

The State of Business and HIV/AIDS, Tuberculosis & Malaria (2008)

Key Findings

booz&co.





Ruili, China

A Burmese man gazes out over a bridge linking China and Burma. They share over 650 kilometres of common border. China's booming economy has seen huge growth in cross-border trade in recent years. There has also been a large influx of Burmese sex workers into China where the money they earn is worth more. Today, AIDS travels more freely around China than ever before.

Photo by Brent Stirton/Getty Images

The State of Business and HIV/AIDS, Tuberculosis & Malaria (2008) Key Findings

Key Findings of the 2008 Report

Partnerships, prevention and non-discrimination are the pillars of business action on HIV and AIDS.

Access to HIV testing and counseling services is widespread.

CEO leadership is paramount.

Business is focusing on women and girls and adopting gender-sensitive approaches.

Companies have not yet fully engaged their supply chains.

Business is moderately engaged in tuberculosis and malaria control efforts.

Business must be an active participant in the fight against HIV/AIDS, tuberculosis (TB) and malaria if the tragic social and economic impact of these diseases is to be brought to an end. Companies must—and do—take action alongside the public health community of national governments, international organizations and community organizations around the world.

The State of Business and HIV/AIDS, Tuberculosis & Malaria (2008) report gives solid insight into the part business is playing in the global fight. It provides concrete evidence on the diversity of business action—from workplace, community and supply chain interventions to global advocacy, social mobilization and communication efforts. The report identifies opportunities for taking action in new ways that would make a critical difference to the rate of overall progress and the likelihood of true success. It cautions against HIV/AIDS complacency in certain settings, calls for more initiatives in the supply chain, and considers how disease-specific interventions contribute to

more comprehensive healthcare strengthening and, more broadly, to global health and international development.

Global Context of HIV/AIDS, TB and Malaria

Collectively each year, over six million deaths are caused by HIV/AIDS, TB and malaria, making these diseases three of the biggest killers of our time. Though recent reports suggest that the HIV epidemic has leveled off in some of the hardest- and longest-affected countries, some 2.5 million people are newly infected with HIV each year, and in 2007, 2.1 million died of AIDS.¹ This means that, worldwide, the population living with HIV grows each year—the combined result of new infections and increasing life spans due to the use of antiretroviral therapies, especially in North America and Western and Central Europe.

Closely linked to HIV is TB, a debilitating chronic disease that is the tenth highest cause of loss of disability-adjusted life years (DALYs) and the eighth highest cause of death worldwide. Some 80 percent of the estimated 8.5 million individuals who become ill with TB in a given year live in 22 countries in South and East Asia and sub-Saharan Africa. TB is a leading cause of death among people who are HIV-positive.

Each year, malaria causes over one million deaths, out of an estimated 350 to 500 million clinical episodes of the disease each year.² Though curable, malaria ranks eighth highest cause of loss of DALYs and produces huge

economic burden in sub-Saharan Africa. While nearly half the world's population is at risk making malaria a truly global issue, sub-Saharan Africa is by far the hardest hit.

The 2008 Survey

To measure business action on the three diseases, the Coalition and Booz & Company conducted an on-line survey and interview program. As in *The State of Business and HIV/AIDS (2006)* study, the survey is based on the GBC's BPAS³ tool to assess corporate action across 10 categories of activity on HIV/AIDS. Since 2006, the BPAS has been expanded to include categories for TB and malaria, and for gender-sensitive responses to HIV/AIDS. Each category comprises 10 levels of action—up from five in 2006. The extended 2008 survey provides more detailed information on overall business engagement.

While GBC's original intent was to draw comparisons between 2008 and 2006, the amplification of the survey questionnaire to encompass more elements in fact made it impossible to compare responses within the action categories across the two data sets.

Eighty-three GBC members representing 15 industries completed the 2008 survey. Results were converted to the BPAS Index, a basic scale from 0 to 20. The index is calculated from the number of companies active in each of the categories. Separate scores were calculated for TB, malaria, and gender and HIV/AIDS. Individual semi-structured interviews

1. *07 AIDS Epidemic Update*, UNAIDS and World Health Organization (WHO), December 2007

2. Breman J. G., A. Mills, R. W. Snow, R. Steketee, N. White, K. Mendis and others, *Conquering Malaria In Disease Control Priorities in Developing Countries, 2nd ed.*, ed. D. T. Jamison, J. G. Breman, A. R. Measham, G. Alleyne, M. Claeson, D. B. Evens and others, Oxford University Press, New York: 413, 2006

3. *Best Practice Action Standard*

were conducted with 28 business leaders from GBC membership.

