2. Implementation and Partnership

2A. Awareness, Education and Prevention

The workplace provides an effective and practical setting for awareness, education and prevention programs to foster increased understanding and more constructive attitudes toward HIV/AIDS.
As discussed earlier, a company can undertake a KAPB survey to assess employee HIV/AIDS Knowledge, Attitudes, Practices and Behaviors. KAPB surveys are a critical source of information to plan effective programs, and measure success of interventions. Their results can guide the areas of focus for programmatic activities. Ideally, such surveys should be commissioned externally, for proper analysis and to preserve employee confidentiality.

Peer education is an important component of a good education and prevention strategy, as are formal training programs.

To promote prevention behaviors that will avert new infections, education and prevention activities with consistent messages should be implemented. The objective of these activities is to establish a firm foundation of knowledge about HIV/AIDS that will dispel myths and misconceptions among targeted populations, reduce fear and stigma, and promote positive change in behavior and practices.

Interventions in this category aim at clarifying the nature of HIV and AIDS and how the virus is and is not transmitted. Effective education about condom use is critical; behavior change communication (BCC) materials, readily available through NGOs, governments, and donors, can be used by companies as part of their own awareness and education activities. A company can also choose to brand existing materials with the appropriate permissions from the authors.

The workplace is particularly well suited for education and prevention activities. Peer education is an important component of a good education and prevention strategy, as are formal training programs. Indeed, companies are ideally placed to offer HIV/AIDS training because all but the smallest companies have professional training capability in one way or another.

Employees should be aware that there is no personal risk from casual contact with colleagues living with HIV/AIDS. Awareness activities should inform employees about risks and educate them about ways to minimize their exposure. It is also important for people to understand the impact of HIV infection on relatives, friends, casual acquaintances, and the overall community. Messages can emphasize the costs of HIV/AIDS infection to individuals and their families, including the loss of income as a result of poor health.

Messages intended for employees who are HIV positive can emphasize living positively, risk reduction, and resources that are available to them.

Get the Message Out
To be most effective, information should be disseminated in a language the target audience understands very well. Some employers with large numbers of migrant workers (e.g. mines) have workers speaking many different national, regional and/or tribal or local languages, all living together; this diversity should be reflected in communication materials. In areas where literacy rates are low, special consideration must be given to non-written forms of communication.

The following are some examples of simple, effective, and low-cost ways to raise awareness of HIV/AIDS among employees:

- Place posters, billboards, and condoms in high traffic areas throughout company facilities, while being conscious of privacy concerns (e.g. condom dispensers are better located in lavatories and not in public view).
- Include messages in paycheck packages; condoms can also be included.
- Adopt and promote a company HIV/AIDS policy that is posted in public places in the most adequate languages.
- Place a Health Questions Box in the canteen or other convenient locations so that employees can anonymously submit questions on health and HIV/AIDS that can be subsequently addressed by peer educators and/or clinical staff.

- Take advantage of local resources by bringing in trained counselors from area hospitals and participate in government and NGO initiatives, including World AIDS Day on December 1.

- Draft an Action Plan and solicit inputs or feedback from employees.

- Consider creative ways to raise awareness. Depending on resources and opportunities for sponsorship, companies may promote awareness through participatory theater, sports events, and SMS (text) messaging.

**Training**

The workplace is an ideal location for raising awareness about health issues as training is often already offered within company operations. Safety or technical briefings and new employee induction programs present good opportunities to provide HIV/AIDS education for staff. To be more effective, training materials could be adapted to audience culture, gender, and language. Separating male and female employees — at least at the beginning of the training — can lead to more open and productive discussions.

**Peer Education**

Peer education is one of the most widely used strategies for raising awareness about HIV/AIDS. Peer educators are members of a given group who are selected and trained to affect change among their peers — that is, people like themselves. Peer education typically involves intensive, in-depth training before the peer educators get involved in programmatic activities. The basis of peer educators’ work may be the results of KAPB (Knowledge, Attitude, Practice, and Behavior) surveys carried out among employees. This information will be critical for peer educators, and to inform their objectives.

