

The State of Business and HIV/AIDS (2006)

A Baseline Report



GLOBAL BUSINESS COALITION ON HIV/AIDS

Booz | Allen | Hamilton

delivering results that endure



Richard Holbrooke
President & CEO of GBC

The business response to AIDS has broadened and deepened since I was asked to lead the Global Business Coalition (GBC) in 2001. With more than 200 member companies committed to responding to the global fight against HIV/AIDS, the GBC is uniquely positioned to identify trends and new frontiers to help companies improve their response to this pandemic. As the NGO officially designated to mobilize the worldwide business response for the Global Fund to Fight AIDS, Tuberculosis and Malaria, and as a close partner of UNAIDS, we take this responsibility very seriously.

The State of Business and HIV/AIDS (2006) comes at a critical time because it provides the first baseline from which to evaluate the response made by business in the global fight against HIV/AIDS. The GBC decided that it needed to develop a better understanding of how various companies have shaped their response to HIV/AIDS. From workplace programs to philanthropy to CEO advocacy, it is clear that there is much that business is doing to fight this pandemic, but there is very little summary information on the landscape of the business response.

With the generous leadership of member company Booz Allen Hamilton, this baseline report captures critical information on corporate responses to HIV/AIDS over a range of criteria, regions, and industries. The framework for analysis is built from GBC's recently launched Best Practice AIDS Standard (BPAS), which was developed from the collective work of members since 2001.

This publication highlights both the progress made by the private sector and the significant potential for continued business involvement.

Business leaders have an unparalleled opportunity to utilize their expertise, influence, and acumen in the fight to end HIV/AIDS. The GBC believes that businesses worldwide can leverage their core competencies in fighting HIV/AIDS, and a commitment to fighting this pandemic can be a core component of a successful business strategy.

Despite greater business involvement, we know that the global business community is doing only a fraction of what it could be doing to battle the scourge of HIV/AIDS. We salute the leading companies of the GBC that have stepped into uncharted territory and creatively engineered responses to HIV documented in this report. However, we are not close to turning the tide of HIV—nearly 13,000 people are newly infected every day, and less than 10 percent of the 40 million people living with the virus know they are infected. The response to AIDS requires bold leadership and innovation. Moving to an opt-out approach to testing, so that people know their HIV status, is one of a number of changes in strategies that are essential if we are to win this war. It is critical that the public and private sectors engage even more fully as genuine and valued partners in the global fight against this terrible epidemic. *The State of Business and HIV/AIDS (2006)* is an important overview of the contribution that business has already made, and a reminder that business must play an even greater role in tackling this monumental challenge.

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

Ambassador Richard Holbrooke
New York
May 2006



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Business is making strong progress in partnering with governments, multilateral organizations and communities to support the global fight against HIV/AIDS. Workplace prevention and education programs are also now widespread, but efforts to collaborate with suppliers, fully utilize senior leadership and extend interventions in emerging markets still need an effective response.

A baseline survey and interview program conducted by the Global Business Coalition on HIV/AIDS (GBC) and Booz Allen Hamilton has, for the first time, established a basis to look at the scope and depth of the response being made by the global business community.

The study highlights status and variations in business response by region, industry and enterprise scale. Increasingly, business sees HIV/AIDS as a strategic as well as social responsibility issue, managing programs and resources based on bottom line impact. However an informed sense of urgency must be maintained – *The State of Business and HIV/AIDS (2006)* provides an important new resource to do that.

The Bigger Picture

As AIDS continues to have a devastating impact around the world, business is responding to the pandemic by adopting multifaceted strategies to confront the disease in the workplace and community, by partnering and raising awareness.

This baseline report provides a comprehensive analysis of the status of businesses' response, highlights areas where most progress has been made, identifies where barriers are encountered, and asks what business should do next.

Today, 40 million people live with HIV/AIDS. The global labor force has lost more than 28 million people as a result of AIDS, without further intervention this number could grow to 74 million by 2015¹.

The GBC and Members

Global business is truly beginning to make a strong and systematic response to tackling HIV/AIDS. This response is strongly facilitated by the GBC, the preeminent organization leading the business fight against HIV/AIDS.

The GBC was established to fully engage the private sector and recognize business as a necessary partner in ending the pandemic. Membership has grown from 17 companies in early 2001 to over 200 international companies in 2006, accounting for more than 11 million employees and 45 million dependents worldwide.

The 2006 BPAS² Baseline

This baseline report draws on the actions and programs of leading companies that are publicly committed to the fight against HIV/AIDS through their membership in the GBC. The data source is the expertise and experiences of 75 GBC member companies across 17 industries surveyed in April 2006 and 30 companies who participated in a detailed interview program.

The BPAS baseline shows business response in the form of an index, a basic scale of 0 to 10. The index is calculated from the number of companies active in each of 10 global business HIV/AIDS categories, each with 5 levels of action.

The 75 surveyed companies have an average index score of 4.5 (figure 1). This is equivalent to

¹ UNAIDS and WHO, *AIDS Epidemic Update: December 2005 Intensifying Prevention*, 2005

² Best Practice AIDS Standard, developed by GBC

being active in more than 8 of 10 categories with 2 actions underway in each.

The most active 25 percent of the survey group scored 7.5 while the least active 25 percent just 1.4. This variation is largely due to perceived business needs and length of time addressing the HIV/AIDS issue.

Of the 10 BPAS categories there are 2 in which the business response is particularly strong (figure 2) - prevention initiatives and community and government partnerships are most often elements of companies' HIV/AIDS programs with a broad range of activities in place. In contrast, companies

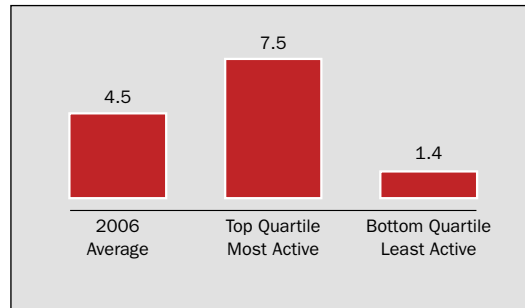


Figure 1
BPAS Baseline Average and Range of Response Coverage

are having the most difficulty in engaging business associates and suppliers and are completing less than half the level of activity.

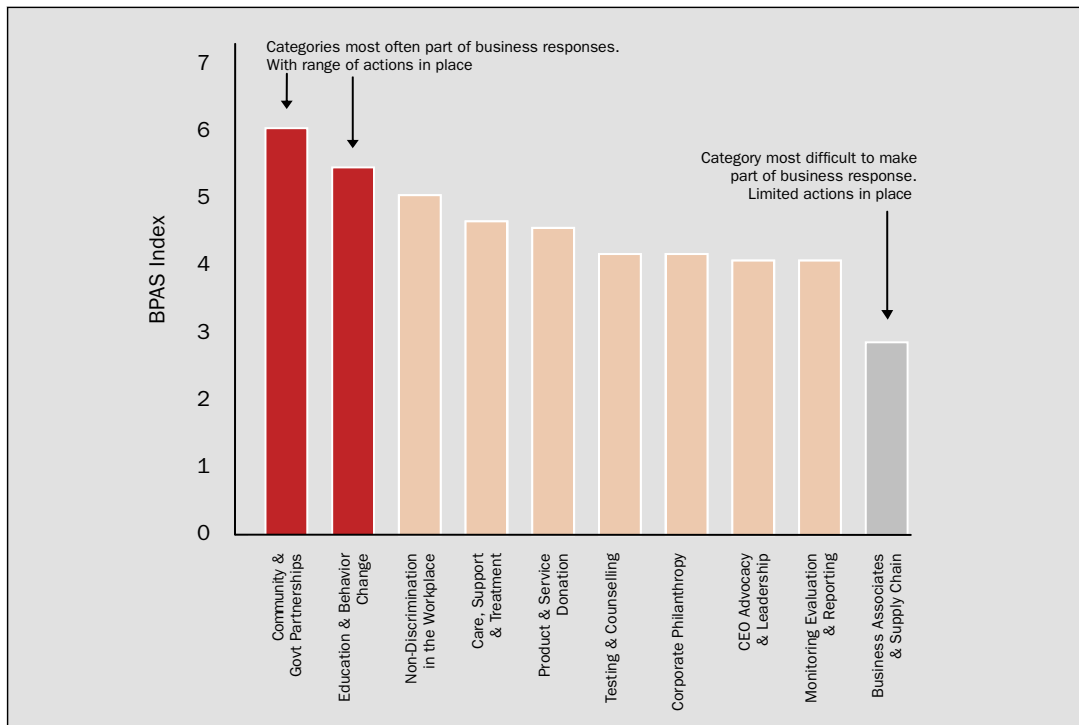
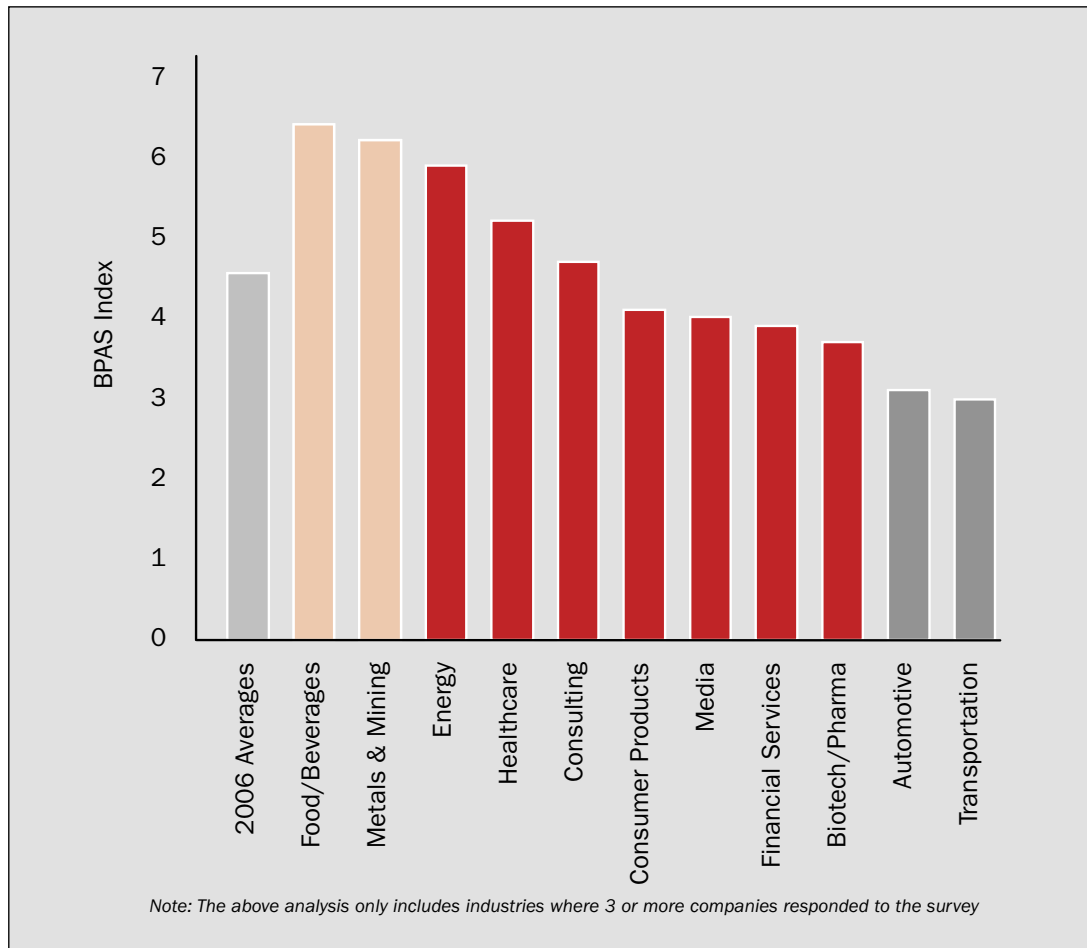


Figure 2
The BPAS Baseline Depth of Response by Category

Figure 3
BPAS Baseline by
Industry Group



The most active industry groups (figure 3) are Food/Beverages, Mining and Minerals, and Energy (gas and oil).

The interview program provided further definition by highlighting the difficulty experienced by businesses in monitoring and evaluating HIV/AIDS programs, particularly testing uptake rates,

engaging suppliers and extending treatment to dependents and post employment.

In particular interviewees drew attention to the difficulty in building advocacy and leadership programs and implementing HIV/AIDS business strategies in emerging markets.

Key insights

Timescale

Developing and implementing a company HIV/AIDS program requires time and commitment - 3 years to move from concept and strategy to fully operational across the business.

In 5 years of publicly committing to address HIV/AIDS, companies surveyed have more than doubled their HIV/AIDS activities.

Approach

Companies interviewed said programs should “start at home” and focus on “getting it right” for employees first, emphasizing staff buy-in and involvement in community initiatives.

More than 75 percent of companies choose to be strategic in how they contribute to others³ programs and leverage their core products, services, or expertise.

Prevention and Treatment

Companies demonstrate extraordinary leadership in prevention with 82 percent of surveyed companies providing workplace information on HIV/AIDS. Only 41 percent conducted surveys and assessments, suggesting that program design and follow up can be enhanced.

Industry is supporting the drive toward balanced prevention programs. 60 percent of companies have trained peer educators in place, 55 percent have expanded prevention programs to the community.

In high HIV prevalence parts of Africa, more than 70 percent of companies surveyed are fully subsidizing staff access to HIV treatment. With

the cost of medication (antiretroviral treatment [ART]) falling over the last 6 years from around US\$10,000 to US\$140–300 per person per year⁴, the business case for providing treatment becomes far more compelling.

Companies are twice as likely to fully subsidize treatment for employees in high prevalence areas.

There is an increasing trend to expand treatment beyond employees. Globally 36 percent of surveyed companies are fully subsidizing treatment for direct employees and 45 percent are providing access to treatment for all dependents.

Business Considerations

In emerging markets like China, India and Russia, companies are looking to extend HIV/AIDS programs, specifically focusing on awareness and prevention; many express concern about how to accomplish this.

Globally, large companies put more effort into workplace programs. Smaller companies (<10,000 staff) focus on corporate philanthropy, product and service donation, and community and government partnerships.

Food and beverage, metals and mining, and energy industries tend to have the most extensive programs, particularly in the workplace, and are active in donating products and services.

³ Others include local community, NGOs, governments

⁴ Medecins Sans Frontieres *Untangling the web of price reductions: a pricing guide for the purchase of ARVs for developing countries (8th edition)*, 2005

1 Executive Summary

There is a long way to go. A sustained effort is required from business to further broaden and deepen the response through well targeted and managed programs. In doing so, companies should set priorities based on the likely impact of programs. The baseline report suggests:

- **Develop strategies to work closely with suppliers** and business associates to expand the network of business engagement.
- **Partner with NGOs, community, and local government** to develop and fund programs and initiatives with greater reach.
- **Extend confidential testing and treatment programs.** Testing initiatives need to include monitoring of testing participation rates and access to viral load tests. In high prevalence areas, treatment arrangements need to be extended to dependents and post employment.
- **Focus on balanced prevention and treatment.** Prevention programs targeting real behavior change aligned with treatment.
- **Increase the role of business in advocacy** and in particular extend programs into emerging markets. Leverage CEO and senior leadership to dispel myths and stigma, break down workplace barriers and influence community change.

Success comes from active collaboration. Most companies interviewed said they look at what others are doing to learn and implement based on best practice. Ninety percent of those interviewed highlighted the need for an ongoing exchange of ideas and results.

The 2006 BPAS baseline indicates that there is a very high level of business engagement and willingness to do more. There is an increasing role for business to partner with governments and the international community and enhance joint efforts in fighting HIV/AIDS.



Chengdu, China - December 1, 2005

Migrant workers, with red ribbons, attend an event organized by the local government to promote HIV/AIDS knowledge. China has pledged to keep the number of people living with HIV/AIDS below 1.5 million by 2010, Health Minister Gao Qiang stated at a media conference.

Photo by China Photos/Getty Images

The Global Business Coalition (GBC) was established in 1997 to fully engage the private sector and recognize business as an important partner in ending the HIV/AIDS pandemic.

Today, the GBC is the preeminent business organization leading the business fight against HIV/AIDS. Membership has grown steadily in the past 5 years and today consists of more than 200 international companies committed to expanding and improving the business response to HIV/AIDS across 20 industry sectors. Figure 4 shows year-end membership numbers.

