and girls are increasingly infected and affected by HIV/AIDS. They now represent over half of the 40 million people living with HIV worldwide. In Africa, young girls aged 15 to 24 are up to three times as likely to be infected as young men.

Effective HIV/AIDS programs and policies must address the specific vulnerability of women and girls. GBC provides businesses with the tools necessary to address the needs of women and girls as well as other vulnerable populations beyond the reach of traditional HIV/AIDS efforts. To assess a program’s gender sensitivity, the following questions should be considered:

Does the company program or policy:

• Encourage community members, community groups, people living with HIV/AIDS, especially women and girls in each category, to participate in the development planning process?

• Utilize cultural competencies and socio-economic realities to solicit participation, tailor activities that address power imbalances, and design gender training for program facilitators?

• Include equal access to peer education, information and knowledge, and forums for discussion as they relate to sexuality, sexual health, violence, abuse, and empowerment? This should include an emphasis on the inclusion of women and girls and people living with HIV/AIDS.

For more information, please feel free to contact Ms. Shana Ward Ryzowy: swardryzowy@businessfightsaids.org

5. Confidential testing and counseling support initiatives

Companies can implement programs offering voluntary tests, counseling and care of employees and their closest relatives. Counseling and testing initiatives are more difficult to implement due to the sensitive nature of testing and the need for confidentiality. Care and support is crucial for the workplace when responding to these three diseases and to foster an open, accepting, and supportive environment for workers to disclose their status and seek treatment.

6. Access to care, support, and treatment for employees living with HIV/AIDS, TB, or malaria

Companies should provide HIV/AIDS, TB, and malaria treatment, care and support for infected employees and their families, either through on-site or off-site provision of services. Costs should be subsidized to as great an extent as possible by the company.

7. Monitoring and Evaluation

Routine monitoring and evaluation of workplace programs is critical to identify both program successes and areas for improvement. GBC has developed an interactive course on this topic that is available to all GBC members upon request.

BEYOND THE WORKPLACE TO COMMUNITY INVOLVEMENT

Companies from the travel and tourism industry should go beyond the workplace and look to extending their response to HIV/AIDS, TB and malaria to the local community. It is critical to address the continuum between the workplace and the community, as the spread of these diseases is influenced by behaviors and socio-economic pressures within the communities in which workers live. The well-being of the community is particularly important to the travel and tourism industry as a healthy environment is necessary for good business. The main mechanisms for community involvement include philanthropy, community program development, extension of workplace programs and health sector support.

SERVICES TO GUESTS AND CLIENTS

In some areas, HIV/AIDS, TB, and malaria, threaten present and future tourism and travel markets if education and prevention campaigns are not extended to the widest possible audience. Just as companies can train their employees, they can also provide services and/or information to their guests and clients.

Examples of extended interventions include:

- Extension of peer education and informational sessions into the community
- Employee engagement via volunteering and organizing activities that benefit the local community
- Contribute financially to community-based disease prevention efforts
- Distribution of informational leaflets on HIV/AIDS, TB, and/or malaria in hotel rooms
- Provision of male and female condoms hotel rooms and vending machines
- Availability of bednets all hotel rooms in malaria-stricken areas

PHILANTHROPY

Philanthropic grants made to HIV/AIDS, malaria and tuberculosis projects demonstrate that companies are good corporate citizens. Corporate philanthropy is also undergoing a shift from providing general grants to also providing more targeted needs-based assistance.
HARNESSING CORE COMPETENCY TO MAXIMIZE IMPACT

Business core competencies are the products, services and operations that are the backbone of what a company does. By tapping into its core competencies in creative ways, a company can uniquely impact HIV/AIDS, TB, and malaria. Some examples of core competency programs in the travel and tourism industry include:

- Providing access to hotel space (conference rooms, business centers, etc.) to host informational meetings and events
- Hosting education and awareness activities at local restaurants and nightclubs
- Providing transportation (shuttles, vans, etc.) to assist employees and/or families who need to visit clinics/hospitals for treatment
- Disseminating disease awareness information on hotel literature (brochures, menus, invoices, etc.)

American Express’ (RED) campaign is a clear example of a core competency-based intervention. In order to boost corporate donations to fight HIV/AIDS in Africa, American Express demonstrated significant leadership, providing its research, marketing, advertising and public relations core competencies to develop a credit card to fund AIDS programs.

