HIV/AIDS and the Private Sector –
A Literature Review

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Abstract

This paper presents a review of the literature on HIV/AIDS and the private sector. It encompasses the impact of HIV/AIDS on businesses, the idea of corporate responsibility and the business response to AIDS. The literature on both subjects is limited and often dated, and extensive further research is clearly required if a robust database is to be drawn up, but the patterns that emerge from the little research that has been done are nevertheless suggestive.

HIV/AIDS has clear, though so far small, effects on a company’s workforce and its customer base. The literature suggests that skilled workers are most likely to contract the virus, and that these are extremely difficult to replace. Customers, suppliers and investors in a company are also likely to be affected by HIV/AIDS, and this effect is expected to increase as the virus spreads. The impact of intervention in HIV/AIDS on brands and reputations has received very little attention in the literature, but comparisons with business interventions in other “ethical” fields are instructive.

The paper then goes on to look at the growing debate over the responsibilities of business. It discusses corporate responsibility, looking at positive and negative motivations for involvement as well as employee- market- and brand-driven initiatives.

Any business intervention in a non-business realm will involve new partnerships, be they with NGOs, governments, or people living with HIV/AIDS, for example. Public/private relationships have often been cool, and the paper shows how both parties have to adapt if cooperation is to be fruitful. We go on to look at how some private sector firms have successfully addressed this problem in other areas. We assess the potential of private sector intervention in the HIV/AIDS field, using a series of case studies from the literature to demonstrate good practice in the tourism, mining and manufacturing sectors, as well as in other industries that are affected in some way.

The paper concludes by offering some suggestions for going forward. It assesses the effectiveness of previous efforts to involve businesses in the struggle against AIDS. And we call for more up to date research to be conducted into the impact of HIV/AIDS on firms and also for at least minimal business involvement based on the patterns of evidence so far and on companies’ own research.
22 million people have now died of AIDS and the number of deaths is certain to rise from its current level of 3 million per year. More than 36 million people are currently living with HIV/AIDS and over 5 million were infected with HIV in 2000. Infection rates may be stabilizing in sub-Saharan Africa, home to 70% of those infected with the virus, principally because relatively few high-risk individuals remain uninfected. In other areas, however, the epidemic is still growing. Russia saw more new infections in 2000 than in all the previous years of the epidemic combined, and the number of cases in Eastern Europe and Central Asia has risen by more than two thirds in the last year. With UNAIDS also voicing concerns over complacency in the West and in Asia (and with the number of young gay black men in the United States now reported to be infected with HIV rising rapidly), it seems likely that we continue to underestimate the future impact of this devastating epidemic.

For the last two decades, the response to AIDS has been led mainly by national governments and national and international non-governmental organizations (NGOs). These groups have had some notable successes. In Senegal, for example, the combined efforts of government, NGOs and Moslem and Christian religious leaders have helped to keep the country’s rate of infection below 2%. In many places, however, the epidemic is overwhelming these efforts. While the cases of South Africa and Botswana (with infection rates of 20% and 36% respectively) have been well documented, the rise of AIDS in the English-speaking Caribbean, where it is now the leading cause of death among 15-44 year olds, has caught political leaders off their guard. Owen Arthur, the Prime Minister of Barbados, has summed up the problem faced by many governments: “There has been stigma and discrimination. There has been the usual Caribbean serendipity that the solution to the problem will be found elsewhere and applied here.”

So far, however, the solutions have not been found elsewhere. Until now the epidemic has been relatively invisible (you cannot see HIV), but as it develops into a full-blown and very visible AIDS epidemic, the real impacts will start to be felt. Increased morbidity and mortality are likely to have significant impacts on national economies. One study claims Caribbean gross domestic product
(GDP) could be reduced by 4.2% by 2005 as a result of the disease,\textsuperscript{10} while Kenya’s GDP is forecast to be 14.5% lower by 2005 than it would have been without AIDS.\textsuperscript{11} Even conservative forecasts suggest that future annual growth rates of per capita income in sub-Saharan Africa will be roughly 0.30 percentage points lower than if the epidemic had not occurred\textsuperscript{12} – this in a region which registered a negative GNP per capita annual growth rate of -0.9% in the 20 years to 1995.\textsuperscript{13}

The private sector is a crucial, and increasingly important, force within the vast majority of the world’s societies. However, for much of the past 20 years, the private sector has been quiet on AIDS. Since 1997, the combined number of full articles on HIV/AIDS in the Harvard Business Review, Forbes Magazine, Fortune and Money Magazine is just 11. The New York Times, on the other hand, had published 17 articles on the subject in the \textit{month} this survey was conducted.\textsuperscript{14}

Apathy is not the only issue – a survey in Thailand showed that 12\% of businesses fire their HIV-infected staff,\textsuperscript{15} while the chief executive of Chilanga Cement in Zambia has argued that the “natural wastage” caused by AIDS deaths, “is allowing us to reach our manning levels.”\textsuperscript{16} The Levi Strauss/UNAIDS AIDS education video, put together in 1998 for employees and their families and then made available to other companies, is one of just a handful of successful business incursions into the field.