In pursuing its mission to harness the power and capability of the global business community to overcome HIV/AIDS, the GBC serves as an interface between member companies, senior government officials, and the international development community. The GBC also provides the means to ensure that the voice of business is heard and that the business sector contributes to national and international strategies that most adequately address the deepening HIV/AIDS crisis.

To help companies design their responses to HIV/AIDS, the GBC has created an approach, the Business AIDS Methodology™ (BAM), which facilitates HIV strategy development in four practical areas—the workplace, community, core competency, and advocacy and leadership. Once a company implements its HIV strategy, the GBC's Best Practice AIDS Standard (BPAS) self-assessment tool enables the company to confidentially monitor its HIV/AIDS response and examine its progress. The BPAS expands the four BAM areas into the ten categories used in this baseline to accurately assess corporate engagement in HIV/AIDS.

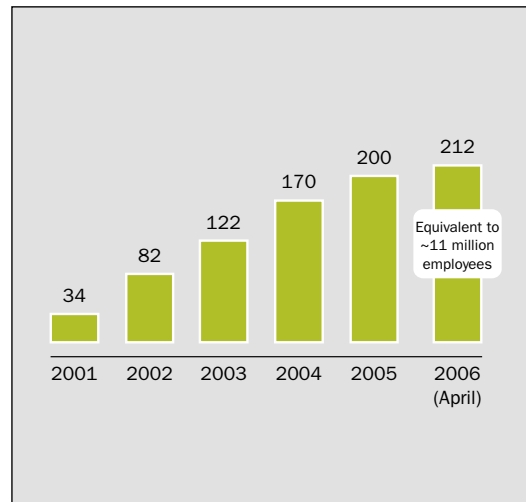


Figure 4
GBC Membership,
End 2001–April 2006

2.1 Global HIV/AIDS Context

Today, 40 million people worldwide are living with HIV/AIDS. In 2005 alone, nearly 5 million people were newly infected with the virus. Southern Africa remains the epicenter of the pandemic. Prevalence rates in KwaZulu-Natal, the worst affected province of South Africa, have reached 40 percent, while the rate among pregnant women attending antenatal clinics in South Africa is reading 30 percent⁵. Estimates suggest that the prevalence in Asia stands at 0.4 percent, but that figure will rise quickly without adequate prevention. It is projected that by 2010⁶, more people will be affected in Asia than in Africa.

⁵ UNAIDS/WHO, *AIDS Epidemic Update*, 2005

⁶ DFID (Department for International Development), HIV and AIDS fact sheet, 2004

Figure 5
New Wave Statistics

	Population Living with HIV/AIDS	Prevalence Rate (%)	GDP Growth Rate for 2007 (%) ⁸
India	5,130,000	0.9	7.0
China	650,000	0.1	9.0
Nigeria	3,600,000	5.4	5.2
Ethiopia	1,500,000	4.4	5.7
Russian Federation	860,000	1.1	5.8

Source: International Monetary Fund, UNAIDS, UBS

⁷ UBS and F&C Asset Management, *HIV/AIDS Beyond Africa: Managing the Financial Impacts*, May 2005

⁸ www.imf.org

⁹ National Intelligence Council (CIA), *The Next Wave of HIV/AIDS: Nigeria, Ethiopia, Russia, India, China*, September 2002

¹⁰ Ibid

¹¹ Global HIV Prevention Working Group, *HIV Prevention in the Era of Expanded Treatment Access*, June 2004. The Working Group is an international panel of nearly 40 leading public health experts, clinicians, biomedical and behavioral researchers, and people affected by HIV/AIDS. The Working Group was convened for the first time in 2002 by the Bill & Melinda Gates Foundation and the Henry J. Kaiser Family Foundation.

¹² World Health Organization, *Increasing Access to HIV Testing and Counseling: Report of WHO Consultation*, November 19–21, 2002, Geneva Switzerland

¹³ GBC Press Release, *Global HIV Testing Crisis: experts announce changes in HIV global testing*, July 2004

¹⁴ UNAIDS/WHO Policy Statement on HIV Testing, June 2004

¹⁵ UNAIDS, *Intensifying HIV Prevention, UNAIDS Policy Position Paper*, August 2005

Whereas the focus of much of the world's response has been in Sub-Saharan Africa (which today has 65 percent of the total cases of HIV⁷), the world must address the pandemic's "second wave," which is presenting a new and immense challenge. This second wave comprises the countries that currently have low- to mid-HIV prevalence rates (figure 5) but that are each at a critical "tipping point," where HIV infection rates threaten to grow significantly if more is not done immediately. Critically for global business, these areas overlap substantially with their operations in emerging or new markets.

China, India, Russia, Ethiopia, and Nigeria are identified as second-wave countries.⁹ These five regions account for 43 percent¹⁰ of the world's population and a significant part of the predicted global domestic product (GDP) growth. They are important global or regional powers, and the potential social and economic instability that a rapid and generalized pandemic can produce is cause for great concern. Although treatment and care are important in these countries, prevention is the key factor in curtailing the effect of HIV/AIDS in these second-wave situations. How the global community addresses prevention and treatment will determine the future course of the disease in these five regions.

With nearly 13,000 new HIV infections occurring every day, the burden of the global AIDS pandemic continues to escalate unchecked. Only one in five people at high risk of contracting HIV has access to HIV prevention services,¹¹ and 90 percent of people living with HIV have never been tested for the virus.¹² On July 10th, 2004 GBC worked with the World Health Organization (WHO) and UNAIDS to officially announce a change in global policy from "voluntary" counseling and testing to an approach that routinely offers and recommends testing (always with the ability to opt-out).^{13, 14}

In August 2005, the Joint United Nations Programme on HIV/AIDS (UNAIDS) issued a new strategy to intensify HIV prevention efforts,¹⁵ calling on all sectors to take steps to adequately resource the prevention gap supporting direct interventions and programs addressing gender inequality, youth vulnerability, and health services improvement overall. The business community has a clear opportunity to help intensify its prevention efforts through workplace programs, targeted behavior change marketing campaigns, and strengthened advocacy to reduce stigma and discrimination. Additionally, in supporting health services infrastructure development, the business

sector has much to contribute in skills, services, and resources.

Access to low cost antiretroviral (ART) medication has opened the door to great advances in treatment. Although those infected with HIV are still likely to ultimately develop AIDS, the appropriate treatment can prolong life, often for decades. Of the 40 million people estimated to be living with HIV/AIDS at the end of 2005, UNAIDS/WHO estimates that 6.5 million people in low- and middle-income countries were in urgent need of this life-saving ART. Of those, only 1.3 million—one in five could access ART. Although this number is a great improvement from 2003 (when only 400,000 were receiving treatment), it is still shockingly inadequate.

The goal of the “3 by 5 initiative” launched by WHO and UNAIDS in 2003 aimed to have 3 million people on ART by December 2005. This target figure represented exactly half of the number of people expected to be in need of treatment at the end of that year. Although significant progress has been made, 80 percent of those who might benefit from ART are yet to have access.

The trend toward increased coverage has been supported by a steep decline in ART costs. The price of ART drugs has dropped by up to 98 percent in the last 4 years. Recent data suggest that a company can now access a year’s supply of first-line regimens for between \$140 and \$300 a year.¹⁶ Second-line regimens cost about \$1,300 per year.¹⁷ These price decreases result from a series of advances led by pricing negotiations through the UNAIDS Accelerating Access Initiative, from World Trade Organization provisions qualifying HIV/AIDS as a public health emergency, and from the increased availability of generic drugs.

To help reach the Millennium Development Goal on HIV/AIDS—to halt and reverse the spread of HIV infection by 2015—UNAIDS has initiated an effort led by individual country governments for Universal Access to help set targets and develop roadmaps for scaling up prevention, treatment, care, and support services. The Universal Access program is designed to bring all sectors together to address sustainable financing; human resource and health systems capacity; low-cost commodities and technologies access; and human rights, stigma, discrimination, and gender equity issues. It is in these very areas that business has particular expertise, resources, infrastructure, and services which must be applied to the global and national efforts to help upgrade prevention and treatment interventions for all who need them.

2.2 HIV/AIDS Impact on Industry

UNAIDS estimates that 37 million working people are living with HIV/AIDS and that the global labor force has lost 28 million people to AIDS since the beginning of the pandemic. UNAIDS predicts that without access to treatment, this number could grow to 48 million by 2010 and to 74 million by 2015.¹⁸ The International Labour Office (ILO) has estimated that an average of 15 years of working life will be lost for each employee affected by AIDS.

The growing workforce loss has profound personal, social, and business implications. In addition to coping with the loss of colleagues, workers may also be caring for sick relatives or coping with their own illness. Diminished human capital seriously hinders business operations. Consequently, higher operating costs and limited investment

¹⁶ DFID, *Taking Action. Summary of the UK’s Strategy for Tackling HIV and AIDS in the Developing World*, 2004

¹⁷ Medecins Sans Frontieres, *Untangling the Web of Price Reductions: A Pricing Guide for the Purchase of ARVs for Developing Countries*, 8th edition, 2005

¹⁸ www.unaids.org

opportunities take an economic toll. A 2005 study pointedly reinforced the threat of HIV to human capital, stating that the size of the labor force in 32 African countries will decrease by 5–35 percent by 2020 because of this pandemic.¹⁹

The overall effect of the pandemic on business results in a reduction of the wealth and development potential of affected countries as fewer people can work and prosper. A 2005 study²⁰ found that HIV/AIDS will reduce growth potential in GDP for Brazil, Russia, India, and China. For example, HIV/AIDS will reduce China's GDP growth by 1 percent over the next 10 years. These 4 countries currently account for 8 percent of global GDP and are strategically important emerging markets for many large multinationals. This effect on GDP, though significant, does not capture the economic and social impacts on the informal economy.

The ILO notes that certain industries and types of work are more exposed or susceptible to the risk of HIV infection, although the main issue is behavior rather than occupation. A key occupational risk factor is work involving mobility—in particular, regular travel and living away from spouses and partners in high prevalence countries. This risk factor was underlined in our interviews with GBC members, who cited truck drivers and those working in areas with high levels of immigration or worker migration as particularly at risk. Geographical isolation, single-sex work environments, male-only living arrangements, and limited health facilities are also important contributing factors.

2.3 Industry Characteristics and Considerations

Industries have responded to the HIV/AIDS crisis in different ways. Many pharmaceutical companies have been at the forefront by taking a lead in building healthcare systems in the hardest hit countries, providing training to increase capacity of medical personnel, and increasingly supplying certain drugs at no or low cost. Some of these companies have also applied their logistics expertise to help optimize the flow of medicine and materials around the world. Others have partnered with in-country organizations and collaborated with governments to support education programs.

In other industries, many companies with large workforces in high-risk areas (such as oil and gas, mining, manufacturing, automotive) have developed awareness, testing, and prevention programs for their employees and instituted non-discrimination policies for workers with HIV/AIDS. Some companies have also invested in their own dispensaries, health centers, and hospital facilities. Furthermore, some have co-invested with local and national organizations to provide awareness and prevention campaigns to the community.

Companies have also used both media and marketing to engage their consumers and creatively fund HIV/AIDS programs. Media companies have carried public service announcements and have incorporated HIV-related storylines into TV programs and print publications to spread awareness. Other businesses have leveraged their advertising and branding skills to advance HIV/AIDS prevention and behavior change messages through innovative cause related marketing campaigns. Financial, retail, telecommunications, cosmetic and other products

¹⁹ The Ethical Funds Company, *Canadian Energy and Mining Companies and the HIV/AIDS Epidemic—Bridging the Chasm*, 2005

²⁰ UBS and F&C Asset Management, *HIV/AIDS Beyond Africa: Managing the Financial Impacts*, 2005

have been linked to the fight against HIV/AIDS. Consumers have been extremely receptive. In a recent survey, 71 percent of consumers indicated they would pay more for a product if they know the extra proceeds would benefit HIV/AIDS²¹.

Business is exposed to the effects of HIV/AIDS in a number of ways. Companies are finding it increasingly necessary to link their business interests to those of the societies in which they operate through a range of sustainable programs. Studies and reports repeatedly show that HIV/AIDS can have a significant effect on the “bottom line” of companies. A global mining company calculated that HIV/AIDS total expenses could amount to 8–17 percent of their total payroll by 2009. For a leading automotive manufacturer in South Africa, those expenses are estimated to be 4 percent of the total wage bill.²² Today, it is clear that the private sector is playing a critical and compelling role in fighting this pandemic.

The business response to HIV/AIDS varies quite markedly, and three determining factors for type of response are identifiable from the baseline:

1. Business needs and geographical presence (e.g., industries with a workforce in high-prevalence regions).
2. Competencies available to a company (logistics, healthcare, financial, marketing, research and development, brand power and media access).
3. Duration (i.e. how long a company has focused on making a difference).

Our interviews with GBC members highlighted seven prime considerations for businesses willing to initiate or further develop their HIV/AIDS programs:

1. Focus on prevention as well as treatment. This is particularly important if a second wave is to be prevented. Target real behavior change to achieve significant effects.
2. Introduce the most effective and cutting-edge testing strategies to encourage uptake of testing and treatment services in conjunction with clear confidentiality, non-discrimination policies, counselling, support, and availability of post-test prevention and care services.
3. Extend access to HIV/AIDS workplace programs to dependents, which could have considerable business benefits by alleviating the burden of caring for sick relatives and allowing employees to focus on their work.
4. Engage in collaborative public-private partnerships to increase coverage and efficacy of prevention, treatment, and care.
5. Similarly, consolidate industry action to set industry standards and incorporate supply chains in HIV/AIDS programs in an effort to reduce the effect of the disease on business operations.
6. Expand HIV/AIDS programs to other regions, particularly emerging economies, such as India, China, and Russia, with the acknowledgment that HIV/AIDS is not just an African problem.
7. Move beyond a vertical approach to HIV/AIDS to a holistic health response that incorporates elements of lifestyle and wellness.

²¹ GBC Opinion Poll, 2004

²² UBS and F&C Asset Management, *HIV/AIDS Beyond Africa: Managing the Financial Impacts*, 2005

Clearly, no one sector alone can make significant inroads in the fight against the HIV/AIDS pandemic. Public-private partnership and collaboration between businesses and the communities in which they function are essential in increasing the coverage and efficacy of prevention, treatment, and care. The workplace provides an excellent environment in which to implement comprehensive HIV/AIDS programs and policy reform. The business community is realizing that its own health depends on how effectively it joins forces with other partners to face these problems.

Companies expect partnerships to complement, support, and strengthen national HIV/AIDS strategies, to realize tangible results in the immediate term and to offer sustainable solutions in the long run through local infrastructure and capacity development.



**Richard's Bay, South
Africa - March 27, 2004**

A woman holds her
husband, who is dying of
AIDS as their 3 adopted
children, who have AIDS,
pose in the background.

*Photo by Brent
Stirton/Getty Images*

3.1 Introduction to the Baseline

This baseline report captures the response made by GBC members in the fight against HIV/AIDS, outlining the actions and activities that companies are undertaking, mapping their journey in addressing the disease, and looking forward to the next level of performance.

The data provides insight into regional and industry group trends, size of organization and membership duration. It identifies where companies are making good progress and where they perceive difficulties. These areas will be the focus for the future.

3.2 Methodology

To assess the current state of the business response to HIV/AIDS, an online survey of 75 GBC member companies in 17 industry sectors was conducted. The sample captured the full range, from smaller enterprises with less than 10,000 employees to large multinational players with more than 500,000 employees represented. All regions covered by GBC members were represented as were companies that have joined GBC in each of the last 5 years (figure 6).

The online survey asked companies to confirm those areas in which they have established activities using the common criteria set out in the GBC's BPAS framework. The framework covers four broad areas of corporate engagement on HIV/AIDS and has 10 progressive categories (figure 7) based on the Business AIDS Methodology™ (BAM). This provides a clear context from which to view actions being taken by business in the fight against HIV/AIDS.

A structured interview program followed the same BPAS categories and sought to capture both institutional and personal experiences. Several non-member companies were also interviewed to provide additional perspectives.

Those companies who participated in the survey and interviews referred to in this report are not necessarily representative of the entire business community. Participating companies are more likely to be pro-active leaders in their response to HIV/AIDS.

