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The Role of the Business Sector in Scaling-up Access to Antiretroviral Therapy

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GLOBAL BUSINESS COALITION ON
HIV/AIDS

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[1]International efforts such as, International HIV Treatment Access Coalition (ITAC) is a coalition of partner organizations including government, international agencies, NGOs, and the private sector with the shared goal to expand access to treatment for all people living with HIV/AIDS. ITAC seeks to mobilize and augment its partners' efforts to increase affordability, availability and uptake of HIV treatment, by sharing expertise, coordinating action and pooling resources. **www.itacoalition.org**.

[2]"WHO believes that potentially, at least three million people needing care could get ARVs by 2005 – a more than ten-fold increase in the developing world." Press Release WHO/58, 9 July 2002, 3 Million HIV/AIDS sufferers could receive anti-retroviral therapy by 2005.

Excerpt from US President's "State of the Union" address, January 2003-

"We have confronted, and will continue to confront, HIV/AIDS in our own country. And to meet a severe and urgent crisis abroad, tonight I propose the Emergency Plan for AIDS relief – a work of mercy beyond all current international efforts to help the people of Africa. This comprehensive plan will prevent 7 million new AIDS infections, treat at least 2 million people with life extending drugs, and provide humane care for millions of people suffering from AIDS, and for children orphaned by AIDS." Press Release –The White House, Office of the Press Secretary, January 28, 2003. President Delivers "State of the Union."

[3]Background of Organizers – See appendix 1

A. Summary

The HIV/AIDS epidemic is now a global crisis, and constitutes the most formidable challenge to development and social progress of our generation.

In the most heavily-affected countries, the epidemic is eroding decades of development gains, undermining economies, threatening security and destabilising societies. In sub-Saharan Africa, the epidemic has already had a devastating impact.

Increasing attention is being paid to the role of business in supporting international efforts[1] to extend the availability of AIDS treatment[2] (particularly antiretroviral therapy) in developing countries. In addition, the business sector is now developing HIV/AIDS workplace programs, providing workers and their families with access to HIV prevention, testing and care.

Increased public sector resources and commitments to expand HIV treatment can be used to promote greater business action, and the business community can assist in the roll-out of public sector initiatives.

On May 5-6th 2003, the Global Business Coalition on HIV/AIDS (GBC) with PharmAccess International and STOP AIDS NOW![3] organized a meeting of policy and technical experts to identify practical mechanisms for expanding HIV treatment programs, particularly:

- The roles and responsibilities of business in the absence of similar state-run services
- How to synergize the business sector's efforts with those supported by national governments, non-governmental organizations (NGOs) and bilateral/multilateral agencies

Summary of Outcomes:

- Ten "first wave" countries were identified for immediate action, where existing commitments and services offer the greatest opportunity for public and private sector collaboration to increase HIV treatment services: Botswana, Cameroon, Cote D'Ivoire, Ghana, Kenya, Mali, Nigeria, Rwanda, South Africa, and Tanzania.
- To initiate this process, the GBC with its partners including ITAC, will coordinate a review of each country, mapping which service providers in government, business, international agencies (including the Global Fund to fight AIDS, TB and Malaria) and communities are active and who are willing to participate in national initiatives to expand treatment services.
- The review will also identify potential industry specific initiatives. For example multinational oil companies with operations in the Niger Delta of Nigeria are exploring the feasibility of setting up an HIV treatment initiative.
- To keep companies informed of the latest medical developments and HIV treatment strategies in resource poor settings, the International AIDS Society (IAS) and GBC will compile and maintain a database of clinical guidelines, which could be adapted by individual businesses.
- To help companies track the effectiveness of their treatment programs, the GBC will work with technical support agencies to develop a practical on-line monitoring and evaluation resource.
- To help employers plan treatment costs, the GBC is compiling a reference price list of HIV drugs and diagnostics, in conjunction with pharmaceutical manufacturers, which will outline the range of costs and services business can expect, when planning treatment programs in developing countries.
- Despite the leadership shown by an increasing number of individual companies, business initiatives and coalitions need to continue to advocate for greater action from the global business sector as whole, which has yet to embrace HIV/AIDS as a core business issue and implement comprehensive HIV workplace programs.

B. Why Business Should Respond to HIV/AIDS

No section of society is immune from the effects of AIDS. Increased costs, loss of productivity and overall threats to the foundations of the economies in which companies operate threaten the bottom line.

The workforce is placed at increased risk, with the epidemic disproportionately affecting people in their most productive years and leading to declines in life expectancy by as much as 30 years in some heavily affected nations.

Protecting employees and their families from HIV/AIDS is the greatest immediate responsibility and opportunity for every company. Businesses can also help employees already infected with HIV to remain healthy and able to contribute to the business for as long as possible, by providing access to care, support and treatment.

While the business community as a whole has not yet embraced HIV/AIDS as a core business issue, an increasing number of companies are now implementing comprehensive HIV workplace programs. In some countries with sub-optimal political commitment or poor public sector health facilities, business has had to implement workplace programs unilaterally, providing the necessary infrastructure and expertise. The goal must be to mobilize the business community to support, rather than substitute government leadership.

