HIV/AIDS case study 2006
Overview of the De Beers group

Company and responsibilities

Largest diamond mining company in the world; global diamond exploration; expertise in every form of diamond mining; diamond sales and marketing arm. Responsibilities to around 21,000 employees in 25 countries, of whom roughly 17,000 are based in our southern African operations.

The De Beers group produces over 40% of global gem diamonds from our mines in South Africa, and in partnership with the governments of Botswana, Namibia and Tanzania. We have 15 mines currently in production in Africa, and expect our Snap Lake project to become De Beers’ first Canadian diamond mine. Our exploration programme extends across 12 countries on five continents. At any one time, the company has about 60 joint venture exploration agreements with companies in many parts of the world. The De Beers group’s Diamond Trading Company (DTC) based in London sorts, values and currently retails around two thirds of the world’s annual supply of rough diamonds.

De Beers group structure

De Beers is privately owned by DB Investments, comprising: Anglo American (45%), Central Holdings Group (40%) and the Government of Botswana (15%). De Beers Centenary AG is involved in joint ventures with the governments of Botswana, Tanzania and Namibia. In 2005, the group generated US$6.5 bn in revenue and US$554 million in net earnings.

“The aim of the group is, and will remain, to make profits, but to do it in such a way as to make a real and lasting contribution to the communities in which we operate.”

Sir Ernest Oppenheimer (1954)
Aiming to contribute, wherever we operate

The De Beers group is committed to good corporate citizenship and to protecting, sustaining and developing human, social, economic and natural resources. HIV/Aids threatens consumers, diamond industry employees, communities and countries.

People: Breaking the silence and stigma; finding solutions; power in partnerships.

HIV/Aids presents a complicated and multi-faceted economic and humanitarian challenge globally, and particularly in southern Africa, where most of De Beers’ operations are currently situated. Our investment in people remains a core focus in our commitment to fighting HIV and Aids. De Beers educates employees at all levels, aggressively preventing the spread of HIV, and providing care, treatment and support for those infected and affected. Working with the local communities in which we operate constitutes one key area of our campaign to lead the fight against this disease.
**HIV/Aids in sub-Saharan Africa**

HIV prevalence stabilises, but still a bleak picture.

Sub-Saharan Africa; home to 70% of all people living with HIV – some 25 million people.

Sub-Saharan Africa is home to more than 10% of the world’s population and roughly 64% of all people living with HIV. In 2005 alone, an estimated three million people here became newly infected, while two million people died of Aids – 71% of Aids deaths globally. Adult HIV prevalence appears to have stabilised in sub-Saharan Africa, but maintaining this is only possible if the number of new infections does not exceed the number of Aids-associated deaths. Such ‘stability’ still means that more than two million new infections occur each year in the region. Today women comprise an estimated 59% of adults living with HIV in sub-Saharan Africa. Women are at greater risk of infection, and at an earlier age than men.

De Beers has a large percentage of its employees in sub-Saharan Africa and has business interests in many countries threatened by the next wave of HIV infection. Thus our strategic approach to HIV/Aids is borne not only out of care and concern for our employees and the communities in which we operate, but also out of sound commercial considerations.

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**Corporate citizenship extends beyond company boundaries – the De Beers Fund helps build a nation.**

The De Beers Fund directs our social investment spending in South Africa. By assisting those who work to transform society for the better, the Fund helps to build effective citizens with the skills, confidence and determination to play their part in the nation’s longer-term well-being. The proportion of social investment budget directed at HIV/AIDS initiatives has increased year on year; with over R3.5 million invested by De Beers in 22 projects during 2005 – totalling 14% of total budget. We often invest more than just financial support; we also spend time with funding applicants, recommending ways to add value and to develop effective and sustainable projects.

In 2006, the company launched the De Beers Community HIV/AIDS Programme through which all future HIV/AIDS related initiatives will be directed in an effort to develop a sustainable, comprehensive and effective response beyond the workplace.

