



World Bank Global  
HIV/AIDS Program

# HIV/AIDS - *Getting Results*

These reports describe activities, challenges and lessons learned during the World Bank's HIV and AIDS work with countries and other partners.

## IFC Against AIDS – Protecting People and Profitability

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AIDS has wide consequences for development, and presents enormous challenges to businesses in the worst hit countries. The epidemic affects workers, managers and markets by increasing costs and reducing productivity. The International Finance Corporation (IFC), the private sector arm of the World Bank Group, works with client companies to mitigate the effects of the epidemic on their operations through its *IFC Against AIDS* program. The program works with companies in Africa and India, and efforts are underway to raise awareness among clients in China and assess program conditions in Russia.

### AIDS on IFC's Agenda

IFC is a global investor and advisor committed to building a sustainable private sector in the developing world, helping to reduce poverty and improving people's lives. Recognizing that HIV/AIDS is as much a business issue as a development and humanitarian concern, the *IFC Against AIDS* program was launched in 2000 to accelerate the involvement of IFC client companies in responding to AIDS. The *IFC Against AIDS* mission is to protect people and profitability by being a risk management partner, HIV and AIDS expert and catalyst for action where AIDS is threatening sustainable development.

IFC takes AIDS seriously. Although clearly a health problem, AIDS is also a development challenge that threatens people's welfare, socio-economic advances, productivity, social cohesion, and even national security. The epidemic reaches into every corner of society, affecting parents, children and youth, teachers and health workers, rich and poor. Responding to AIDS is an integral part of IFC's commitment to sustainable development.

Ninety five percent of people with HIV live in developing countries, where IFC operates. Sub-Saharan Africa, the hardest hit continent, accounts for almost two thirds of all infections. In India, China, Russia, and Ukraine, HIV infections are increasing at alarming rates. IFC has observed that in highly affected regions, many companies want to address the epidemic but don't know where to start. In less affected countries where companies have not felt a direct impact, they are often unaware of the potential role they could play in preventing HIV infections.

### Workers at the Mozal Company Smelter Expansion Project in Mozambique, an *IFC Against AIDS* client



### The Business Case for Action Against AIDS

There is a strong business case for action against AIDS. The epidemic increases costs for businesses – medical and other benefits, recruitment, and training; and lowers productivity – through absenteeism, labor turnover, and loss of experienced personnel. It can affect consumer bases, savings, investments, and education. HIV impact data make a clear business case for prevention and care. "If 20 percent of your factory were likely to burn, you would invest in fire extinguishers wouldn't you?— well, think of HIV in the same way," says Sabine Durier, Program Leader, *IFC Against AIDS*.

Businesses that fail to act against AIDS face risks to their reputation, finances and even their viability.

### Reputational risk

The World Economic Forum's 2004 global survey on business response to HIV/AIDS concluded that risk to their reputation may be the key motivator for large multinational businesses with high profile brands and for companies in certain sectors to take action against HIV

and AIDS. Pharmaceutical companies in particular have been targets of activists advocating for reasonable AIDS treatment costs and price reductions for anti-retroviral drugs (ARV). Activism has taken place in highly visible demonstrations and in the more private setting of the boardroom.

AIDS activists have targeted companies for not providing treatment to their workforce. For example, at the XIV International AIDS Conference in Barcelona in July 2002, demonstrators criticized a leading beverage company and an extractive industry company for not providing life-prolonging ARV drugs to their employees.

The extractive industry company was attacked for reversing its policy of covering ARV treatment, in the face of implementation challenges. The beverage company was attacked because it was providing ARV treatment only to employees in its core business, i.e. to only 2 percent of employees in its marketing and bottling network across Africa. Demonstrators denounced the companies for raising employee expectations and misrepresenting their generosity as corporate citizens.

In the following 3 months, both companies adopted policies that include provision of ARV treatment for all employees. This highlights how firms can feel pressure to take action to protect their reputation. Activists watch for inconsistencies between rhetoric and action, and although consumer spending is unlikely to be affected in the short term, companies whose brand reputations are in danger of being tarnished are more likely to pay attention to AIDS.

### Financial risk

AIDS creates short and long term financial risks for the private sector. In the long term, the epidemic could lead to deterioration in the business environment, by affecting labor and skills availability, diminishing markets and disrupting supply networks and services. In the short to medium term, AIDS creates financial risks by increasing the costs of doing business and reducing productivity. Infections in the workforce have direct, indirect and systemic costs. Direct costs to the company include employee benefits (health insurance, medical costs, funeral provisions) and additional recruitment and training costs associated with labor turnover. Indirect costs arise from absenteeism, productivity losses, poor morale, and staff turnover. Systemic costs in the form of lost institutional memory, skills and workplace cohesion are another negative consequence of AIDS for businesses, as for all productive or public service sectors.