It is a misnomer to think of a common business sector response. Individual businesses have responded to HIV/AIDS in very different ways, reflecting the diversity of individual business needs and situations. A key priority for business organizations like the GBC and World Economic Forum's Global Health Initiative (GHI) has been to provide forums for businesses to share experiences and break the "silo mentality" of the past where individual businesses have developed programs without the benefit of the experiences of other corporations. Through initiatives like GBC's "Managing HIV in the Workplace[4]" and GHI's[5] Case Study Library, companies have access to current practice - to tried and applied interventions and programs.

Action: Business initiatives and coalitions need to continue to advocate for greater action from the global business sector as whole, which has yet to embrace HIV/AIDS as a core business issue and implement comprehensive HIV workplace programs.

[4] Managing HIV in the Workplace – an interactive resource of workplace programs devised and implemented by over 50 companies and organizations from around the world representing a variety of industries, workforce size and geographic location. (www.businessfightsaids.org)
[5] Global Health Initiative at **www.weforum.org**

C. A Review of Business Workplace AIDS Treatment Programs

The Role of Treatment in the Workplace Response

While considerable focus has been paid to antiretroviral drugs (ARVs), treatment includes a range of care options, including treatments for opportunistic infections (OIs) and palliative care. Furthermore, treatment itself should be seen as part of a comprehensive workplace program[6]. Comprehensive workplace programs are increasingly accepted to include instituting non-discriminatory policies, prevention education (including the distribution of condoms), voluntary counseling and testing, and the provision of care, support, and treatment.

However, treatment serves as an entry point to ensure that these other components are in place. The companies profiled in "Managing HIV in the Workplace[7]" have showed that elements of the comprehensive workplace program response are interdependent – for example, sound non-discrimination and confidentiality policies promote a secure environment for employees to come forward to take up testing and treatment services. In turn, experience shows that testing service utilization increases when associated with treatment programs.

Particular Challenges in Resource Limited Settings

The business sector is experiencing similar challenges to those faced by the public sector, for example, how to scale-up, identify appropriate standards of care, and find sustainable financing of chronic HIV therapy. There have not been significant exchanges of experiences between businesses and governments – as well as between businesses themselves. However, individual companies have responded to these challenges in a variety of ways, including:

a. **Limited availability of drugs and diagnostics –** companies have undertaken individual negotiations with suppliers, and have sought partnerships with national procurement agencies (which have not developed far). Companies will use whatever clinically-proven medications are legally available in countries. However, choice is normally determined by which medications are readily available in a particular national market. Some NGOs and private agencies have advised companies on obtaining broader scope of medications.

b. **Lack of medical infrastructure –** companies have exploited their existing clinical services, or as noted elsewhere in this report, send staff abroad (although not in large numbers).

c. **Competing priorities related to poverty –** companies are commercial ventures not development organizations and have limited resources available. However, because of its economic implications, HIV is becoming an increasing priority. In some countries businesses already take responsibility for extensive aspects of the social needs of their employees and dependents, including housing, water, and electricity. Comprehensive HIV programs grow relatively easily out of these existing commitments.

Despite differing national circumstances, a common feature of the business community's response is the reluctance to move ahead without national commitment – to become so-called "islands of treatment excellence." Some international agencies and NGOs have believed that private sector provision of treatment will put pressure on unenthusiastic governments to take action. However, this may be an overly optimistic expectation of the business community's capacity and willingness. In the limited examples of business leadership (for example the mining industry in Southern Africa), the companies have been able to utilize extensive high quality in-house service healthcare facilities. They have been less reliant on insurance-based schemes.

In many other situations, multinational employers have determined the level of care services available to staff in a particular country, based on the actual general standards of care in that country. This is not limited to private sector employers. Donor governments, intergovernmental agencies, and NGOs - as employers - face exactly the same challenge. Therefore, a multinational employer may be faced by considerable variations in the standards of care to be found across their operations around the world. Corporate commitment to provide HIV treatment, and ARVs particularly, is forcing a re-evaluation of this approach. One way companies have been able to justify this is through impact modeling which has demonstrated the benefits derived from providing treatment and the costs of not treating AIDS. The business community's experiences may be useful for governments, NGOs, and agencies as they begin rising to the challenge.

[6] See Annex 2 – Constituents of The Comprehensive Workplace Program
[7] web-address - http://www.businessfightsaids.org/wpp_tool.asp

Who Pays? ARV Financing Mechanisms

Companies have adopted a range of financing mechanisms to pay for treatment, including:

a. **Direct in-house provision of services -** A number of companies have high-quality health facilities available to staff and their dependents. In implementing treatment programs, companies have established partnerships with new partners, including local governments, donor agencies, and NGOs. These partnerships may be summarized as contractual arrangements, providing specific services that the company itself cannot provide, such as home and community based care and voluntary counseling and testing.

b. **Contracted-Out Services -** Health insurance and HIV disease management programs are more frequently operational in the more developed countries, particularly in the southern African region. These are contracted-out financing options, using private health facilities already existing in the country.

c. **Cost-sharing -** Very often, these "contracted out" services are paid for through employer and employee contributions ranging from 60%-100% employer contributions. In some instances dedicated funds have been established through employee contributions graded according to rank. Some companies have argued that by introducing a "co-pay" component, they have been able to increase employee commitment to the treatment program, with associated benefits seen in treatment adherence (a widely reported problem in chronic ARV therapy). Employees reportedly welcome "contracted-out" service arrangements as they provide a greater sense of confidentiality and discretion, being located and operated separately from the employer.

d. **Collaboration with Public Sector Services -** In some countries with extensive public sector treatment programs, such as Botswana and Brazil, companies have aligned their treatment efforts with government services and facilities. Companies may purchase components of care for the employees from the public sector, such as diagnostics and access to voluntary counseling and testing.

e. **Out-of-pocket Expenses -** Some companies have chosen to cover costs as out-of-pocket medical expenses through direct payments, particularly in low-prevalence areas. This is particularly common in the early stages of a company's program, and may apply only to expatriate staff. However, it is clearly not sustainable in the longer term and companies should be encouraged to adopt other, more equitable options.

f. As expected, the costs of ARV programs vary, depending on infrastructure development, treatment and diagnostic regimens used, insurance carriers, treatment protocols and pricing and procurement factors.