3.3 Overview of the Baseline: The Business Response to HIV/AIDS

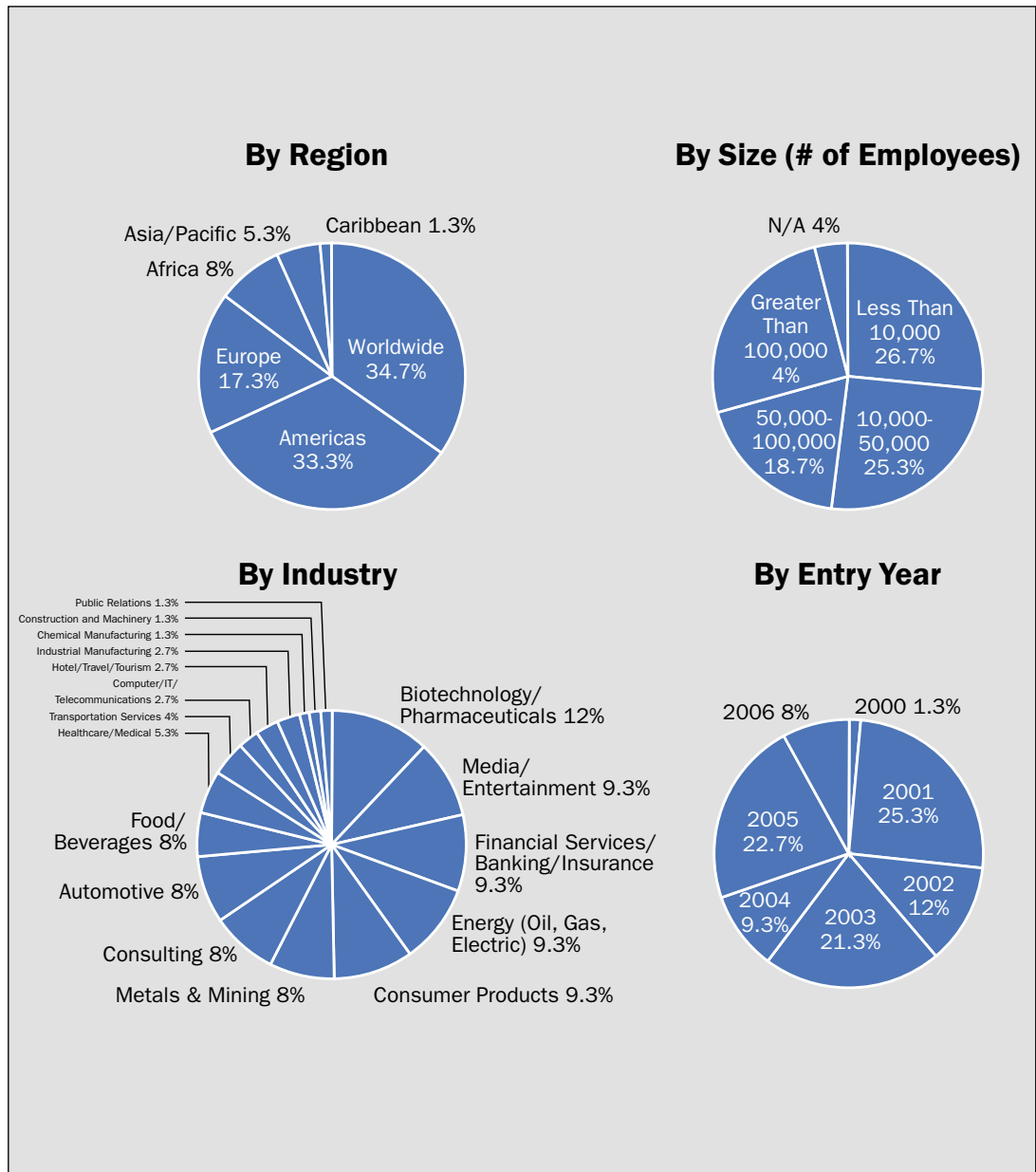
All companies surveyed have some level of HIV/AIDS initiative in place. However, the business response to HIV/AIDS varies markedly (figure 8) depending on the business needs and characteristics of the organization. In particular, company size, region(s) of operations, industry sector, and length of time spent addressing HIV/AIDS influence the depth and scale of a company's response to HIV/AIDS.

The BPAS²³ baseline (figure 9) shows business response in the form of an index that quantifies the scope and depth of global business HIV/AIDS response activities overall and within each of 10 response categories.

The index is based on simple scale of 1 to 10. It suggests that surveyed companies representing a real cross section of industries, business size and regional activity score 4.5 on average, the most active 25 percent score an average of 7.5 while the least active 25 percent in the survey group score 1.4 on average.

²³ Best Practice AIDS Standard, developed by GBC

Figure 6
GBC Survey -
Characteristics of
Respondents

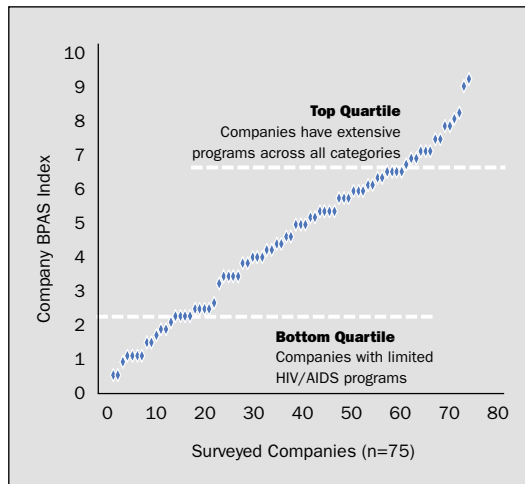


Broad Areas of corporate engagement based on Business AIDS Methodology™ (BAM)	BPAS Categories for detailed assessment of corporate engagement	Definition
I. Workplace and Employee Engagement	<ol style="list-style-type: none"> 1. Non-discrimination 2. Prevention, Education, and Behavior Change 3. Testing and Counseling 4. Care, Support, and Treatment 	<p>HIV/AIDS policy</p> <p>Prevention and education programs</p> <p>Programs that enable people to determine their HIV status and support to deal with the outcome</p> <p>Access to treatment, support and care</p>
II. Core Competency	<ol style="list-style-type: none"> 5. Product and Service Donation 6. Business Associates and Supply Chain Engagement 	<p>Donations by companies of products, service and expertise</p> <p>Extending policies and programs to suppliers and business associates</p>
III. Community	<ol style="list-style-type: none"> 7. Community and Government Partnerships 8. Corporate Philanthropy 	<p>Collaboration between business and the public sector, and NGOs</p> <p>Philanthropic donations from companies</p>
IV. Advocacy and Leadership	<ol style="list-style-type: none"> 9. Advocacy and Leadership 10. Monitoring, Evaluation, and Reporting 	<p>Business leaders promoting change and taking leadership role in fight against HIV/AIDS</p> <p>Documentation and reporting on outcomes of programs. Monitoring and evaluation of these programs</p>

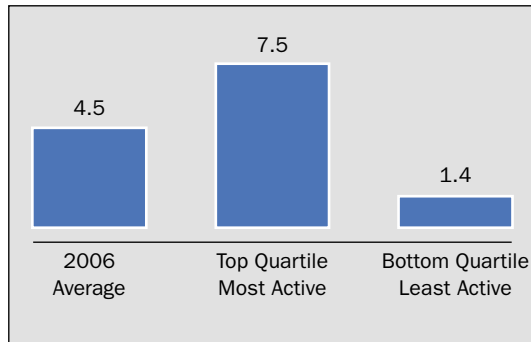
Figure 7
Online BPAS Baseline
Tool Framework

Figure 8

Range of Companies' Response on the Depth of their Programs

**Figure 9**

BPAS Baseline Average and Range of Response Coverage



The baseline score tells us that companies can do a lot more to contribute to the fight against HIV/AIDS (figure 10). All companies, regardless of scale, sector, or regional footprint, can contribute through workplace policies and awareness, participation in business and AIDS organizations, or by donating products or services. Interviewed companies said that there is a real need to be brave, creative, and, ultimately, strategic in considering how to contribute business skills or products, whether by providing project management, logistics and

transport, financial advice, or publicity to achieve the biggest impact.

There are 2 categories in which the business response is strong - prevention initiatives and community and government partnerships are most often part of companies' HIV/AIDS programs with a range of activities in place. In comparison, companies are having the most difficulty in engaging business associates and suppliers and are completing significantly less in this area.

The interview program further developed the baseline findings by highlighting the difficulty experienced by businesses in monitoring and evaluating HIV/AIDS programs, including utilization rates for testing programs. Businesses also experienced difficulty engaging suppliers and extending treatment to dependents and workers post-employment. In addition, they experienced difficulty in advocacy and leadership and in implementing HIV/AIDS strategies in emerging markets.

Those companies leading the response to HIV/AIDS are now seeking to extend their programs to be more comprehensive - to include suppliers and business associates and to engage industry sectors to work together (36 percent of companies surveyed report they are currently doing this). Interviewed companies stated that collaboration among companies and opportunities to network and share best practices are essential if more companies are to step up their responses to HIV/AIDS.

Size Variations

Workforce size matters and generally determines the scale and scope of efforts (figure 11). Smaller multinational companies (fewer than 10,000

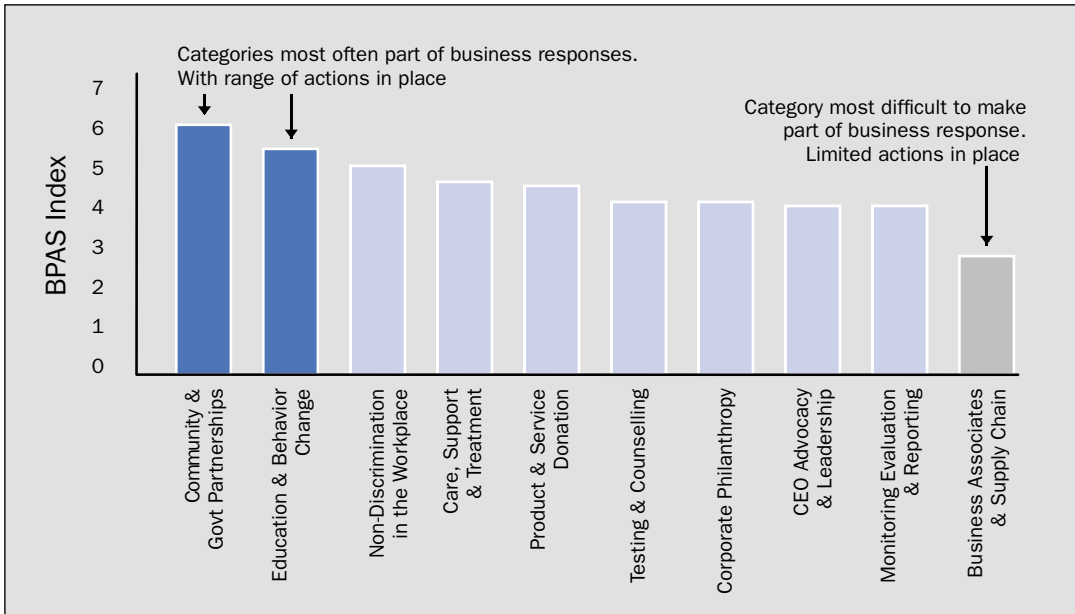


Figure 10
The BPAS Baseline
Depth of Response
by Category

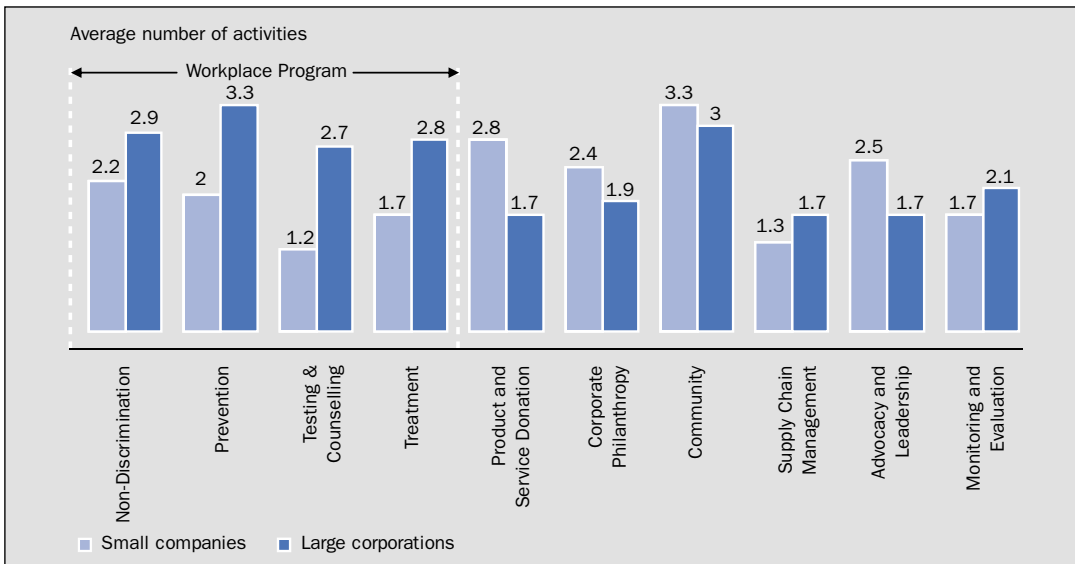
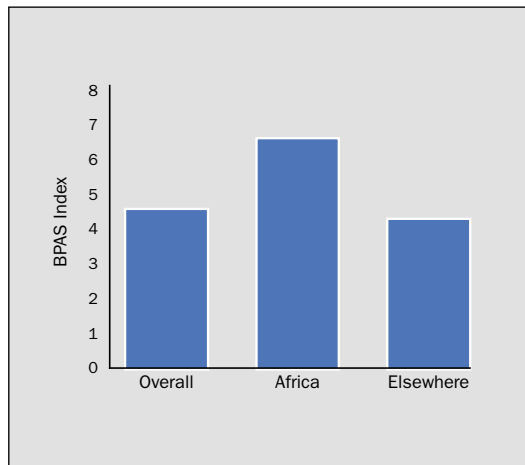


Figure 11
Company Activity by Size

Figure 12
Regional Treatment
BPAS Baseline



employees) focus more effort on corporate philanthropy, product and service donation, community and government partnerships, and leadership and advocacy than larger size organizations. Large companies show markedly stronger response in workplace programs (non-discrimination, prevention, testing, treatment). Interviews suggested that the reason for the lack of action of smaller companies in the workplace is a perceived lack of need to address it if they have few employees or if internal resources do not exist to address HIV/AIDS. A few of the smaller companies do have workplace programs that include providing treatment to dependents, suggesting size is not a valid reason for not having a workplace program.

Large multinational corporations (more than 100,000 employees) are already addressing HIV/AIDS across a wide spectrum of activities that generally support increasing shareholder focus on corporate and social responsibility. These companies are likely to have some operations in high prevalence areas and are expected to

respond to employee needs and are taking steps to ensure sustainability of the communities in which they operate.

Regional Variations

Companies with operations only in America and Europe are less likely to focus on workplace programs because employees' medical insurance benefits tend to cover HIV/AIDS. Several companies interviewed, however, expressed concern that HIV/AIDS is "falling off the radar" in these regions and stated that companies should be doing more to keep HIV/AIDS on the agenda and high in the public conscience.

Those with operations in Africa are the most active in the workplace in relation to comprehensive programs (figure 12). The business case for acting in this region is clear—interviewees reported that companies cannot afford to delay their responses. More than 70 percent of companies surveyed with operations in Africa are now fully subsidizing access to HIV treatment for all employees. African companies also provide confidential testing services and access to treatment for registered or legal dependents.

In emerging markets, such as India and China, companies are focusing on awareness and prevention. Many interviewees expressed uncertainty about how to extend existing programs or implement new initiatives in these markets. A lack of HIV/AIDS awareness, a need for stigma reduction, limited information on prevalence rates, and a need to adapt approaches to new political and cultural environments were reasons cited as obstacles to rapid deployment or successful initiatives.

All exclusively Asian companies surveyed are extending prevention and education programs to the community. Seventy-five percent report that they are measuring the effects of prevention campaigns through surveys and assessments. These companies are leaders in addressing HIV/AIDS and not representative of the broader business community. A leading company interviewed in India targets the workplace and urban and rural communities with initiatives, including a center for family initiatives, a mobile medical team, a hospital, a project targeting truck drivers, and a health information system to allow disease monitoring.

Industry Variations

Some industries, such as metals and mining, energy, and food/beverage (rather than high-tech, or service industries) tend to have more extensive programs, particularly in the workplace. This is a function of need created by their operations and, in some cases, the nature of the work, which places employees in high-risk situations. For example, work that is in geographically isolated areas, involved with mobility, or on a transport route increases the risk of infection in the workplace²⁴.