A 2003 Boston University AIDS impact assessment on six corporations (mining, metal processing, agribusiness, utilities, retail, and media) in South Africa and Botswana

calculated the annual "AIDS tax" on business at 6 percent of the corporations' labor costs. The study found that workplace AIDS programs including ARV provision could reduce this "tax" by up to 40 percent.<sup>1</sup>

**Impact on labor:** In 2000, the International Labor Organization estimated that by 2020, the population of the 29 hardest-hit African nations would be 9% smaller due to AIDS, and their workforces would be 12% smaller.<sup>2</sup> Between 2000 and 2010, the projected number of employees lost to AIDS could equal 40 – 50% of the workforce in some African companies.<sup>3</sup> In fact the loss of experienced personnel is one of the most common frustrations that IFC hears from business leaders when assessing the impact of AIDS and program opportunities with investment companies.

**Impact on customer base:** The shift in consumer spending to medical care and treatment could reduce the market for many consumer goods and services. The epidemic also threatens the consumer base by decreasing overall demand when households lose their income earners. Vodacom, South Africa's largest mobile telephone network estimates that the HIV/AIDS epidemic will cut the country's market by one third.<sup>4</sup>

### Threat to viability

Small and medium enterprises (SMEs) are particularly vulnerable to AIDS due to their limited financial, clinical, and human resource capacity to proactively manage prevention and care interventions. The loss of a key employee can prove catastrophic for an SME where larger firms might have access to multiple employees capable of performing comparable work. A study by the University of Port Elizabeth of small businesses in South Africa identified AIDS as one of the three main factors that cause the failure of nearly 80 percent of start-up

<sup>1</sup> S. Rosen, J. Simon, W. MacLeod, M. Fox, D. Thea and J. Vincent. "AIDS Is Your Business", Harvard Bus Review, Vol. 81, No. 1, February 2003. <http://hbswk.hbs.edu/archive/3338.html>

<sup>2</sup> HIV/AIDS: A threat to decent work, productivity and development, International Labor Organization, 2000. [http://www.ilo.org/public/english/protection/trav/aids/publ/threat\\_decentworkeng.pdf](http://www.ilo.org/public/english/protection/trav/aids/publ/threat_decentworkeng.pdf) For table of projections: [http://www.ilo.org/public/english/protection/trav/aids/facts/stats\\_page.htm](http://www.ilo.org/public/english/protection/trav/aids/facts/stats_page.htm)

<sup>3</sup> Kaiser Family Foundation, The impending catastrophe: A resource book on the emerging HIV/AIDS epidemic in South Africa, 2000. <http://www.kff.org/southafrica/20000515a-index.cfm>

<sup>4</sup> "South African companies count the cost of AIDS". Financial Times. October 30, 2002.

SMEs every year.<sup>5, 6</sup> The smaller the company, the less likely it is to have a program against HIV for its workforce.<sup>7</sup>

## What does *IFC Against AIDS* do?

*IFC Against AIDS* works mainly with companies in which IFC invests, and also reaches out to other parts of the private sector—such as SMEs—through a dedicated training program.

*IFC Against AIDS* aims to achieve **three objectives**:

**1. Prevent new infections.** Communicating messages of awareness and prevention to uninfected staff is critical. Training staff as peer educators, organizing periodic AIDS information sessions, and promoting diagnosis, treatment, and prevention of sexually transmitted infections can go a long way in preventing new infections.

**2. Deal with or manage existing infections.**

Interventions to meet this objective include promoting voluntary HIV counseling and testing so that people learn their sero-status, and identifying and organizing care and treatment opportunities within or outside the company for people who are HIV positive. *IFC Against AIDS* and NGO partners assist companies to identify providers of ARV services for referrals.

**3. Mitigate the effect of HIV on the company itself.** This includes organizing the company to enable staff to multi-task and handle each other's tasks, and strategic training and hiring so that the company is able to continue operating normally despite AIDS.

*IFC Against AIDS* works with clients to establish workplace and community programs and help them implement HIV interventions in cooperation with NGO partners. The interventions may include: providing condoms through strategically placed dispensers in company premises; forming a group of peer educators among company employees to conduct HIV training within the company and in the community; treating sexually transmitted infections among staff and community members; providing voluntary counseling and HIV testing services for employees and community members; medication to prevent mother-to-

child transmission of HIV; and providing ARV treatment and associated medical tests to staff and their families.