This paper assesses the issues surrounding the involvement of business in the AIDS epidemic. It looks at the effect of HIV/AIDS on workers, customers and corporate reputation. It then asks whether businesses should get involved in what has hitherto been the public sector sphere, and what both sectors can gain from business intervention. It looks at both the negative reasons for getting involved (keeping out of trouble), and the positive (looking for new opportunities). Finally, it looks at what businesses have to offer when they do decide to act, using examples of good practice to show the impact the private sector can have and to highlight particular skills businesses can bring to the fight against the epidemic. Throughout the paper, a primary purpose is to survey the available literature on HIV/AIDS and business. We therefore highlight both what is known and areas where the literature is deficient or silent.
One: What's in it for business?

In assessing the impact of HIV/AIDS on businesses, we take as our starting point what the businesses themselves say. In a 1997 UNAIDS survey of 203 companies in 14 countries, the main motives given for corporate action on AIDS were welfare of employees (46%), safety/prevention (34%), legal implications (24%), health care cost (16%) and concern for the worldwide epidemic (12%), followed by community problems, absenteeism due to illness and public image. These motives can be broadly divided into three main concerns – the effect on the workforce, the threat to the customer base, and the impact on brands and corporate reputation.

The effect of HIV/AIDS on the workforce

The effect of AIDS on the labor force is disputed in the literature. Tyler Biggs and Manju Shah, in a 1997 survey of nearly a thousand firms in sub-Saharan Africa, concluded that the impact of HIV and AIDS on staff turnover was minimal, although this situation could change as the epidemic matures. They found difficulties in replacing professional staff to be one of the most significant problems, with firms taking 24 weeks to replace a deceased professional, compared to 2 or 3 weeks for less skilled staff. Other smaller studies have shown how, at certain stages in the epidemic, HIV infections can be disproportionately concentrated among exactly these skilled workers. For example, 30% of Malawian and Zambian teachers are infected, and a study in Rwanda found the likelihood of HIV infection for a pregnant woman to be 38 per cent if her husband worked for the government, 32 per cent if he was a white-collar worker, 22 per cent if he was in the army, and 9 per cent if he was a farmer. A further study in Zaire found the highest rates of HIV prevalence were among executives (5.3 per cent), followed by foremen (4.6 per cent) and then workers (2.8 per cent). And Kenya’s agricultural sector has experienced a drop in standards, leading to a decline in profits, due to the loss of skilled labor. The theory that economically active populations tend to be instrumental in the early spread of HIV infection is a plausible one and contradicts the perception of African business leaders, as revealed in a recent World Economic Forum survey, that the disease is more of a problem for the low than the high-skilled. Epidemics may eventually become concentrated among economically-disadvantaged
populations, but only because the wealthier and better-educated have been in a position to take preventive action.\textsuperscript{24}

The absence of up-to-date and robust evidence on the overall effect of the epidemic on staff turnover forces reliance on small studies, combined with anecdotal and intuitive reasoning. The loss of a staff member through sickness has theoretical effects on (a) a firm’s stock of “know-how” and (b) the morale of other workers, as well as imposing recruitment costs. As one Kenyan company manager puts it, “If you lose someone you have trained for twenty years, that is a great loss. Condoms and AIDS education cost peanuts.”\textsuperscript{25} Furthermore, demand for trained workers may increase, further increasing recruitment costs and inflating wages, while the epidemic adds additional degrees of uncertainty as businesses make recruitment decisions. \textit{The Economist}, for example, reports examples of multinationals in South Africa hiring 3 workers for each skilled position “to ensure that replacements are on hand when trained workers die.”\textsuperscript{26}

The impact is potentially more damaging among small businesses and in the informal sector, as seen in a 1999 study of micro- and small enterprises (MSEs) and entrepreneurs in Africa. Most MSEs in the study were completely managed by their entrepreneurs, with family members having little knowledge of the business. In the event of the owner-manager dying of AIDS, the business was necessarily taken over by an inexperienced family member, reducing its effectiveness, at least for a time.\textsuperscript{27} This is backed up by a study of households with an AIDS death in Zimbabwe, which found that crop production was drastically reduced compared to unaffected households.\textsuperscript{28} Most broadly, of course, businesses must contend with the possibility that AIDS may have an impact on education systems, through teacher mortality, family illness, the growing number of orphans, and pressure on government finances. Deterioration of educational standards would reduce the skills of new entrants to the workforce, with potential but unquantified effects on business competitiveness.

Rising turnover due to AIDS mortality, and resulting pressure on recruitment, is only one example of the potential impact of AIDS on the workforce. Typically, AIDS is a protracted illness and sick workers are likely to become less productive and take more time off work. If workers’ family members fall ill, work hours may also be lost as care needs are met. Medical bills, if paid for by
companies, will also increase, although a firm’s investment in treating employees infected with HIV will be offset or even repaid by resulting increased productivity. Farnham and Gorsky have argued that in the USA, for example, a significant proportion of the costs of the epidemic are borne by the business community, due to the employer-based system of health insurance and the provision to many employees of health-related benefits. One study, summarized at Figure 1 below, has identified the distribution of increased labor costs for a small number of firms in Botswana and Kenya. Death itself can also impose significant costs on businesses. Many firms in sub-Saharan Africa are responsible for funeral costs and face additional costs as other workers attend funerals. Zambia’s largest cement factory, for example, saw a 15-fold increase in funeral-related absenteeism between 1992 and 1995. As a result, the company has restricted employee absenteeism for funerals to only those for a spouse, parent or child. Finally, within some legal systems, HIV-related discrimination can translate into lawsuits. Again, however, the literature is silent on how much such legal claims have costs businesses.