ADVOCACY & LEADERSHIP

The collective voice of the powerful business community can greatly impact HIV/AIDS, TB and malaria. Company leaders can encourage and mobilize their employee base to personally protect itself from these diseases, and to also engage in volunteer activities that contribute to reducing the disease burden in some way. On a global policy level, leaders can join multilateral organizations, technical agencies, and non-governmental organizations as they advocate for effective public health policies. Sir Richard Branson, CEO of Virgin, and Gilles Pélisson, CEO of ACCOR, are examples of executives who have demonstrated visionary leadership, both in the realm of workforce mobilization and global advocacy.

WHAT WORKS IN HIV/AIDS, TB AND MALARIA PROGRAMS?

- Openness of the management
- Clear, non-technical information about the pandemics, for all employees, provided regularly and in a variety of formats
- Compliance with law and culture of the country/region
- Peer education and peer support: using trained workers to inform one another about all aspects of the diseases
- Making condoms available in the workplace and encouraging availability in shops outside the workplace
- Diagnosing and treating STIs at workplace clinics, or encouraging workers to use effective services in the community
- Creating and sustaining an environment for changes in sexual behavior—especially focused on youth and men in regular incomes, discouraging them from coercing women or exploiting poverty
- Voluntary and confidential HIV testing as well as pre- and post-test counseling

WHAT DOES NOT WORK?

- Ignoring the disease and hoping it will simply go away
- Assuming that pandemics affect only a certain class or group of people— that it is someone else’s problem
- Assuming that infection is due to immoral behavior
- Believing that young people are not sexually active and do not need information on sexuality and safe sex
- Infrequent prevention activities
- Assuming that a vaccine will be developed or a cure found in the near future
- Believing that sexual relations do not occur in the workplace
- Assuming that prevention programs are too expensive
CONCLUSION

The travel and tourism industry must scale-up its commitment and action towards employees, clients and communities in the fight against HIV/AIDS, TB and malaria.

It is our hope that this practical guidebook is a useful resource to demonstrate what programs other companies operating in the same sector have initiated, and to provide inspiration for new ways to address the three epidemics.

The Global Business Coalition on HIV/AIDS, Tuberculosis, and Malaria is committed to helping its members develop ways to deepen engagement on these important issues. Through the Travel and Tourism Industry Dialogue, the GBC hopes to:

- increase company engagement within the industry
- facilitate a coordinated approach to allow for greater impact on the three diseases
- share resources to enhance workplace and community programs
- promote joint initiatives that leverage core competencies
- encourage collective engagement to support AIDS, tuberculosis, and malaria awareness and education
- initiate innovative financing of AIDS, tuberculosis, and malaria programs

GBC Member companies operating in this industry include: ACCOR, AIG Travel Guard/Noel Group, American Express Company, Grupo Visabeira, Hampshire Hotels and Resorts, JG Black Book of Travel, Kerzner International, Micato Safaris, The Ritz Carlton Hotel Company LLC, Tata Iron & Steel Company Ltd., Thanda Private Game Reserve (Pty) Ltd., and Virgin.

“The challenge before us is monumental. It is time for every business -for your business- to get involved.”
– Richard Holbrooke, President and CEO, Global Business Coalition
With an adult prevalence rate of 3.3% (significantly above the 1% threshold used to define a generalized epidemic), the epidemic in the Bahamas is particularly widespread. By the end of 2000, HIV/AIDS had become the leading cause of death among all persons 15-44 years of age. While men were disproportionately affected in the early years of the epidemic, there is now an equal distribution of men and women, and adolescents now form the fastest growing segment of the population in terms of new infections. Cultural and behavioral patterns have contributed to the spread of the epidemic. Cultural taboos, particularly those related to commercial sex work and homosexuality, have proven to be a significant barrier to decreasing transmission. Historically there has been resistance by individuals and some institutions to developing testing campaigns and education programs throughout the general population. However, a number of partnerships between government, NGOs and a few private sector companies have produced favorable results including the reduction of AIDS-related mortality and mother-to-child transmission.

