

Final Report on the Forum on the Mobilization of the Private Sector to Fight HIV/AIDS
19-23 June
Marrakech, Morocco

OVERVIEW

The HIV/AIDS Private Sector Mobilization Forum for Francophone Africa is part of a larger effort to develop innovative partnerships between the public and private sectors and civil society in the fight against HIV/AIDS. Building on the success of private sector partnerships in Anglophone Africa¹, this Forum provided access and opportunities to exchange information and discussed tools to support and implement action plans and workplace programs that fully engage the power and resources of the private sector in national HIV/AIDS agendas.

ORGANIZERS

The World Bank and the World Economic Forum (WEF), in partnership with the Corporate Council on Africa, GTZ, ILO, SIDA-ENTREPRISES, the Global Business Coalition (GBC) and PharmAccess International and UNAIDS organized the **HIV/AIDS Private Sector Mobilization Forum for Francophone Africa**, held at Le Meridien N'Fis in Marrakech, Morocco, 19-23 June 2006.

Participants included representatives from National AIDS Commissions, private sector HIV focal points, representatives from National Business Coalitions, Labor Union and Employer Federation officials, NGOs, donors, selected companies, and development partners.

In total, there were 91 participants, including representatives from the following groups:

Francophone Countries

Benin, Burkina Faso, Cameroon, Ivory Coast, Madagascar, Mali, Morocco, Mauritania, Niger, DRC, Rwanda, Senegal

Anglophone Countries

Botswana, Ethiopia, Malawi, Namibia

Private Sector and NGOs

AFD, FHI, GBC, GLOBAL FUND, GSK Foundation, Merck, Pfizer, UNDP

Partners

CCA, GTZ, PharmAccess Foundation, ILO, SIDA-ENTREPRISES, World Bank, LTL Strategies, WEF, UNAIDS

OBJECTIVES

The key objectives of the meeting were to:

- Promote a dialogue between stakeholders to clarify and define roles and set common priorities to achieve greater public-private collaboration in addressing HIV/AIDS;
- Develop a cohesive strategy for private sector engagement through the review of the "Private Sector Access to Funding Manual" and refine other materials necessary to assist the private sector in the development and implementation of HIV/AIDS activities;

¹ Livingstone, Zambia – July 2003; Windhoek, Namibia – November 2003; Blantyre, Malawi – June 2004; Johannesburg, South Africa – February 2005; Launch of Pan African Business Coalition, Abuja, Nigeria – December 2005 (ICASA)

- Discuss implementation options for multisectoral partnerships, including leadership and outreach, and complex issues associated with the expansion of treatment and care programs; and
- Identify and map bilateral and multilateral resources – financial and technical – available to the private sector for the design and implementation of comprehensive HIV/AIDS programs.

PROGRAM

The Forum focused on four themes:

1. Identification of obstacles
2. Definition of possible solutions
3. Development of action plans and defining the role of the private sector in the distribution and scale-up of treatment
4. Establishment of next steps

Opening and Welcome

Richard Seifman, with The World Bank ACTAfrica Program, Francesca Boldrini, Director for the Global Health Initiative, World Economic Forum and Esther Dassanou-Reeves, Program Manager for The HIV/AIDS Initiative at the Corporate Council on Africa, presented perspectives from the developing country partner point of view on the evolution of the emergency response policy to a policy of long-term, results-oriented strategy development based on public-private partnerships integrating HIV/AIDS into social development and corporate social investment considerations. They emphasized the importance of a multi-sectoral response to HIV/AIDS in francophone Africa, the need for local businesses to play a larger role², and the critical need to include the small and medium enterprises and the informal sector.