Action: Business initiatives and coalitions must continue to identify and document company programs, focusing on innovative new approaches and models of financing HIV treatment.

Cost of Medications, Diagnostics and Related Products and Services

Paying for ARVs constitutes the major costs of treatment programs. An increasing number of pharmaceutical manufacturers (both brand name and generic), who offer low-cost drugs, diagnostics and services to the public sector, are now extending these prices to the private sector. However, private sector employers report varying degrees of success in negotiating the same prices. It is increasingly accepted, and is an underlying premise of the GBC's advocacy, that the provision of HIV treatment should not be "business as usual." Daring and innovative partnerships are needed for an ambitious, but sustainable, scale-up of AIDS treatment to be realized. A realistic evaluation of treatment cost will also need to take account of local prevalence rates, the uptake of treatment services by employees and their dependents, the provision of diagnostic services and the availability of healthcare workers. PharmAccess International has developed an evaluation tool to assist companies to evaluate these broader costs.

Action: To help employers plan treatment costs, the GBC is compiling a reference price list of HIV drugs and diagnostics, in conjunction with pharmaceutical manufacturers which will outline the range of costs and services business planning treatment programs in developing countries can expect.

Standards of Care

Companies have developed their own treatment protocols in the absence of nationally agreed guidelines. Where international protocols have been established, some companies report that they are difficult to adapt locally, being dated or of limited value to the business context. Even some international guidelines designed for resource poor settings set clinical criteria for initiating treatment at a late stage in disease progression. In the workplace context, an infected employee might already be too sick to continue working.

Contracted service providers in wealthier countries with existing private healthcare providers have developed their own management guidelines and protocols through disease management packages that budget for consultations, diagnostics, opportunistic infection treatment, and ARVs. These are based on existing industrialized world standards and may not be immediately applicable to wider roll-out treatment in resource-poor settings.

Technical advice specific to business has been in short supply. The recent change seen in the business sector response however, is paralleled with the emergence of more technical service organizations, management consultancies, NGOs, and international agencies, tackling policy development, implementation and monitoring and evaluation.

Action: To address the issue of relevance and appropriateness of treatment guidelines for the business sector, the GBC, IAS and PharmAccess International will develop a database of currently available protocols and guidelines.

Program Challenges

A number of companies with newly established treatment programs are reporting a disappointingly low take up of services. While no formal assessment has been made, some companies themselves report that common barriers include fear of stigma and discrimination by other employees and possible impact on job security. Other companies report that uptake increases as services become more established and accepted by the general workforce.

A key issue is selecting coverage for employees and dependants. Factors considered include local legal definitions of families, the cost and sustainability of extended coverage, and the logistics of accessing health care and coverage from remote locations as with families of migrant workers. Some company programs are limited to employees only, while others extend to the employee's immediate family. Other employers set a maximum number of dependents – with the names determined by the employee. In some countries, companies report that they are liable for additional taxation when treatment is offered to dependents.

Many companies have expressed concern about how employees and their dependents will be sustained on what amounts to life-long chronic therapy. This is of particular concern when employment is terminated or service ceases as a result of incapacitation. Some companies have committed to provide treatment for as long as an employee requires it, regardless of future employment status. However, others have been reluctant to implement such policies – as with other chronic conditions, corporate practice is to "hand over responsibility" to the state when an individual ceases to be an employee. This is particularly problematic if the state cannot support the same level of care. A number of companies have assumed that as international access efforts expand in the coming years, employees will be able to avail themselves of these services when needed. This optimism reiterates the need for the public and private sectors to collaborate early in program implementation.

Not surprisingly, companies have focused on establishing services - "getting the job done" - rather than documenting their processes. Some companies have argued that the production of evaluation mechanisms is not relevant their individual business environments. Nonetheless, monitoring and evaluation is important to ensure ongoing management support for the programs. A number of companies have adapted or adopted fully existing public health practices to measure the impact of their services. Business organizations like the GBC and GHI have been approached to identify or produce "off the shelf" monitoring and evaluation tools for businesses and are actively considering how to these requests can be met.

Action: To help companies track the effectiveness of their treatment programs, the GBC will work with technical support agencies to develop a practical on-line monitoring and evaluation resource.

D. Public Sector Willingness to Collaborate with Business

The public sector has traditionally not considered the private sector a partner in either public health strategy-setting or implementation; a view that is rapidly changing, particularly in light of business leadership on HIV treatment. Similarly, business is increasingly acknowledging the need to collaborate with governments, international agencies, non-governmental organizations, and affected communities to effectively implement comprehensive workplace programs and promote sustainable action.