The government of the Bahamas has monitored the progress of the disease since the early 1980s through the National AIDS Program. The private sector response in the Bahamas has been slow like its counterparts elsewhere in the Caribbean. Interventions developed have been driven primarily by the government and/or NGOs. Nevertheless, a few good examples, including the Broadcasting Corp. of the Bahamas (BCB) and the hotel giant Kerzner International (see chapter 2), can be noted in terms of public education, awareness and prevention campaigns. The opportunity is significant in the Bahamas for companies to address the epidemic, demonstrate tremendous impact – particularly in the travel and tourism industries, which comprise an estimated 40% of GDP (as of 2004) – and become leaders in the region. BCB is a member of The Caribbean Broadcast Media Partnership on HIV/AIDS (CBMP), which unites 54 broadcasters from 23 countries in a coordinated response to the region’s epidemic. The Partnership has undertaken a variety of projects to reach the goals delineated and affirmed by the broadcast members during the Bridgetown Summit of May 2006, during which the CBMP was founded. CBMP members have committed to making HIV/AIDS a business priority; integrating HIV/AIDS communication across program genres; providing for dedicated and substantial broadcast time (no less than 30 seconds per hour) to HIV/AIDS messaging; and, seeking co-production opportunities to extend the reach of HIV/AIDS programming. In particular, the BCB produces Public Service Announcements (PSAs) as mini-daytime dramas, each with two potential endings. This presentation allows the viewer to interact with the stories on a personal, dynamic level; by making the right decision for the character on the screen, the viewers also reinforce the safe choices that will protect them in real life. The BCB is government owned but entirely commercially operated.

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KENYA

Estimated Population 34.2 million
Per Capita Gross National Income US $ 1050
Per Capita Government Expenditure on Health US $25
Estimated Number of people living with HIV 1.3 million
Adult HIV prevalence rate (age 15-49) 6.7%
Adults 15 and up living with HIV 1.2 million
Women 15 and up living with HIV 740,000
Death due to AIDS 140,000
Percentage of pregnant women receiving treatment to reduce mother-to-child transmission 9.3%
Percentage of HIV-infected women and men receiving antiretroviral therapy 19.7%

Since 2000, there has been a dramatic increase in private sector involvement in the fight against HIV/AIDS in Kenya. The Kenyan Business Council on HIV/AIDS was created that same year, with funds from GBC members Coca-Cola, GlaxoSmithKline (GSK) and Unilever. Mobilization among the private sector has been slow but steady, with increased programmatic engagement within the workplace and by extension the communities of operations. Perhaps the biggest testament to the increased private sector contribution in Kenya is GBC’s recent opening of its Nairobi Office. Micato Safari has several active programs geared towards assisting and empowering women and children, including Harambee House for Women, Children and Lend a Helping Hand on a Safari and Goods in Kind Project. For more information, please contact: Patricia Mugambi, Vice President & Director, GBC East & Central Africa, pmugambi@businessfightsaids.org

THAILAND

Estimated Population 64,233,000
Per Capita Gross National Income US $ 3460
Per Capita Government Expenditure on Health US $40
Estimated Number of people living with HIV 580,000
Adult HIV prevalence rate (age 15-49) 1.4%
Adults 15 and up living with HIV 560,000
Women 15 and up living with HIV 220,000
Death due to AIDS 21,000
Percentage of pregnant women receiving treatment to reduce mother-to-child transmission 30.6%
Percentage of HIV-infected women and men receiving antiretroviral therapy 60%

The Thailand Business Coalition on AIDS (TBCA) is a non-profit alliance linking the private and public sector in effective management of HIV and AIDS in the workplace and the wider community. Established in 1993 as the first business coalition of its kind in the world, TBCA works to accomplish 2 objectives: to promote clear, non-discriminatory workplace policies and education programs to business, and to bring corporate resources, such as human capital, management skills and funds, to assist in HIV/AIDS prevention. Since its existence, TBCA has worked together with more than 1,300 corporations in Thailand. Their customers include national and international companies from the manufacturing, hospitality, banking and pharmaceutical sectors, such as: American International Assurance (AIA), NIKE [Thailand] Ltd., Northwest Airlines, Regent Hotel Bangkok, Shell Company of Thailand, Unilever Thai Holding Ltd., Pan Pacific Hotel Bangkok and Glaxo Welcome. For more information, please contact: Michael Shiu, Vice President & Director, GBC China, mshiu@businessfightsaids.org

• In 2002, prevalence rates in urban areas stood at 14.3% in comparison to rural areas at 6.3%
• The highest prevalence rate of 35% was reported in Suba in 2002, while in Bamba, Kalulmo and Kilifi rates were as low as 4%. Gender disparities are of particular concern in Kenya
• Young women are especially vulnerable to HIV infection compared with young men
• the Government plays a key role (National Condom Policy and Strategy 2001-2005, public education and advocacy, legislation anti-discrimination, the “Three Ones” principles, National AIDS Control Council)