Identifying Issues—Day 1, Plenary 1: *Smart Partnerships: Rationale, key stakeholders & putting partnerships in place*

Four presentations covering the reasons, essential elements, and creation of partnerships from Charles Louis Bigabiro, Technical Advisor for the Rwanda National AIDS Commission (CNLS), Ahmed Ould Mohamed Khairou, Secretary General for the Mauritania Business Coalition and Secretary General of the Agriculture Federation in Mauritania, Jean-Pierre Kovane, Conseiller Technique Secteur Prive, GTZ and Dr. Othman Mellouk, Head of International Relations at ALCS Morocco revealed the following key points:

- A major benefit of engaging the private sector is its capacity for social and targeted marketing, a capacity which is often ‘borrowed’ by the public sector;
- Business coalitions, when developed to include the full range of multi-sector partners in a country, represent a REAL response to the pandemic;
- Private sector investment in education, treatment, training, and AIDS prevention is part of the positive relationship between investment and productivity;
- It is important to develop a solid partners’ platform among business leaders and civil society partners, especially for the development of effective workplace programs.
- For successful treatment of employees, there must be clear business *leadership*.

A Few Concerns Raised by Participants:

- Local private sector is often overlooked by multinational companies (MNCs), or squeezed out by them (Mali, Rwanda);

² Currently, multinational companies are playing a larger role than local private sector businesses.

- Peer education on HIV/AIDS in the private sector is preferable, and more likely to lead to sustainable business and social outcomes (Mauritania, Morocco);
- Communication among partners (WB, WEF) has not been the best, and some countries feel that they are being pushed along to follow a plan or program of which they have little knowledge (Cameroon, Rwanda), and on which they have little impact.

Identifying Issues—Day 1, Plenary 2: *Delivering HIV/AIDS Workplace Programs: What are the Issues?*

During this session, Aïcha Barry Conté, HIV/AIDS Workplace Specialist at the Senegalese Employer's Federation, Richard Tiendrébéogo, Secretary General of the Burkina Faso Workers' Union, Rita Nyirahabimana, of the Rwanda-based Association of Private Companies and Parastatals in the fight against HIV/AIDS (APELAS), and Dina Nfon Priso, Permanent Secretary of CCA SIDA in Cameroon focused on the following topics during the second plenary session:

- Core competencies of private sector stakeholders
- The role of trade unions and linkages to the community and public sector
- Fighting stigma and involving PLWHAs
- Challenges and issues related to VCT

One of the major obstacles cited in this plenary session was a lack of resources: both human and financial. Mme. Priso noted that a major challenge was helping to create the kind of business culture within the private, for-profit sector that would make workplace AIDS testing, treatment, and care programs a part of the overall company culture, not just a one-time exercise. M. Tiendrébéogo said that a clear option for the removal of obstacles to the development of workplace HIV/AIDS programs was for the businesses and the unions to work *together*. He commented that workers know best what types of treatments they need, and that unions, through which the workers are organized, can be a valuable source of information and guidance. Mme. Nyirahabimana stressed the importance of including PLWHA in the elaboration of workplace HIV/AIDS programs. Mme. Priso noted that an important obstacle to developing workplace programs for some of the target groups is that they do not necessarily have a fixed workplace, as is the case for truckers and forest workers. All panelists agreed that these types of obstacles could be overcome rather easily.

The discussion centered on the challenge of maintaining confidentiality in the elaboration of workplace HIV/AIDS programs and of getting companies to adhere to the permanence of these programs as a standard business practice. The conclusions were that PLWHA should participate in the design and implementation of workplace AIDS programs; programs should be based in reality and correspond to real needs in the particular workplace; and all programs should emphasize the importance of continuing to fight against stigma and discrimination. The only way, discussants agreed, to ensure a sustained and ultimately successful fight against stigma and discrimination in the workplace was to secure company-specific and general business community leadership.

Identifying Issues—Day 1, Plenary 3: *National Business Coalitions against HIV/AIDS: Rationale and Key Principles*

Alain Jabot, Treasurer for SIDA-ENTREPRISES, introduced the third plenary session, and Rose Kumwenda, Programme Director of the Malawi Business Coalition (MBCA), Protais Angyama, President of the Cameroonian Business Coalition against HIV/AIDS (CCA/SIDA), Marc Atibu Saleh Mwekee, Président of the Board of the DRC Business Coalition against HIV/AIDS (CIELS) and Kebour Ghenna, President of the Ethiopian Business Coalition against HIV/AIDS, spoke to the following topics :

- What is the role of a business coalition?

- What are the critical enabling factors/barriers in establishing a successful coalition?
- What have we learned so far from other experiences in Africa?