Overview

Of the 10 BPAS categories, business action is strongest in the areas of Stakeholder Partnerships; Prevention, Education and Behavior Change; and Non-Discrimination in the Workplace. Businesses have begun to engage their supply chains, which significantly compounds the reach of programs, but this is not yet a top priority for companies (see Exhibit 1).

Companies are taking deliberate steps to reach their workforces. A key way in which companies contribute to the global fight is by taking an active role in educating their workforces and not leaving this function to the public sector alone. Companies also leverage their connections to employees through non-discrimination policies which de-stigmatize the disease and create an environment in which testing is more likely to be sought. These are among the most important actions for companies to take.

Companies are much less active in the areas of Corporate Philanthropy and Product and Service Donation. They are also facing challenges in engaging business associates and their supply chain on HIV/AIDS.

Levels of activity vary according to industry (see Exhibit 2). Not surprisingly, activity is highest among companies in the Food/Beverage, Metals/Mining, Healthcare/Medical and Energy sectors—all of which tend to operate in African markets. Financial service members, which made up the largest proportion of the sample (19 percent), reported a limited range of activity overall. Companies from this sector are likely to be newer members of GBC and more recently engaged on HIV issues.

Companies without a direct workforce in high-prevalence areas were less likely to have comprehensive workplace programs in place. Interviewees underscored the need for a commensurate focus on low-prevalence countries, particularly those that are seeing high HIV infection rates in specific sub-populations, such as the United States.

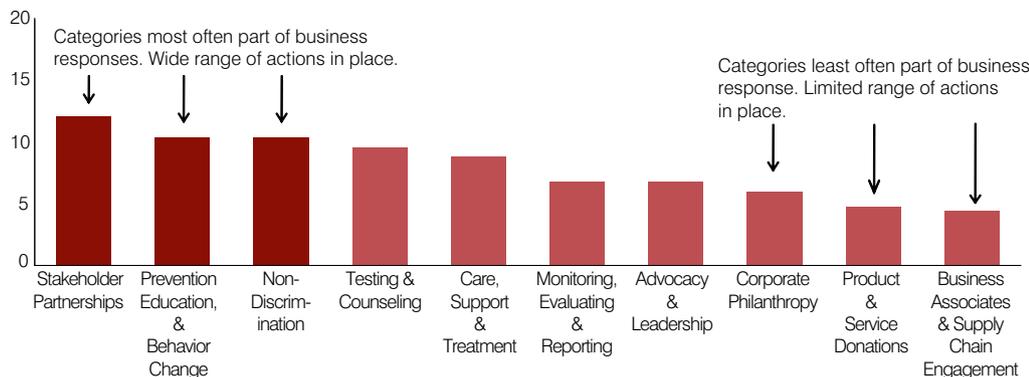


Exhibit 1

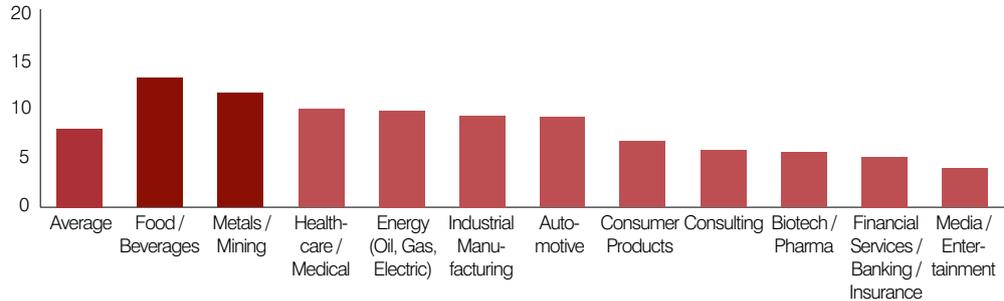
BPAS Index Depth of Response by Category

Source: Booz & Company

Exhibit 2

BPAS Index by Industry Group

Source: Booz & Company
Note: This analysis includes industries where three or more companies responded to the survey



Selected Detailed Results

Stakeholder Partnerships

To fulfill their role in the global fight, partnerships with organizations outside the corporate sector, as well as with other companies, are a very serious priority for business. Partnerships are a major focus of business action across industries regardless of company size and area of operation. While it is not within the scope of the survey, there is considerable evidence that the public sector and civil society are at least as eager to form partnerships as businesses are.

This is a critical development of recent years, and could be the decisive factor to ultimate success in the fight.