The process of collaboration is gaining momentum through several donor-government led initiatives, for example, the US President's Emergency Plan for AIDS Relief - a five-year, $15 billion initiative to turn the tide in combating the global HIV/AIDS pandemic. Increasing willingness for these types of partnerships has also been seen by European governments, including France, Germany, the Netherlands, and the United Kingdom.

There has also been substantive collaboration between business and government in nations heavily affected by the epidemic such as Botswana where the African Comprehensive HIV/AIDS Partnerships (ACHAP), a collaboration between the Government of Botswana, the Bill & Melinda Gates Foundation, and The Merck Company Foundation/Merck & Co., Inc., has been established to prevent and treat HIV/AIDS.

However, more needs to be done. Policy makers in national and donor governments, as well as international agencies, need to factor in the business sector more routinely as a potential collaborator – and not just an untapped source of funding. Institutions like the GBC have a role to play in educating the public sector on what business can do and, in some instances, acting as a bridge between the two sectors.

The Global Fund to Fight AIDS, TB and Malaria

One international initiative that offers potentially significant opportunity for public and private sector collaboration on expanding HIV treatment is the Global Fund on AIDS, TB and Malaria. Established in 2002, the purpose of the Global Fund is to attract, manage and disburse additional resources through a new public-private partnership that will make a sustainable and significant contribution to the reduction of infections, illness and death, thereby mitigating the impact caused by HIV/AIDS, tuberculosis and malaria. The Global Fund receives applications from Country Coordinating Mechanisms (CCMs), which are country-level partnerships that develop and submit grant proposals to the Global Fund, monitor their implementation, and coordinate with other donors and domestic programs. Applications are reviewed by the Fund's Technical Review Panel, an independent panel of disease-specific and cross-cutting health and development experts that provides a rigorous review of the technical merit of applications. The Board of the Global Fund then approves quality proposals, depending on available Funds. A full list of approved grants can be found at the Fund's website at www.globalfundatm.org.

The Global Fund has made grants to countries for HIV treatment, and is actively seeking out new and ground-breaking mechanisms for involving the business sector in program implementation. Possible options are outlined in the next section. They will need to be part of a coordinated national action plan, allowing the public sector to direct resources to other HIV priority areas. A vital step in facilitating this kind of partnership is the genuine involvement of businesses with Country Coordinating Mechanisms, to identify priorities and potential areas of collaboration. The Private Sector Delegation to the Fund is already working with the Fund Secretariat on proposals for generating greater collaboration with the business sector. This report is designed to help facilitate this process.

Possible Areas for Collaboration

Increased public sector resources and commitments to expand HIV treatment can be used to promote greater business action, and the business community can assist in the roll-out of public sector initiatives. Examples include;

a. **Using business facilities to expand treatment –** national governments and international donors could "contract" companies with existing healthcare infrastructures to extend HIV treatment to communities in which the local public sector services may be weak. This is sometimes referred to as "co-investment". Depending on individual circumstances, companies should also be encouraged to fund and manage the expansion of treatment into their local communities as part of their corporate social responsibility commitments. However, such initiatives should be incorporated into an overall national AIDS treatment strategy.

b. **Joint strategy-setting –** governments, donors and businesses could increase the effectiveness of their individual programs by coordinating all or parts of their services. For example, similar treatment and monitoring regimens (including alternative treatment options) could be adopted, to help encourage adherence and reduce the emergence of drug-resistant virus.

c. **Business accessing public sector services –** such as central diagnostic and monitoring laboratories, collaborating on product and service procurement, and monitoring and evaluation. Clinical "centers of excellence" are being proposed by leading international donors, such as the US, to drive the expansion of HIV treatment. Companies' own health facilities could act as "satellites" (bringing treatment to their local communities). These would be linked to government programs and would be able to access complex technical expertise and services from the "center of excellence".

d. **Public sector technical support –** engaging public health expertise to assist companies in keeping abreast of new developments in the HIV treatment field (whether clinical, development or financing), and to help ensure that the quality of business programs.

E. Recommendations

Businesses are successfully implementing programs, in some instances more effectively than public sector programs in the same locality.

The business sector could potentially play a significant role in assisting international efforts to expand access to HIV treatment. However, the implementation of such public and private sector partnerships is still rare. The participants at the Noordwijk meeting therefore developed specific recommendations to begin the process of translating this enormous potential into action. The recommendations must be viewed in the broader context of a dramatically increased mobilization against HIV/AIDS that encompasses prevention, access to confidential voluntary counseling and testing, as well as care, support and treatment.

1. Ten countries were identified for immediate action, where existing commitments and services offer the greatest opportunity for public and private sector collaboration to increase HIV treatment services. The intention is to promote and document the development of different implementation models. The list of countries is not exhaustive – reflecting a desire of the participants at the Noordwijk meeting to demonstrate "proof of concept" as rapidly as possible.

   Botswana – The Bill and Melinda Gates Foundation and The Merck Company Foundation/Merck & Co., Inc, have an established partnership with the Government of Botswana through the African Comprehensive HIV/AIDS Partnerships (ACHAP), to prevent and treat HIV/AIDS in Botswana. In addition, Associated Fund Administrators (AFA-Botswana), a medical schemes administrator, currently has 5000 people receiving HIV treatment through various health insurance schemes. Similarly, The Debswana Diamond Company (Pty) Ltd, owned in equal shares by the government of the Republic of Botswana and De Beers Centenary AG, has developed infrastructure to implement their comprehensive workplace program. These "networks" of treatment providers could potentially increase coverage of employees from the business sector, and further filter into their respective communities.