Business coalition representatives presented their experiences in developing and maintaining a national business coalition against HIV/AIDS. The panelists spoke to the importance of engagement from private sector leaders, buy-in from the government, and the different models of sustaining the coalitions and attracting members. Each example contributed to the participants understanding that business coalition models vary greatly by country, but each coalition can learn from the experiences of others. Highlights from the four country examples are as follows:

- **Cameroon:** Unlike many other business coalitions against HIV/AIDS, the Cameroonian Coalition against HIV/AIDS (CCA/SIDA) focuses on the involvement of small and medium size enterprises in the mix of larger corporate sector participation. Also unlike many other coalitions, Cameroon includes unions and employer federations in their private sector alliances. While all encompassing, this approach is problematic in some cases as the divergent interests of members can impede progress towards coalition objectives and sustainable approaches to meeting member needs in the workplace and with in the workforce. Multinational corporations, even at the national level have capacity and resources that small and medium size businesses do not have and variable requirements that may not be reflected in the needs of SMEs or the informal sector.
- **Malawi:** The Malawi Business Coalition against HIV/AIDS (MBCA) started in February 2003 with 15 companies through the Chamber of Commerce and Industry; it was re-launched in February 2004 with the establishment of a Secretariat. The MBCA offers members capacity-building programs including: executive management briefings on HIV/AIDS in the workplace, human resources managers and HIV focal points, trainings on managing HIV in the workplace, peer education and voluntary counseling and testing; MBCA, in collaboration with the Ministry of Health also provides training of private health workers on: ART Provision; Accreditation of privately owned clinics; Provision of anti-retroviral treatment to company-owned clinics and private for-profit hospitals; and monitoring of ART uptake in the private sector.
- **DRC:** The business coalition against HIV/AIDS in the Democratic Republic of the Congo (CIELS) is made up of 114 members representing private enterprises, mixed public-private enterprises (parastatals), professional employers' organizations, and labor unions. The DRC private sector response began in November 2001 with a meeting of heads of industry and the private sector to identify private sector focal points within enterprises interested in working to combat HIV/AIDS in the workplace. Among the objectives of CIELS is to establish HIV/AIDS workplace policies; fight stigma and discrimination of people living with HIV/AIDS, prevent HIV infections and mitigate the impact of HIV/AIDS on the work force and form working partnerships with government and civil society to address the impact of HIV/AIDS in the DRC.
- **Ethiopia:** The Ethiopia Business Coalition currently has 32 members and has strong partnerships with business, government, NGOs, WBI, ILO, UNAIDS, UNICEF and GTZ. The coalition that has developed tools for specific workplace challenges, such as monitoring and evaluation tools, business report cards, action frameworks, etc. For example The EBCA report-card is a tool which assists in guiding a company's response to HIV/AIDS. It is based on a framework developed by the EBCA and is evaluated by local consultants and according to HIV/AIDS best practice principles. It presents the components and objectives of an HIV/AIDS program to assist companies in developing and evaluating their response. A company can receive 1 to 4 stars according to the strength and comprehensiveness of its HIV/AIDS programs.

WEF-GHI/World Bank/UNAIDS Business Coalition Mapping Exercise Outcomes

Chris Trimble of the World Economic Forum Global Health Initiative (WEF/GHI) presented the results of a mapping exercise WEF, The World Bank and UNAIDS had conducted in Africa. He noted that today in Africa, around 60-70% of multinational and large national companies have HIV/AIDS workplace programs. However, these companies employ at best one-third of Africa's workforce, while over 50% is employed by small and medium size enterprises. Trimble added that an estimated 20% of these businesses actually have HIV/AIDS programs in place, and said that the WEF was committed to finding new, programmatic ways to mobilize efforts against HIV/AIDS among these smaller businesses.

Facilitated Working Group Sessions

The afternoon of Day 1 was spent in two working group sessions on Public-Private Partnerships (PPPs), and two sessions on Capacity Building for Business Coalitions. The two working groups on PPPs spent their sessions examining the benefits of Public-Private Partnerships (PPPs), sharing examples of successful PPPs from a co-investment model standpoint, and considering core competencies and roles of each partner in a PPP against HIV/AIDS. During the Business Coalition working groups, participants examined both the obstacles to and the enabling factors contributing to the development and maintenance of business coalitions, including the critical skills and services necessary for a business coalition to address HIV/AIDS effectively, and the role of a coalition in monitoring and evaluating member activities.