The work of *IFC Against AIDS* is structured around three pillars of action—Guidance, Training, Development and Research. These respond to the epidemic's dynamics, opportunities for private sector participation in the HIV response, and IFC's relative strengths.

## Guidance

Primarily in Africa, the guidance work equips relatively large client companies with the skills, tools and support needed to develop, implement and manage effective HIV programs in their workplaces and surrounding communities. It includes systematic hands-on capacity building within client companies (training client AIDS Committees and focal points), and within the non-governmental community (*IFC Against AIDS* identifies and trains selected NGOs across Africa to enable them to be appropriate resources and partners to the private sector, and especially to IFC clients).

In working with companies, *IFC Against AIDS* follows a client engagement process, with milestones to mark the end of each program phase, typically over 24 months. A preparation phase (Pre-engagement) is followed by three program phases: 1) Foundations of an HIV/AIDS Workplace Program, 2) Program Implementation and Partnership, and 3) Sustainability and Maintenance. The Pre-engagement phase is essentially client identification. Typically, *IFC Against AIDS* staff in collaboration with IFC investment officers, consider whether new IFC clients should be engaged on AIDS.

The “**Foundations of a Workplace HIV/AIDS Program**” phase lasts about 6 months. It is dedicated to assessing program conditions, getting senior management buy-in, and exploring possible partnerships with providers of HIV/AIDS services. IFC works with the company to highlight risk factors, vulnerabilities, and the likely impact of HIV on its operations. By soliciting evidence from various levels of the company—most of the time it's not the chief executive officer but people from lower levels of the company who see it—*IFC Against AIDS* is able to get senior managers to endorse the idea of engaging on AIDS. *IFC Against AIDS* asks the company to identify a focal point to coordinate the AIDS program, and to set up an AIDS committee, and offers guidance as the company drafts and adopts an AIDS policy statement, an AIDS action plan, and a budget.

During the second phase, “**Implementation and Partnership**”, the program begins operating and partnerships are consolidated. The company negotiates

<sup>5</sup> “Disease forcing enterprises to the wall, say researchers,” *Business Day*, South Africa, July 11, 2001.

<sup>6</sup> S. Van Eeden, S. Viviers, and D. Venter, “An Exploratory Study of Selected Problems Encountered by Small Businesses in a South African Context,” *Jnl of African Business*, 5 (1) 2004: 45–72.

<sup>7</sup> Deloitte & Touche Human Capital Corporation. *Evaluation of Workplace Responses to HIV/AIDS in South Africa: A Rapid Situation Analysis*. Johannesburg: South African Business Coalition on HIV/AIDS, 2002.

contracts with NGO partners and implements interventions such as HIV education and awareness sessions for staff and peer educators, and voluntary counseling and testing.

In the final phase, “**Sustainability and Maintenance**”, usually months 18 to 24 and on, the company and IFC capture monitoring and evaluation data, and consolidate lessons learned. The company’s AIDS program may be extended to its customers, suppliers, and partners.

Companies to which IFC has provided guidance include Odebrecht in Angola and MTN in Nigeria (more details below), Bonite Bottling Limited in Tanzania, K-Rep Bank, Magadi Soda and Serena Hotels in Kenya, and Herculite Ferrochrome (Pty) Ltd in South Africa..

**Odebrecht, Angola:** Odebrecht, an engineering and construction company headquartered in Brazil, with large construction, engineering and mining interests in Angola, earmarked US\$1 million of an IFC loan to respond to AIDS in Angola. Together, IFC and Odebrecht launched an education, prevention, and care program in the operations and communities of the company, across the country. In 2003, the Global Business Coalition on HIV/AIDS commended Odebrecht as part of its Awards for Business Excellence, recognizing the company’s exemplary contribution to the fight against AIDS, both in the workforce and in surrounding communities.<sup>8</sup>

#### **Odebrecht Peer Educators Talk with Community Members**



<sup>8</sup> To see a 12-minute video on Odebrecht’s program, please go to [www.ifc.org/ifcagainstaids](http://www.ifc.org/ifcagainstaids) (click on the projects page)

An analysis of Odebrecht’s impact data for 2005 gives a sense of the range of activities of the company’s AIDS program. The company trained 1,022 peer educators and 34 peer education instructors, and trained medical staff in the management of ARV therapy. Odebrecht also trained 42 voluntary HIV counseling and testing counselors, and tested 1,872 people (including employees and community members) for HIV of whom 182 were found to be HIV positive. The company distributed 1.6 million male condoms and 15,000 female condoms. To measure the impact of its program, Odebrecht distributed 1,600 questionnaires in a survey of the knowledge, attitudes and behavioral practices (KABP) of the staff and community reached by the AIDS program. Clinic data show a reduction in sexually transmitted infections, which are an important risk factor for HIV transmission. The company estimates that its program has reached 100,000 people across Angola.