**[Box 11] Standard Chartered Bank and VCT Awareness in Thailand**

From September 2006 to February 2007, Standard Chartered Bank piloted a program in Thailand that used messages on Automatic Teller Machine (ATM) screens to encourage customers to be tested for HIV. The graphic appeared on 41 branch screens in Thailand. The aim of the campaign was to raise awareness about HIV/AIDS among customers and their families and direct them to resources to obtain more information and be tested. This represents just one of the many innovative ways that companies can fight HIV/AIDS. Monitoring of the scheme revealed that an average traffic of 190 people per day used each participating ATM. Monitoring undertaken in branches (through questionnaire surveys) indicated that the initiative was perceived by customers as valuable. One user commented: "This graphic is very helpful. It serves as a reminding tool for everyone to be careful and to get to know more about HIV so that they can share the information with those who do not know" (at the Rachadipisek Branch Thailand, translated in English). As part its focus on HIV awareness, Standard Chartered Bank is on track to meet its Clinton Global Initiative commitment to educate one million people about HIV and AIDS by 2010.

*Source: GBC and Standard Chartered Bank (2007)*

The target ratio, while dependent on setting, should be at least one educator to fifty employees, with one to twenty as an ideal. An effective peer education program will consist of a retention and support plan for peer educators. This would include the provision of a plan of topics, materials, and periodic refresher training. The quality and effectiveness of HIV/AIDS peer education programs can be enhanced by compensating peer educators; involving them in the design
of training curriculum and materials; and linking the education program to other services such as access to condoms, medical care, and voluntary HIV counseling and testing. Peer educators need not focus solely on HIV/AIDS, though care must be taken not to overload them or dilute their focus. Peer educators can become involved in community education activities.

**Condom Distribution**

An important element of any HIV/AIDS prevention program is a reliable supply of free or affordable, high-quality condoms. Ensuring availability of condoms in the workplace addresses a primary limiting factor of their use, namely the stigma or simple embarrassment associated with purchasing them. Condoms can be made readily available at a company’s clinic or through self-service dispensers in bathrooms and clinic waiting rooms. It is advisable to provide condoms free of charge at the beginning of any program and, later, to maintain one location for free condoms even if they are available through vending machines at other locations. If a company uses peer education as part of its awareness program, the peer educators can distribute condoms to their coworkers. Companies should also offer female condoms if possible. The female condom offers women increased access to HIV/AIDS protection and has recently been made available at a lower cost.

**Review Occupational Health and Safety Procedures to Lower HIV Risk**

While there is no risk of HIV being transmitted in the workplace through casual contact between coworkers, workplace accidents or injuries that cause bleeding can be a concern. At the most basic level, companies should review their existing occupational health and safety procedures and associated supplies, and make changes or improvements where necessary to address the concern of blood borne infectious diseases. Some simple guidelines or “universal precautions” (see Box 13 “Measures to be incorporated into a checklist”) can be posted in company clinics or at emergency First Aid Stations on shop floors to help reduce the risk of HIV infection in the event of a workplace accident.
[Box 12] Peer education at Ford Motor Company

Peer educators are an integral part of Ford Motor Company’s comprehensive HIV/AIDS workplace program in South Africa. Selected employees are trained not only to inform colleagues about HIV/AIDS, but also to help break down barriers of stigma that prevent employees from accessing services. This has helped to create a safe and confidential environment where employees can participate in the program without fear of discrimination. Peer educators provide employees with information on HIV/AIDS and also STI and tuberculosis treatment. They are also responsible for organizing educational events and handling employee referrals to testing and treatment facilities. They do so with the languages and methods that are most appropriate to the local cultural context and express information in a way that is optimal to their colleagues’ understanding. Ford Motor Company also employs youth peer educators to address HIV/AIDS among younger employees through age-appropriate, innovative communication methods. This focus on youth is crucial given the high rates of HIV/AIDS among youth in the region. These youth peer educators are working to raise awareness in the wider community, especially workforce feeder communities. According to Ford, peer educators are absolutely critical to the success of the company’s HIV/AIDS workplace program.


Involve People Living with HIV/AIDS (PLWHA)

The involvement of PLWHA, whether or not they are employees, gives a human face to the disease and can be a powerful way of strengthening the educational process and personalizing HIV. HIV positive employees can serve as valuable role models and vehicles to educate employees about HIV/AIDS, and reduce stigma. Those who are willing should be encouraged to share their experiences with their co-

[Box 13] Measures to be incorporated into an occupational health and safety checklist for occupational blood exposure include:

- Careful handling and disposal of needles and syringes
- Use of single-use or auto-disabling syringes in clinics
- Hand washing after accidents, and before and after procedures
- Use of protective barriers such as gloves, gowns, and masks for direct contact with blood or other body fluids
- Ensuring that adequate supplies are available
- Proper disinfecting of instruments and contaminated equipment
- Safe disposal and proper handling of waste, soiled linen and other material contaminated with body fluids or blood
- Reporting of any incidents of exposure
- Ensuring that referral hospitals for blood transfusions have procedures and facilities to guarantee safe blood supplies, such as screening and blood banks
- Provision of post-exposure prophylactics (PEP packs) for clinical and laboratory staff; these contain antiretroviral drugs in doses to prevent infection after possible accidental exposure.