Defining Potential Solutions - Day 2, Plenary 1: *Working Group Report-Backs*

The first plenary of Day 2 began with reports from the two sets of working groups on Public-Private Partnerships (PPPs), and capacity building for business coalitions. The following key points emerged:

- PPPs are not a new phenomenon in francophone or other parts of Africa, but the advent of HIV/AIDS makes the potential role of PPPs different. For example, in Côte d'Ivoire, the government gives tax breaks to companies involved in the fight against HIV/AIDS.
- The MAP needs to work with employers' federations to support the strengthening of the private sector's role in PPPs, and to provide a framework for business coalitions in countries with little or no experience in forming and managing business coalitions.
- The private sector needs to be fully integrated into national responses to HIV/AIDS. This is a win-win scenario, as private sector funds and public sector leadership combined will enhance the quality and effectiveness of national responses.
- A major challenge for the private sector is integrating small and medium enterprises (SMEs) and the informal sector into the overall private sector strategy. This is important because SMEs and the informal sector represent an important social power-base, have tremendous influence in the wider community, and can therefore play a key role in mobilizing people and communities around behavior change.
- Co-investment efforts need to be increased, to facilitate a more integrated, inclusive approach to responding to the pandemic.
- Despite their increasing popularity in the fight against the spread of HIV/AIDS, business coalitions are still only reaching a very small part of the private sector.
- The sustainability of business coalitions was raised as another important issue, from both the membership and financial perspectives.
- Transparent communication, at all levels, is critical to the successful and sustainable mobilization of funds and energy to combat the spread of HIV/AIDS and its negative effects on the workplace and on profits.
- Participants in both break-out groups agreed to keep in touch with each other over the coming year to share best practices regarding membership attraction and retention, and creative strategies for developing PPPs to combat the spread of HIV/AIDS

Defining Potential Solutions - Day 2, Plenary 2: *Sustaining Resources and Attracting Membership*

The afternoon plenary examined strategies for sustaining resources and attracting membership to business coalitions. Examples were presented by Dr. Aimé Mboyo, Private Sector Focal Point of the Congo's National Multisector Program to Fight AIDS, Dr. Jacques Ouandaogo, President of the Health and Security Committee of the Burkinabè Employers' Federation, Dr. Ruranganwa Juru, Chief Coordinator of the Association of Private Companies and Para-statal in the fight against HIV/AIDS (APELAS), and M Zakari Ibrahima, Worker's Specialist, ILO/Dakar.

- Dr. Mboyo emphasized that firm government encouragement of the establishment of workforce programs in the fight against HIV/AIDS was a key factor in the private sector's inclusion of strategies to combat the spread of the disease. Strong government-level leadership and private sector commitment have led to good results, but there remains a need to reinforce multisector groups. There also remains a need for simpler solutions and a broader distribution of information about the benefits of multisector approaches to fighting the spread of HIV/AIDS. (i.e. public-private partnerships).
- Dr. Ouandaogo noted that communication was an important element of sound project concept development and the ability to integrate smoothly into a national response strategy. Dr. Ouandaogo also noted that the Burkinabè Federation's success to date was based in large part on a sound business plan that included clear budgetary responsibilities for each of the partners.
- Dr. Juru said that APELAS took advantage of radio and TV show spots, as well as high-visibility business fairs to generate good publicity and attract membership. He noted that APELAS's communication strategy was based on a great deal of 'piggy-backing' on other PR opportunities, given the rather limited private funds in circulation in Rwanda due to the relatively low profit margins of most companies. APELAS' outreach strategy, which included targeted inclusion of the informal sector, relationship-brokering between small and larger companies, and partnering with Fédération Rwandaise du Secteur Privé to use its membership rosters, had led to a large number of private companies who were among the first to join APELAS becoming champions, and doing the outreach for them.
- M. Ibrahima noted that an important part of being able to attract increased financial and human resources to business coalitions in the fight against HIV/AIDS lay in the commitment to eradicate the discrimination against people living with AIDS (PLWA). Ibrahima stressed the ongoing need for sensitization campaigns, and the need to engage in very public social dialogue about the disease, and its ravages. Ibrahima stated that each government ministry needed to have an HIV/AIDS office, and that the focal points on HIV/ADIS in each of the ministries should meet regularly, to discuss progress on the national strategy, and to interact as a group with their private sector and NGO counterparts. Training for unions and employers' federations, in order to allow them to develop their own organizationally-based programs, was also key, Ibrahima said. He emphasized the need for federations and unions to be able to own the process by which they fought the pandemic. Finally, regarding financial means, Ibrahima said that from a government standpoint, it was simply a question of allocating the necessary budget via the Poverty Reduction Strategy Papers (PRSPs). He added that either governments allocated the budgetary means to develop a coordinated, multisectoral, public-private effort to prevent the spread of HIV/ADIS now, or they would spend much more money later importing human resources and paying for treatment.