![Figure 1: Distribution of increased labor costs due to HIV/AIDS for firms in Botswana and Kenya](chart.png)

Given the inadequate literature on the tangible labor force costs that business faces during an HIV/AIDS epidemic, it is hardly surprising that intangible costs have been even less successfully
measured. Again, small studies support the intuitive belief that there must be some effect. A survey of the agriculture sector in Kenya found that motivation and labor productivity were negatively affected by HIV/AIDS-related illnesses and deaths.\textsuperscript{33} One study of entrepreneurs found that HIV/AIDS led to a loss of focus on the business,\textsuperscript{34} while the Thai Business Coalition on AIDS highlights poor morale as one factor facing businesses who fail to deal with HIV/AIDS in the workplace.\textsuperscript{35} Teamwork and co-ordination, so vital to modern business, are also threatened by AIDS, whether through sympathy for the sick and dying on the one hand, or fear of infection on the other. One extreme example of the latter occurred at New England Bell Telephone in the US, where employees left work (in the presence of television cameras) in protest against working with a colleague who had AIDS.\textsuperscript{36} On a more positive note, community involvement by a company can have a very positive effect on morale, as former Chairman of Grand Metropolitan (now Diageo) Sir Allen Sheppard has said: “Of all the aspects of corporate life which influence employees’ attitudes and motivation, none is more important than the active contribution made by the company to the communities where it operates.”\textsuperscript{37} No broad study has been completed, however, detailing the effect on employee morale and productivity in a country with a serious and sustained epidemic.

A number of the studies relevant to the impact of AIDS on businesses through the labor force are listed below – and more are detailed in Appendix 1. Most of these studies suffer from small sample sizes and cannot necessarily be relied upon individually. However, a pattern of small but significant impacts seems to emerge. The case for updating the work of Biggs and Shah therefore seems compelling, in order to test suggestions that, as the epidemic deepens, the impact on the workforce is growing to levels that may prove critical for some businesses or even industries:

− **Benin:** In a 14-firm case study, 50 per cent of those identified as HIV positive held positions considered ‘important’ by the firm. The firms have noticed increased absenteeism. They are holding salary levels constant but reducing workloads, which leads to increased costs and reduced profits.\textsuperscript{38}

− **Kenya:** One company experienced a 40-fold increase in funeral expenses between 1992-93 and 1996-97. During the same period, 41 per cent of the employees left the company because
of illness or death. Healthier workers had to work overtime – increasing direct overtime costs and possibly indirect costs, such as stress and reduced efficiency among overworked workers.\textsuperscript{39}

- **Tanzania**: One company experienced a five-fold increase in its medical care costs per employee during 1993-97 and has now instituted a cap on expenditures per employee. At the Tanzania-Zambia Railway Authority, medical costs associated with AIDS-related illnesses increased in one year to 1995 by 63 percent.\textsuperscript{40}

- **United States**: A scenario study constructed scenarios of the economic cost of hiring a single HIV-infected person under 4 settings (high-cost city, large firm); (high-cost city, small firm); (low-cost city, large firm); (low-cost city; small firm). It included the following costs likely to be borne by firms hiring HIV+ people – health insurance/medical care of employees with HIV, life insurance benefits, sick leave and costs of disability payments – before deducting any monetary benefits in terms of pension savings (offsets) resulting from early death, and adding any hiring and training costs of replacement employees. After discounting (since the death from AIDS of a person infected with HIV at the time of hiring, occurs in the future), the estimated cost of hiring an HIV-infected person is US$31,800, US$20,600, US$4,400, and US$2,300, respectively under the four scenarios.\textsuperscript{41}

- **Zambia**: At Barclays Bank, the death rate among employees rose from 0.4 per cent in 1987 to 2.2 per cent in 1992 (the company lost an average of 36 of its 1,600 employees annually to HIV/AIDS). *Ex gratia* payments to families increased by nearly 350 per cent between 1991 and 1992. The bank also paid increased funeral costs. More than 70 per cent of the deaths occurred in those under 40.\textsuperscript{42}

- **Zimbabwe**: At a large firm of 11,500 workers, which offers significant health benefits to its employees, a study estimated 3,400 HIV-positive workers in the firm, with 64 having so far died of AIDS. It estimated the cost of AIDS in 1996 to be 20 per cent of the company’s profits, with
half the costs due to increased health care. By the year 2005, the costs are projected to triple.43

*The effect on the customer base*

Companies have a relatively high degree of control over, and information about, their workforces, but much less about their customers. Clearly, with AIDS beginning to have a substantial impact on the demographic profile of the most-affected countries, markets are changing, but how much effect this will have on businesses is only beginning to be studied.