Source: Based on the universal precautions for prevention of transmission of HIV and other blood-borne infections, U.S. Centers for Disease Control and Prevention, Atlanta, GA
workers. These ‘internal champions’ can demystify testing and treatment and reach those who are too afraid to seek testing.

Associations of PLWHA can be contacted to schedule joint activities. They can also provide help to employees through psychological support and counseling, group activities, and even guidance on financial planning and legal rights. They could be a source of support not only for employees but also for their relatives.

2B. HIV Counseling and Testing or Voluntary Counseling and Testing

Knowing one’s HIV status is a crucial first step in managing the disease. In fact, HIV counseling and testing (HCT) is considered a “bridge” intervention between prevention and care that allows HIV-positive individuals to gain access to a continuum of care that may include proactive prevention of opportunistic infections, access to nutritional information and supplements, and antiretroviral therapy. Testing also creates an opportunity to reinforce prevention messages, whether the individuals test HIV positive or not. In the past, most testing was client-initiated (voluntary counseling and testing, or VCT), but now many programs actively reach out to offer testing to people and encourage them to test. Increasing availability of ARV medicines has helped make people more willing to learn their HIV status.

By providing access to HIV testing services, a company can encourage employees to take charge of their health and well being, and facilitate the company’s management of the disease in the workplace. Even if a company cannot provide HCT services through its own facilities, it can

[Box 14] Telkom’s workplace testing and counseling program

Telkom’s workplace testing and counseling program in South Africa is exemplary for its broad scale and its focus on de-stigmatizing HIV. Through Telkom’s workplace program, employees and their families are provided comprehensive general health screenings that include an integrated VCT component aimed at reducing the stigma of getting tested. The company’s successful campaigns have encouraged many of its employees to undergo voluntary counseling and testing, and many of those individuals who tested HIV positive have subsequently accessed treatment programs. Employees living with HIV are encouraged to share their status and experience with their colleagues to further reduce stigma. The goal of the program is to significantly reduce the risk of HIV/AIDS for Telkom’s employees and to support and care for HIV infected and affected employees — as well as their infected/affected spouses, dependents, and children. The Thuso (meaning “help”) HIV/AIDS Workplace Program reaches all of Telkom’s more than 30,000 employees and their families — more than 70 percent of whom live in regions with HIV prevalence rates higher than 30 percent. The VCT program rotates regularly, reaching each of the company’s 1,674 sites, yards, and buildings every 12-15 months.

Since the program’s inception in 2004, 19,896 of 31,720 employees have been tested — 658 of whom were found to be HIV positive. Sixty-five percent of spouses and partners of Telkom employees have taken an HIV test and know their status. Of those HIV-positive employees, 81.1 percent participate in the Chronic Disease Management Program at Telkom or in government programs. Sixty-one spouses and four children are also registered. The Thuso program has reduced the impact of sick leave incidents from 25-40 days to 5–6 days, which has helped to significantly increase labor productivity.

Source: GBC and Telkom (2008)
encourage and educate staff on the benefits of HCT and VCT, the types of tests, and provide referrals to qualified HCT services.

It is important that counseling is offered both before and after testing. The pre-test counseling should be designed to fully inform the client of the implications of both a positive and a negative result, while post-test counseling can serve to reinforce the need for behavior change. Due to the immense responsibility embodied in the counseling function, any workplace program that proposes to offer a HCT component should first ensure confidentiality and job protection in case of a positive diagnosis. Sufficient availability of trained counselors is also necessary. Fortunately, companies need not bear this responsibility alone. HCT offers a good opportunity for developing partnerships between companies and public sector health facilities, or with NGOs who may already offer these services on an ongoing basis.