Defining Potential Solutions-Day 2, Plenary 3: *Monitoring and Evaluation*

This session covered presentations on best practices in the ongoing struggle to accurately measure the impact of integrated efforts to fight HIV/AIDS, especially in the workplace.

- Dr. Prince Igor Any Grah, of Unilever, Cote d'Ivoire, presented a case study on successful monitoring and evaluation in the context of the Ivorian national response to HIV/AIDS. He noted four key elements to effective monitoring and evaluation:
 - Coordination between public and private actions;
 - Strong partnerships;
 - Strong management capacity; and
 - More and better information via the use of technology
- Elisabeth Girrbach of the GTZ's Regional AIDS Project presented the cost-benefit analysis approach as a model for monitoring and evaluation in the context of African public-private partnerships against HIV/AIDS.
- Peter Van Wyk Program Manager of the Namibian Business Coalition Against HIV/AIDS (NABCOA) spoke about the role of business coalitions in monitoring and evaluations, noting that business coalitions need a clear vision and explicit targets, so that they can help governments to implement more effective strategies. He also noted that business coalitions cannot work in isolation; they must actively seek good relations with governments in the fight against HIV/AIDS. This would lead to better relationships in the long term, and to better results in the short and medium terms.
- Houssine el-Rhilani of UNAIDS presented and discussed UNAIDS' program approach, based on a commitment to the "Three Ones" (Joint national HIV/AIDS response strategy; national coordination unit; common monitoring and evaluation system). He also provided details on the monitoring and evaluation strategy for UNAIDS' program in Morocco. El-Rhilani noted that in conformity with the broader UNAIDS' context, UNAIDS/Morocco was committed to advocacy, and the implementation, strengthening, and support of a broad, multi-sectoral response to the pandemic. In addition, UNAIDS/Morocco provides training in information systems management and data collection and analysis to NGOs and companies engaged in strategies to fight the spread of HIV/AIDS. Morocco's 2006-2010 plan focuses on prevention, testing, care and support. A significant increase and positive impact in these three areas will be achieved through the reinforcement of private sector commitments to house and operate full-scale workplace HIV/AIDS programs that include training, testing, care, and treatment.

A Resource Marketplace: Guides, Toolkits and Resources

Day 2 ended with a Resource Marketplace, during which participants viewed demonstrations and presentations of various workplace policy and program development guides, monitoring and evaluation tools and other resources in the fight against HIV/AIDS. The participants were able to engage in-depth with partner organizations such as GTZ, GBC, WEF, The World Bank, PharmAccess, MSD, Pfizer, GSK, ILO and FHI. The Resource Marketplace was well-attended, and ended an hour later than originally planned.

Developing Action Plans and Defining the Private Sector's Role -- Day 3, Plenary 1: *Country specific discussions of broader priorities for the next 12 – 18 months*

Day 3 began with a plenary session explaining the country plan development process. The country plans are not final documents, but were expected to serve as guides or roadmaps for engaging the private sector, and integrating private sector approaches into the national

response strategies. After this brief plenary, the participants broke into country working groups to develop their action plans.