**Mobile Telephone Network (MTN), Nigeria:** *IFC Against AIDS* has provided guidance to MTN in putting in place an extensive workplace and community HIV/AIDS program. Launched in 2004, the internal program extends to MTN’s 2,000 staff and their families. A focal point works with an HIV/AIDS committee of nine members to manage the implementation of the program, guided by the company’s HIV/AIDS policy. As part of its HIV awareness and education program, MTN has recruited and trained 220 peer educators -- about one peer educator for every 10 employees. In partnership with an NGO, Hope Worldwide Nigeria, MTN gives ARV therapy to infected staff and family members. In July 2005, the company started a community HIV/AIDS campaign, covering six states in Nigeria, through the MTN Nigeria Foundation.

IFC has contributed US\$60,000 through IFC’s Corporate Citizenship Facility (CCF) to support the activities. This money is part of the company’s HIV/AIDS program budget of 33 million Naira (US\$ 257,450).

**Magadi Soda Company (MSC) in Kenya** produces sodium carbonate (soda ash) which is used in manufacturing glass, detergents, chemicals, pharmaceuticals, baked goods and other products. The company’s HIV/AIDS action plan serves its 500+ workforce and the semi-nomadic Maasai community living nearby. “AIDS is at the heart of all our activities within the company and in the community,” says Dr. Sam Wendo, a senior medical officer at MSC and AIDS program coordinator.

*IFC Against AIDS* has worked with MSC to move their longstanding response to HIV to new levels. The company has:

- Adopted a company HIV/AIDS policy and roadmap for action
- Appointed an AIDS coordinator, and created an AIDS committee comprising human resource personnel, the Community Development Officer, safety officers, peer educators and employee union representatives, and local school head teachers, to drive priority actions
- Stepped up education and awareness activities in the company and community through 35 peer educators. MSC provides vehicles, audio-visual equipment and videos for peer education in schools and churches. Training has been offered to local leaders to enable them to participate more effectively in advocacy and HIV prevention activities. Safety briefings and training incorporate HIV and AIDS information.
- Provided free voluntary counseling and testing services to employees and the community, including nutritional counseling to HIV positive people.
- Provided free anti-retroviral therapy (ART), treatment to prevent mother to child transmission of HIV, and for tuberculosis to employees and dependants. Treatment for sexually transmitted infections (STIs) is also free for community members. Over 5 years, STIs cases have dropped dramatically from 50 to 3 cases per month. The company hospital provides other treatment and services to community members for a nominal fee.
- Developed partnerships with two NGOs, the African Medical Research Foundation and PharmAccess for training clinical staff. MSC is exploring partnerships with other organizations to offer free nutritional supplements and food to needy people living with HIV, and looking at greater collaboration with existing government programs.

**A Masai woman and her child receive medical care from a nurse in a hospital run by Magadi Soda Company, Kenya**



MSC and IFC draw three lessons from their collaboration:

1. By involving the community in decision-making, the company effectively brings the community in as an active partner.
2. Involving senior management and operational staff in the AIDS program is key to its success.
3. By positioning itself as a partner in development, a company can positively influence the health of an entire community.

## Training

Many SMEs lack financial, clinical, and human resource capacity to proactively engage in HIV education, prevention, and care initiatives. In Africa, where SMEs often account for most of a country's private sector, *IFC Against AIDS* and the Private Enterprise Partnership for Africa (PEP Africa) have developed a training program to build the capacity of these businesses to mitigate the impact of AIDS on their operations. PEP Africa, IFC's vehicle for providing technical assistance to the development of Africa's private sector, works with the private sector, governments, and donors.

The "Managing HIV/AIDS in your workplace" training program works with participants to achieve five objectives:

1. Learn facts and discredit myths about HIV and AIDS
2. Raise awareness of the impact of AIDS on their businesses, employees, and communities, by making the business case for action
3. Understand the process used to create an AIDS program in the workplace
4. Develop action plans for their companies
5. Become aware of NGO resources available for implementation.

A pilot program delivered 20 training sessions to 52 companies in Kenya, Mozambique, South Africa, and Tanzania in 2004 and 2005. As a result of the lessons learned in the pilot, the program was revamped to 1 day of initial training and 3 follow-up sessions over 12-months. Training manuals have been developed.