2C. Wellness, Treatment, and Care

Beyond awareness and prevention activities, some companies may offer access to more comprehensive medical care, treatment, and support programs for employees living with HIV/AIDS. Proper medical care and access to antiretroviral drug treatments are vital in improving and extending the lives of people living with HIV/AIDS. Companies provide access to treatment through a variety of mechanisms: in their own clinics, through arrangements with third-party health providers or through company-provided medical insurance schemes. Corporate wellness programs that include nutritional support and ongoing counseling are easy to organize in a workplace setting, or services can be made available through referrals. Care and support programs may also include counseling on coping skills, work difficulties, and depression; and can link people to support networks. They can also significantly improve the quality of life and ability of employees to keep working.

An integrated approach to wellness helps address related health issues that increase the risk and health implications of various infections. These can include sexually transmitted infections
(STIs) and opportunistic diseases stemming from the weakened immune system of AIDS patients, such as tuberculosis, forms of pneumonia, septi-
cemia, fungal and viral diseases, and certain can-
cers. Experience suggests that an integrated ap-
proach is being adopted by more companies,
particularly as they deal with what is, in some
contexts, the single most frequent accompanying
infection, tuberculosis.

Educate and Empower Corporate Health Care
Staff
Most managers assume that corporate health
care staff know how to prevent and treat HIV/
AIDS. In fact this knowledge may be limited in
some environments. The lack of well-trained and
informed clinical practitioners can prevent the
provision of the highest quality of care to HIV/
support to maintain their morale and effective-
ness.

Prevention and Treatment of STIs
A strong correlation exists between sexually
transmitted infections (STIs) and HIV transmis-
sion. Moreover, STIs increase both a person's
susceptibility to HIV infection and the odds of
transmitting the virus through sexual inter-
course. Like HIV, STIs such as gonorrhea are a
very common health problem and pose a signifi-
cant public health risk that companies should not
neglect.

Treatment of STIs offers a prime entry point for
HIV/AIDS awareness and education activities.
Prevention of STIs calls for precisely the same
measures: abstinence, sex with only one non-
infected partner, or condom use. Preventing STIs
and providing proper treatment for those suffer-
ing their effects should form integral parts of an
HIV/AIDS prevention program.

Antibiotics are the most commonly prescribed
means of treating STIs. STI treatment kits (which
include simple diagnosis management guidelines,
short course antibiotics for syndromes, and con-
doms) may be stocked in company clinics and
local public health facilities.

Antiretroviral Therapy (ART)
Antiretroviral therapy has increased life expec-
tancy considerably among people living with HIV,
transforming AIDS into a manageable chronic
disease. Until a few years ago, the most that
developing countries could hope for was pre-
venting new cases of HIV/AIDS through educa-
tional programs, prevention, and treatment of
opportunistic infections.

Proper medical care and access to antiretroviral drug treat-
ments are vital in improving and extending the lives of people
living with HIV/AIDS.

AIDS patients. Knowledge about the disease and
the capacity to inform, counsel and treat pa-
tients about the infection remains a priority for
all clinical settings.

Health care personnel are sometimes ill in-
formed about the risks of blood-borne infections
like HIV or/AIDS and hepatitis that they may face
in their positions as health care providers. As a
result, occupational health and safety proce-
dures are not always observed, increasing the
risk of disease transmission. Either lack of aware-
ness or fear about HIV can lead clinical staff to
stigmatize or discriminate against people in-
fected (or suspected to be infected) with HIV.

Another common oversight is the risk of clinical
staff burnout: doctors and nurses in high-
prevalence areas, in particular, can be over-
whelmed by the number of patients that they
see every day. It is therefore important to ensure
that clinical staff receive ongoing supervision and
Fortunately, HIV/AIDS drugs have become significantly more accessible in recent years. From 1996 to today, the price of a year’s antiretroviral therapy has dropped from US$10,000-15,000 to just $88 in low and middle-income countries. In sub-Saharan Africa at the end of 2008, 44% of adults and children needing antiretroviral therapy had access to ARVs. Five years earlier, regional treatment coverage was less than 5%. Drug companies have acknowledged the need to charge less for their products in developing countries, while loosening of trade regulations has permitted the production of generic antiretroviral drugs. A number of companies have also included ARVs as part of the medical insurance coverage available to their employees, and many are working in partnership with specialist organizations to implement treatment policies. As a result of this massive treatment scale-up, people with HIV are staying healthier and living longer. In Kenya, for example, AIDS deaths fell 29% from 2002 to 2009.

With the huge scale-up in ART comes major new challenges. As more people take ARVs and continue on treatment longer, an increasing number develop resistance or intolerable side affects and must change to different drugs known as *second-line therapy*. These second-line medicines cost eight to twelve times more than first-line treatments. Thus, as more and more people require second line drugs, the costs borne by governments, companies and patients will increase greatly. While second-line drugs are expected to come down in price, it is likely that they will remain more expensive for years to come, in part because of the complexity of their production.