Developing Action Plans and Defining the Private Sector's Role -- Day 3, Plenary 2: *The Role of Private Sector Partnerships in Treatment Roll-out and Eventual Scale-up*

Dr. Christophe Longuet of Merck (MSD -France), Peter Van Wyk Program Manager of the Namibian Business Coalition, and Dr. El Ghassem Ould Moctar, Medical Doctor for SNIM-Mauritania, presented examples of private sector partnerships mobilizing to provide treatment and care to their employees and their communities. Longuet opened with a quote from George Merck, noting, *"We try never to forget that medicine is for patients, not for profits. They will come, and if we respect this principle, they will always be there. How do we provide the best medicine for our patients? By relentlessly pursuing our [research] efforts, so that we give the best of ourselves to each patient."*³ Longuet noted that treatment, and excellence in treatment, is a key commitment of Merck, and that the daily, worldwide research and product development efforts carried out at Merck are designed to increase the quality of treatment, especially in the workplace.

In the case of Namibia, NABCOA has become the standard of reference regarding workplace programs for treatment. Van Wyk explained that experiences from other countries show that for business coalitions on HIV/AIDS to work, there is need for dedicated and strong leadership. He said Namibia has learned from the experiences of other countries not to rely solely on donor funding for HIV/AIDS treatment. NABCOA's principal belief is that private sector leadership's commitment to and involvement in treatment of employees with HIV/AIDS makes good business sense. Van Wyk noted that the difference between survival and the very sustainability of businesses might solely depend on the difference between what he called 'committed leadership initiatives' and 'leadership initiatives'. According to NABCOA, in order to mitigate the impact of HIV/AIDS in the mid- and long-term, all companies and organizations must take special consideration and have proper prevention and treatment measures in place for low-income employees. HIV/AIDS medical treatment, in Van Wyk's view, must not simply be the responsibility of the public sector alone, but must rather be tackled by complementary approaches and efforts in the private sector.

Dr. Ghassem Ould Moctar of Mauritania noted that the SNIM had had to find innovative compromises to ensure quality health services at affordable costs for its employees. SNIM now provides a comprehensive set of testing, treatment and care services to its employees living with HIV/AIDS, and to their families. Located along the train route in the northern Mauritanian fishing and mining town of Nouadhibou, which is a crossroads for migrant and transient workers from North and West Africa, SNIM has developed mobile outreach units to raise community awareness about HIV/AIDS, and to encourage testing and treatment. In addition to the testing, treatment, and care services provided to its employees and their families, SNIM also provides a limited range of testing and treatment services to the surrounding Nouadhibou community.

The panel concluded that access to treatment was greatly increased via partnership efforts, whether public-private or for-profit and non-profit. All noted the importance of private sector leadership and commitment as a catalyst for the improvement and sustainability of treatment.

³ The translation is the report writer's. The original quote in French is: " « *Nous essayons de ne jamais oublier que les médicaments sont pour les patients, et non pour les profits. Ceux-ci suivront, et si nous respectons ce principe, ils seront toujours là... Comment pouvons-nous fournir les meilleurs médicaments aux patients ? Nous poursuivrons nos efforts, sans relâche, pour donner à chacun le meilleur de nous-mêmes.* »

Networking

The rest of the afternoon was spent in individual networking and information exchange meetings among participants and conference partners. This session was among the most productive of the Forum, as it allowed NGOs and business coalitions an opportunity to engage in one-on-one discussions with the GBC, the GTZ, UNAIDS, and each other about specific project ideas to strengthen private sector efforts to combat the spread of HIV/AIDS. As a result of the session, several NGOs received information and guidance about how to identify potential financing for some of their work.

Next Steps– Day 4, Plenary 1: *Country Plan Working Groups Report-back*

The thirteen participating country delegations plus a joint delegation from Botswana, Malawi, and Namibia presented their action plans. Each of the plans (see annex) stressed the particularities of the country contexts, while focusing on how to take information gathered at the conference back home to use as a catalyst to further engage the private sector in the fight against HIV/AIDS.