The theoretical effects can be quickly outlined. The group hardest hit by AIDS – young adults of working age – is also the major source of demand for goods and services. Caring for people living with AIDS is expensive, so while certain industries – principally health care – will see increased demand, most others will see spending redirected towards caring costs. In addition, those who are sick are less likely to work and therefore will have less money to spend, and there may also be an eventual deterioration in the whole macro-economic environment.44 As Daly has said: “HIV/AIDS affects people within their most productive years…The result is a reduction in savings rates and disposable income…In the long run, this has the…effect of reducing the market size for business.”45 There are also potential effects on foreign direct investment (FDI), tourism and export markets. A healthy population is believed to be a vital determinant of FDI, while tourism is highly vulnerable to the tourist perception of the “desirability” of a destination. Overseas buyers may also be discouraged if, for example, they lose confidence in the reliability of supply from a country. Larger businesses are also exposed through their supply chain, which is usually populated by large numbers of much smaller companies, and must ultimately face the judgment of financial markets, with potential effects on share prices and credit ratings if HIV/AIDS is believed to have increased the risk of the company’s business.

Governments in the hardest hit countries will also be forced to redirect spending towards health, leading to a reduction in spending on items favorable to growth, such as infrastructure investment and education. This will ultimately feed through negatively to private sector performance. As Cuddington argues: “In economies in which the public sector bears a large proportion of medical
costs, the government must make difficult decisions about how to finance medical expenditures as AIDS-related spending rises…. To what extent should other current or capital expenditure, or both, be cut?\textsuperscript{46} This impact could be avoided (or at least mitigated) if firms were to take an interest in curtailing HIV transmission in the early years of the epidemic, rather than leaving it to governments.

As would be expected, much research into the potential impact of HIV/AIDS on markets has been carried out by individual businesses, presumably as part of their wider market research effort. While this research is likely to have been useful to the commissioning business, it is far less likely to persuade other businesses to act, other than through a “follow the leader” pattern, where lesser players within an industry are influenced by the activities of a competitor they regard as far-sighted. Academic studies, or those run by business associations, are therefore likely to have a broader impact. Five studies are described here, with others outlined in Appendix 1:

- **Cote d’Ivoire**: A 1997 study showed that monthly consumption per capita of families living with AIDS was roughly half that of the general population.\textsuperscript{47}

- **Japan**: The epidemic in Thailand was expected to cost Japan 1.2% of its gross national product (GNP) in 2000 due to the weakening of Thailand as a potential market.\textsuperscript{48}

- **Rwanda**: Average annual health expenditures were $63 per capita for households living with AIDS, compared to $3 for non-affected households – less than 30% of households could afford the costs of healthcare from their own resources.\textsuperscript{49}

- **South Africa**: In 1998, the JD Group (South Africa’s leading furniture retailer) performed its own research on the potential impact of the epidemic on its markets and customer base. It used a forecast of HIV prevalence among its customers, expecting an increase from 15 percent in 2000 to 27 percent in 2015. It suggested that changes in demography would reduce the customer base by 18 per cent by 2015.\textsuperscript{50} With increasing illness and death, customers will have less to spend and be less creditworthy.\textsuperscript{51}
- **Zimbabwe**: An insurance company estimated that 45 percent of claims were AIDS related in 1995-96. It began restrictive practices, such as testing before entry, excluding high-risk groups and inserting clauses that restricted benefits if death related to HIV/AIDS.\(^5\)

**The impact on brands and reputations**

A wider perspective on the impact of AIDS on businesses – especially larger businesses – involves a consideration of the overall impact of the disease, rather than its impact on specific components of its operation. Such a holistic perspective normally focuses on brand (a term that encapsulates the values, image and character of a company and/or its products, seen through the eyes of a target market and other stakeholders\(^5\)) and corporate reputation, whereby the “goodwill” that attaches to a company is seen as a valuable asset.

Brand and corporate reputation have an indirect, rather than direct, effect on the bottom line, although markets demonstrate their belief in the importance of brands by valuing some companies’ brands at higher levels than all their fixed or tangible assets. This indirect relationship is demonstrated clearly in the case of pharmaceutical companies, many of which have experienced increased profits from patents on AIDS drugs, while simultaneously facing damaging public criticism that is inhibiting their ability to operate. As a spokesman for Roche Pharmaceuticals admitted recently, “In the last 18 months there have been activities and charity events [for HIV/AIDS] earmarked as PR efforts, and the firms involved got bashed for wasting time and money. This is no time for PR activities, but for real world action... The way that the debate is panning out – and with a groundswell of public opinion – companies cannot expect to be left alone.”\(^5\)

Pharmaceutical companies have seen isolated NGO action develop into broad-based and uncontrollable campaigns. Their experience demonstrates the need for companies to respond to challenges to their reputation well before an effect on profitability is discernible.