Overall, the leading industry groups by response across all categories are metals and mining, energy (oil and gas), and food and beverages (figure 13).

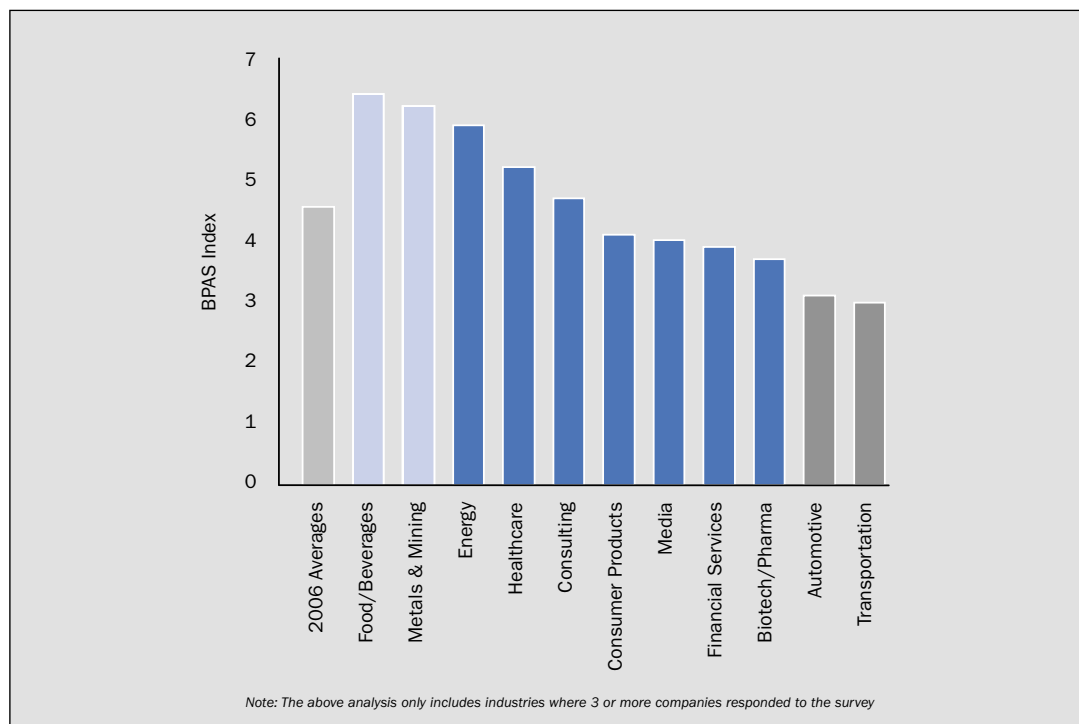


Figure 13
BPAS Baseline
by Industry

²⁴ Internal Labour Office An ILO code of practice on HIV/AIDS and the world of work, 2001

“These are the people who saved my life for you.” This is how one of our workers introduced us to his family at our company family day. He was close to death with a CD4²⁵ count of 3. After 9 months of recuperation, treatment, and exercise, he is now back in the workplace doing the job that he was trained to do.

Some companies are starting to collaborate within industries, such as oil and gas, which facilitates businesses to best practice sharing and the development of an industry standard in responding to HIV/AIDS. Several interviewees stated that companies have to forget about being competitors and focus on being collaborators.

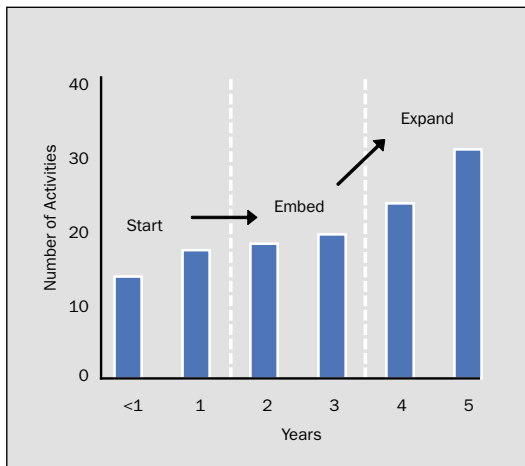
Length of commitment to addressing HIV/AIDS

Development and implementation of HIV/AIDS programs require time and long-term commitment. Figure 14 shows the activity level based on years spent addressing HIV/AIDS (derived from

membership duration of GBC members surveyed). In 5 years, the level of company activity increases by over 50 percent. Those companies interviewed stated that programs should “start at home” and focus on “getting it right” for workers first. They also emphasized the need for staff buy-in and involvement when establishing community initiatives. Indeed, there is a clear point after 3 years of effort where companies increase their responses to HIV/AIDS. However, a number of leading companies cautioned that once a company has a successful program or initiative in place, it needs to continue to keep HIV/AIDS high on the agenda.

Figure 14

Activity Level Based on Length of Commitment to Addressing HIV/AIDS



The baseline also illustrates that businesses are able to make a significant contribution in the fight against HIV/AIDS in the workplace and community by leveraging core competencies (business acumen and skills) and public advocacy campaigns.

²⁵ CD4 count represents the level of immune function that deteriorates as HIV infection progresses (normal is between 500 and 1500)



Photo by Brent Stirton/Getty Images

3.4 Workplace and Employee Engagement

HIV/AIDS is recognized by the ILO as a workplace issue that should be treated like any other serious illness or condition²⁶. 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 continue to work and contribute productively to society.

Losing one of our senior technicians to HIV/AIDS was catastrophic. When he died, we couldn't replace him, as he'd had 5 to 6 years of training and no one else could do his job.

²⁶ Internal Labour Office *An ILO code of practice on HIV/AIDS and the world of work*, 2001

Comprehensive HIV/AIDS workplace programs include:

- A non-discrimination policy that looks to eradicate stigma
- Prevention and education activities to increase awareness and avoidance
- Confidential testing and counseling support initiatives
- Access to care, support, and treatment for employees living with HIV/AIDS

The UNAIDS and World Health Organization (WHO) special report on HIV prevention²⁷ underlines the need to accelerate treatment and prevention efforts simultaneously to gain the greatest benefits in terms of curtailing new HIV infections and averting deaths. The baseline shows that there are companies around the world implementing innovative programs to directly address employee needs in relation to HIV/AIDS, and highlights the need for these programs to be comprehensive.

Interviewed companies outlined key insights for implementing workplace programs:

- Setting the context - good HIV/AIDS management equals good business.
- Programs need staff buy-in. Some companies surveyed their staff first to understand what they wanted in place to address HIV/AIDS before developing their workplace program.
- Learn from international and local workplace benchmarks and best practices.

Companies acknowledged the challenges in rolling out workplace programs to emerging markets and ensuring programs are tailored to fit new environments and cultures. They identified low awareness and stigma as primary challenges to getting HIV/AIDS on the agenda in some regions.

The workplace and employee engagement baseline shows many companies are able to implement the first activity in each category quite broadly. This is to be expected, as these activities are likely to be the easiest to implement. Companies are more likely to increase the depth of their programs (i.e. complete more activities) for non-discrimination and prevention programs. They tend to be less likely to extend their programs for testing and counseling activities. Each area is discussed in more detail in the following sections of this report.

3.4.1 Non-Discrimination

A non-discrimination policy ensures that a worker will not experience discrimination in the workplace based on either real or perceived HIV status. Many of the companies interviewed base their non-discrimination policy on the ILO code of practice of HIV/AIDS that is based on protecting human rights and the dignity of persons infected or affected by HIV/AIDS. Policies are aimed to ensure zero tolerance of workplace stigmatization or discrimination.

Seventy-five percent of those surveyed report having a non-discrimination policy in place (figure 15), while 62 percent also have a global policy in place applicable to all company operations. For companies operating in multiple regions, it is often

²⁷ UNAIDS and WHO, *AIDS epidemic update: December 2005 Intensifying Prevention*, 2005

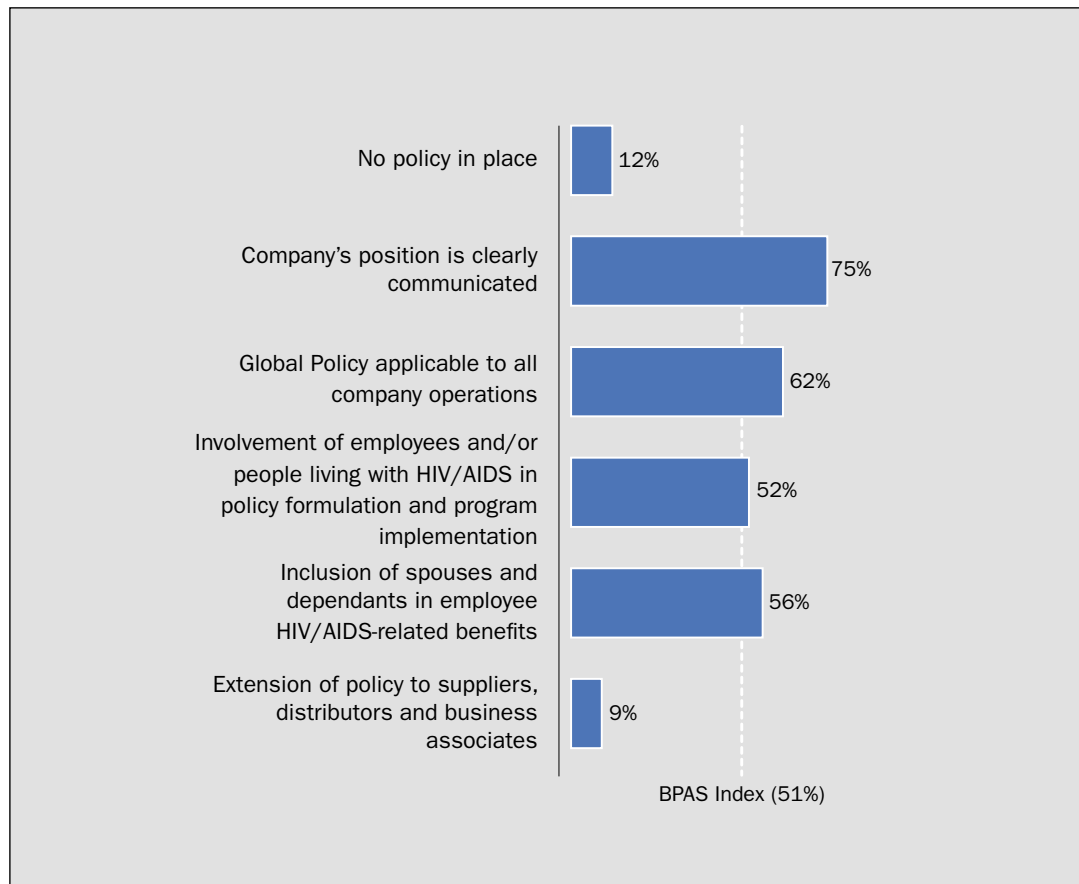


Figure 15
Companies' Response
to HIV/AIDS Non-
Discrimination

a case of having global guidelines and a local policy or standards applicable to the specific region. For some companies, developing a global policy or global guidelines is the first step to sharing internal best practices across the organization. Best practice includes involving employees and people living with HIV/AIDS in formulating policy and implementing workplace programs.

The biggest challenge for companies is to extend their policy standards to suppliers, distributors, and business associates, as discussed in this report under Leveraging Company Core Competency. Only 9 percent of companies said they are currently able to extend their policies to these other groups. The companies interviewed identified extension of their policies as a significant opportunity area, but all reported difficulty in formally extending their policies to suppliers.

3.4.2 Prevention, Education and Behavior Change

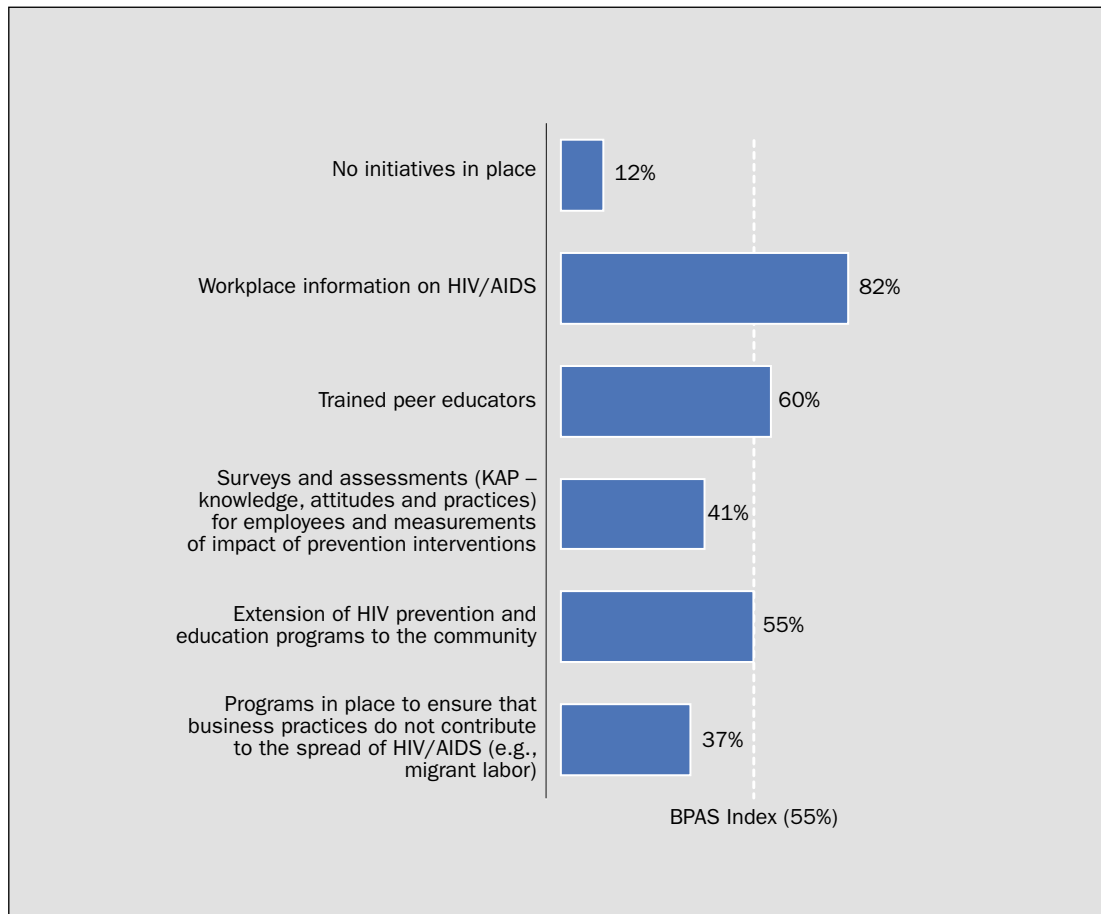
Prevention remains the main focus for companies addressing HIV/AIDS across multiple regions. This is consistent with the need for rapid and sustained expansion in HIV prevention to gain the upper hand against the AIDS pandemic²⁸. Prevention is the most cost-effective way for companies to address HIV/AIDS, and 55 percent of companies surveyed

extend their prevention programs to their local communities (figure 16). Education programs also form an important component of the effort and help to reduce the stigma associated with HIV/AIDS.

Developing education programs that provide workplace information on HIV/AIDS (via posters, company websites, or vehicles) is clearly beneficial, but interviews suggest such measures have limited

Figure 16

Companies' Response to HIV/AIDS Prevention, Education, and Behavior Change



²⁸ UNAIDS and WHO, *AIDS epidemic update: December 2005 Intensifying Prevention*, 2005

When a company initiated an AIDS program that involved making and showing public service announcements throughout the media in Russia, 47% of audiences asked for more information on the disease.

effect in preventing HIV/AIDS. Companies with successful programs indicated that education initiatives had to focus on behavior change to really see significant prevention impact.

Companies have demonstrated extraordinary leadership in prevention with 82 percent of surveyed companies providing workplace information on HIV/AIDS. However only 41 percent conduct surveys and assessments, suggesting that half of surveyed companies are addressing prevention in an uninformed way.

Many companies use peer educators to allow difficult topics to be broached in areas where stigma associated with HIV/AIDS is high. For those extending prevention and education programs to the community, initiatives include holding family days, working with community groups, and sponsorship of sport or youth events.