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**[Box 16] Heineken: Care and Treatment of HIV/AIDS**

From being the biggest killer of its employees in 2001, mortality linked to HIV/AIDS has practically disappeared in Heineken’s operations in Africa. Heineken’s HIV program was rolled out in 2001 with the objective of ensuring that the mortality and morbidity patterns in its African markets are similar to that in its European markets. Its prevention, care, treatment and support programs primarily benefit its employees and their families, and include retired workers and their families in some countries. To ensure the effectiveness and sustainability of the programs, Heineken has worked in close collaboration with PharmAccess International, a foundation that is responsible for training, monitoring drug supply, and quality control. Additionally, Heineken has partnered with German Technical Co-operation (GTZ), Smartwork, and National AIDS programs for prevention programs.

Prevention and awareness strategies are different depending upon target groups: employees, family members, management, discordant couples, etc. Program activities include ‘Know Your
Identifying and Treating Tuberculosis

One of the leading opportunistic infections associated with HIV/AIDS is tuberculosis. Fueled by HIV infection, TB is the most frequent cause of death in people living with HIV/AIDS in Africa. This is because HIV/AIDS contributes to increased susceptibility to new TB infection and to the reactivation of latent

Currently VCT levels are 80% in DRC and Rwanda and close to 100% in Nigeria and Burundi. Around 10,000 employees have been tested at least once with approximately 400 testing positive. Of these, 300 are part of the treatment plan. Incidence of HIV/AIDS has fallen, mortality is minimal and 89% of HIV positive individuals are alive after 4 years of treatment. In total, around 8,000 employees, 6,000 partners, and 21,000 children are benefiting from Heineken’s Sub-Saharan Africa health programs.

Source: GBC and Heineken (2010)
TB; it also makes individuals with recent TB infection more susceptible to rapid progression of the disease.

Active TB is also of concern in the workplace because it is contagious if left untreated. This can be addressed through a proven course of TB treatment; once people have started treatment, they are no longer infectious. In addition, a preventive therapy in the form of TB prophylaxis has been shown to increase the survival of HIV-positive people who are at risk for TB (for example, individuals who test positive on a TB skin test or who live in areas where TB is endemic). In certain cases, it may be cost-effective for a company to develop a TB treatment and prevention program.

After treatment has started and patients no longer pose a risk of infection, employees on TB treatment (whether HIV-positive or not) should be encouraged to continue to work — provided that they are not too ill or debilitated. This approach offers the further advantage that the DOTS (Directly Observed Treatment Short Course) strategy can be applied, and patients can be carefully monitored in the clinic (that is, weighed regularly and observed for any side effects). DOTS is the internationally recommended strategy for TB control and has been recognized as a highly efficient and cost-effective strategy. Special scheduling considerations should be made for these employees; for example, no night shift for three months to alleviate fatigue and ensure daily compliance with TB treatment regimens.

**Prevention of Mother-to-Child Transmission (PMTCT)**

Children who are HIV-positive generally acquired the virus during birth or through their mother’s breast milk. Mother-to-child (or vertical) transmission remains a serious problem in developing countries. Fortunately, studies have demonstrated that short course antiretroviral therapy for the mother and the baby greatly decreases the risk of transmission. More importantly, depending on the regimens, such treatments can cost less than $5 to administer.²⁴

Counseling and support are important to ensure adherence to antiretroviral drug treatments in PMTCT — which can involve formula feeding.

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substitution — and highly active antiretroviral therapy (HAART). Counseling needs to be extended to the spouse or partner as well.

Malaria infection in HIV-positive pregnant women can increase the risk of mother-to-child transmission, premature delivery, and low birth weight. Workplace programs can therefore extend support to include awareness and education on HIV/AIDS, malaria-prevention education, and employee access to effective diagnosis and treatment. Companies can provide insecticide-treated nets to their employees and families as a preventive measure and make available intermittent preventive treatment for pregnant women. Clinical staff should receive additional training on effective diagnosis and clinical management of malaria in HIV-positive adults, especially pregnant women, to ensure effective treatment and reduce their risk of developing anemia or transmitting HIV to others. For more information on malaria, refer to the section on “Prevention and Treatment of Malaria”.