The literature so far has little to say about the effect of AIDS action/inaction on the brand and reputation of non-pharmaceutical businesses, but problems in other areas, such as child labor, provide precautionary examples. Activist protest – facilitated by improvements in electronic communications and the greater transparency forced on companies by globalisation – has shown
itself to be an effective tool for articulating more broadly-felt disenchantment. An inability to effectively target HIV/AIDS has the potential to build on concerns about the role of science in society, the future of globalisation, and the power of transnational business. As a recent article in Science warned: “Rational selection of interventions [in HIV/AIDS] needs consideration within a much broader context than cost-effectiveness, which calculates return on a limited and short-sighted basis. Globalisation will be fatally undermined if it continues to act as a vehicle for greater inequality.” A 1999 AmfAR paper summed up the opportunities: “While the public in many countries is dubious about the benefits of the global economy, most businesses and economists are convinced it is essential to future prosperity. An effective, business-based global campaign [on HIV/AIDS] will tell quite new stories about globalisation and assert that the move towards interconnectedness is about international security and cooperation, as well as money.”

As well as potential bad will towards a firm created by bad publicity, there is also scope for substantial positive effects on a brand. As McIntosh et al have said, “The rise of AIDS and HIV grants employers the opportunity to provide leadership in one of the major crises of the century.” It thereby enables firms to demonstrate their importance and influence in society. There are few high profile examples of action on HIV/AIDS, although Levi Strauss, United Distillers and Northwest Airlines have reported improved community relations and even increased sales after being associated with work on AIDS.

A large international survey conducted in 1991 lends further weight to the idea that consumers' decisions can be influenced by good corporate behavior. The study found that, with quality and innovation now increasingly taken for granted, customers are beginning to look to factors such as environmental responsibility, community involvement and good treatment of employees as means of distinguishing between brands. Consumers are not naïve enough to think that companies will be altruistic, however – indeed, many are suspicious of activities which are presented as altruistic – but “companies which…sharpen their reputation in areas like the environment…fair trading, community involvement and ethical marketing could see competitive benefits.” Sir Allen Sheppard agrees: “Customers are increasingly looking through the front door of the companies
they buy from. If they do not like what they see in terms of social responsibility, community involvement, equality of opportunity, they won’t go in.\textsuperscript{60}

\textit{Weighing the evidence}

The literature on the impact of AIDS on workforces, customers and brands has shown itself to be exceptionally patchy, with, at best, evidence of small and possibly growing effects. AIDS can increase workforce turnover and the problem is likely to be most serious when highly-skilled workforces are effected. Markets in many countries seem certain to shrink and deteriorating macro-economic conditions may make some regions undesirable, or even more undesirable, “places to do business in.” Brand and reputation, meanwhile, are important to many modern businesses and action on AIDS presents an opportunity to protect or enhance these assets.

The inadequacy of the current research base raises two questions. First, should more research be prioritized? Second, if so, what kind of research should be carried and by whom should it be conducted?

We would argue that the answer to the first question is probably a qualified “yes”. As the epidemic deepens, so will the effects on businesses change, meaning that some of the more robust studies may have little to tell us about the current situation, let alone the one that businesses will face in ten years. However, researchers need to be clear about their motivation in conducting research studies. Currently, research that demonstrates effects is widely publicized by advocates for private sector involvement in combating the epidemic, while research that fails to show an impact is glossed over. Such advocacy works from what most accept as a self-evident truth – that terrible epidemics do great harm to societies and that businesses, as one component of those societies, will therefore suffer too. In many cases, this “self-evident truth” may prove just as powerful a motivator to action for businesses as a study that may take some years to complete.

Advocates, therefore, might find their case is best served by putting tools in business’s hands, which enable them both to understand the effects of the epidemic on their own business environment and to plan commensurate action. Bigger businesses continually strive to understand
the conditions they operate in and to take planned action to minimize threats and maximize opportunities. By empowering individual businesses, widespread, decentralized action may therefore be unleashed. The work of the South African national hospital group, Netcare, and independent employee health services company, Lifeworks, provides an example of this approach. Their ‘AIDS Impact Calculator’ uses a simple Excel spreadsheet formula based on an actuarial model to help companies calculate the impact of HIV on their workforce. A series of actions is then suggested, including a trust-fund model that enables companies to take prescient action in order to meet future costs from the epidemic.61

These tools are particularly apposite given findings from a Family Health International (FHI) HIV prevention project in mining communities in South Africa. The organizers found that demonstrating the public health impact of the project to the mining companies via data collection and cost-benefit analysis, was “probably most instrumental in ensuring continued support and expansion of the project.”62 Proving the effects of HIV/AIDS is an important way of bringing businesses on board.

Having looked at the impacts of HIV, this paper will now move on to the actions companies can take and the rationale for those actions, with a particular focus on the emergence of corporate responsibility as an important driver of business activities.

Two: Corporate responsibility – assessing the benefits

The debate over the responsibilities of business is centered on the argument over business’s main goals, and the extent to which businesses should focus on these primary goals to the exclusion of any secondary aims.

The economist Milton Friedman suggested that, “there is one and only one social responsibility of business – to use its resources and engage in activities designed to increase profits.”63 Throughout the 1980s and 1990s, this view influenced a focus on “delivering shareholder value” as the priority of business.64 A side-effect of this focus on shareholders has been a growing demand for accountability from firms, with management decisions influenced primarily by shareholders, and managers standing or falling on the profit they deliver. This shift in focus has contributed to
increased power and prestige for communication departments, with most top corporations devoting considerable resources to shareholder communication.