In 2006, 53 participants from 45 more SMEs were enrolled in the program in Mozambique, Kenya, and South Africa. Thirty two of those companies are regularly attending the follow-up sessions. NGO partners were identified in Kenya and Mozambique to help participating SMEs to implement key elements of their programs. Mummy Flowers in Kenya and Spectrum Graphics

Limitada in Mozambique are two examples of SMEs trained that have used the training to good effect.

**Mammy Flowers**, a Kenyan flower company, runs a comprehensive HIV and AIDS awareness and prevention program for the 425 farmers with whom it works. After attending *the IFC Against AIDS* training, Mary Ndungu, the CEO, crafted an HIV/AIDS policy. The policy has been condensed into a poster and is displayed on the company walls for the farmers' benefit.

Mammy Flowers has partnered with St. Luke's Clinic, a local health facility, to provide information and care to the farmers and local community. A nurse from the clinic provides information about HIV and AIDS through formal and informal sessions and education, and communication materials. The clinic provides the farmers with free voluntary HIV counseling and testing and counseling on nutrition for people who are HIV positive, prevention of mother-to-child transmission of HIV, and advice on home-based care for the sick. Farmers pay for treatment of sexually transmitted infections and opportunistic infections. On average, the clinic sees about 10 Mammy Flowers farmers a month. The company refers HIV-positive farmers who need ART to the nearby Kijabe Mission Hospital.

#### Employees of Mammy Flowers at work



**Spectrum Graphics Limitada (SGL)**, a design and printing company in Mozambique, has a workplace HIV and AIDS awareness and prevention program for its 61 employees. An HIV and AIDS policy developed in December 2005 guides the implementation of the program. SGL's managing director is the HIV/AIDS focal point, assisted by an AIDS committee comprising the marketing manager, warehouse manager, and an officer from the company's finance department.

The company has put HIV and AIDS messages on the invoices and receipts it sends to clients. Employees can help themselves to free condoms placed in the company toilets, reception area, and cafeteria. The company refers employees who need voluntary HIV counseling and testing and treatment for sexually transmitted infections to the nearby government health facilities where services are provided free of charge. The company has also partnered with the Catholic volunteer Community of Sant' Egidio, to provide antiretroviral therapy.

#### Development and Research

The function of the Development and Research pillar is three-fold: first, to systematically engage with sectors not traditionally involved in HIV and AIDS but where IFC has strong leverage, such as Financial Markets and Advisory Services; secondly, to catalyze action in regions where the HIV epidemic is in an early stage but threatens sustainable development (hot spots/emerging epidemics); and thirdly, to initiate projects which are critical to the quality of the services *IFC Against AIDS* provides.

Within the Development and Research function, the emphasis is on playing the role of a catalyst for greater private sector involvement in responding to HIV, as well as helping develop models and tools for the private sector to use.

Research and Development enables *IFC Against AIDS* to seek more systematic engagement in new business sectors and departments of IFC, and to explore and develop appropriate responses to emerging epidemics, notably in India, Russia and China. R&D also facilitates program innovations to increase the quality and efficacy of services to clients and their HIV and AIDS programs. The criteria for setting R&D priorities and activities is how well they serve the *IFC Against AIDS* mission and contribute to the demonstration effect of *IFC Against AIDS*.

#### Engagement in India

According to the UNAIDS 2006 *Report on the global AIDS epidemic*, there has been a sharp increase in the number of people living with HIV in India, from a few thousand in the early 1990s to around 5.7 million adults and children in 2005—more than in any other country. With a population of over one billion, the HIV epidemic in India will have a major impact on the overall spread of HIV in Asia and the Pacific, and indeed, worldwide. India's overall HIV prevalence rate is estimated to be between 0.5 and 1.5% (among people aged 15-49 years), but in some areas (e.g. Mumbai) unofficial estimates are as high as 4%.

When *IFC Against AIDS* engages in Africa, the message is primarily one of risk management (given the extent of the impact of AIDS on corporate costs, and the impact it has on the viability of small enterprises). In contrast, in India, engagement is really a gauge of leadership from IFC and its clients. The vision is to show that private enterprises can be partners with the government and NGOs in curbing the epidemic in its early stages. Rapidly scaling up prevention and care efforts with populations at risk and mainstreaming awareness are imperative in India. So *IFC Against AIDS*' objectives are to support projects by IFC clients in order to increase or scale-up their response to HIV and to leverage these efforts among a larger group of corporations and stakeholders.