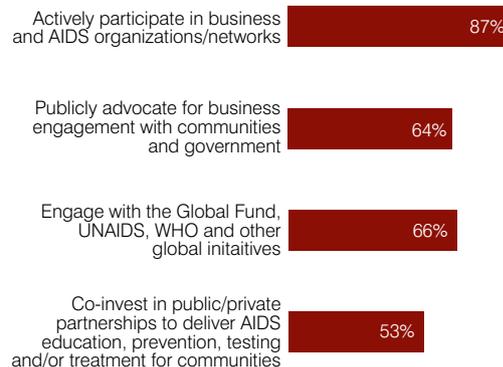
Partnerships among businesses and across sectors take many forms, and are by no means limited to funding. Businesses have capabilities and resources that are indispensable in any kind of intervention, such as the power of their brands to reach consumers, their “core competencies” (expertise related to their core business), their access to employees and communities, their infrastructure (such as distribution channels), and more. When matched with the expertise and competencies of the public sector and civil societies, this combination of talent with resources is powerful.

Collective efforts that bring businesses together as a single team, particularly from different industries with different and complementary competencies, are also gaining traction. Partnerships and collaborative action approaches are making a major change in how disease is fought and, indeed, are shifting global action on economic development and poverty alleviation.

Exhibit 3

Company Action on Stakeholder Partnerships

Source: Booz & Company



Eighty-seven percent of companies actively participate in business and AIDS organizations and networks (see Exhibit 3). Two-thirds are involved with major global initiatives such as the Global Fund, UNAIDS and WHO—suggesting that companies are attuned to the Millenium Development agenda and want to play a role in meeting the MDGs.⁴

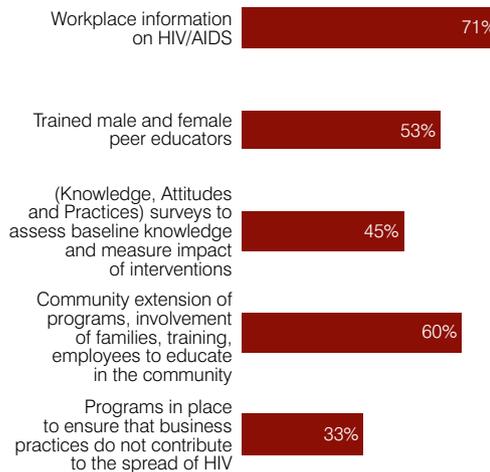
At a more local level, 82 percent of companies support HIV/AIDS program in their immediate community. Two-thirds encourage employees to become involved in community programs. Examples of community programs include HIV education and awareness initiatives and orphan support programs.

HIV Prevention and Testing

Businesses take an active role in delivering prevention messages and in providing access to testing. This reinforces and expands the reach of campaigns by public-health organizations. Companies have direct access to millions of people who are their workforce. When they move along the continuum of action, companies extend their prevention and testing work into their communities—as do nearly two-thirds of those surveyed—and often beyond.

With 6800 new infections⁵ occurring each day, HIV prevention efforts are as critical as ever. The workplace is an ideal entry point for many health interventions, and HIV/AIDS is no exception.

Slightly more than two-thirds of companies provide information, education and awareness



materials in the workplace. Half have trained male *and* female peer educators, a promising step towards ensuring that HIV messages reach employees in a manner that takes account of the different needs and vulnerabilities of each gender.

Companies are an important link in HIV/AIDS prevention, and are increasingly taking the further step of providing access to treatment and counseling. The degree of business involvement in what is seen as a public health issue may be surprising to many people.

Three-quarters of companies provide general information and education materials on HIV testing and counseling. Just over half conduct in-house or outsourced confidential testing initiatives for employees in partnership with local groups. Moreover, companies are offering increasingly sophisticated testing and

Exhibit 4 Company Action on Prevention, Education and Behavior Change

Source: Booz & Company

4. Goal 1: Eradicate extreme poverty and hunger
 Goal 2: Achieve universal primary education
 Goal 3: Promote gender equality and empower women
 Goal 4: Reduce child mortality
 Goal 5: Improve maternal health
 Goal 6: Combat HIV/AIDS, malaria and other diseases
 Goal 7: Ensure environmental sustainability
 Goal 8: Develop a global partnership for development
 5. 07 AIDS Epidemic Update, UNAIDS and WHO, December 2007

counseling programs. A third of companies now offer immediate access to CD4/viral load testing for assessment of treatment needs.

Testing has always been the bridge between HIV prevention and treatment. Advances in diagnostic technology have simplified the ability to learn one's status. Still, in low and middle-income countries, more than 80 percent of people living with HIV do not know their status.⁶ National governments have moved testing higher on the national agenda and in some cases (such as Kenya) have developed country-wide initiatives to mobilize populations to get tested. So too has the private sector: companies recognize that convincing a high proportion of employees to know their HIV status is key to a maintaining an effective HIV/AIDS program.