   Cameroon – With an increasing number of multinational companies investing and operating in Cameroon, there is a unique opportunity to develop shared treatment programs with the public health sector. The potential for wider community coverage can be achieved through accessing different workforce demographics, represented by the variety of industrial sectors operating in Cameroon such as Lafarge, a building materials producer, and extractive companies such as ExxonMobil and Shell. The Coca-Cola Company is currently working with PharmAccess International to develop a treatment program and provide technical assistance for local bottling partners of the company.

   Cote D'Ivoire – Despite recent political uncertainty, relatively strong international community investment in the country's public health infrastructure could still be appealing to businesses operating in the country. Companies like Shell have already developed effective programs, as have local companies such as Compagnie Ivoirienne d'Electricité (CIE) which has developed an innovative "solidarity fund" financing mechanism to roll-out a sustainable treatment program.

   Ghana – Many multinational and mining companies operate in Ghana, with a number of local initiatives to mobilize the business sector response. A conference in September 2003 for the ECOWAS (The Economic Community of West African States) region is being organized to increase business action and provide technical support. Forums like these could be useful to initiate public and private sector collaboration on HIV treatment. An application to the Global Fund is also being made to support the development of comprehensive prevention and care workplace programs by the country's business community.

   Kenya – The GBC has well established partnerships with several national business organizations in Kenya. In addition, member companies Unilever, Coca-Cola and Haco Industries play an active role in the national business response. The recent announcement from the Kenyan government on providing access to HIV treatment, offers huge potential for collaboration with the business sector. The central academic hospital in Nairobi potentially could act as a "Center of Excellence," to which company site clinics could serve as satellites linked to the central facility.

Mali – Following the implementation of a comprehensive model for HIV care and treatment in South Africa, AngloAmerican is planning a broader roll-out in Mali, likewise is Eskom, a South African electrical utility company. The lessons learnt from these leading companies' experiences in South Africa will be valuable in charting new partnerships for Mali.

Nigeria – Several extractive companies have large operations in the Niger Delta region and implement various models of HIV treatment and care. These companies have individually developed infrastructure and services, including training medical personnel. The demographic characteristics of the workforce common to these extractive companies offer unique opportunities to avoid duplication of services and facilities. This broad efficiency could create further prospects for collaboration with government, either developing state infrastructure or sharing company owned facilities. Beyond the extractive industry, companies like Heineken and Unilever, with their own clinical facilities, as well as Coca Cola with its network of 16 bottler sites which are now implementing HIV treatment, could be brought into a broader partnership. The support for the national business efforts is strengthening with the recently established Nigerian Business Coalition, growing political commitment and interest of donor governments.

Rwanda – With significantly greater international investment combined with national leadership, Rwanda may prove to be a model of HIV treatment service delivery. The Clinton Foundation has committed to fund activities through Pangaea, a US-based organization that develops and implements treatment programs in resource-poor settings. Heineken has developed a world-respected program of treatment and care through in-house facilities. Several corporations, including the National Bank of Rwanda, CELTEL and Caisse Social have formed a partnership to invest in private health facilities to become treatment centers for their employees.

South Africa – Many South African companies have already established HIV treatment programs, in particular DaimlerChrysler, AngloAmerican, Eskom, and British Petroleum. Beyond the workplace, a number of companies are now seeking to expand HIV services in the community. For example, Eskom has recently partnered with The Foundation for Professional Development to develop and implement training programs for health care professionals in HIV/AIDS management. The private sector will play a pivotal role in expanding HIV treatment in South Africa. It has developed a unique set of experiences and expertise in the use of antiretroviral therapy. These experiences, as well as data generated from impact modeling, economic evaluation and cost-effectiveness studies could inform and support public sector HIV treatment commitments.

Tanzania – Tanzania is also a focus of international efforts. Pangaea with The Clinton Foundation is developing treatment infrastructure and services. Coca Cola's 3 bottlers are now implementing treatment programs. In addition, PharmAccess International has identified several companies that are in the process of establishing similar programs. Axios, a health care consulting company has been working with Abbott Laboratories in Tanzania. In partnership with the Government of Tanzania, Abbott Laboratories is working to strengthen the capacity of the public health care system. The International Labor Organization has selected Tanzania to initiate an HIV treatment initiative with the transport sector. These initiatives offer opportunity to strengthen and develop further government and business collaboration.

2. To initiate this process, the GBC will coordinate with its partners including ITAC, a review of each country, mapping which service providers in government, business, international agencies (including the Global Fund to fight AIDS, TB and Malaria) and communities are active and who are willing to participate in national initiatives to expand treatment services.

3. Industry specific initiatives will be developed. For example multinational oil companies with operations in the Niger Delta of Nigeria are exploring the feasibility of setting up an HIV treatment initiative.

4. To keep companies informed of the latest medical developments and HIV treatment strategies in resource poor settings, the IAS, GBC and PharmAccess International will compile and maintain a database of clinical guidelines, which could be adapted by individual businesses.

5. To help companies track the effectiveness of their treatment programs, the GBC will work with technical support agencies to develop a practical on-line monitoring and evaluation resource.

6. To help employers plan treatment costs, the GBC is compiling a reference price list of HIV drugs and diagnostics, in conjunction with pharmaceutical manufacturers which will outline the range of costs and services business planning treatment programs in developing countries can expect.