A global pandemic; a sub-Saharan catastrophe; a case for action; important milestones.

**HIV/AIDS – a global overview**

In 2005, over four million people became newly infected with HIV. At the global level, the number of people living with HIV continues to grow – from 35 million in 2001 to close on 39 million in 2005. In 2005, almost three million lost their lives to Aids.

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**Southern Africa worst hit by the epidemic.**

Southern Africa remains the world’s worst-affected region, with HIV/AIDS epidemics that have grown rapidly. Of the seven countries in the region, all have prevalence above 15%. Swaziland and Botswana have the highest prevalence with 33.4% and 24.1% respectively. They are followed by Lesotho (23.2%), Zimbabwe (20.1%), Namibia (19.6%), South Africa (18.8%), and Zambia (17%). *

These figures have serious implications not only for De Beers and its people, but also for their families and communities.

A case for action

10% infection is 10% too high; challenging high-risk behaviours; managing financial implications; supporting partners.

Sero-prevalence and KAP survey results

Based on sero-prevalence studies and ongoing VCT campaigns carried out at De Beers operations in South Africa, at the beginning of 2006, 10.2% of our employees in South Africa are estimated to be HIV infected. Knowledge, Attitudes, and Practices (KAP) studies have determined several high-risk behaviours such as interaction with commercial sex workers and low levels of condom usage in high risk sexual encounters. These surveys are done on an ongoing basis to direct strategy.

The financial impact of HIV/AIDS on De Beers operations

The most recent impact analysis (end 2005) reveals a cost to the company of between 1% and 2% of gross payroll over the next 10 –14 years when the full impact of the disease will be realised. This includes direct employment related costs such as absenteeism, lost productivity, medical costs, training and replacement costs, medical incapacity costs and the cost of HIV/AIDS management interventions, including treatment.

There are indirect costs often associated with HIV/AIDS, for example the impact on safety, low morale of employees and the risk of suppliers and business partners being unable to fulfil their obligations to De Beers because of the impact of HIV/AIDS on their businesses, but these are more difficult to measure.

The cost of providing ART to employees and a spouse or life-partner

Based on the current profile of De Beers Anti-Retroviral Treatment Programme participants and current treatment costs, comprehensive disease management for HIV positive employees and spouses is costing on average between R8 000 and R10 000 per person per annum. The cost, however, is very much a function of the number of people who join the treatment programme and when they join. Experience has shown that the cost of treatment in the early stages of the disease is less than for a patient who is diagnosed with AIDS. The cost of disease management treatment accounts for less than one-fifth of the total budget spent each year on the workplace programme. De Beers believes that the cost of inaction will ultimately far exceed the cost of treatment, and so the company encourages as many HIV positive employees to register on the programme as soon as possible.

Important milestones for De Beers in southern Africa

KAP and sero-prevalence studies; dedicated HIV/AIDS resources; care and support structures; joint employer-union policy; comprehensive anti-retroviral treatment programme.

• The completion of sero-prevalence surveys and KAP studies at all our southern African operations in order to understand the magnitude of the epidemic and to guide our interventions in the different areas.

• The allocation of dedicated resources for the HIV/AIDS programme. Each site has an Aids co-ordinator responsible for implementing the strategic plan at operational level, directed by a site Aids committee of key stakeholders.

• The establishment of care and support structures for employees living with and affected by HIV.

• In South Africa, the signing of a Joint HIV/AIDS Workplace Policy between De Beers and the National Union of Mineworkers.

• The 2003 rollout of a comprehensive anti-retroviral treatment programme to employees and a spouse or life partner, making De Beers the first mining company in South Africa to extend a comprehensive disease management programme beyond the workplace. Treatment continues for retired and retrenched employees too. The programme was modelled on that of Debswana, our partner company in Botswana, which has been providing treatment since 2001, and a similar programme has been implemented at Namdeb in Namibia.
Decisive action in four areas to minimise impact

A multi-level response to create real change

The De Beers group seeks to provide a holistic workplace programme, which will enhance the quality of life for our HIV infected and affected employees and the communities in which we live and work, while minimising the economic impact of HIV/Aids on the organisation. Our decisive and determined action aimed at stemming the tide of HIV infection in the workplace and in the community also impacts on our corporate reputation.