However, the scale and importance of business in modern society has grown with globalisation, and the powerful effects which businesses have on those who come into contact with them have led to calls for a broadening of this accountability from shareholders alone to all stakeholders.\textsuperscript{65} The weakening regulatory power of governments over companies which now span international and continental borders, and the internet-led globalisation of the media (which means that bad conduct abroad can be pounced on by local campaigners and quickly transmitted to consumers at home) have added to the pressure on firms to behave well.\textsuperscript{66} Many companies are responding to these demands, whether for utilitarian reasons or for purely ethical ones. Others, however, are going beyond the demands and taking on responsibilities beyond their core business.

The factors motivating a business to take action are complex, with different businesses devoting varying proportions of their resources to actions that offer short, medium or long-term payoffs. This section explores some of these factors, while also examining the nature of the relationship between business and other actors in the public sector and civil society. Business can make some social contributions on its own, but most work will be done in partnership with other types of organization. We therefore explore the extent to which a failure to form adequate partnerships has inhibited previous public/private activities. Part 3 will return to a narrower discussion of corporate responsibility and AIDS.

\textit{The nature of corporate responsibility}

Corporate responsibility begins in the workplace. By abiding by the law, respecting workers rights, and being honest in its dealings with customers, a company acts responsibly.\textsuperscript{67} However, the rise of globalisation\textsuperscript{68} has led to increased pressure, first from NGOs and then from consumers, to move beyond what regulation demands of them.\textsuperscript{69} This means moving into the realm of “public goods”. An understanding of the concept of public goods is crucial to the idea of corporate
responsibility, since a business’s socially responsible activities will be judged on their impact on both the public good – that is, the impact of the activities on society – and the private good of the company itself.

Economist Amartya Sen has defined public goods by contrasting them with private goods, such as a toothbrush or an apple, which “either you can use or I, but not both. Our respective uses would compete and be exclusive.” He continues: “This is not so with public goods, such as a livable environment or the absence of epidemics. All of us may benefit from breathing fresh air, living in an epidemic-free environment, and so on.” 70

Markets are poor at looking after public goods because their uses are non-competitive. Businesses, and their shareholders, have been reluctant to get involved because the benefits accrue as much to others as to themselves. They have therefore left public goods largely to public sector organizations.71 However, with the public sector worldwide coming under increasing strain and businesses being pressured to contribute in some way to the society in which they exist, the separation of public and private goods is being re-examined. Companies and their shareholders are realising that few goods are purely public goods and that many have clear benefits for the private sector.

Certain public goods are fundamental to business’s existence. Most companies would struggle to survive in a completely free market governed by narrow self-interest alone. Growing importance is now attached to the institutions which are needed to allow markets to thrive. As Sen and others have shown, free-market attempts to build market economies in Eastern Europe and the former Soviet Union have been hampered by institutional weakness.72 Strong institutions (such as effective legal systems, for example) are a public good which benefit both society and business. Strong health systems are another.
Conversely, most public sector organizations, from political parties to NGOs, already rely to some extent on financial, and sometimes other forms of support either from companies or individuals working in the private sector.

Both businesses and public sector organizations, therefore, are already benefiting to some degree from each other’s work. And direct business action in the social sphere further blurs the public/private divide. A business moving into the public good arena is unlikely to tackle any issue on its own. It is likely to be in partnership with a variety of organizations which are accustomed to working in the public good realm. These organizations will often share some of the private company’s motives for involvement (NGOs, for example, may need to build their profile in order to gain support). Moreover, in many cases intervention by private and public sector actors will depend on the other’s involvement. A company’s financial investment in an issue, for example, will be more successful if the public sector is already doing the groundwork in the area, while a public sector entity may see its own efforts facilitated by a large injection of finances from a private company.

The result of this blurring of public and private goods is the entanglement of public and private motivations, to the point where it becomes impossible to measure how much of the value from a good is benefiting the public and how much is accruing to the private sector actors. In other words, because a good has public and private components, and because of the involvement of different actors for different motivations, it becomes impossible to objectively draw a line between public and private goods.

Judgments about what constitutes a private or a public good can therefore only be made from the point of view of each actor – with each participant making a different judgment. With most interventions in public goods benefiting the organization involved in some way, businesses will have to make subjective judgments on both whether and how far to go beyond their core business. The following model provides an outline of the decisions to be addressed.
Reasons for business involvement in social issues are either negative or positive.

- **Negative** motivations are inspired by the desire to protect a company from problems. Motivations might include a wish to avoid litigation or avert bad publicity, or not to be left behind by competitors who are taking the lead on corporate responsibility. Spuma M Rao (1996) has shown that bad publicity due to unethical conduct over the environment has a significant and long-term impact on a company’s share price. Many negative interventions will be a response to demands, either from employees, shareholders, the public sector or civil society. Companies which act due to negative motivations are unlikely to take risks in their social activities, and more likely to participate in consensual actions, possibly in partnership with other businesses.

- **Positive** motivations are likely to be spurred by a desire to seek new business opportunities and stand out above competitors. Boosting employee morale, raising corporate profile and contributing to society are powerful drivers for many of today’s most innovative companies. For firms with positive motivations, individuality is likely to be more important than consensus.