In low prevalence regions, companies report that the focus should be on prevention, even though it is harder to articulate the business case. Companies reported that in these areas, prevalence rates of HIV/AIDS are not always clear (China, India, and Russia). They do however see the risk to workers, customer base, suppliers, and the systems in which they operate if the pandemic takes hold in these regions, so some are acting now to increase awareness of HIV/AIDS. As one company spokesperson stated, “the earlier you

start, the less investment is required” to tackle the HIV/AIDS problem.

Many companies suggested education and prevention programs are extended to target young adults and adolescents (the workers of the future) in their communities to achieve the greatest impact in addressing HIV/AIDS.

Cultural and regional differences require companies to tailor programs to the local environment. One company reported having a fact-focused presentation in the United Kingdom while using role play techniques in Kenya.

We had only a third of our workers prepared to go for counseling and testing, so we introduced an information campaign over a 2-year period. We found that at the end of the campaign, more than 80 percent of employees came forward for counseling and testing.

3.4.3 Counseling and Testing

Counseling and testing initiatives are difficult to implement due to the sensitive nature of testing and the need for confidentiality. This is particularly true for regions where the stigma associated with HIV/AIDS is high. Such initiatives are a key element of successful workplace programs.

Fifty-five percent of those companies surveyed provide voluntary access to counseling and testing (figure 17). Only 25 percent monitor testing uptake rates and compare these rates with general incidence data, extend their programs to partner notification and referral for counseling and testing, or provide immediate access to CD4/viral load

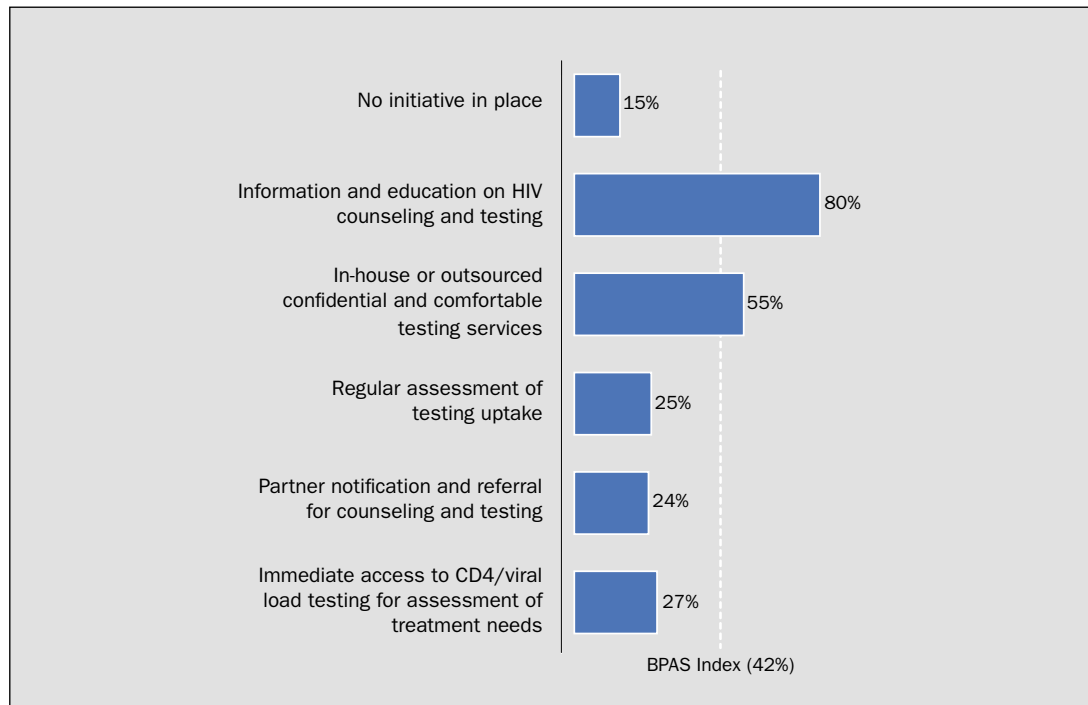
testing for the assessment of treatment needs. These stages are all recommended by the GBC BPAS tool.

Testing programs are particularly difficult to implement in countries where confidentiality cannot be guaranteed, such as companies without non-discrimination laws in place for people living with HIV/AIDS. Companies operating in this region are currently working to increase awareness and also address this issue.

Interviewees reported that if there is a prolonged delay in achieving results and linking people into the care they need, workers will be less likely to volunteer for testing.

Figure 17

Companies' Response to HIV/AIDS Counseling and Testing



A mining operator estimated that worker deaths from AIDS-related causes cost the firm \$18,500 per employee, as well as an increase in production costs.

3.4.4. Care, Support, and Treatment

Eighty-four percent of companies surveyed ensure that their workers have access to HIV/AIDS treatment—via health insurance, cost sharing, or other mechanisms (figure 18).

The challenge comes for companies when access to treatment is not locally available or there is no insurance mechanism that companies can leverage to fund treatment in a particular region. Currently, the business case is clearest in Africa, where 71 percent of companies versus 36 percent of companies overall fully subsidize HIV treatment for employees. Some companies have taken steps to fund infrastructure (hospitals or clinics) or have partnered with pharmaceutical companies to provide access to treatment. Some of those that have provided this initial investment are now looking to co-invest with public organizations to ensure access to treatment to the wider community.

Care and support is critical for the workplace when responding to HIV/AIDS as mechanisms need to be in place to foster an open, accepting, and supportive environment for workers to disclose their status and seek treatment. Where health services are available in the workplace, appropriate support and treatment should be provided. Where these services are not available, workers should be linked to those services available in the community.

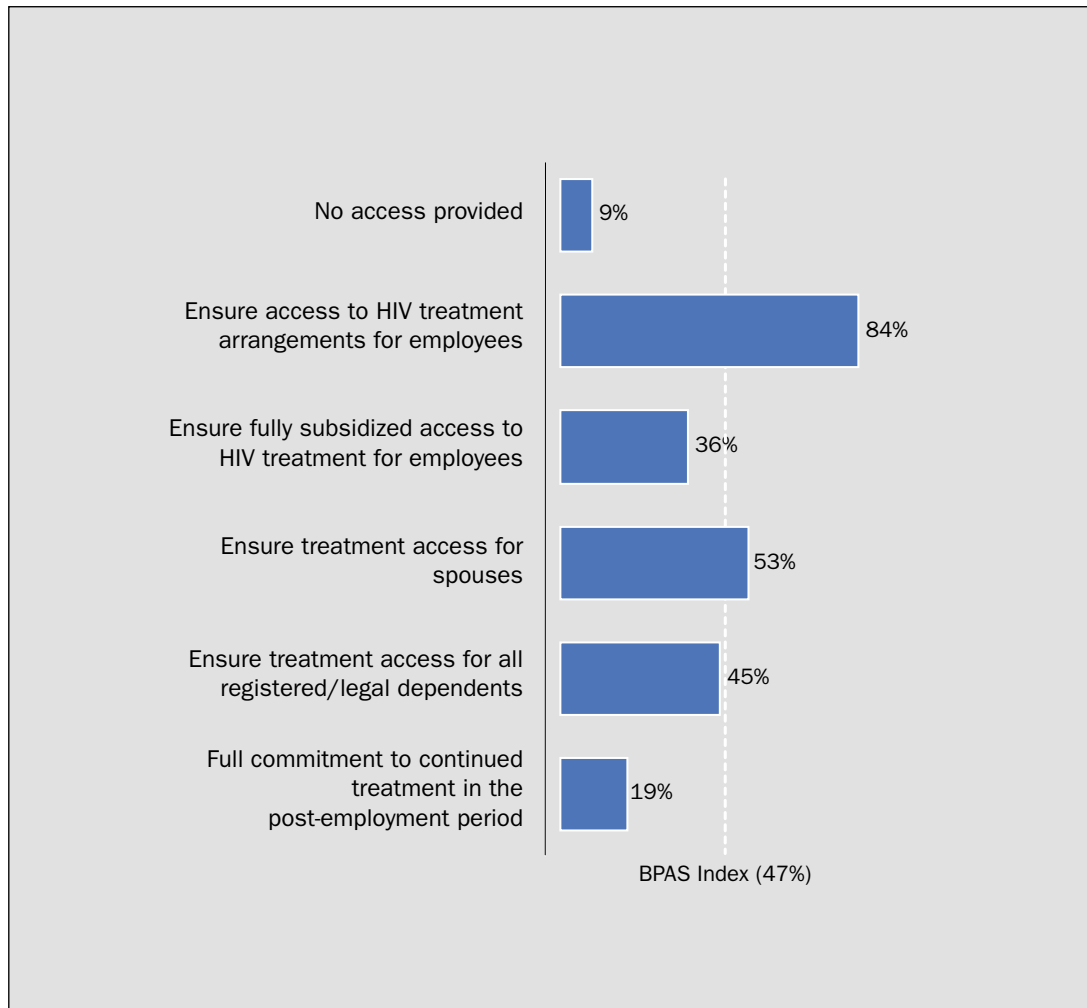
Forty-five percent of companies surveyed are extending their programs to provide access to treatment for spouses and all registered/legal dependants (figure 19). The majority of those extending their programs are in Africa, where they recognize that productivity can also be affected when workers have to become caregivers for sick relatives. Some companies are also working to extend access to treatment in broader community through partnerships.

Despite this positive response to providing access to treatment, a number of companies interviewed expressed concern with respect to the cost and effectiveness of treatment. Some described concerns about the number of dependents a worker may have and the risk of that worker sharing his/her medication among relatives or selling it. Others reported that some of their workers continued to go to traditional healers rather than seek treatment in the mainstream health system, so would not necessarily accept treatment. Another concern was that once treatment started, it must continue, but what if the worker is fired, leaves, or is transferred to an area with no treatment? Finally, companies with medical staff on their programs discussed the need to ensure quality treatment and highlighted the concern that the focus will need to extend from reducing the cost of first-line treatments to other treatments that are much more expensive.

One company reported that 94 percent of its AIDS-affected employees were able to continue their normal working life if taking medications.

Figure 18

Companies' Response to HIV/AIDS Care, Support and Treatment



ART is now cheaper than treatment for other conditions, such as hypertension. I tell our senior executives that their treatment for high blood pressure costs more than treating one of our employees for HIV/AIDS.

Companies interviewed with operations in Africa report that they can no longer afford not to provide treatment for HIV/AIDS. One company found that more than 94 percent of their employees on ART are able to carry out their normal work. In addition, they found that in the short-term, the cost of ART is more than covered by the savings achieved through a reduction in absenteeism (figure 20), the reduction in healthcare costs and the retention of skilled employees, as well as improved productivity.

We found we could lose employees for up to a month a year due to funeral leave.

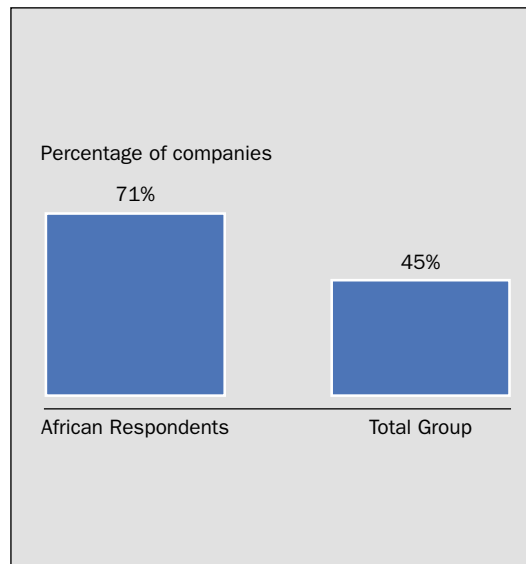


Figure 19
Respondents Providing Access to Treatment for All Registered/Legal Dependents

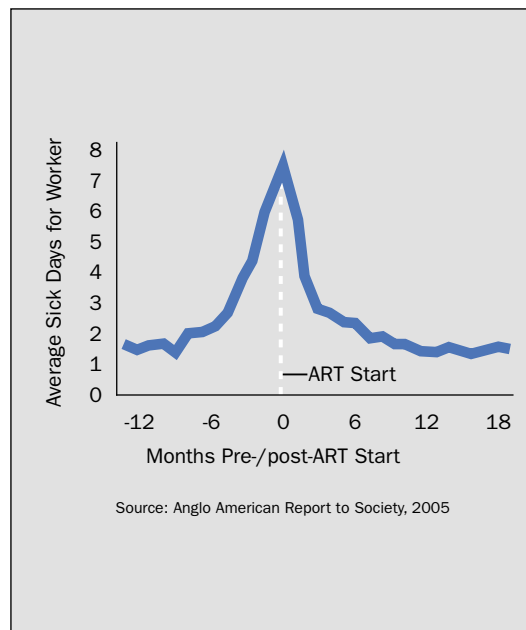


Figure 20
Trends in Absenteeism

Photo by Photodisc/
Getty Images



3.5 Leveraging Company Core Competency

Companies can leverage their core competency or donate core products, services, or expertise to address HIV/AIDS issues and challenges. Leading companies employ cause-related marketing campaigns, use existing distribution channels, or their organizational and management expertise in the fight against HIV/AIDS (figure 21).

Interviewees expressed a common view that the public sector could leverage or engage the

private sector more in the fight against HIV/AIDS. Companies are able to leverage their core skills to not only contribute to HIV/AIDS initiatives but also to ensure others' programs are run or funded efficiently and effectively. Companies bring additional business skills to the partnership table in the form of project and stakeholder management and facilitation expertise to make partnerships and programs as professional and successful as possible. Seventy-six percent of those companies surveyed are donating products or services to HIV/AIDS programs. Twenty-five percent of companies

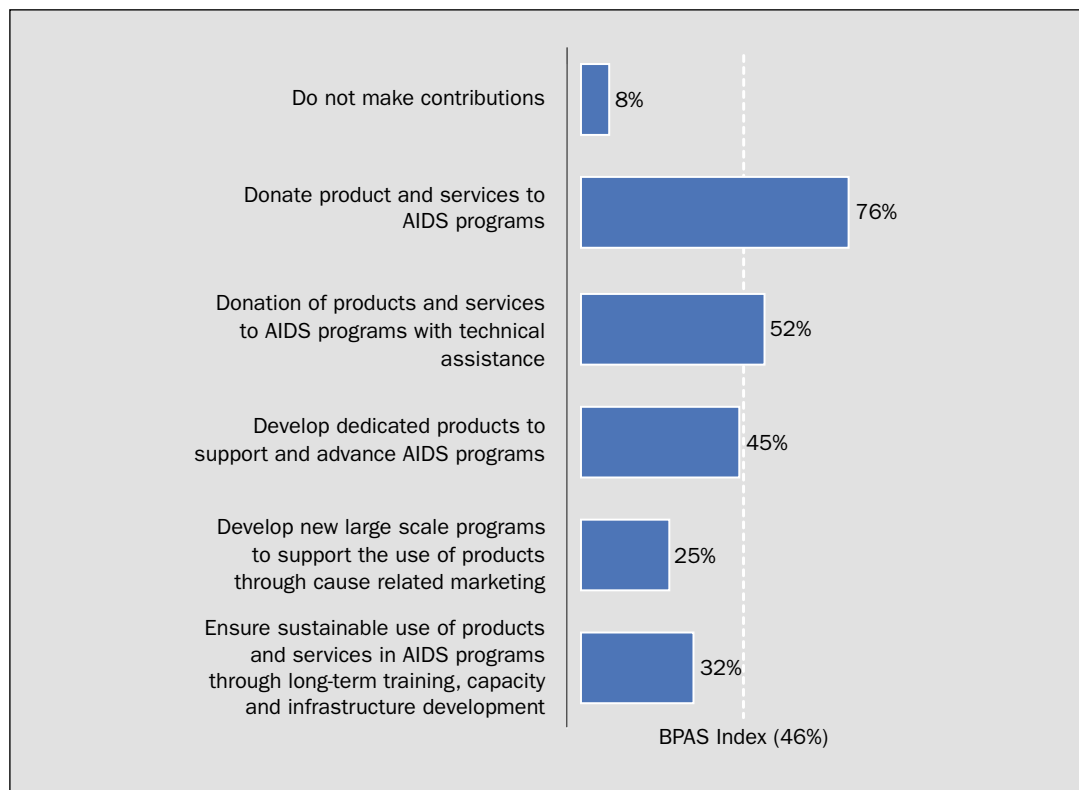


Figure 21
Companies' Response to HIV/AIDS Product and Service Donation

report that they are developing new large-scale programs through cause-related marketing.