Our strategy enjoys management support at the highest levels and relies on strong and visible company leadership to be successful.

Example 1:

Overcoming violence against women; supporting women and children at Kleinzee; shared campaigns for success.

At Kleinzee mine in Namaqualand, on the west coast of South Africa, HIV/AIDS coordinator Denise Langeveld heard of high incidence of violence against women and children in surrounding communities. She runs campaigns for men to increase awareness of women’s rights. At the only mine where visiting wives stay on company property, Denise uses the opportunity to counsel them on VCT and ART. In nearby Steinkopf, where there’s a high rate of HIV cases, she works with the local city council on VCT and general HIV/Aids awareness campaigns.

Example 2:

Educating truckers and people who work near or at the border.

Inland, at Venetia mine in Musina, close to the Zimbabwe border, Kefilwe Mokgoko soon realised that high HIV prevalence in the area and the proximity of the mine to a main trans-border trucking route should be addressed in an integrated way. She runs mine campaigns on HIV prevention and care, at the same time as running campaigns aimed at people who work near or at the border as well as drivers on the trucking route. People working near or at the border are trained as peer educators, with a focus on the benefits of condom use. They educate truck drivers at the border to Zimbabwe, where the Department of Health, Road Freight organisation and Venetia Mine opened a clinic with the main focus on VCT and STI treatment. Says Kefilwe: “We understood that you can’t solve problems in isolation. This approach not only helps build a healthier mine; it also contributes to the health of truckers and people working near or at the border; and it builds a healthier surrounding community.”

Our strategic intent

Our mission

Minimise the impact of HIV and Aids on the organisation and its people.

Our vision

A key partner in the HIV and Aids solution.

Our approach to HIV/Aids management

Targeted resources

Crossing boundaries to safeguard people and business

Our global presence makes for interesting challenges; not only in terms of varying prevalence rates and risk scenarios, but also in terms of language, culture and traditions. Each requires a tailored solution, within the larger context of using finite resources to maximum effect. Add in operations with varying demographics that span age, beliefs and home language, and the result is a complex mix requiring sensitive solutions, yet within a common company framework.

Former president of South Africa Nelson Mandela and De Beers chairman Nicky Oppenheimer. Mr Mandela has challenged businesses to demonstrate strong leadership to turn the tide of the global HIV/AIDS epidemic.
Currently our HIV/Aids strategy takes a four-pronged approach:

**Saving lives**
Our objective is to prevent new infections through communication and the mobilisation of employees towards changing behaviour patterns.

**Living with HIV/Aids**
Our objective is to provide treatment, care and support for employees who are infected with and affected by HIV, enabling them to continue productive lives.

**Minimising the economic impact of HIV/Aids**
Our objective is to develop an effective, integrated management control system that measures and records the benefits of a comprehensive workplace programme as well as the economic impact of HIV/Aids on the organisation, enabling timely responses.

**Communications and stakeholder engagement**
Strongly underpinning the above, our objective here is to establish mutually beneficial relationships with key stakeholders in HIV/Aids management.
Policy considerations

Policy creates a guiding framework for HIV/AIDS management.
We are constantly working on the advancement of HIV/AIDS policies, procedures and guidelines on HIV/AIDS related matters, in line with international best practice, legislative requirements and human dignity intent; with the aim of creating a workplace accepting of people living with HIV/AIDS.

A global policy
A global corporate HIV/AIDS workplace policy reflects the principles and intent of the De Beers group for its offices and operations around the world.

Because the nature and severity of the disease varies from country to country, each company within the organisation will customise the global policy to suit its specific circumstances, in consultation with key stakeholders.