Of course, it is essential to have processes in place linking testing to treatment and referral services. Fifty-six percent of companies report having follow-up and referral structures for wellness and treatment. This is a strong showing, but more companies need to take action in this area.

Care, Support and Treatment

In the area of care, support and treatment, over two-thirds of companies "ensure access to HIV treatment" for their employees. About 40 percent fully subsidize HIV treatment, whether through providing it themselves or through other mechanisms such as company-sponsored medical schemes. Thirty-five percent

of companies also ensure treatment access for employee spouses and dependents, as well as family planning/reproductive health services and prevention of mother to child transmission. More than half of companies also facilitate employee access to local services where relevant.

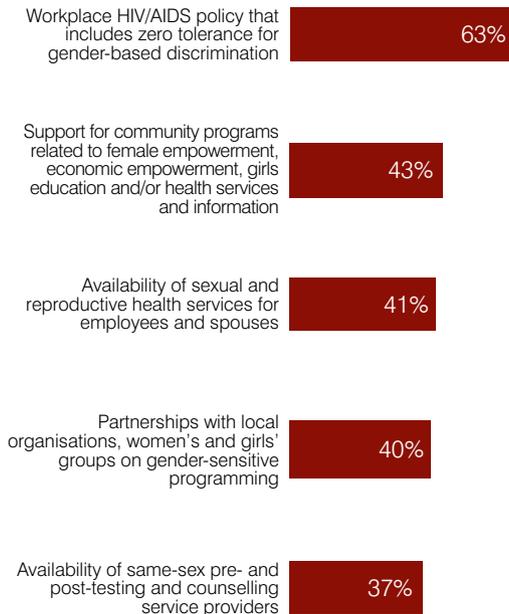
As countries have scaled up public sector provision of ARVs and other treatment components, many companies, particularly small ones, may elect to refer workers to nearby government health facilities. Despite this impressive progress in scale-up of access to treatment, gaps still remain in public sector coverage. In providing these measures for their workforce, businesses address critical unmet needs. It is noteworthy that one-fifth (17 percent) of companies are committed to providing continued treatment for workers even after they have left or retired.

Some interviewees observed that their corporate HIV/AIDS programs are now shifting to general wellness programs that favor a more holistic approach to disease management. This is positive news, as integrated healthcare strategies are in line with current global thinking; however, care must be taken to not lose focus on HIV, especially in high-prevalence settings.

Gender-Appropriate Interventions

Companies have recognized that the fight against HIV cannot be won without taking on some very difficult issues related to gender. Programs to fight AIDS will never achieve complete success without addressing these issues.

6. *HIV Testing and Counseling*, WHO, <http://www.who.int/hiv/topics/vct/en/index.html>, accessed on September 17, 2008.



Close to two-thirds of the companies surveyed indicate that they have some gender-specific measures in place, ranging from gender-sensitive workplace policies to extension of sexual and reproductive health programs into the supply chain.

Many companies are taking on the issue of women and girls' vulnerability to HIV/AIDS in their workplace and community programs. Sixty-one percent protect employees with a workplace HIV/AIDS policy that includes zero tolerance for gender-based discrimination, and 43 percent support community programs related to female empowerment through girls education, economic empowerment and/or women's health services and information.

Companies see the importance of partnering with local organizations to ensure that programs are gender-sensitive: 40 percent engage in such partnerships.

Tuberculosis and Malaria

In TB and malaria, the 2008 results convey an encouraging overall picture of moderate engagement levels consistent with the fact that many companies have turned their attention to TB and malaria only in the past three years or so. The interviews suggest that these levels are trending upward, particularly in the case of malaria control.

In developing their TB and/or malaria strategies, companies are building on lessons learned from their HIV/AIDS response. They are using HIV/AIDS work as a template or roadmap to guide program planning, partnership-building and advocacy efforts for the two new diseases. Indeed, some companies reported that HIV/AIDS was an entry point to initiating projects and activities aimed at overall health systems strengthening as well.