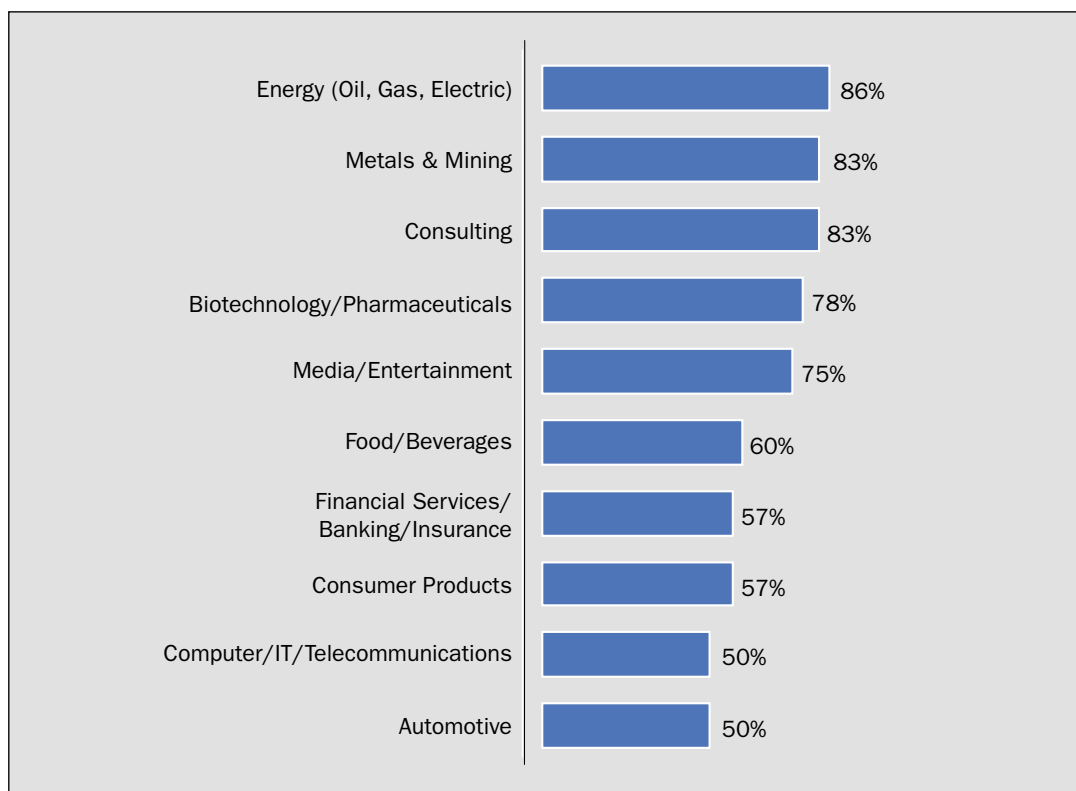
The most active companies interviewed report that they are selective in how they invest, targeting programs where they see the greatest impact potential. One company stated that it backs away when approached simply to give funds, preferring to invest strategically, rather than provide handouts.

3.5.1 Product and Service Donation

The pharmaceutical industry took initial leadership in donating health care related products, including medicines and diagnostics, to support countries devastated by HIV/AIDS. Many other industries have now begun to provide their products and services in creative ways. Of those surveyed, energy, metals and mining and consulting service industries are those with the highest number of companies donating products and services (figure 22).

Figure 22

Donation of Products and Services by Industry Sector



It is a challenge for companies to ensure that the products they donate are relevant for local needs and used efficiently as they control supply of donated products but not the shipping or distribution. One company interviewed reported a donation sitting unused in warehouses after they had given them to a government effort. Businesses therefore report needing to work with other parties to improve the logistics associated with product donations. Companies also highlighted that such contributions create a win-win situation, particularly for those linking products to HIV/AIDS marketing initiatives.

3.5.2 Business Associates and Supply Chain Engagement

Companies can also extend their reach to suppliers and business associates to encourage shared responsibility and collective action. More than 90 percent of companies interviewed were highly supportive of this concept, but few have been able to take action in this area. Only 9 percent of companies surveyed (figure 23) are currently integrating HIV/AIDS compliance into contractual arrangements with suppliers.

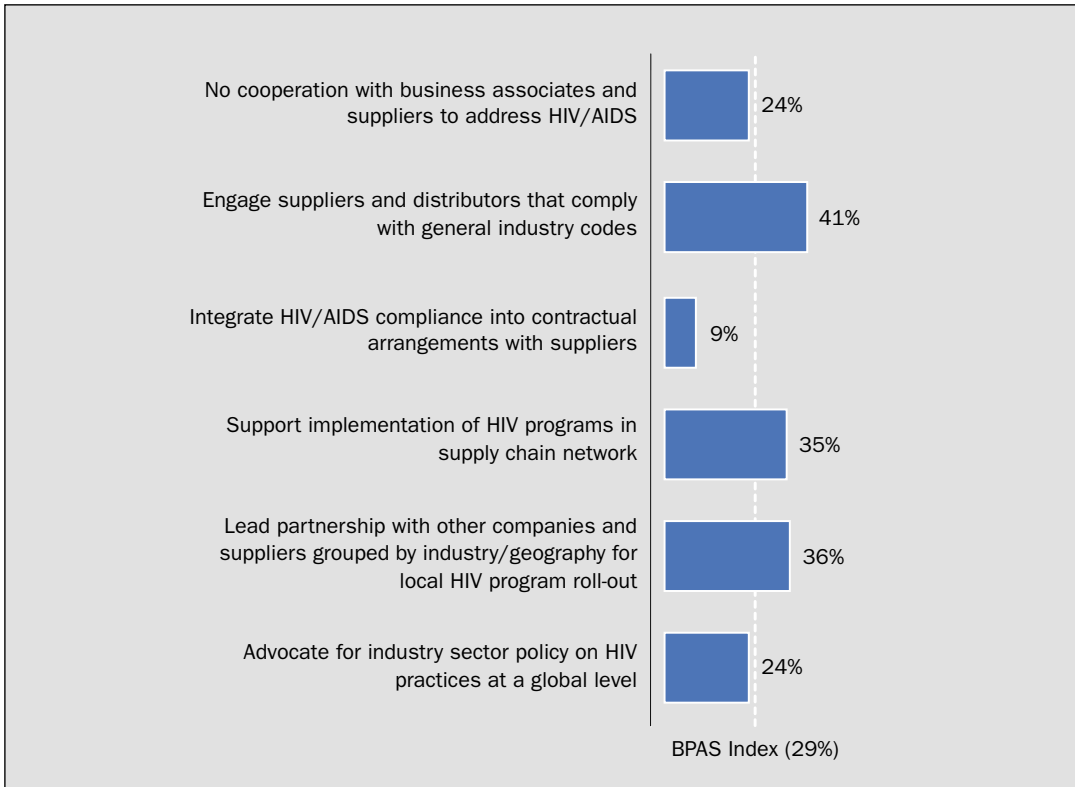


Figure 23
Companies' Response to Business Associates and Supply Chain Engagement

We experienced an increase in sales of more than 30 percent when we linked one of our products to our AIDS campaign...there can be real corporate benefits to addressing HIV/AIDS.

Interviewees consistently stated that engaging suppliers is a significant opportunity. Some leading

companies are looking to leverage their strong position in their supply chains to influence others to follow their lead. Furthermore, companies are suggesting to combine within industry sectors to establish standards or norms, as they report tackling suppliers as a group will have more impact.

For some industry segments, contractors can represent 50-80 percent of the total workforce through outsourcing and general contractor agreements. This is particularly true in large projects such as in construction situations.

**Mianyang, China -
March 14, 2004**

High school teacher
Huang Xiaoling
teaches her students
about HIV/AIDS and safe
sex issues.

Photo by Palani
Mohan/Getty Images



3.6 Community

Fighting HIV/AIDS extends beyond the workplace, with companies extending their programs to and actively engaging with communities in the fight against HIV/AIDS. Successful companies use mechanisms such as strategic philanthropy, co-investment, public-private partnerships, and employee volunteering to engage communities.

3.6.1 Community and Government Partnerships

The private sector is increasingly recognizing the need to engage in community and government partnerships to develop a sustainable HIV/AIDS response. Eighty-seven percent of companies surveyed reported that they actively participate in business and AIDS organizations and networks (figure 24). Sixty-seven percent of companies said they engage with global initiatives, such as the Global Fund, UNAIDS and WHO, and 64

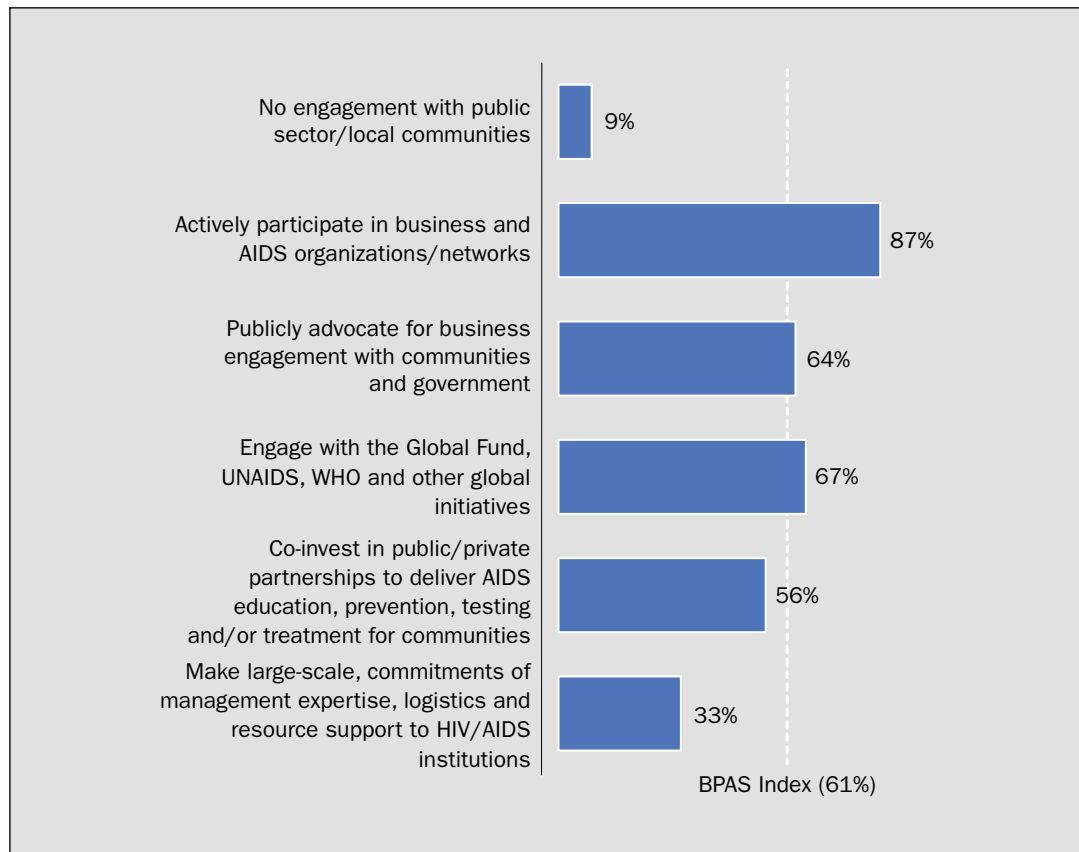


Figure 24
Companies' Response to Community and Government Partnerships in HIV/AIDS

We partnered with the local government and community to provide life skills and HIV/AIDS awareness training for adolescents

percent stated they publicly advocate for business engagement.

Those companies interviewed described the value of partnering in three main areas:

- Support implementing successful workplace programs internally
- Extending programs into the community
- Assisting the public sector in addressing HIV/AIDS in more effective ways.

We have been engaging with local authorities, the government and global initiatives to develop a comprehensive HIV/AIDS community program. It is an ambitious plan and so far we've spent a year discussing this with the various partners. If we can make this work, together we will be providing access to HIV/AIDS services, testing and treatment to more than 300,000 people.

Interviewed companies highlighted the importance of local expertise when developing programs to address HIV/AIDS. Partnering with local grassroots organizations helps business understand local culture and context and also to link into existing initiatives and networks. For those expanding their initiatives into emerging markets, local knowledge is essential to learn how to be able to implement appropriate programs.

Companies increasingly work to ensure HIV/AIDS services are available to the communities in which they operate. This almost always involves partnering with local communities or NGOs to fund or provide training and education, or community testing and treatment infrastructure (e.g., funding hospitals, doctors, or clinics in the community). Many companies interviewed reported being involved in initiatives to target adolescents in their community as they see this as an important step in increasing awareness and stopping the spread of HIV/AIDS.

Public-private partnerships can make a significant contribution to the fight against HIV/AIDS, as the partnering parties co-invest to deliver HIV/AIDS education, prevention, testing, and/or treatment for communities. Fifty-six percent of companies

surveyed reported that they co-invest in public-private partnerships. This works especially well when the business sets up a program and the initial infrastructure required, and the public sector then finances roll-out to the broader community.

Interviewees highlighted the need to partner with the "right" people. Some described the environment as being a "minefield of potential partners" and reported needing help from organizations such as the GBC to negotiate and broker these relationships. When the relevant parties are at the table, they suggest the next challenge is to keep them there, define clear roles and responsibilities and to be prepared for a long period of negotiation.

3.6.2 Corporate Philanthropy

Many companies interviewed clearly separated philanthropy from strategic investment in programs. Indeed, those companies surveyed that reported doing more in the area of corporate philanthropy were less likely to engage in other activities to address HIV/AIDS. Twenty-five percent of companies reported adopting AIDS as a central focus of grant making (figure 25).

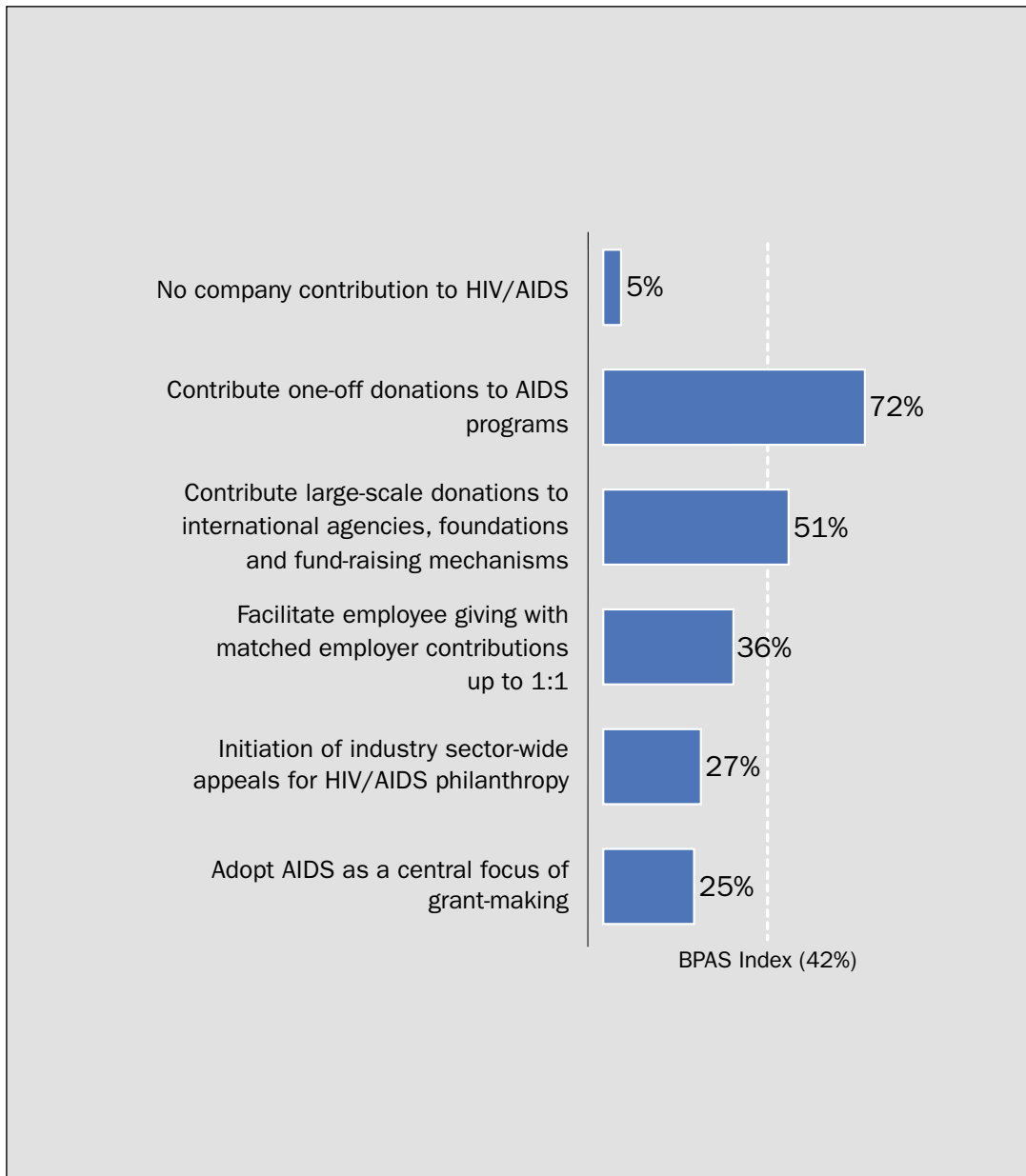


Figure 25
Companies' Response to HIV/AIDS Corporate Philanthropy

Photo courtesy of
Tata Steel, India

3.7 Advocacy and Leadership



3.7.1 Advocacy and Leadership

Advocacy and leadership includes the role that senior management plays in an organization to address HIV/AIDS, advocating to staff, business partners and competitors as well as taking part in national and global dialogues in the fight against HIV/AIDS. Senior executives have demonstrated leadership in the traditional corporate spheres of influence, on social issues and at the highest levels in policymaking. This translates to results on the ground (figure 26).