- Recognising and honouring the rights of all employees, including those who are HIV positive.
- Minimising the spread and impact of HIV infection.
- Providing or facilitating access to treatment, care and support for infected and affected employees.
- Creating common standards across the group.

A South African policy
Laying the foundation for a comprehensive response to HIV/AIDS in South Africa.

In South Africa, the Joint HIV/AIDS Workplace Policy was signed by De Beers and the National Union of Mineworkers in June 2003. The policy addresses the important principles of non-discrimination against HIV infected and affected employees, education and training programmes, critical prevention strategies such as voluntary counselling and testing, and a positive holistic wellness approach, which includes a continuum of care, treatment, support and information.


Debswana: world leader in HIV and Aids management
With a local policy aligned to the De Beers global policy, Debswana created innovative solutions ahead of time, the lessons of which have benefited De Beers as a whole. Along with Namdeb, they significantly influenced global corporate policy.

Local responses within a shared framework
Local initiatives create a shared learning ground from which all operations can benefit.

Operations in South Africa and elsewhere in the world have their own local policies to meet local requirements, within the larger framework of either the South African or global policy. As a result, local policies are aligned; yet take cognisance of the unique circumstances of each operation.
Our HIV/Aids programme

The different operations or sites are expected to implement all aspects of the HIV/Aids workplace programme. However, at the individual sites, the emphasis may be on prevention, on treatment, or on whatever aspect/s prove most appropriate to each specific environment.

Prevention

Education and training vital for our employees

Promoting awareness, educating and empowering people on all aspects of HIV prevention and treatment is a must. We deliver specific training interventions for all levels within the organisation. We also recognise that the sharing of experiences (in training sessions and in other fora) stimulates conversations and we strive to facilitate such communications.

The establishment and promotion of peer educators as effective HIV/AIDS communicators is an ongoing process. In order to monitor the progress and effectiveness of our interventions we undertake KAP (Knowledge, Attitude and Practice) studies which shape our responses in different parts of the organisation.

Feedback mechanisms monitor the effectiveness of workplace programmes.

Knowing your status is the first step

Voluntary Counselling and Testing (VCT) is recognised as the most important intervention for both prevention and treatment, and De Beers encourages employees to ‘know their status’. No one is forced into testing but we stimulate VCT uptake at each site through easy access to testing services and promoting the benefits of VCT. With this in mind, we have developed group standards and procedures for VCT and relationships with key stakeholders, including other local VCT facilities. Some employees may elect to have the test carried out away from the workplace and we can facilitate this by providing information to make sure our employees are accessing acceptable service providers.

In South Africa, De Beers first started offering its VCT programme at some of its different operations in the late 1990s. At most sites, employees, dependants and contractors have access to the service for free.

The company was acknowledged by the Global Business Coalition for it success in HIV testing programmes. In 2005, close on 80% of employees in SA volunteered to be tested.

Educating our children through art competitions

The De Beers Children’s Aids awareness art competition was designed to increase HIV/Aids awareness and to encourage open discussion of HIV/AIDS between employees and their children. The competition was first held in 2001 when almost 500 children between the ages of 5 and 18 submitted art. The second competition was expanded to include all De Beers employees’ children world-wide.
No glove, no love

We promote and provide femidos and condoms and continually educate on their use.

Spreading the awareness message

We communicate our vision, principles and messages through innovative and effective media, including special events and awareness days such as World Aids Day and Valentine’s Day.

Examples of our media campaigns

Campaign aimed at increasing awareness of discrimination

Campaign to increase Voluntary Counselling and Testing (VCT) uptake.

Sero-prevalence and KAP studies

We believe that our policy of openly and actively sharing the results of sero-prevalence and KAP studies on our sites stimulates meaningful conversation, creates higher levels of awareness and helps employees make lower-risk decisions. It also helps equip each employee to ‘talk HIV and Aids’ in their home and community settings.
Raising awareness in local communities

“At Finsch Mine, National Women’s Day provided an opportunity to network with Danielskuil Municipality. The event was held in Thlathatlou, one of the most disadvantaged communities, with speakers from the gender commission and education department. We also opened the event to physically challenged community members and addressed their specific needs. Partnering with local communities is one of the best ways of raising awareness of HIV and Aids. We also trained Peer Educators in three local communities, which were identified by employees.”