Benefits of Male Circumcision
Studies have shown that male circumcision greatly reduces the risk of HIV transmission from an infected female sexual partner to her non-infected male partner. A study published in 2005 that followed infection rates in more than 3,000 heterosexual men over nearly two years found that circumcision reduced a man’s risk of acquiring HIV by 60 percent. Adrian Puren at the National Institute for Communicable Diseases in Johannesburg and a team of researchers in Paris recruited 3,274 uncircumcised volunteers from South Africa, aged 18 to 24 who were considering circumcision. Half underwent the operation. The researchers then monitored both groups for HIV infection over the next 21 months. So marked was the difference in infection between the groups that the study was halted on ethical grounds and all the men were offered circumcision. Of those who had been circumcised, 20 tested positive for HIV while 49 of the uncircumcised group had contracted the virus. The study concluded that circumcision appears to reduce a man’s risk of acquiring HIV from a female partner by 61 percent, equivalent to results achieved by a moderately effective vaccine. Since that time, many programs have been introduced to offer circumcision to adult males.
**Prevention and Treatment of Malaria**

Like HIV/AIDS, malaria harms company productivity and profitability. Malaria is frequently cited as the primary reason for sick leave in malaria-endemic parts of the world. Health workers should be aware that HIV infection reduces the effectiveness of anti-malarial treatment and that HIV-related immune suppression may increase rates and severity of clinical malaria disease. Companies can address this impact by providing insecticide-impregnated bed nets for all its employees and their families and by promoting screening of malaria through regular testing, as well as diagnosis on request.

2D. Community Outreach

The relationship between a company’s program on HIV/AIDS and the community is usually a two-way street. On the one hand, a company can leverage expertise that already exist in the community, such as that developed through NGO programs. On the other, it can extend the scope of its program by contributing to community efforts to address HIV/AIDS. When a company develops an HIV/AIDS workplace program, there are often resources in the wider community from which it can draw, including government programs, NGO activities, as well as initiatives launched by other businesses, employer associations, or medical organizations. For example, the International Labour Organization (ILO) and some chambers of commerce and industry (for example, the Chamber of Mines) have championed activities that can be beneficial for companies. Likewise, a company can contribute by extending its efforts to the community, for example, by initiating and supporting prevention and care services for at-risk populations like truckers or migrant workers. The nature of HIV/AIDS is such that in an area with a high prevalence rate, no company will go unaffected. Where a company is making efforts to reduce the rate of infection within its own

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**[Box 19] Johnson & Johnson and mothers2mothers (m2m)**

The partnership between Johnson & Johnson and mothers2mothers (m2m) in South Africa was born out of a mutual commitment to prevention of mother-to-child transmission (PMTCT) by enhancing the uptake of PMTCT services. m2m utilizes an innovative model of engaging HIV-positive women who are new mothers to serve as Mentor Mothers (MMs) to pregnant women. The support from peer mothers is critical to providing a stigma-free and empathetic environment that encourages them to get tested, access the health services necessary to prevent transmission to their unborn children, and disclose their status to their families. m2m hires and trains Mentor Mothers as an integral part of the health system and empowers them with education and employment tools that can be leveraged outside of m2m. Johnson & Johnson supports m2m as a financial partner but also works closely with it to enhance M&E tools and provide strategic guidance on key aspects of the m2m model.

Compared to baseline data, rates of women who agree to HIV testing have often doubled once the m2m program was introduced. At the Chris Hani Clinic in East London, South Africa, for example, testing rates increased from 40 percent to nearly 100 percent within one year of implementation. As of 2007, the Johnson & Johnson-m2m partnership has provided services to more than 7,400 pregnant women in South Africa — 77 percent of these consented to testing, and more than 1,060 HIV-positive women received psychosocial support and care throughout their pregnancy.

*Source: GBC, Johnson & Johnson and m2m*
Chevron is committed to implementing workplace programs targeting HIV/AIDS, TB, and malaria. Chevron Angola’s clinic in Luanda and facilities in Cabinda and Malongo provinces educate employees and their families on HIV/AIDS and provide voluntary counseling and testing services. Malaria prevention and treatment services take the form of awareness-building in malaria prevention, distribution of long-lasting insecticide-treated nets and curtains, and access to artemisinin-based combination therapy (ACT).