Some companies may have both negative and positive reasons for involvement. If a whole industry is under attack, as the oil industry has been over the environment and the pharmaceutical industry has been on AIDS, companies will take actions in order to avoid further bad publicity. However, many will also be keen to stand out above competitors within their industry, which provides a positive motivation for action.

Within this framework, socially responsible actions can have effects on three areas of a company’s business – the workforce, the market and the brand (see model below). These three areas mirror the areas on which HIV/AIDS has the biggest impact.
As the diagram shows, increased levels of involvement in each area can lead to increased impacts on a business. All of these actions can lead to positive effects on both society and business. As we shall see in Section 3, the most successful incursions are those which have a) the greatest saliency for a company’s core business, b) the most relevance to a company’s stakeholders (including staff, customers, suppliers and the community), and c) the best fit with a company’s skills and expertise. These considerations are likely to form the main criteria for a company’s decision on how and where to act. Interventions may range from providing expertise and counsel, through staff volunteering programs, to financial aid, depending on both the issue and the company’s skills and motivations.

As we have seen, any business intervention in the public good sphere is inevitably going to involve partnerships. Be they with other businesses, NGOs, governments or the public, companies that decide to invest time and money in corporate responsibility are unlikely to be acting alone. The crucial and often thorny issue of public/private partnerships will now be discussed.
Partnerships

The relationship between public and private sectors has traditionally been difficult. The private sector has often looked on governments and NGOs as inefficient and bureaucratic. The public sector, on the other hand, has tended to view business as inherently selfish. A recent Economist article on the Prince of Wales Business Leaders Forum sums up the problems:

“The old tensions between business and charity remain. Robert Davies, head of the Prince of Wales Business Leaders Forum, finds that workshops to teach WHO and other UN officials how to work with firms often disintegrate into shouting matches, with the bureaucrats accusing businessmen of immorality, while they are lambasted for corruption and inefficiency.”

William Muraskin’s damning report on the Children’s Vaccine Initiative (CVI), which collapsed after years of squabbling between public and private sector scientists, provides another example of the difficulties involved. The CVI was conceived by the World Health Organization (WHO) as a means of increasing investment in vaccines and facilitating their distribution. However, the public sector scientists who specialized in the research needed to discover the vaccines could not be persuaded of the value of the private sector’s ability to both develop and distribute their discoveries. They saw themselves as on a crusade to save lives and regarded business as immoral. For the private partners in the CVI, on the other hand, profit was seen as the engine that drove innovation, and they regarded the public sector scientists as untrustworthy, capricious and wasteful of resources.

As ever, the situation is more complex than the warring parties acknowledge. The public sector purports to be on the side of the public, the private sector on the side of business. However, people who work for businesses are also members of the public who are concerned about society. Businesses also have to balance the concerns of a variety of stakeholders, including their shareholders. Conversely, those who work for NGOs often have radical reputations to protect and are not keen to be seen to be working with those whom they and their predecessors have spent many years haranguing.

There are some signs that a softening of the battle lines is already taking place in some areas. Unilever has collaborated with the World Wide Fund for Nature (WWF) to conserve the world’s fish
stocks, and McDonalds’s work with the Environmental Defense Fund (EDF) in the US – where one of the conditions of the partnership was that EDF representatives would each spend a day working in a McDonalds outlet - has helped it to cut waste and increase use of recyclable materials.

McDonalds’s idea of taking on EDF people as staff for a day recognizes the need to understand the circumstances of the “opposing” parties if collaboration is to be productive. The UK’s Marks & Spencer (M & S) retail chain has also taken this on board in its own community initiatives. M & S has 35 staff on full-time and 200 on part-time secondment to charities, reasoning that the company itself gains from both the new skills learned by the secondee and the boost to the company’s image, while the charity gains from the business skills and the fresh approach to problem solving that the secondee brings. The secondee gains an increased understanding of the public sector and has the chance to contribute to the community. This policy helps to increase knowledge of each other’s work and also, importantly, each other’s working methods. Governments, for example, tend to think in much longer timescales than most businesses, and both parties can benefit from learning about other approaches to time planning.

Success in tackling public goods has potentially positive impacts on both public and private sectors. A recognition of the mutual benefits, and of the impossibility (as shown above) of quantifying which side is profiting most, will facilitate cooperation. The private sector needs to be frank about its motives and to realize the pressures the public sector is under. Engagement is the best way to get NGOs on side (the likes of clothing chain Gap, which has faced repeated global protests against its Asian sweatshops, have seen how ignoring protests often serves to exacerbate tensions), and their support will be essential as businesses enter this new market - NGOs which have spent time working on an issue are likely to have built up strong networks of contacts as well as an invaluable knowledge base and public credibility. In turn, NGOs and governments must be prepared to make compromises on their traditional anti-business positions, realizing that, overwhelmed as they are by public good issues such as AIDS, working with the private sector can offer a new approach to tackling the problems. UNAIDS has outlined 10 “key dynamic pathways” that all parties should adopt to facilitate cooperation. These include, among others, acknowledging the drivers that have brought parties to the table; being open about agendas and having an agreed
common purpose; bringing a facilitator on board who can inspire and mediate between groups; and understanding what resources and skills each group brings and how they fit with what is needed. Such clarity can help the private and public sectors to realize that they, as well as those affected by the issue they are working on, can gain benefit from each other’s knowledge.