Charmaine Olivier – Finsch Mine

“We collaborated with a local municipality to start a VCT campaign in the nearby village of Bochum. We trained peer educators in the community, who visit surrounding villages too, promoting VCT and building HIV awareness.”

Kefilwe Mokgoko – Venetia Mine

“Our local initiatives include a Community Peer Educators Programme to equip young people as effective HIV/AIDS trainers and mentors to other young people. We’ve also trained more than 60 teachers to deal with HIV/AIDS challenges in their field. Cullinan Mine joined forces with the De Beers Fund to sponsor a Home Based Care Project called Masibambane, and we regularly work with churches and their membership to fight HIV/AIDS.”

Thabo Manne – Cullinan Diamond Mine

Managing STIs to curb risk

We have established standards across the company for the management of sexually transmitted infections (STIs), including testing, treatment and monitoring. This is important in the prevention of new infections as STIs are an indicator of risky behaviour and a management programme provides an opportunity to counsel for behaviour change.

Medical and first aid standards regarding HIV risk situations, such as blood spills, have been put in place and, as part of our comprehensive treatment programme, prophylaxis is provided to prevent transmission of infection from mother to child and following possible exposure incidents such as rape.

Initiatives to support and improve employees’ lives

De Beers employees have access to a health programme which focuses on the physical and psychological components of wellbeing. The company also has in place a number of initiatives aimed at supporting and improving the lives of all employees, including:

• Regular medical surveillance as part of occupational health programmes
• Access to specialist physicians where necessary and geographically possible
• The Employee Assistance Programme which offers counselling for employees and their families
• Access to free VCT
• HIV/AIDS education and awareness programmes
• Access to information on general healthy living, including rest, fitness and nutrition
• Disease surveillance and management programmes, e.g. tuberculosis control and management of Sexually Transmitted Infections (STIs)
Print campaign aimed at increasing spouse/life partner uptake on the De Beers Anti-Retroviral Treatment programme

Care, support and treatment

Each De Beers operation executes a health programme, which may include providing access to vitamins, nutrition counselling, TB treatment and health monitoring.

Baseline and ongoing assessments

All HIV positive employees and partners who join the treatment programme receive an initial baseline physical and laboratory assessment.

Proactive interventions save lives

As part of the company’s anti-retroviral treatment programme, HIV positive employees and partners who have registered receive several proactive interventions:

- Immunisations and vaccinations for pneumococcus and influenza
- Prophylactic drugs including bactrim and INH against opportunistic infections
- Dietary supplements including plant sterol and vitamins
- Dietary counselling and changes

Thus, it is more beneficial for HIV positive employees to register on the programme as soon as they know their status to receive the full benefit of the programme, rather than waiting until they are sick.
We actively monitor and treat TB and other opportunistic infections

Importantly, tuberculosis (TB), often closely associated with a compromised immune system or Aids, is measured, monitored and vigorously treated among our workforce, while other opportunistic infections are identified and prevented through the use of prophylactics as part of the treatment programme. All operational sites have implemented a formal TB control programme aimed at minimising the spread of TB in the workforce through early detection, education programmes and effective case monitoring.

Supporting our employees through assistance programmes

The company provides access to an Employee Assistance Programme for all employees and their families seeking support and guidance on a range of issues, including HIV/AIDS. Trained counsellors in the workplace provide information on positive living to those infected with and affected by HIV. As far as possible, the company facilitates access to home based care structures for employees who are medically retired.
The De Beers Anti-Retroviral Treatment programme

The De Beers Anti-Retroviral Treatment programme was launched by De Beers in South Africa in July 2003, as this is the region where the problem is most evident. Anti-Retroviral Treatment (ART) not only increases the productive lives of HIV positive employees but also enhances the quality of life for these employees and their families. However, the company also believes that the provision of ART is only one aspect of a holistic HIV/Aids programme, in which employees take responsibility for their own health and wellbeing.