Next Steps– Day 4, Final Plenary: *Conclusions, Commitment, Aspirations*

The final plenary began with short presentations from Kakou Théophile Nebout, from the Ivoirian Ministry of Health, representing the public sector; Richard Tiendrébéogo of the General Burkinabè Workers' Union (UGTB), representing the unions; and Protais Angyama, President of the Cameroonian Business Coalition against HIV/AIDS (CCA/SIDA) and Daniel Brechat, President of the Cote d'Ivoire Business Coalition against HIV/AIDS, representing the business coalitions. All stressed the importance of coordinated efforts between the public and private sector to effectively fight the spread of HIV/AIDS.

Speaking for the government-based national AIDS coalitions, M. Nebou stressed the critical importance of the donor community's and development partners' recognition of the primacy of working in coordination with each country's national strategy and requested that the Forum organizers commit to continued capacity building support for government-based responses, specifically in the areas of management and coordination. He also stressed that importance of African public and private sector commitment to careful monitoring and evaluation of progress in the fight against HIV/AIDS as a means to strengthen and enhance multisectoral responses to the pandemic, and ensure the sustainability of public-private partnerships in the fight against HIV/AIDS.

M. Tiendrébéogo, speaking on behalf of the unions, noted that unions might have been better represented at the Forum, and encouraged the Forum organizers to invite more unions to the next Forum. He noted that the consequences of the spread of HIV/AIDS in the workplace meant a decrease in purchasing power, a decrease in firms' productivity, and a decrease in government revenues. He acknowledged the goodwill of the private sector in its commitment to combating the spread of HIV/AIDS, and added that a successful campaign to stem the spread of the disease would lie in smart partnerships with unions, because of unions' longevity, and because of the fact that workers are the primary beneficiaries of any successful anti-AIDS campaign. He concluded by requesting that unions be included and their role be carefully considered in any multisectoral response to the disease.

M. Angyama and M. Brechat, speaking on behalf of the business coalitions and employers' federations, noted that business coalitions were a relatively new phenomenon in the fight against HIV/AIDS, and that in Francophone countries, the private sector was not necessarily as large as in the Anglophone countries, and therefore, faced certain challenges. Brechat gave a personal testimonial about his experience with HIV/AIDS, emphasizing the importance of the human dimension of the pandemic, and asking that participants have this in mind as they thought through ways to strengthen coalitions to fight against HIV/AIDS. Angyama thanked the Forum organizers for providing a space for exchange and careful thought, and noted that he, along with

several business coalition representatives, had met with the GBC staff the day before, and had discussed adapting the Anglophone PanAfrican Business Coalition to the francophone realities. Angyama expressed the view that the PanAfrican Business Coalition launched in Abuja in December 2005 was not functional, and that a plan should be tabled on how to either reinforce this coalition in order to strengthen its capacities to support emerging coalitions or create a new structure to support the development of Francophone country coalitions. He noted that it was important to allow each country to form a coalition adapted to its own context, and that the emergence of a national coalition should be the result of an internal process and not be driven from the outside. He also noted the importance of considering sub-regional dynamics prior to establishing a PanAfrican network.

Moderator Hillary Thomas-Lake of LTL Strategies presented concluding remarks, noting that during the conference, participants had been exposed to a variety of possible models of engagement of the private sector in national strategies to fight HIV/AIDS. Thomas-Lake noted that the hope of the conference organizers was that exposure to new ideas and approaches would stimulate other creative strategies, encourage concrete action, and inspire a new level of dynamism in the private sector's fight against HIV/AIDS.

A vote of thanks was presented by Elisabeth Girrbach of the GTZ, and by Christopher Trimble of the World Economic Forum (WEF).

OUTCOMES:

- ◆ **Public-Private Dialogue:** The public and private sectors have very different objectives and modes of operation. Often they do not understand one another and therefore do not effectively coordinate their strategies. This forum was an opportunity to facilitate a dialogue between the public and private sectors, in coordination with available partners and resources, around the issue of HIV/AIDS.
- ◆ **The Role of the Private Sector:** It is evident that the private sector has an important role to play. However, there are many different ways in which the private sector, in all its manifestations, can become engaged. It is essential that the private sector and government recognize the core competencies of multinational and national companies, companies, unions, federations, SMEs, the informal sector and private clinics in assisting the government and civil society to scale up the national response to the epidemic. Private sector core competencies include the following: efficiency, access to workforce, employee trust, physical infrastructure, marketing mechanisms, management expertise and skills transfer, replicability and scalability, communications, role as advocates and champions, power to change policy and address issues, and financial resources.
- ◆ **National Business Coalitions against HIV/AIDS:** Participants examined both the obstacles and the enabling factors contributing to the development and maintenance of business coalitions, including the critical skills and services necessary for a business coalition to address HIV/AIDS effectively and the role of a coalition in monitoring and evaluating member activities. The Forum was an opportunity for business coalitions to examine their roles and comparative advantages. It was determined that it is critical for each country to be allowed to form a coalition adapted to its own context, and that the emergence of a national coalition should be the result of an internal process and not be driven from the outside. The role of a business coalition depends on the make-up of the national private sector, the relationship between the NAC and private sector, and the development partners present in the country. During the conference, several different models of business coalitions were presented, highlighting the different forms a coalition could take and roles it could play. The Mauritania business coalition, for example, is primarily composed of federations, while the coalition from the DRC includes national private sector companies, multinational companies (MNCs), parastatals, SMEs, federations and unions.

- ◆ **Coordination and Integration with the National Response:** There was a call to the Forum organizers and development partners in general to provide *coordinated* capacity building support to private sector responses that are *integrated* into the national strategies. Communication among partners is often weak, and some countries feel that they are being pushed along to follow a plan or program of which they have little knowledge and on which they have limited impact.
- ◆ **The Role of Unions:** There was a call to more significantly include unions in national private sector HIV/AIDS agendas. A successful campaign to stem the spread of the disease lies in smart partnerships with unions, because of unions' longevity, and because of the fact that workers are the primary beneficiaries of any successful anti-AIDS campaign. Unions should be included and their role be carefully considered in any multi-sectoral response to the disease.
- ◆ **Francophone Africa Business Coalition Network:** Forum participants advocated for the creation of a Francophone Africa network to allow coalitions to share experiences and resources; have access to assistance (technical and financial); and strengthen their collective voice vis a vis the public sector in their respective countries. This network would include all Francophone Africa countries interested in participating and would actively collaborate with the Pan-Africa Business Coalition (PABC). During an impromptu meeting the GBC held with some of the Forum's business coalition representatives, it was decided that the following steps would be undertaken to develop a francophone section of the PanAfrican Business Coalition:
 - The creation of an electronic forum among the existing coalitions;
 - The integration of the countries that were not present at the forum, and for each of these countries, the identification of an appropriate focal point;
 - The implementation of these steps with the support of the GBC, who has proposed the creation of a website and the dissemination of information, including experiences from Asia and the Caribbean;
 - The continuation coalition mapping, and the circulation of the results of this mapping exercise; and
 - The development of a space on the GBC website for the African business coalitions to interact and exchange best practices.
- ◆ **Low Prevalence Countries:** In countries with low prevalence rates, the creation of a coalition constitutes a major advantage for the private sector as well as for the national HIV/AIDS program because the early involvement of the private sector can help to prevent the socio-economic impacts that accompany the disease. The private sector has a strong interest in actively participating in the national HIV/AIDS response and the creation of a coalition is one of the most practical, efficient and least expensive ways to be involved.
- ◆ **Attracting and Sustaining Resources:** Currently most business coalitions are supported primarily by donor funding. Many are incorporating several types of member fees: fees that vary by the size of the company; flat fees for all members; or fees tied to service delivery. In order to facilitate the financial investment in and by the private sector, it is crucial that companies can articulately express the impact of AIDS on their business as well as demonstrate the impact current HIV/AIDS initiatives have on their operations and personnel.
- ◆ **SMEs and the Informal Sector:** The local private sector is often overlooked or squeezed out by MNCs. Coalitions and NACs still struggle to engage SMEs and the informal sector in the coalition's strategy as well as the national HIV/AIDS response. Some coalitions have been able to involve these sectors by working through federations and professional associations.
- ◆ **Monitoring and Evaluation:** There is a need not only to align the private sector strategy with the overall national strategy, but also to harmonize M&E requirements and ensure that

private sector initiatives are designed to meet overall health goals and standards at the national level.