Tuberculosis

Almost half of all companies provide workplace information and education on TB. While this is promising, only a third of respondents are engaging in coordinated activities for HIV and TB. The frequency of co-infection and the parallels in strategy around prevention and treatment make it logical for companies to mount dual-disease programs. One-quarter

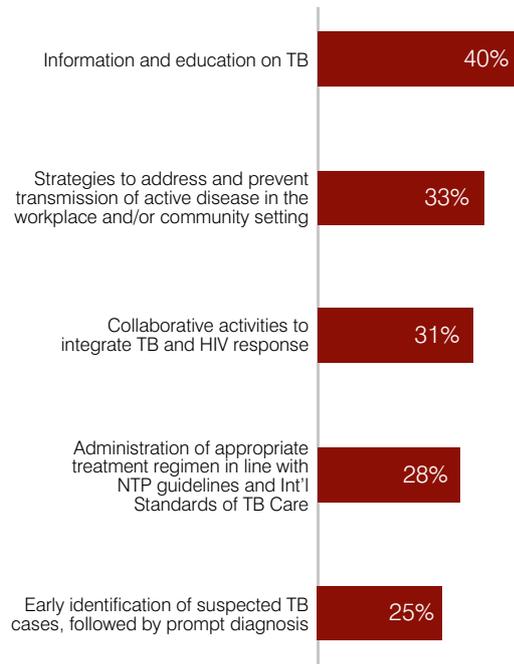
Exhibit 5

Company Action on Gender and HIV/AIDS

Source: Booz & Company

Exhibit 6 Company Action on Tuberculosis

Source: Booz & Company



of companies are identifying suspected TB cases early and administering therapy in line with national and international guidelines. Interviewees cited the need for greater advocacy around TB to give the disease an “image boost.”

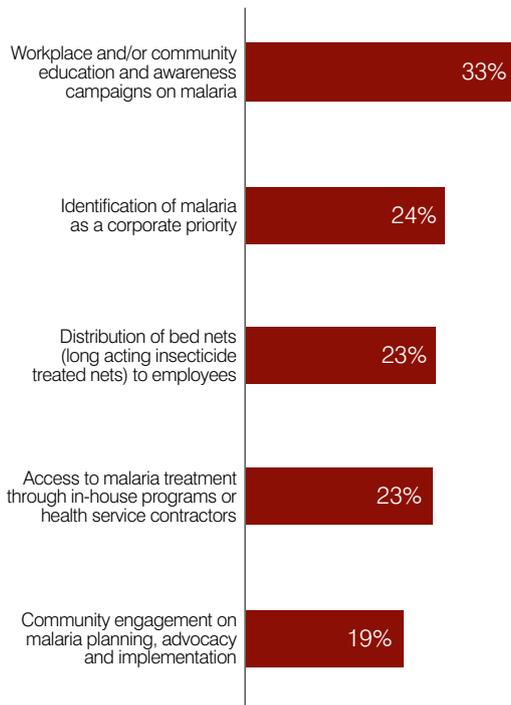
Companies’ engagement on TB is consistent with a comprehensive occupational health and safety or employee wellness approach. This bodes well, as we are seeing the beginnings of an overall trend toward incorporating HIV action into this comprehensive type of wellness program.

Malaria

Over the last few years, there has been a major increase in global attention paid to malaria and its economic toll, and this is reflected in the finding that one in four companies today identify malaria as a corporate priority. An even greater share—about a third—have implemented a workplace and/or community education and awareness program. One-quarter have programs that include vector control strategies (use of bed nets, indoor residual spraying and environmental management) and a similar proportion provide the newer, WHO-endorsed Artemisinin-based Combination Therapy (ACT) for employees and their families.

Interviews revealed that innovative initiatives to address malaria—outside of the workplace and community settings—are increasing. Companies are participating in mass media campaigns, developing youth-centered programs, and supporting social mobilization efforts.

In spite of the progress made, the survey reveals opportunities for increased private sector involvement internationally and in-country. Only one in ten companies reported external advocacy and participation in international forums—far below the 66 percent reported for parallel engagement around



Business Considerations and Next Steps

The State of Business and HIV/AIDS, Tuberculosis & Malaria (2008) report confirms what the GBC has maintained since it was established in 2001: that business is and must be a critical partner in the fight against HIV and, now, TB and malaria. The private sector has established itself as a critical actor in a fight that is now universally accepted as one that must be multi-sectoral in nature. Through its strong partnerships, comprehensive workplace programs—notably in the area of

testing and counseling—and relatively quick embrace of gender, TB and malaria, business has shown itself to be a capable, committed and responsive player. Of course, much work remains to be done. Complacency should not set in, especially as HIV/AIDS programs become part of broader wellness initiatives. Successful initiatives should move into the community and throughout the supply chain to truly maximize impact. Advocacy and leadership—at all levels of the company—should be leveraged.

Business action plays an important role in meeting the United Nations' Millenium Development Goals (MDGs), created to respond to the world's pressing development challenges. By acting as a responsible partner in the fight, business not only ensures a healthier and more productive workforce and surrounding community, but also establishes itself as a vital contributor to overall global health and economic development.

Exhibit 7 Company Action on Malaria

Source: Booz & Company