Some background on the programme

The De Beers Anti-Retroviral Treatment programme in South Africa:

- Is reviewed on a regular basis with our partners, the National Union of Mineworkers (NUM), particularly in light of developments in the economic, legislative and healthcare environments in the country
- Is fully subsidised, and is available to all De Beers employees and a spouse or life partner, where this can be provided in a responsible and sustainable manner
- Is comprehensive; covering access to doctor’s consultations, regular pathology testing, nutritional supplements, counselling, support and medication, including anti-retroviral drugs when required.
- Is extended to retired and retrenched employees when they leave the workplace

Programme uptake steady

The rate of uptake on the De Beers Anti-Retroviral Treatment programme, although not as high as anticipated, is in line with other companies that offer similar programmes, such as Debswana. One of the biggest challenges faced by the programme is that employees need to know their status before they can make a decision to join the treatment programme. Therefore, we continue to promote voluntary counselling and testing for all employees and partners.

The way forward

As we fully entrench the programme in South Africa, and deal with any arising challenges, we will certainly be turning our attention to the other countries in which De Beers operates, with a view to finding an equitable solution that will consider the impact of the pandemic, the available infrastructure to support the provision of ART and the feasibility of treatment in the different countries in relation to the company’s business intent in those areas.

Partner companies Debswana in Botswana and Namdeb in Namibia also provide access to anti-retrovirals for their employees through their own treatment programmes.

Management

Strategic

The De Beers HIV/Aids workplace programme integrates with other imperatives such as Occupational Health and Safety requirements and practices, international codes of good practice and country-specific legislation. This creates two clear outcomes:

Compliance to broader frameworks

Added impetus in the fight against HIV and Aids.

In addition, support (whether direct or indirect) is generated through mechanisms such as the Diamond Best Practice Principles, corporate governance requirements, and mechanisms to drive strategy through to individual performance objectives; such as the balanced scorecard, and the De Beers performance management system. Collectively, this ensures that HIV/Aids management receives strategic attention, as well as the personal attention of individual employees.

"Our vision is for De Beers to be recognised as an employer of choice, leading the fight against HIV/AIDS by applying best practice. We hope our decision will encourage others considering similar interventions in their fight against HIV/AIDS."

De Beers group Managing Director
Gary Ralfe
Equipping managers to solve challenges posed by HIV/AIDS

De Beers believes that a critical ingredient in the fight against HIV/AIDS is the setting of managerial performance objectives in HIV/AIDS management. The achievement of such objectives requires that managers are equipped with the skills, knowledge and attitudes to enable them to manage their people and plan effectively for their business in the midst of the HIV/AIDS pandemic. As decision-makers with particular responsibilities concerning the wellbeing of other employees, managers expressed the belief that they have both a right and a responsibility to understand the issues and the options. In responding to this need, De Beers developed an HIV/AIDS manager’s training programme to provide managers and supervisors with the skill to:

- Competently deal with employees who disclose they are HIV positive
- Answer employee’s questions confidently
- Know where to refer employees for assistance or additional information
- Be able to reinforce the company’s position on HIV/AIDS
- Respond appropriately and compassionately
- Deal with issues such as discrimination, productivity, discipline, employee relations
- Know the laws that govern HIV/AIDS in the workplace
- Proactively develop solutions that serve business and employees

Infrastructure

We continue to promote dissemination of best practices through managerial, medical, HR, AIDS, employee and other networks, to help fight HIV/AIDS together.
Lessons we’ve learned

Some early interventions failed

HIV/AIDS was recognised as a business and social threat by many of the group’s operations and business units as early as the mid 1980s and a number of awareness and prevention programmes were initiated. However, new infections continued to rise as early interventions were targeted largely at awareness rather than behaviour change, there was a lack of collaboration with key stakeholders and almost no company specific information to direct the interventions.