The program aims at increasing the ability of clients to proactively address HIV and AIDS in three possible areas:

- their workplaces
- their clinical facilities
- their communities.

Four client companies (covering about 20 sites across India) are matching the funds they receive through IFC to proactively address HIV and AIDS in their workplaces, clinical facilities, and in communities at risk. Two of the four companies, Apollo Tyres and Ambuja Cement are profiled below.

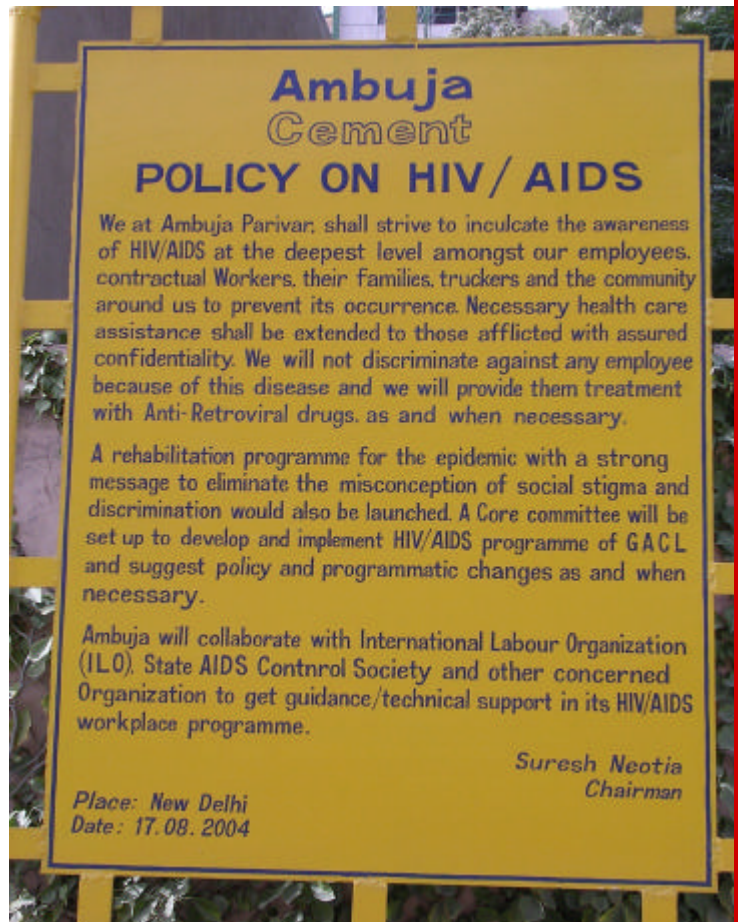
**Apollo Tyres Company**, one of India's leading automobile tyre manufacturers, has pioneered a holistic community program of awareness, education, prevention, and treatment of sexually transmitted infections among truckers. The program is reaching out to thousands of people nationwide through its outreach in the transport sector. This unique community program was launched in the Sanjay Gandhi Transport Nagar (SGTN), Asia's biggest transport township near New Delhi, and a central hub for trucks traveling all over India. Every day as many as 5,000 trucks pass through SGTN, which has a daily mobile population of 4,000 to 5,500.

The company has established clinics in four other transportation hubs across India, where truckers and other community members are treated for various health conditions including sexually transmitted infections, and have access to condoms. In partnership with CARE India, Apollo Tyres has designed behavior change communication strategies. The project is working to raise HIV awareness among on-site vendors, local small businesses, and truckers. Workshops are conducted by qualified individuals from the Indian Network for People Living with HIV/AIDS. The company is playing a pivotal role in bringing together an increasing number of stakeholders like transport unions and fleet owners into its education and prevention programs.

Apollo Tyres is using peer education to raise awareness on HIV and AIDS in its general workforce. In addition, to enhance its clinical capacity to address HIV and AIDS, Apollo Tyres will train all its factory medical officers on sexually transmitted infections and HIV including counseling skills to enable them work effectively with employees, truckers and nearby communities. This component of the program will be implemented in partnership with the International Labor Organization.

**Ambuja Cement, India:** In July 2005, Ambuja Cement, which employs 4,500 people, launched a workplace and community HIV/AIDS program in its eight manufacturing locations across India. The community outreach component targets truckers and migrant workers. An AIDS policy is communicated on the company's intranet and on large display boards at various locations across the operations.