In addition, insecticide-treated nets or curtains as well as intermittent preventive treatment for malaria are provided to pregnant women, including those who are HIV-positive, to reduce mother-to-child transmission of HIV. Chevron offers short-course antiretroviral therapy (ART) and counseling on breastfeeding to reduce mother-to-child transmission of HIV. Chevron’s TB policy focuses on preventing drug resistance, increasing awareness of TB/HIV co-infection, and reducing transmission. In Cabinda province, Chevron provides free TB services to employees and the community through joint programming with public health facilities and implementing partners and leaders. In addition, Chevron supports training of community health professionals in diagnosis, treatment, and drug procurement for DOTS clinics and local hospitals.

Source: GBC and Chevron (2009)

Cooperation within the private sector can also

[Box 20] Chevron’s Approach to HIV/AIDS, TB, and Malaria

[Box 21] Apollo Tyres Mobilizes for Truckers

Truck drivers are the largest client base for Apollo Tyres Ltd., a leading Indian tire manufacturer and investment client of IFC. Truckers are not only extremely vulnerable to HIV but also serve as a bridge population through which the epidemic is spreading to the general population. Conscious of the risk that HIV/AIDS poses for a group that the company considers as a key community stakeholder, Apollo has developed a comprehensive program on STI and HIV/AIDS prevention. The company has established clinics at truck stops in mid- to high-prevalence states in India that provide health services to truckers and their communities, with a focus on STI and HIV prevention. Apollo’s program has also expanded to reach out to supply chain partners — many of whom are SMEs. With technical assistance and some seed funding support from IFC, Apollo has established more clinics around the country. By increasing its network of clinics, Apollo provides an important stakeholder group with better access to health care and mitigates the epidemic in the nation.

Source: IFC Operations

workforce, it is in that company's best interest that its neighbors and even its competitors do the same.

Building Alliances
Recognizing the potential benefits of cooperation, business associations around the world have mobilized against HIV/AIDS by pooling resources and sharing successes and failures. In this way, businesses can significantly broaden their sphere of influence while simultaneously improving the efficiency of their efforts. This is particularly important for small businesses that may not otherwise be able to participate due to financial and human resource constraints.
Business coalitions have emerged as a way for companies to share their experiences, pool resources, and collaborate more effectively in developing group solutions. Business coalitions have a variety of roles, such as advocacy, service provision, policy reform, and more general corporate engagement. They serve as facilitators between individual companies, government agencies, and other relevant national stakeholders including the National AIDS Councils in their efforts to scale up and accelerate the national response to HIV/AIDS. They help to ensure that company programs adhere to international initiatives and standards and achieve nationally and internationally defined goals and targets. A report released in 2008 by the World Economic Forum, UNAIDS, and the World Bank reviewing the scope and results of nearly 50 business coalitions worldwide suggested that coalitions are effective mechanisms for increasing private sector participation in addressing HIV/AIDS and for contributing to a more coherent and appropriately scaled national response.

The Pan African Business Coalition on HIV/AIDS (PABC) was launched in December 2005 to mobilize African businesses in the fight against HIV/AIDS. The formation of the PABC is part of a worldwide trend toward more systematic involvement of the private sector — through business coalitions — in fighting the epidemic. With almost 30 member companies from across Africa, the PABC uses its world-class web portal to disseminate information on HIV/AIDS to its members, engages in strategic partnerships with governments and international agencies, and provides forums for members to learn about latest trends and access workshops on specific issues.

The establishment of the Asia Pacific Business Coalition on AIDS (APBC) is a direct response by the Australian business community to the need for greater private sector engagement and coordination in the regional fight against HIV/AIDS. President Clinton launched the coalition in February 2006. Its key business partner is Qantas Airways. APBC’s Web site provides services on HIV/AIDS policy development, HIV risks associated with certain industry sectors, cost assessment, downloadable policy documents, sample HIV/AIDS policy, and case studies.

The Pan Caribbean Business Coalition (PCBC) on HIV/AIDS was formed in 2005 to fill gaps in national AIDS programs across the region and to provide a vehicle for companies to share experiences, expertise, and resources. The Coalition aims to address the challenges facing the private sector in the Caribbean, especially by developing workplace policies for large and medium enterprises including workplace education and HIV testing. PCBC convenes meetings, forums, and workshops and disseminates a newsletter to further its goals and create new contacts and partnerships among individuals working in the fight against HIV/AIDS in the region.

Source: World Economic Forum

open the door to constructive alliances with the public sector and civil society. The private sector can extend its reach in other ways by scaling up company programs, engaging business and industry associations in partnerships, contributing to a larger body of information on best practices, and partner with public health prevention and care programs. In this way, the private sector in developing countries has the potential to become an important and genuine partner in the fight against HIV/AIDS.