We reviewed our approach

In a review of the company’s business plan in 2000, HIV/AIDS was elevated to a strategic consideration. A task force was appointed to draw up a coordinated approach to the epidemic with the express object of limiting the impact of this epidemic on our business, our employees and the communities in which we operate.

Employee responsibilities

Peer counsellors, educators and HIV/AIDS coordinators comment:

**HIV/AIDS work is fulfilling**

“I love my job; I am passionate about the field of HIV/AIDS because I love caring for people”

De Beers HIV/AIDS coordinator

“I have learned a really important lesson: when you give to others, you receive so much in return. When I’m educating people about HIV and AIDS, I’m always conscious that it can save or improve the lives of many people. And it’s creative work too! I’ve learned to look for unusual solutions, and I appreciate seeing people’s awareness and understanding growing before my eyes.”

De Beers HIV/AIDS coordinator

…and you learn a lot

“I’ve learned some fantastic skills that I can use in many areas of my life: I know much more about dealing with different kinds of people, I’m a more patient, understanding person than I used to be, I have much better planning skills now, and I’ve learned the importance of involving the right people – managers, employees, unions, NGOs, health care workers. We make great progress when we work as a team.”

Peer educator

We use a rigorous process to measure our success and plan for the future.

The success of all programmes, projects and interventions is measured regularly through KAP studies while sero-prevalence surveys, VCT campaigns and actuarial analyses provide some idea of current and future impact of HIV/AIDS on the organisation. Through the development of a comprehensive information management system, the company is hoping to be able to measure and monitor appropriate key performance indicators, highlighting areas that need to be addressed and enabling the company to update actuarial models with real information so as to more accurately reflect the potential cost impacts.

Using this information, business processes, such as succession and manpower planning strategies, can be reviewed and refined according to estimated prevalence figures and business objectives of the organisation. Trends and information from both internal and external environments are tracked, evaluated and interpreted to ensure that De Beers is managing the disease in line with internationally accepted best practice.
Other hard-learned lessons include:

• The importance of involving and equipping managers. Each and every manager that has people reporting into him/her has HIV/AIDS management responsibilities. With hindsight, we should have equipped managers far earlier so that it was seen as a management responsibility from the outset, rather than purely an HR or HIV manager’s function.

• The importance of defined deliverables. An effective HIV/AIDS workplace programme needs to progressively ensure that managers, HR managers, HIV/AIDS managers and employees have clearly delineated performance objectives in HIV/AIDS management.

• The importance of measurable goals and information systems to support monitoring, reporting and decision-making. If you set targets, you need to be able to measure success.

• The importance of learning from others – Debswana are world leaders and we, along with many others, have learned from their work. Individual operations have excelled in unique ways, and each provides a crucial learning opportunity.

• The importance of keeping impetus even when it’s difficult to see the end result.

• The critical importance of building and maintaining relationships with key stakeholders, including local, national and international governments; non-governmental and community-based organisations; other businesses; unions; service providers; and local communities.

• The importance of aligning the HIV/AIDS programme with the company’s social investment and sustainable development initiatives, to identify HIV/AIDS related projects which enhance internal workplace efforts, support social and economic development and curtail the impact of the disease on our employees and the communities in which we live and work.

• The importance of focusing on what really is important, rather than what’s seen to be important.
The De Beers Community HIV/Aids Programme will take a phased approach at two levels:

- At a national level we will partner with local NGOs and, where appropriate, even international NGOs to address challenges of shared national interest. The grants at this level will obviously be larger in size and the work of the NGOs may not be solely in our own backyard.

- It has been agreed that at this level our projects should have a strategic focus on women in the context of HIV/Aids. This does not mean that we will exclude projects involving men, youth or children but it means that whatever we do will be sensitive to the fact that women and girls are particularly vulnerable in the face of this epidemic.

- At a regional level, our primary targets are the communities around the De Beers mines. We will work closely with the mines to address the specific challenges which are identified by the communities themselves, closely aligning with and supporting the efforts of the mines and other stakeholders, including local NGOs, local Government and community members.