The survey indicates that advocacy and leadership is an area in which companies overall are less active. However, some recognize that corporate responsibility is important to shareholders; and response to HIV/AIDS is becoming increasingly relevant in their reporting. Fifty-six percent of companies report recording senior management commitment to HIV/AIDS in their annual reports,

To highlight the importance of knowing one's HIV status, our senior management all took a test; to see them experience the process and display their own personal anxieties during the wait for results proved an inspiration to our workforce. Consequently more people came forward for testing.

and 55 percent ensure CEO communications with employees on the company's position on HIV. Despite these observations, those surveyed consistently recognize strong leadership as essential for successful programs. They identified three related steps:

1. An HIV/AIDS program or initiative requires buy-in and direction from senior leadership.
2. Senior leaders need to walk the talk.
3. Companies then need to incorporate their response to HIV/AIDS in their corporate strategy and reporting.

Thirty-one percent of companies report facilitating government lobbying and donor mobilization. Several of those interviewed, however, report that they choose not to publicize their programs or take active advocacy roles.

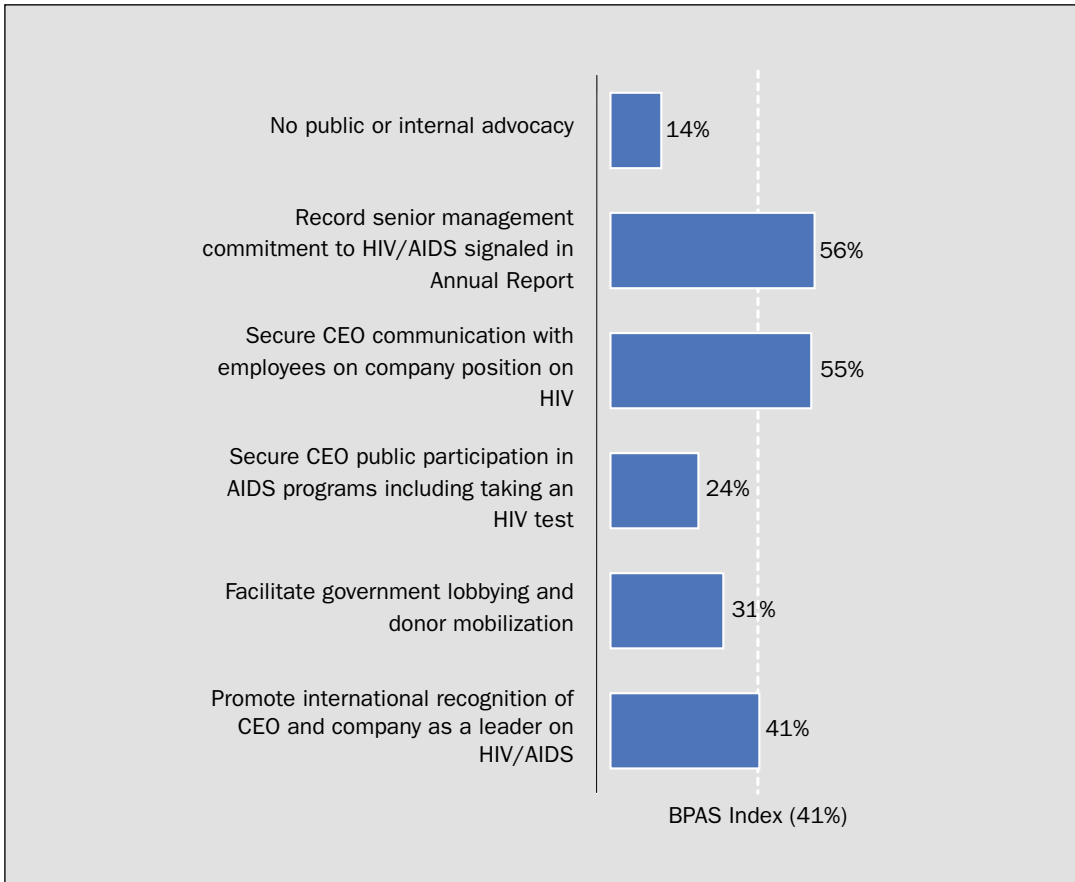


Figure 26
Companies' Response to CEO Advocacy and Leadership

Advocacy and leadership is an area where companies can make a difference, even if they are small and have limited funds to donate or invest in HIV/AIDS initiatives. One member company interviewed with few employees and limited resources to invest in HIV/AIDS initiatives, highlighted networking and lobbying other companies and government officials regarding HIV/AIDS as an area where it is really trying to make an impact.

Wherever our CEO travels in the world, whether it be a sales meeting in Beijing or a supplier conference in Mumbai, he always brings AIDS concerns into the conversation.

3.7.2 Monitoring, Evaluation and Reporting

Monitoring, evaluation and reporting allows organizations to demonstrate the effectiveness of any given program. Thirty-two percent of companies report that they use a recognized measurement methodology for monitoring and evaluation. Twenty-nine percent ensure reporting of HIV performance measurements in annual reports. Monitoring and evaluation is an area that companies described as “difficult” in interviews. They described the difficulties of isolating their own workforce from the general population when monitoring HIV/AIDS and the challenges posed by the time required to track prevalence and new incidents and measure behavior change (figure 27). More common is documentation of programs (63 percent) and use of internal process to discuss, rather than forward measures.

Those companies interviewed identified various methods for monitoring and evaluation, for example:

- Consumer goods companies are able to link the success of their programs to sales.
- Those investing in others’ programs ensure projects have set targets and indicators of progress established up front.
- Multinational corporations interviewed often monitor at a regional level (several also have structured global programs or roadmaps against which their regional operations can be tracked).

Several of the leading companies are shifting from process-based reporting to measuring actual outcomes. The general KPI (key performance indicators) used is the proportion of the workforce being tested each year, and some set annual testing

targets. Unless all employees agree to voluntary testing a company cannot really measure progress in preventing new infections and keeping people well. Two of the member companies interviewed are taking their programs further with targets for preventing new HIV infections, reducing the number of people becoming sick or dying from HIV/AIDS, and babies being born HIV-positive. One of the companies reported that these targets are both achievable and measurable, but 100 percent of employees must first volunteer for testing.

Now established, this baseline sets an important reference point from which to measure future progress, consider the level of effort and impact made to date, but perhaps most vitally gives business a new resource with which to consider its own efforts and how to move forward and further raise the bar.

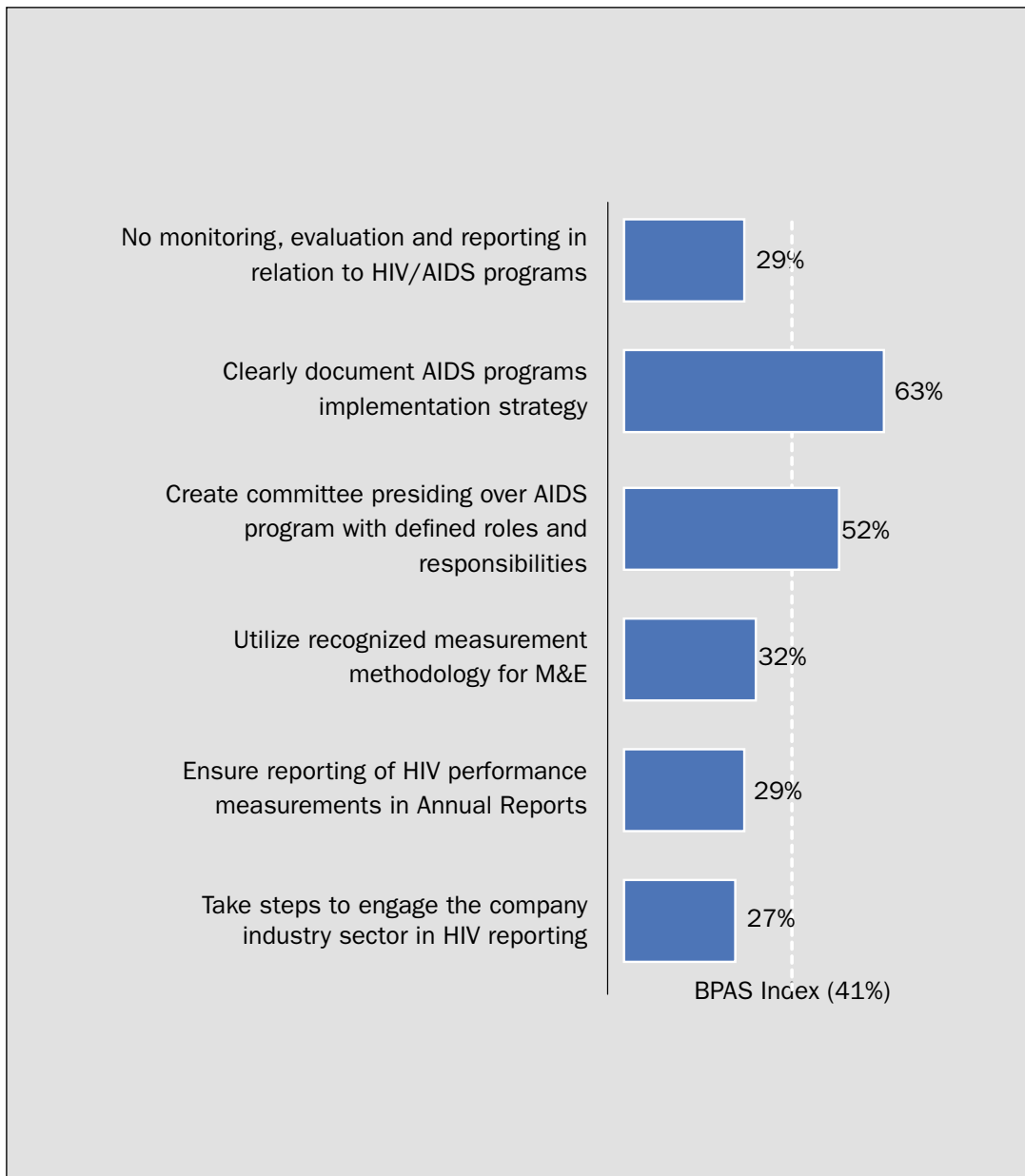


Figure 27
Companies' Response to Monitoring, Evaluation and Reporting of HIV/AIDS Programs



Ukraine - 2005

HIV/AIDS workers
providing outreach in
the Ukraine.

*Photo by Brent Stirton/
Getty Images*

The BPAS baseline provides business with a new opportunity to evaluate their individual and collective response to the fight against HIV/AIDS.

For the first time companies can consider their response, look to see where and how leaders are pushing back boundaries and raise their own expectations and levels of collaboration.

In preparing this baseline it has become very clear that there is still limited relevant information available to support companies in formulating an approach, understanding the trends and how to measure progress in practical business terms.

A nine point plan has been developed from the insights provided by the interviews and BPAS Best Practice. In particular, those companies leading the response to HIV/AIDS recommend being brave, trying new creative approaches and being sure to learn and share ideas with other companies.

The Nine Point Plan

When implementing the nine point plan, companies should ensure a balanced focus on prevention as well as treatment, commensurate with local prevalence rates and national priorities. For workplace programs, testing and treatment needs to be confidential, effective and efficient and where applicable programs should be extended to dependents. Finally, companies should also increase their understanding of the immediate and long-term interrelated impacts of HIV on both business and society.

The Nine Point Plan – Baseline Implications

1. Develop a workplace HIV/AIDS policy and program, seeking implementation advice from leading peers and organisations like the GBC or ILO.
2. Align response with business needs and use your business skills (competency) as part of the solution.
3. Form partnerships with other companies and suppliers. This not only allows for sharing of best practice, but can have a true multiplier effect on the impact of programs.
4. Work with local communities for a broad-based approach to tackle stigma and discrimination.
5. Collaborate in public-private partnerships to increase the coverage of programs and their effectiveness in prevention, treatment and care.
6. Ensure consistency across regions.
7. Utilize your CEO and leadership to break down barriers and lead by example (walk the talk) in the workplace, as well as taking a lead in the external community.
8. Think strategically, this is a business and health issue, look forward and set clear measurable goals then share the results.
9. Integrate monitoring and evaluation mechanisms in all HIV interventions.

Now that the BPAS baseline and index has been established, we encourage business to start using it as a key resource. The baseline process will be renewed annually, will provide a sound health check and be a source of fresh ideas and clearer perspectives of emerging and existing imperatives for business.

The BPAS baseline does not transfer a burden of responsibility for action from the public to the private sector, but it does illustrate clearly the scope for business to raise its game and provides the opportunity for the public sector to better understand/align with the business agenda in the fight against HIV/AIDS.

A final word on response: in conducting this baseline we learned a great deal about who is really responsible for the HIV/AIDS response (strategy, policy, programs) in companies across the GBC membership. In many instances, it has been delegated or allocated to already overworked parts of the organisation or is passed down several levels. The result is that internally and externally company positions can appear fragmented, low level or at worst invisible (“we’ve done our bit”). Companies need to be able to keep this high on the agenda recognizing that it takes 2-3 years concerted effort to establish a broad, deep and effective response.

From the baseline we can see where business is responding, how response varies by industry, region and company size. We can also see where there are gaps, who is responding, how many are not and where boundaries have been drawn that need to be significantly redefined in the coming years. While many responses are built based on our current levels of understanding business also need to start to ask what’s around the corner.

Soweto, South Africa - April 1, 2004

An AIDS survivor practices yoga in Soweto, South Africa. The young woman could not walk eight months ago. After receiving medication she is now healthier and physically fit. She practices yoga everyday.

Photo by Brent Stirton/Getty Images



This baseline assessment demonstrates considerable opportunity for the business sector to continue to contribute to the global fight against HIV/AIDS. Companies investing in HIV/AIDS should be commended for having taken considerable risk, exploring uncharted territory and testing non-traditional strategies for public health and development that leverage industry's efficiency and innovation.

Sound company action on HIV has required companies to not only devote resources to addressing HIV/AIDS but build capacity in technical aspects of HIV prevention, treatment and care. Regardless of workforce size, industry and region of operation, this best practice cohort illustrates that there is a clear case and path for all multinational companies to help mitigate the devastating effects of AIDS.

This final section provides foresight into the opportunities that lie ahead for business action against the pandemic. With the aim of steering the global business community to optimally utilize its resources, expertise and influence, we discuss the importance of enhanced best practice and progress assessments of private sector contributions to the global fight; the unrealized potential for business to reduce stigma and discrimination associated with HIV/AIDS; and the role of business in supporting national governments and financing gaps. The report closes by calling out important areas that represent the next frontier in the business response.

i. Improving the Standard

To assist companies in improving the reach and effectiveness of their AIDS responses, the GBC will review *The State of Business and AIDS* annually and will use the results of these assessments to adapt the Best Practice AIDS Standard. This tool will be updated on an annual basis creating a template for HIV self-assessment that evolves with the changing nature of the pandemic and the role of business. The GBC will continue to advance the sharing of best practice and business-to-business technical support.