7. Despite the leadership shown by an increasing number of individual companies, business initiatives and coalitions need to continue to advocate for greater action from the global business sector as a whole, which has yet to embrace HIV/AIDS as a core business issue, and implement comprehensive HIV workplace programs.

8. Some companies have expressed the concern that in extending treatment to dependants and the community, they are incurring additional costs through national taxes and duties. PharmAccess International will identify instances where taxes and charges have been imposed on ARV drugs, particularly those on the WHO essential drug list.

9. This report deals with the formal private sector. In most of countries heavily affected by HIV/AIDS epidemics, more employees will be found in the informal sector, including migrant and seasonal workers, as well as small to medium enterprises. Multinational corporations have close relationships with contractors and are now using these to extend the availability of health services, including HIV treatment. However, the remit of involving the informal sector in HIV strategies may fit more readily with national governments, donors and institutions like UNAIDS and the International Labor Organization.

F. Conclusion

The report of the Noordwijk meeting was launched at the Global Business Coalition's 2003 Awards for Business Excellence in Washington DC, USA in June 2003.

It is being disseminated globally to policy makers in the public and private sectors. It has also been submitted to the Global Fund on AIDS, TB and Malaria, and the International HIV Treatment Access Coalition (ITAC) to assist in promoting greater collaboration with business. The GBC will conduct the mapping processes throughout the summer of 2003 with the support of partners in government, the UN, NGOs and the business community, and will then promote individual country action plans with relevant national governments, and businesses. A progress report will be presented at the XV International AIDS Conference in Bangkok in July 2004.

G. Appendices

Appendix 1 – Meeting Organizers

Global Business Coalition on HIV/AIDS

The Global Business Coalition on HIV/AIDS (GBC) is a rapidly-expanding alliance of international businesses dedicated to combating the AIDS epidemic through the business sector's unique skills and expertise.

The GBC mission is to increase significantly the number of companies committed to tackling AIDS, and to making business a valued partner in the global efforts against the epidemic. HIV/AIDS should be a core business issue for every company, particularly those with interests in heavily affected countries. With the support of global leaders in government, business and civil society, the GBC promotes greater partnerships in the global response to HIV/AIDS, identifying new, innovative opportunities for the business sector to join the growing global movement against this terrible disease.

The GBC was established in 1997. Juergen E. Schrempp, the Chairman of the Board of Management of DaimlerChrysler was appointed Chairman of the GBC in June 2002 (Previous Chairmen were Sir Richard Sykes, Glaxo Wellcome (1997 – 2000), and Bill Roedy, MTV Networks International (2000 – 2002). Richard Holbrooke, former US Ambassador to the United Nations, became President and CEO in 2001. The GBC's Executive Director is Ben Plumley, on secondment from UNAIDS, the Joint United Nations Program on HIV/AIDS. The GBC is based in New York, in offices provided free of charge by member company Viacom.

The GBC's first goal is to increase the range and quality of business sector AIDS programs – both in the workplace and broader community. The GBC identifies new opportunities for businesses, supports the development of AIDS strategies by individual companies and encourages governments, the international community and the non-governmental sector to partner with the business sector.

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PharmAccess International

Pharmaccess International (PAI) is a not-for-profit organization whose aim is to create and expand access to HIV/AIDS care and therapy in resource-limited settings in a clinically justified way and at a sustainable cost. PAI was founded in 2000 by Prof. Joep M.A. Lange, president of the International AIDS Society and is based in the Netherlands, Amsterdam.

At the moment PAI is receiving a core grant from the Dutch Aids Fonds.

The PAI projects are both in the private and the public sector and always in cooperation with local partners, including NGO's. However given the insufficient government health institutions in many African countries and the fact that the private sector is increasingly aware that embarking on HAART can be economically beneficial, the focus of PAI are private sector initiatives to implement HIV treatment in the workplace.

PAI is the official partner of Heineken International and Coca-Cola in their 'access to HAART' programs. In cooperation with Roche PAI started treatment programs in public hospitals in Ivory Coast, Senegal, Uganda and Kenya. Other collaborations are being explored with private partners as Ashanti Goldfields, Unilever, Diageo, Odebrecht, MSI, Konkola Copper Mines, Shell, IAVI (the International Aids Vaccine Initiative) and in the public sector with the Ministry of Foreign Affairs of the Netherlands, the Ministry of Defense of Tanzania and SNV (foundation of Netherlands Volunteers). The level of involvement varies from support activities, like site assessment and training, to the establishment of complete access-to-treatment

programs. The implementation and execution of the prevention, awareness and voluntary counseling and testing part of PAI's HIV/AIDS programs is mostly carried out by partner organizations like Population Services International and GTZ (Deutsche Gesellschaft für Technische Zusammenarbeit).

So far PAI has been involved in implementing HIV treatment programs in the following 8 African countries: Uganda, Senegal, Ivory Coast, Kenya, Rwanda, Burundi, DR Congo, Congo-Brazza, other countries will follow soon. New is the concept of the Autonomous Treatment Centre (ATC), a private sector health facility with a transparent and audited financial and managerial structure, providing HAART to HIV patients, including quality control and lab monitoring at the lowest prices as possible. ATC's are built on existing medical infrastructure. PAI is establishing ATC's in various countries in Africa, starting in Ghana, Nigeria, Tanzania, South Africa and Uganda.