The intention of the De Beers Community HIV/Aids Programme is, where possible, to extend what has already been implemented in the workplace into the communities, to facilitate the implementation of new programmes, and to support the efforts of local Government so that they can provide the health services so desperately needed in these communities. The projects will include a range of prevention, care, support and treatment interventions.

The first major partnership announced as part of the De Beers Community HIV/Aids Programme is with Soul City: Institute for Health and Development Communication, in support of their community training programme.
The De Beers Community HIV/AIDS Programme aims to support Government efforts in providing anti-retroviral treatment to all citizens through improved healthcare systems.

- In an effort to strengthen Africa’s public health leadership infrastructure, we have established the De Beers African Health Scholars Programme at the Johns Hopkins Bloomberg School of Public Health, Maryland, USA. The programme will support six African graduate students’ studies for their Masters of Public Health degrees. After receiving their MPH, the students will return to Africa to apply the skills they have learned in much needed areas.

- The Rural Health Initiative is a programme designed to enhance health care delivery in rural areas of South Africa through support to doctors and other healthcare workers and through community care and development. The programme is aimed specifically at those provinces and areas where there is a major shortage of doctors and other health professionals and the De Beers Community HIV/AIDS Programme is funding the implementation of this initiative at the Musina Hospital in the Limpopo province, close to Venetia Mine.

Partnerships

Soul City: Institute for Health and Development Communication (IHDC) is a South African non-governmental organisation established in 1992 to promote health and development through the use of mass media, aiming to impact on society at the individual, community and socio-political levels. While many health projects focus on influencing the individual alone, the Institute views good health as a product not simply of individual choices, but as the product of an enabling environment in which the structural barriers to achieving health and development are removed. The Institute also views health and development as integrally related: poor health impedes development and development is central to improving global health.

The popular Soul City and Soul Buddyz TV and radio programmes communicate key messages about social and health issues but the institute also has a number of other interventions in place which build on the Soul City brand.

It is specifically the Masters’ Training Programme, the goal of which is to contribute to positive behaviour change in targeted populations while building skills and capacity in local communities, which will be supported by De Beers’ grant to the Soul City Institute. The Institute will receive a grant of R2, 5 million per annum over a three year period (a total of R7.5 million) on condition of an annual review of progress.

Much consideration has been given to the best way to deploy the grant so as to get the benefits of both the company’s desire to base projects in operational areas, the Programme’s aims to support the existing efforts of mine personnel (particularly HIV and AIDS coordinators) and yet at the same time achieve the reach and scope of a programme large enough to have a national impact. It has been agreed with the Institute therefore that, in the first year, 70% of this funding will be used to extend training to areas targeted by the organisation itself at a national level while the remaining 30% of the funding will support training sessions to be held within communities around De Beers’ own operations. This percentage breakdown will be reviewed on an annual basis.

The training modules are also ideally suited to being rolled out in specific areas, providing numerous opportunities for interface with mining communities and addressing some of the challenges expressed during the initial research.
Our achievements

We’ve received global recognition for our role in the fight against HIV/AIDS

In 2004, the De Beers group, including partner companies Debswana and Namdeb, was chosen as one of ten winners to receive the International Chamber of Commerce and UNDP World Business Awards in support of the Millennium Development Goals. The company was also commended by the Global Business Coalition on HIV/AIDS in the ‘Workplace Programmes’ category. In addition, the De Beers operation in Zimbabwe has received numerous awards for their role in combating the disease, including an award for the ‘Most Outstanding HIV/AIDS Workplace Programme’ from the Junior Chamber International in 2003 as well as individual recognition for the tireless work of the operation’s HIV/AIDS coordinator.

In 2005 De Beers received the award from the Global Business Coalition on HIV/AIDS in the category Business Excellence in HIV testing.
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This case study uses the following exchange rate: 6.5 South African Rands to 1 United States Dollar.