**AIDS Policy Displayed at Ambuja Cement Factory, Himachal Pradesh, India**



At Darlaghat, in Himachal Pradesh, one of the eight program locations, 40 Master Trainers have been trained on HIV and AIDS with assistance from the International Labor Organization (ILO). The Master Trainers have in

turn trained 247 peer educators. Within a short time of its launch, by January 2006 the program had conducted 65 AIDS sensitization workshops, and its peer educators had talked with 532 people “one-to-one” and held 18 group education sessions. There had been 343 performances of AIDS films and street plays by peer educators. The company has leveraged external resources such as films and videos on HIV and AIDS which are provided by the local State AIDS Control Societies, and ILO. Large billboards with HIV and AIDS information are displayed at various locations across Ambuja’s operations.

#### **A notice board displays HIV and AIDS awareness messages at a clinic at Ambuja Cement**



Ambuja operates clinics which treat employees and their families, truckers, contractors, casual laborers, and community members. Operated primarily as out-patient facilities, the clinics have laboratories and well-stocked pharmacies. By January 2006, a total of 30,420 condoms had been sold or distributed through the clinics and other locations.

A knowledge, attitude, behavior and practices (KABP) survey was undertaken at the beginning of the program, on a sample of 510 employees from all program locations, and 400 truckers and migrant workers. The study informed program planning, and provided a baseline against which to evaluate program results.

The project team assesses that general health awareness among truckers, Ambuja employees, their families and community has improved, and stigma related to AIDS has been reduced, thanks to targeted messages and access to services. Ambuja Cement is an example of how companies can be effective in achieving results on HIV among populations and in areas that are extremely difficult for government programs and NGOs to reach because of their isolated locations.

#### **Engagement in Russia**

Russia has the largest HIV epidemic in Europe, and around two-thirds of all cases in the Eastern Europe and Central Asia region. According to the UNAIDS 2006 Report on the global AIDS epidemic, the estimated number of people living with HIV in Russia is rising towards one million.

The engagement of *IFC Against AIDS* in Russia started in 2005 with an initial assessment of the HIV situation in the country. The next step is a study to understand employer and employee attitudes to HIV, in the context of other health challenges affecting the private sector in Russia: high rates of work-related accidents, alcoholism, and heart disease and cancers. The program determined that the potential for using workplaces as venues for health messaging, and the appreciation at corporate level of how the long-term health of employees affects companies’ bottom line, would depend on how employers and employees think about health and health messages.

In December 2005, IFC initiated an Occupational Health and HIV/AIDS Perceptions Study, in collaboration with the World Bank’s Europe and Central Asia (ECA) region. The study is supported by the Finish Ministry of Foreign Affairs through the Finland/IFC Technical Assistance Trust Fund. The overall objective of the study is to gauge, collate and analyze perceptions of HIV and AIDS and other occupational health issues in the private sector in Russia. Using a variety of methodologies, mainly one-on-one interviews, a representative sample of key decision-makers, mid-level managers, and employees will be queried to find out how receptive they would be to HIV prevention and other occupational health education in the workplace. The study seeks to understand perceptions of HIV, how the perceptions arise, and what can be done to address them. Based on the findings of the enquiry, the longer-term goal is to devise tailored interventions and a communications strategy for and by the private sector.

The study will be disseminated to multilateral and bilateral agencies, as well as the local and federal government in Russia so that they can use the results to

inform their own strategic decisions on AIDS and other health issues in the workplace. It is scheduled to be completed by the end of 2006.

## Engagement in China

In January 2006, the Chinese government, with WHO and UNAIDS, jointly estimated that 650,000 people were living with HIV in China, including about 75,000 people with AIDS. Although national prevalence remains low, there are clusters of high prevalence, geographically and among sub-groups. During 2005 there were around 70,000 new HIV infections, most of them in injecting drug users, and 25,000 AIDS deaths. These numbers have to be considered in the context of China's extremely large population which is estimated at around 1,300 million.

IFC has been paying close attention to the epidemic in China and the possibility of leveraging IFC's reach to private clients in the country, to encourage them to act. *IFC Against AIDS* believes that the business case for action on AIDS in China resides in the prospect of companies enhancing their reputation and contributing to preventing the spread of HIV in China.

As a first step, IFC has commissioned a briefing book on HIV and AIDS targeted at the private sector. The briefing book will be distributed to all IFC clients in China as well as to a broader audience. It will be published in Mandarin in the last quarter of 2006. Chinese and English versions will be available on the *IFC Against AIDS* website.

## Demonstration effect and communication

Leveraging the demonstration effect of projects is essential to the strategy of *IFC Against AIDS*. The three areas of engagement—Guidance, Training, Development and Research—are rich in lessons learned. The program seeks to contribute actively to the body of knowledge on HIV and AIDS and the private sector, through IFC's communication channels and as a program. This involves distilling the lessons learned and sharing them with the growing number of clients of the program, writing up case studies, and coordinating with the World Bank, donors, international organizations, NGOs involved in HIV, business associations.