Go Beyond the Workforce
[Box 23] Levi-Strauss: Identifying Vulnerable Populations and Focusing Interventions on Female Migrant Workers

Levi Strauss & Co. has demonstrated leadership in providing HIV/AIDS education to thousands of women migrant workers in China — one of the country’s most underserved and vulnerable populations. China is home to about 200 million migrant workers, 75 percent of whom are women; most are between 18 and 25 years old and single. Levi Strauss anticipated the need to advocate and protect its workforce through collaboration with multiple stakeholders including international NGOs and foundations, local factories, community organizations, and local governments. The company’s program is unique in scale and approach, integrating outstanding HIV-prevention education into a comprehensive labor services program that covers worker rights, basic and occupational health, communication skills, legal aid, and asset building.

Targeted activities include:

- Developing an HIV/AIDS peer education model for female migrant workers (achieved through funding support from the Ford Foundation)
- Encouraging peer education and knowledge sharing through HIV/AIDS knowledge competitions; an amateur performance troupe; mass distribution of information, education, communication (IEC) materials; and HIV/AIDS-themed edition of the women workers’ newspaper
- Building social support networks for disadvantaged migrant women workers
- Empowering migrant women with financial literacy training
- Training workers and supervisors on legal rights, and providing legal aid

Results achieved include:

- Cumulatively, Levi’s labor service program has reached over 850,000 migrant women workers during the last nine years, in 1,000 factories in 72 cities.
- More than 160,000 copies of educational materials including newspapers, quizzes, and leaflets have been distributed to workers.
- More than 200,000 community members attended performances on HIV/AIDS prevention by Sanxiang Workers Amateur Performance Troupe.
- Twenty-one worker education and counseling centers in the Pearl River Delta have proved to be effective vehicles for dramatically increasing peer-led HIV/AIDS prevention activities.


Businesses can increase the effectiveness of their education and awareness efforts by extending them beyond the workplace. This includes working with their suppliers and contractors as well as the local
[Box 24] The GBC report “The State of Business and HIV/AIDS, Tuberculosis and Malaria (2008)” offers nine concrete recommendations for businesses to act on:

- **Build on existing HIV/AIDS intervention platforms** to accelerate efforts to fight TB, malaria, and co-infections. As the diseases (particularly HIV/AIDS and TB) are interconnected, an integrated approach should be considered as appropriate to local disease epidemiology.

- **Fight HIV and TB stigma through word and deed.** Companies should set an example that counters discrimination by treating HIV/AIDS and TB like any other serious but treatable illnesses.

- **Invest in women and girls.** Companies must recognize that the fight against HIV/AIDS cannot be won without addressing the imbalance of social and economic power between men and women. Programs that promote education, teach life skills, or provide microfinance offer powerful tools to fight HIV infection. At the workplace level, ensuring programs are gender-responsive and gender-sensitive goes a long way.

- **Develop a comprehensive wellness approach.** The benefits of shifting perspectives and programs to focus on general wellness — or on a variety of chronic and serious diseases — can increase program sustainability, while helping de-stigmatize HIV/AIDS and TB.

- **Measure results.** Managers should invest in monitoring and evaluating the program’s achievements and share the results internally and externally.

- **Leverage the company’s supply chain.** Engaging the supply chain generates a huge multiplier effect; any company with the resources to support and monitor its suppliers’ interventions should do so.

- **Do not neglect lower prevalence settings when fighting HIV/AIDS.** In lower prevalence settings companies are not impervious to the disease. Well-designed awareness and prevention programs can help stop the virus from spreading from key groups (such as sex workers and their clients) into the general population. Private enterprise education initiatives can provide adequate information to their employees on HIV/AIDS.

- **Co-invest with partners to pursue collective action that multiplies coverage and impact.** At present, bilateral and multilateral aid organizations are especially interested in collaborating with the private sector and in supporting company programs. Such public-private partnerships enable businesses to greatly expand the reach of their interventions.

- **Align business action with existing global initiatives** such as the Millennium Development Goals, the Stop TB Partnership, and the Global Malaria Action Plan.

*Source: GBC*

communities in their area of operations. Vulnerable groups, particularly women and youth, can be reached through local schools and employees' wives and local women's organizations whereas vulnerable populations such as temporary construction workers, migrant laborers, truck drivers, or sex workers may require specifically adapted awareness messages and prevention interventions.