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STOP AIDS NOW!

The Aids Fonds has joined forces with other development organizations in the Netherlands, Hivos, ICCO, Memisa (Cordaid), and Novib (Oxfam, The Netherlands), to set up STOP AIDS NOW! By working together, we hope to make a greater and more effective contribution to the international fight against AIDS.

STOP AIDS NOW! aims to raise funds in order to contribute to more AIDS projects in poor countries in a better way; keep the general public in the Netherlands informed about AIDS issues and so strengthen public support for the global fight against HIV/AIDS; obtain political and public support for the battle against AIDS, both nationally and internationally.

STOP AIDS NOW! is an independent organization run by an autonomous executive committee.

STOP AIDS NOW! attaches great value to the involvement of people with HIV/AIDS in the development, implementation and evaluation of its activities. The Global Network of People living with HIV/AIDS (GNP+) has therefore been invited to join the STOP AIDS NOW! discussion.

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Appendix 2 - The Comprehensive Workplace Response

The workplace program continuum relies on the links between the various interventions.

Thus, the success of ARV therapy provision directly relates to the efficient implementation of these interventions, namely:

Non-Discriminatory Policy

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. Companies should state clearly that its employees will not be discriminated against on the basis of their actual or perceived HIV status. Policies should also guarantee the confidentiality of infected or affected employees. The GBC advocates strongly against mandatory and pre-employment testing, as both unethical and counterproductive.

Companies have learned that it is not enough simply to develop policies – to be effectively implemented they need the active endorsement of senior management centrally, regionally and locally. A number of companies have developed specific campaigns tackling stigma and discrimination in the workplace. Many such company policies have first been developed by subsidiaries in heavily affected regions before being rolled out company-wide. As well as fostering a more supportive workplace environment, the adoption of non-discriminatory policies is a clear public commitment that helps to counter the fear and stigma that still typify many communities' responses to the epidemic. The involvement of trade unions and employee representatives in the formulation of policies has been important in ensuring employee support.

Prevention, Education & Awareness

The Coalition believes that workplace prevention and education programs are the greatest responsibility and opportunity for companies in tackling HIV/AIDS. In many countries, accurate workplace programs will be the only source of accurate information on HIV/AIDS available to employees and their families. Company education programs need to set out clearly how HIV can and cannot be contracted so that staff can arm themselves with information to protect them. Such programs play a vital secondary role in fostering more supportive working environments for employees who may be infected with HIV.

Companies should incorporate strategies into their HIV/AIDS programs and policies that are sensitive to the specific needs of female and male workers. Gender specific approaches have proven to be effective in curtailing the spread of HIV/AIDS and sexually transmitted infections.

Effective HIV prevention requires more than awareness. Successful company-based HIV prevention programs have also included condom distribution (often in special dispensers in company facilities or distributed directly to employees with wage slips) as well as diagnosis and treatment of sexually transmitted infections. Some companies have supported their own programs through collaboration with local community-based organizations or public sector health services.

Voluntary Counseling and Testing

Voluntary Counseling and Testing (VCT) forms the primary entry point for successful prevention and testing programs. Because of the sensitivities, need for confidentiality and potential concerns of staff, VCT can also be the hardest component of a workplace strategy to implement. Yet poor take up of VCT by staff, by definition, significantly reduces the number of staff taking advantage of other company HIV services, particularly treatment. It is therefore crucial for companies to develop active campaigns to encourage their employees to seek VCT. Companies offer VCT to staff either directly through their own in-house clinical services, or through contracted out services provided confidentially either by insurance schemes or local community-based organizations. For workplace VCT campaigns to be effective, they need to be supported by active non-discrimination policies.

Care Support and Treatment

Businesses can help their 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. For some this is an extension or an expansion of existing provision, whether in-house or through health insurance, to employees and their immediate families. Services extend to the treatment of opportunistic infections, particularly TB, psycho-social support, palliative care, home-based care and HIV treatment through antiretroviral therapy.

Monitoring and Evaluation

Monitoring and Evaluation is traditionally an essential part of public health interventions to demonstrate the effectiveness of any given program. However, by focusing on the urgent need to implement programs, businesses have not always paid sufficient attention to the documentation and recording of processes and outcomes. Companies have developed indicators to suit their own individual business environment, such as rates of sexually transmitted infections, numbers of staff accessing services such as VCT, condom distribution and regular KAP (Knowledge, Attitude and Perceptions) studies.

Appendix 3 - Meeting Agenda

Monday May 5th, 2003

09:00 – 09:15	Introductions and Purpose of Meeting Peter Van Rooijen (Meeting Chair), Joep Lange, Ben Plumley
09:15 – 10:15	Current Business Practice and Experiences I Moderator: Ben Plumley Possible Discussion Points - Provision of "in house" and "contracted out" care services - Governmental and NGO partners program partners - Standards of care models adopted to date - The role played by Labor representatives
10:15 – 11:15	Current Business Practice and Experiences II Moderator: Joep Lange Possible Discussion Points - Coverage of Dependents, Length of Coverage, Co-Payments - Ensuring management ownership and responsibility to the HIV response, in addition to medical and human resources - Evaluating clinical and cost-effectiveness of interventions
11:15 – 11:45	Coffee
11:45 – 13:00	Current Public Sector Treatment and Workplace Collaboration Moderator: Ernest Darkoh Possible Discussion Points - Treatment Funding by the Global Fund on AIDS, TB and Malaria - Bilateral Donor Programs (eg EU Members, EC and US, including support for NGO-led business response to AIDS programs) - Multilateral Programs (WHO, UNAIDS, ILO, ITAC)
13:00 – 14:15	Lunch
14:15 – 16:00	Financing Care Moderator: Ben Plumley Possible Discussion Points - Sharing access to diagnostic, healthcare training and other services with public sector/donor funded programs, and other companies - Identifying innovative new sources of private sector financing (including risk pooling) - Engaging the support of the insurance industry - Ensuring the business sector accesses low-priced medications, diagnostics and other medical services provided by private sector suppliers - Expanding workplace programs through public sector support (direct finance, tax incentives etc.)
16:00 – 16:30	Tea