In communicating the business case, we highlight the evidence that *IFC Against AIDS* has collected about the impact of HIV on businesses, as well as the efficacy of private sector engagement on HIV and AIDS and the returns from this engagement for the companies involved, and also for the communities that benefit from the programs.

## Lessons Learned

As *IFC Against AIDS* has worked with clients to develop and implement AIDS workplace and community programs, several lessons have emerged.

**Coordinated action is essential:** The most successful programs typically involve coordinated action across four related spheres: operational, medical, managerial, and community. Each sphere has particular skills and resources which need to be identified and leveraged for a successful response to HIV and AIDS. For example, representatives in the operational area of the company can identify risks that they see at the working level, opportunities for promoting on the job education and prevention, and the health programs and services that employees need. Representatives at the managerial level of the company can champion the program, allocate budgetary and staff resources, and undertake periodic reviews of activities. In addition to identifying general health trends in the area, representatives in the medical sphere can prioritize concerns and coordinate medical programs and services. Finally, community representatives can serve as a liaison between the company and community, strengthening communication and cooperation on efforts to combat HIV.

**Accountability and responsibility matter:** Appointing a staff person to serve as a focal point, and an AIDS Committee, responsible for coordinating activities across the different parts of the company, brings accountability, ownership and focus to the process.

**Developing an HIV/AIDS policy is important:** Given the sensitivity of the subject, it is important that staff and management have a clear understanding of how the company intends to deal with employees who either are, or become infected with HIV. A company policy or policy statement informs employees of their rights and responsibilities, articulates the commitment of management, clarifies expectations, and in certain cases protects a company from liabilities.

**Keeping close to the client is important:** Many companies suspect that they may have a problem with HIV but do not know how or where to start. Other companies are unaware that a problem exists even when it may be hurting their bottom line. Working closely with the client, *IFC Against AIDS* assesses conditions for workplace and community programs that will limit the number of new HIV infections, mitigate the impact of HIV on operations, and manage existing infections. *IFC Against AIDS* has observed that keeping the link with senior management in a company should be a priority as it can have a significant impact on stigma and discrimination, by reiterating a message of respect for

people who are HIV positive, and the importance of prevention. It also influences the overall quality and strength of the program.

**Formalizing the engagement process boosts program quality:** Systemizing and formalizing the engagement process contributes greatly to the quality of the programs established with client companies, and the quality of *IFC Against AIDS* services. The client engagement process helps *IFC Against AIDS* program team members to manage the workflow and communication with clients and IFC colleagues.

**Involving and training partners are critical:** Since IFC is not an implementer, establishing relationships with, and where necessary providing training to NGOs and other service providers that will work with clients on their program implementation, is critical to the success and continuity of interventions.

**Monitoring and evaluation (M&E) matters:** M&E is an important part of any corporate HIV/AIDS program. It enables a company to measure progress against its stated goals and make informed decisions about the effectiveness of various interventions relative to costs. *IFC Against AIDS' Practical Guide to Monitoring and Evaluating Corporate HIV/AIDS Programs* is designed to help measure the effectiveness of interventions and of the program overall.

**Engaging SMEs on HIV and AIDS works:** The significance of engaging private enterprises to respond to HIV and AIDS should not be underestimated. The fact that employers have access to employees every day is their strongest comparative advantage in responding to HIV. Through its "Managing HIV/AIDS in Your Workplace" training program for SMEs, *IFC Against AIDS* leverages the untapped leadership and role of SMEs to increase the reach of HIV prevention messages and care referrals. This creates an additional channel for key interventions in the area of HIV education and prevention, and AIDS treatment. It also helps SMEs to mitigate the operational risks that they face through AIDS.

**Cost sharing yields results:** IFC's financial contribution to clients' programs helps provide the necessary resources to catalyze their programs, and provides leverage. It shows very tangibly to clients how committed IFC is to responding to HIV and AIDS.

## Conclusion

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As a result of IFC's work with companies on HIV and AIDS, many lives have been saved or changed. The program has worked with over 30 companies in Africa and India, and is in the preliminary stages of raising awareness among clients in China and assessing program conditions in Russia. IFC estimates that its AIDS program has reached out to about half a million people.

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### **References, further information**

- For more information visit [www.ifc.org/ifcagainstaids](http://www.ifc.org/ifcagainstaids)

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