Moving forward it will be critical to document the impact of these best practice interventions. There is a clear need for research analyzing the short- and long-term impacts of business action on HIV/AIDS. This is essential to ensure that those people at risk of contracting or living with HIV/AIDS are appropriately targeted and to further demonstrate to the public sector the value that business can bring to the fight against AIDS.

Additionally the business community must ensure HIV interventions are based on thorough needs and attitude assessments of the populations they are targeting and are supported by regular monitoring and evaluation. Though 81 percent of companies are implementing HIV prevention education in the workplace, only half this number completed surveys assessing baseline gaps in the knowledge, attitudes, and practices of their workforce.

ii. Destigmatizing HIV/AIDS

One of the greatest barriers to preventing HIV and caring for people with AIDS is the horrifying levels of stigma and denial associated with the disease. The private sector can help enhance their

response to HIV/AIDS by treating it like any other disease and integrating responses into broader packages supporting health and well-being. Across all global operations, companies are coming to the realization that employment contracts and health benefits packages should include HIV as a normal component rather than an exception. Leadership on policy design from operations in regions heavily affected by HIV/AIDS can help guide global operations on their HIV policies and benefits. From a resource perspective, rather than isolating HIV/AIDS, interventions should be part of a comprehensive health system for employees and the broader community.

This baseline assessment revealed that a company's most powerful resource, its chief executive, is underutilized in strategies to combat HIV/AIDS. It is essential for senior executives to provide consistent and ongoing vocal leadership to their company's AIDS response – creating momentum and excitement for continued employee engagement. Chief executives also have enormous potential to address negative societal attitudes by speaking out publicly on HIV/AIDS. Leadership is needed by non-traditional players to help break down myths and create a supportive environment for HIV testing and counselling, a key entry point for HIV prevention and treatment.

iii. Supporting the National Response

By applying their core competencies the business community can offer management support, logistics and distribution, training and health systems capacity building at a national level to support a country's national AIDS response. Representation on national planning bodies such as National AIDS

Councils and Country Coordinating Mechanisms of the Global Fund will facilitate alignment of resources and advance joint investment in public private partnerships. Reporting of direct measurable contributions from the private sector that help scale-up toward a country's Universal Access targets is also critically important so Ministries of Health and Finance and coordinating bodies such as UNAIDS are able to account for the private sector's valuable range of contributions.

More and more National Business Coalitions against HIV/AIDS are being established. As representative bodies of business, these coalitions can help harmonize multi-sectoral interventions and build consensus of the role of business in national and local HIV programs. Coalitions can also play an important advocacy role in communicating best practice, building trust and brokering partnerships across sectors that have not traditionally worked together.

iv. Closing the Financing Gap

Financing the response to this pandemic is one of the world's greatest challenges. Governments, bilateral and multilateral agencies, and business have made notable progress in their funding commitment, but it is estimated that \$15 billion is needed in 2006, growing to \$22 billion by 2008, to effectively respond to HIV/AIDS in those countries that are most vulnerable and hit hardest by the pandemic²⁹.

Current estimates indicate that this projection translates to funding gaps of \$8.9 billion in 2006 and \$15.9 billion in 2008³⁰. While governments must continue to close this gap, the private sector

²⁹ UNAIDS and WHO, *AIDS Epidemic Update: December 2005 Intensifying Prevention*, 2005

³⁰ Kaiser Family Foundation, *Financing the Response to HIV / AIDS in Low and Middle Income Countries*, 2005

must also take leadership to increase resources for the Global Fund to Fight AIDS, TB and Malaria and for other large scale initiatives through innovative fundraising strategies, cause-related marketing campaigns, donations of products and services and joint infrastructure investments at national and local levels. The private sector can also address the need for sustainable financing through creative strategies in such areas as health insurance and micro-enterprise. Due to the range of assets the business community can leverage, the business response to HIV/AIDS needs to be judged in a context of direct actions, rather than limited to measuring cash contributions.

v. The Next Frontier

The next frontier for business response to HIV/AIDS includes creative partnerships and collaboration, leveraging supply chains, linking business growth with HIV prevention, and realising investment in new technologies.

a. Innovative partnerships and collaboration

Industry collaboration can help bring competitors together to advance best practice and allow companies to coordinate HIV/AIDS responses and avoid unnecessary duplication of efforts. Consolidating responses through industry groups help develop industry standards and codes. Additionally, co-investing with NGOs and governments, with each sector contributing their expertise, has enormous potential beyond what is currently done. Also, identification of credible partners in different regions with proven track records for AIDS interventions, will accelerate partnership development.

b. Supply chain as a mechanism for Universal

Access Today's corporate social responsibility networks and labor unions have helped companies address child labor, wage equity and occupational safety through their supply chains, including distributors, business associates and even small and medium enterprises. This vast network of global suppliers is a weak link in the AIDS response. If tapped, the reach of employee and community networks could make a tremendous impact in mobilizing communities around HIV prevention and treatment. Similarly progress made through enhanced supply chain practices promoting youth education and gender equity can help support underlying social factors currently fuelling the spread of HIV/AIDS.

c. Linking market expansion and business

development to HIV Prevention As companies increasingly turn to the world's fastest growing economies to expand their markets they can have an overall business strategy in which HIV/AIDS response is a core component. Whether the response takes the form of cause-related marketing, co-investments with governments on HIV programs, or comprehensive workplace policies, pro-active action on AIDS will help position a company as an overall market leader. This will also help sustain markets and serve a need in countries like India and China, with rapidly growing young, sexually active middle class populations. These populations face a real threat of contracting HIV but are largely unaddressed by the primary HIV/AIDS prevention and care interventions designed to support the more vulnerable in these communities such as sex workers, injection drug users and migrant workers³¹.

³¹ GBC press release, *GBC Launches Call Center Initiative to Confront India's Growing HIV/AIDS Crisis*, 2006

d. Increased strategies for breakthrough

technologies Business must continue to develop strategies for sustaining investment in research and development for low-cost second line medicines and the discovery of HIV vaccines and microbicides. Beyond sustaining medical innovation, business can creatively rethink the use of technological innovations. The private sector can vastly improve the global response by harnessing breakthroughs in networking, service delivery, and manufacturing. Business is uniquely positioned to take these innovations and modify them in a different context, such as the fight against HIV/AIDS.

vi. Turning the Tide

The world must do more, and can do more, to turn the tide of HIV/AIDS. Globally we have the technological, financial and medical means to do this. Business is playing a key role in advancing and developing these means. In the last 50 years, the private sector has often been the primary source of innovation to improve the quality of life. And currently corporations have unprecedented global influence and reach. It is this intersection between need, opportunity, and skills that makes business engagement in HIV/AIDS so compelling. Business will not only continue to be a critical partner in the fight against HIV / AIDS, but can be the engine for innovations that exponentially improve the response against this pandemic.



The Global Business Coalition on HIV/AIDS

serves as a vital interface between its member companies and decision-makers in the business sector, heads of state, senior government officials and the international community. The GBC ensures that the voice of business is heard and that the business sector contributes to national and international strategies on how best to address the deepening HIV/AIDS crisis.

If your company is interested in joining the GBC, or if your company is already a member company and desires more resources or a consultation on addressing the key issues of HIV/AIDS, please contact any of the GBC staff members listed.

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Sample BPAS Survey: Best Practice AIDS Standards Assessment Tool (BPAS)

Note: The following is a small portion of the full BPAS. The GBC work with member companies to guide them through the entire BPAS assessment process.

The GBC wants to understand where its member companies are positioned in their journey to address HIV/AIDS. This brief survey asks membership to tell us what action they are currently undertaking in relation to the Best Practice AIDS Standards Assessment Tool (BPAS).

BPAS is based on GBC's work with over 200 international companies. It is designed to help companies enact programs that protect their workforce and supply chain and maximize the impact of their products, services and philanthropic efforts on the global AIDS crisis.

How To Complete The BPAS Survey

This survey asks organizations to identify their current activity in response to HIV/AIDS.

The survey lays out all possible areas of company engagement on HIV/AIDS into the "Ten Categories".

For each category, please answer the given question by choosing those options that best reflect your company's efforts (you have 6 options and should select all that are relevant).

After reviewing all categories and entering your answers, the resulting total will reflect your

company's comprehensive response to the AIDS pandemic as a score (out of 50).

HIV/AIDS Non-Discrimination

The establishment and implementation of a non-discriminatory policy is the cornerstone of any effective HIV workplace program, underpinning campaigns to promote the take up of voluntary counseling and testing as well as treatment.

Such policies clearly signify a public commitment that helps to counter the fear and stigma experienced in many communities in response to the pandemic.

Which of the following does your organization have in place in relation to a non-discriminatory HIV/AIDS policy? (check those activities or processes that match your current practice)

- No policy in place
- Company's position is clearly communicated
- Global Policy applicable to all company operations
- Involvement of employees and/or people living with HIV/AIDS in policy formulation and program implementation
- Inclusion of spouses and dependents in employee HIV/AIDS-related benefits
- Extension of policy to suppliers, distributors and business associates

HIV/AIDS Prevention, Education and Behavior Change

The GBC believes that workplace prevention and education programs are the greatest responsibility and opportunity for companies in tackling HIV/AIDS.

Such programs play a vital secondary role in fostering more supportive working environments for employees who may be infected with HIV.

Which HIV/AIDS prevention or education initiatives does your organization currently have in place? (check those activities or processes that match your current company practice)

- No initiatives in place
- Workplace information on HIV/AIDS (eg. posters in the workplace)
- Trained peer educators
- Surveys and assessments (KAP – Knowledge, Attitudes and Practices) for employees and measurement of impact of prevention interventions
- Extension of HIV prevention and education programs to the community, including the involvement of spouse and families and the use of trained employees for outreach into the community
- Programs in place to ensure that business practices do not contribute to the spread of HIV/AIDS (eg. migrant labor)

HIV Counseling and Testing

The provision of Counseling and Testing (CT) forms the primary entry point for successful prevention and testing programs. It can be the hardest component of a workplace strategy to implement due to the sensitive nature of testing and need for confidentiality.

What HIV/AIDS counseling and testing activities does your organization currently administer?

(check those activities or processes that match your current company practice)

- No initiative in place
- Information and education on HIV counseling and testing
- In-house or outsourced confidential and comfortable testing services
- Regular assessment of testing uptake in comparison with general prevalence data
- Partner notification and referral for counseling and testing
- Immediate access to CD4/viral load testing for assessment of treatment needs

HIV/AIDS Care, Support and Treatment

Businesses should help employees living with HIV/AIDS continue to contribute to the business for as long as possible, by providing a range of

care and support services through company clinics or in partnership with other healthcare providers.

What access to HIV care, support and treatment does your organization ensure for its employees?

(check those activities or processes that match your current company practice)

- No access provided
- Ensure access to HIV treatment arrangements for employees (via insurance, cost-sharing or other mechanisms)
- Ensure fully subsidized access to HIV treatment for employees
- Ensure treatment access for spouses
- Ensure treatment access for all registered/legal dependants
- Full commitment to continued treatment in the post-employment period

HIV/AIDS Product and Service Donation

Businesses can get involved by contributing their core products and services to support the HIV/AIDS-related programs of governments, non-government organizations, multilateral institutions, or other local actors.

Products and services may either be HIV/AIDS specific (such as medical equipment) or non-specific but supportive. For example a company may donate other products related to their core

competency such as fuel or IT supplies supporting HIV/AIDS programs, provide a financial services product to advise governments/NGOs regarding their HIV/AIDS programs or may market a product to raise money for HIV/AIDS programs.

What contributions does your organization make to support HIV/AIDS related programs?

(check those activities or processes that match your current company practice)

- Do not make contributions
- Donate products and services to AIDS programs
- Donation of products and services to AIDS programs with technical assistance
- Develop dedicated products to support and advance AIDS programs
- Develop new large scale programs to support the use of products through cause related marketing
- Ensure sustainable use of products and services in AIDS programs through long-term training, capacity and infrastructure development

HIV/AIDS Corporate Philanthropy

Most large corporations have a philanthropic arm, which provides cash contributions to charitable organizations.

Companies can incorporate HIV/AIDS in to their giving strategies and make direct cash donations to NGOs, The Global Fund to fight AIDS, TB and Malaria, or community programs to expand HIV/AIDS prevention, education and treatment services.

How does your organization contribute to HIV/AIDS related charitable organizations? (check those activities or processes that match your current company practice)

- No company contribution to HIV/AIDS
- Contribute one-off donations to AIDS programs
- Contribute large-scale donations to international agencies, foundations and fund-raising mechanisms
- Facilitate employee giving with matched employer contributions up to 1:1
- Initiation of industry sector-wide appeals for HIV/AIDS philanthropy
- Adopt AIDS as a central focus of grant-making

Community and Government Partnerships in HIV/AIDS

Business and the public sector are increasingly acknowledging the need to collaborate effectively in order to address the global AIDS crisis. This collaboration is required to implement comprehensive workplace programs and promote sustainable action for the broader community.

How does your organization engage with the public sector and local communities in order to address HIV/AIDS? (check those activities or processes that match your current company practice)

- No engagement with public sector/local communities
- Actively participate in business and AIDS organizations/networks
- Publicly advocate for business engagement with communities and government
- Engage with the Global Fund, UNAIDS, WHO and other global initiatives
- Co-invest in public-private partnerships to deliver AIDS education, prevention, testing and/or treatment for communities
- Make large-scale, multi-year commitments of management expertise, logistics and resource support to local/national and global HIV/AIDS institutions

Business Associates and Supply Chain Engagement

Companies are beginning to make global brands responsible for action on HIV/AIDS across their supply chain, including non-discrimination, prevention, treatment, and support. This cooperation within industries is critical for shared responsibility and collective action.

How does your organization cooperate with business associates and suppliers to address HIV/AIDS? (check those activities or processes that match your current company practice)

- No cooperation with business associates and suppliers to address HIV/AIDS
- Engage suppliers and distributors that comply with general industry codes
- Integrate HIV/AIDS compliance into contractual arrangements with suppliers
- Support implementation of HIV programs in supply chain network
- Lead partnership with other companies and suppliers grouped by industry/geography for local HIV program roll-out
- Advocate for industry sector policy on HIV practices at a global level

CEO Advocacy and Leadership

The voice of business leaders can promote change and influence HIV/AIDS-related policy.

Within companies, senior management can address stigma and discrimination, send a clear message on non-discrimination, promote behaviors that prevent spread of the disease; and ensure those infected are effectively treated.

What does your organization do to engage the CEO in HIV/AIDS programs? (check those activities or processes that match your current company practice)

- No public or internal advocacy
- Record Senior Management commitment to HIV/AIDS signaled in Annual Report
- Secure CEO communication with employees on company position on HIV
- Secure CEO public participation in AIDS programs including taking an HIV test
- Facilitate Government lobbying and donor mobilization
- Promote international recognition of CEO and company as a leader on HIV/AIDS

Monitoring, Evaluation and Reporting of HIV/AIDS programs

Companies document and record processes and outcomes in order to demonstrate the effectiveness of HIV/AIDS programs.

Companies have often developed indicators to suit their own individual business environment. Sample indicators include, but are not limited to utilization by recipient of donated products and number of staff accessing services.

What monitoring, evaluation and reporting does your company do in relation to HIV/AIDS programs? (check those activities or processes that match your current company practice)

- No monitoring, evaluation and reporting in relation to HIV/AIDS programs
- Clearly document AIDS programs implementation strategy
- Create committee presiding over AIDS program with defined roles and responsibilities
- Utilize recognized measurement methodology for M&E
- Ensure reporting of HIV performance measurements in Annual Reports
- Take steps to engage the company industry sector in HIV reporting

Lord Andrew Turnbull worked as an economist for the Zambian government after university. He joined HM Treasury in 1970, was seconded to the IMF between 1976-78 and during 1983-85 he was Economic Private Secretary to the Prime Minister. In 1988 he returned to Number 10 as Principal Private Secretary. Lord Turnbull was Permanent Secretary to the Department of the Environment from 1994-1998 and to HM Treasury from 1998-2002. In 2002 he was appointed Secretary of the Cabinet and Head of the Home Civil Service. After retiring from the Civil Service he was made a Life Peer and joined Booz Allen Hamilton as an advisor. He is also working with a charity, ZOA, being set up to support AIDS orphans and vulnerable children in Zambia.



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