16:30 – 18:00	Setting Sustainable Standards of Care Moderator: Kate Taylor Possible Discussion Points - Potential benefit of developing specific clinical guidelines for large employers in resource poor settings - Improving mechanisms for sharing data, trends between public and private sector treatment programs - Identification of monitoring and evaluation mechanisms appropriate to the business sector setting - Developing consistent levels of care across an individual company's global operations - Identifying relevant technical advisory services for businesses from the public and private sector
18:00	Close
Evening	Reception and Dinner

Tuesday May 6th

09:00	Re-cap and Introduction to Day Janherman Venkeer
09:15 – 11:00	The Role of Business in Expanded Treatment programs Moderator: Joep Lange Possible Discussion points: - Building Trust: Changing the way business and the public sector work together - Extending workplace programs to local communities - Using business healthcare facilities to implement public sector programs where no state services exist - Public sector funding to expand business workplace programs - Making comprehensive HIV workplace programs, standard business practice for all companies - Improved coordination between public and private sector programs to ensure maximum effectiveness and reach
11:00	Coffee
11:30	Policy Recommendations and Next Steps: Moderator – Ben Plumley
13:00	Closing Lunch and Departure

Appendix 4 - List of Participants

	Company / Organization	Participant	Title
1	AFA Botswana (Insurance)	Kabelo Ebaneng	Managing Director
2	Akzi Nobel	A.H.J. Veneman	Corporate Health Advisor
3	Anglo-American	Brian Brink	Senior Vice President: Medical
4	Axios	Joseph Saba	CEO
5	Broadreach Healthcare	Ernest Darkoh	Founding Partner
6	Daimler-Chrysler	Clifford Panther	Occupational Health Consultant – Medical Services
7	Dutch Ministry of Foreign Affairs	Marijke Wijnroks	Senior Health Advisor
8	Eskom	Charles Roos	Chief Medical Officer
9	ExxonMobil Corporation	Jean Marie Moreau	Regional Manager
10	Global Fund to fight AIDS, Malaria and TB	Dr. Elhadj A. Sy	Fund Portfolio Director Africa
11	Global Business Coalition on HIV/AIDS	Ben Plumley	Executive Director
12	Global Business Coalition on HIV/AIDS	Neeraj Mistry	Technical Advisor – Policy and Research
13	Global Business Coalition on HIV/AIDS	Patricia Mugambi	Program Manager – Corporate Relations
14	Heineken International	Henk Rijckborst	Director, Medical Services
15	International Labour Organization (ILO)	Franklyn Lisk	Director, ILO programme on HIV/AIDS and the World of Work
16	Lafarge	Olivier Vilaca	Project manager – Social Policies
17	Meeting Rappoteur - AIDS Education and Training	Sharon White	Managing Director
18	Merck & Co., Inc	Lionel Laplace	Manager HIV/AIDS Francophone & Anglophone Africa/Indian Ocean
19	Pangaea	Eric Goosby	CEO
20	PharmAccess International	Joep Lange	Chairman
21	PharmAccess International	Geert Haverkamp	Associate Director, Public Sector Access Programs
22	Population Services International (PSI)	William Warshauer	Vice President
23	Population Services International (PSI)	Megan DeYoung	Associate Program Manager East and Southern Africa
24	Shell	Philip Mshelbila	Company Health Adviser – North, West and East Africa
25	STOP AIDS NOW!	Peter van Rooijen	Executive Director
26	STOP AIDS NOW!	Janherman Venker	Program Manager
27	STOP AIDS NOW!	Raoul Fransen	Executive Assistant
28	UNAIDS	Catherine Hankins	Associate Director, Chief Scientific Advisor to UNAIDS, Strategic Information, Social Mobilization and Information Department UNAIDS
29	Unilever – Africa Regional Group	Julian Stanning	Consultant to Africa Regional Group
30	US State Department	Jack Chow	Special Representative of the Secretary of State for Global HIV/AIDS
31	Global Health Initiative - World Economic Forum	Kate Taylor	Senior Project Manager – Global Health Initiative
32	McGill University Dept of Epidemiology & Biostatistics	Eduard Beck	Associate Professor, Joint Departments of Epidemiology, Biostatistics and Occupational Health
33	The Foundation for Professional Development	Gustaaf Wolvaardt	Executive Director
34	TRP Global Fund	Wilfred Griekspoor	Member International Advisory Council
35	World Health Organization	Craig McClure	Manager – ITAC Secretariat
36	International HIV Treatment Access Coalition (ITAC)	Marcel van Soest	ITAC Secretariat

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