• The first case of AIDS was reported in September 1984
• Very few developing countries in the world have been effective in preventing the spread of HIV/AIDS on a national scale, but Thailand is an exception. A massive program to control HIV has reduced visits to commercial sex workers by half, raised condom usage, decreased the prevalence of STIs dramatically, and achieved substantial reductions in new infections. Unless past efforts are sustained and new sources of infection are addressed, the achievements made could now be put at risk (decrease of public funding for AIDS programs).
USEFUL WEBLINKS

GLOBAL
Business for Social Responsibility www.cbsr.bc.ca
Corporate Council on Africa www.africanci.org
EchoWay www.echoway.org
Forum on Corporate Social Responsibility on the Americas www.empresa.org
Global Business Coalition www.businessfightsaids.org
www.businessfightsmalaria.org
www.businessfightstb.org
Global Health Reporting www.globalhealthreporting.org
Global Travel Tourism www.globaltraveltourism.com
International Chamber of Commerce Group on Business in Society www.iccwbo.org
International Council of AIDS Service Organizations’ (ICASO) www.icaso.org
The Global Fund to fight AIDS, Tuberculosis, and Malaria www.globalfund.org
United Nations Global Compact www.unglobalcompact.org
UN World Tourism Organization www.unwto.org
World Alliance for Community Health
World Economic Forum www.weforum.org
www.wacthemunityhealth.org
World Travel & Tourism Council www.wttc.org

HIV/AIDS
AIDS Education Global Information System (AEGIS) www.aegis.com
Aidsmap www.aidsmap.com
Asia Pacific Business Coalition on HIV/AIDS www.apbcha.org
AVERT (HIV, AIDS and sex education) www.avert.org
Business Exchange on AIDS and Development www.cdc.gov
ELDIS (HIV and AIDS theme section) www.eldis.org/go/topics/resource-guides/hiv-and-aids
Family Health International (FHI), Training Manual: workplace interventions www.fhi.org
Gender and HIV/AIDS www.genderandaid.org
International AIDS Vaccine Initiative www.iavi.org
International Finance Corporation (IFC) – Practical toolkit for company prevention programs http://www.ifc.org/ifcagainstaids
International Labor Organization (HIV/AIDS Programme) www.iolo.org/aids
Joint UN Programme on HIV/AIDS www.unaids.org
Partners Against AIDS www.paritairescontrelesida.com
The Caribbean Broadcast Media Partnership on HIV/AIDS (CBMP) www.cbmphiv.org

UNDP HIV Impact Assessment Tool www.undp.org/hiv
UNFPA www.unfpa.org/hiv/people.htm
UNICEFwww.unicef.org/aids/index_preventionyoung.html
WHO’s 3 by 5 Initiative www.who.int/3by5/en
World Aids Campaign www.worldaidscampaign.info

MALARIA
Global Malaria Programme www.who.int/malaria
Malaria Foundation International www.malaria.org
Malaria Journal www.malariajournal.com/home
Malaria No More www.malariaonmore.org
Roll Back Malaria Partnership www.rollbackmalaria.org
UNICEF / Malaria www.unicef.org/health/index_malaria.html
VOICES for a Malaria-Free Future www.malariafreefuture.org
WHO /Malaria Programme www.who.int/malaria

TUBERCULOSIS
HIV/AIDS and TB Epidemics Fuel Each Other www.tballiance.org/2_1_1_TBandHIV.asp
Joint Effort to Eradicate Tuberculosis www.ourjeet.com
Stop TB Partnership www.stoptb.org
TB Alert www.tbalert.org
The Global Plan to Stop TB
Actions for Life - Towards a World Free of Tuberculosis www.stoptb.org/globalplan
World Health Organization - Tuberculosis www.who.int/tb
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MALARIA
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TUBERCULOSIS
- WHO Global Tuberculosis Control Report, March 2002
This guidebook intends to provide simple yet useful answers to common questions about how the companies from the travel and tourism industry can leverage their expertise to take action and become leaders in the fight against HIV/AIDS, Tuberculosis and Malaria.

FOR MORE INFORMATION
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www.businessfightsmalaria.org

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