Three: What has business got to offer?

Sector-specific case studies

If the private sector does decide to get involved in fighting AIDS, it has plenty to bring to the table. The skills prized in the business world are not always prevalent in the public sector. Speed, efficiency, innovation, creative marketing and leadership are all more commonly found in a profitable business than in a government bureaucracy – and all are urgently needed in the fight against AIDS. Business also has more money and more political influence than most NGOs. Private sector skills need not impinge on the extremely valuable work that many NGOs and governments have done in combating the virus: they should instead act as complementary factors.

UNAIDS has grouped the resources business offers under material assets (such as premises, equipment, transport and delivery systems, and money), network of contacts (workforce, customers, other businesses, access to governments, international reach) and skills base (management and communication skills, monitoring capacities, information technology skills and employee knowledge). If these can be combined with teamworking skills and cooperation with the public sector, important advances will be made.

As we have seen, different companies will have different reasons for getting involved. Interventions will be either employee-driven, market-driven, brand-driven or a combination of the three, depending on both the geographical area and the industry in which a firm is positioned (if a US company with no dealings in Thailand decides to donate money to a Thai AIDS charity, for example, its motivations are likely to be mainly brand-driven, whereas a South African engineering firm’s motivations for action on HIV/AIDS will be largely employee-driven. A multinational company
with both employees on the ground in badly affected areas and consumers in unaffected areas will likely be influenced by all three motivations).

Some examples from the literature of businesses putting these resources to good use follow (further details can be found in Appendix 2). Although they make up a limited sample and can not be held up as proof that private sector involvement works, all involve companies playing to their strengths while working successfully with public sector groups to achieve common goals – further emphasizing the potential of private sector intervention.

From these examples, it can be clearly seen that the companies referred to are all following the corporate responsibility model outlined in Part 2. Some interventions have negative motivations, others positive. All have impacts on employees, markets or brands, with the impact increasing as involvement increases. Examples from similar industries are grouped together, with a focus on the sectors most likely to benefit from an HIV/AIDS strategy:

Tourism:

HIV/AIDS has the potential to impact on tourism in all three of the ways outlined above. Tourism workers on the ground may be affected due to their mobility and their exposure to highly mobile people; tourism markets may be affected in high-prevalence areas as the necessary increased spending on health limits funds for luxuries such as holidays; and brands may be affected if customers perceive that a country is ravaged by AIDS and therefore unsafe, or that a travel company is making money from a country where a third of the adult population is dying without doing anything to help.

Multinationals like Thomas Cook and American Express, who have workers on the ground in affected areas as well as customers in countries where brands are major factors, will have to grapple with all these issues and devise separate, but possibly linked, policies for each. Local companies, such as a hotel in Zimbabwe or a coach company in Thailand, may need to focus more on employee-driven actions, though there may also be pressure from the bigger firms who supply them with business if the latter have corporate responsibility programs in place.
**Regent Hotel**, Bangkok, Thailand, has a strong workplace program of HIV/AIDS prevention and awareness, backed by strong commitment from top management. The program focuses primarily on its 650 employees, although it also includes some community outreach and modeling of good practice to other businesses. New staff are given AIDS-related training and a number of other activities keep HIV/AIDS in the limelight (posters, AIDS quizzes, fundraisers and World AIDS Day Activities). The Hotel also participates in a UNICEF-supported project for training young girls (see below). The Regent Hotel has also helped develop an AIDS Workplace manual for the hotel industry.

**Youth Career Development Program in Thailand** (Chaturvedi 1998, UNAIDS, 2000a) was a joint program between UNICEF and eight of Thailand’s leading hotels aimed at lowering HIV rates in Thailand and thus protecting both potential employees and the country’s image as a tourist destination. The scheme was designed to stop young rural women from becoming sex workers by providing them with economic security. The project provided both vocational training in hotel work and education about HIV/AIDS and children’s rights, with the hotels providing training support, uniforms, meals and stipends and UNICEF paying for the training and accommodation. Most of the trainees are now employed in the hotel industry, although the program only covered 135 young people from 1995 to 1998, so its effect on HIV infections is unclear. However, the scheme was endorsed by the Congress of the International Hotel and Restaurant Association (a global industry network – see below), and worldwide implementation of this type of training program is being considered by the industry.

**International Hotel and Restaurant Association (IHRA)**, Paris (Daly 2000). This world-wide trade organization of over 750,000 hospitality operators, associations, and suppliers in more than 150 countries represents the interests of the hospitality industry - an estimated 300,000 hotels, 8 million restaurants and 60 million employees.

The Association was concerned that employees and customers of the hospitality industry were likely to be affected by the HIV/AIDS epidemic. It also felt that HIV/AIDS prevalence in countries could have deterrent effects on the number of tourists visiting those countries. Having researched
the impact of health issues on the industry, therefore, IHRA joined up with UNAIDS, NGOs working on AIDS issues and the Thai Business Coalition on HIV/AIDS to develop workplace programs and guidelines for its members. These guidelines included information about facts related to HIV/AIDS, occupational risks and ways to avoid infection, examples of effective workplace policies, methods for extending the work into local communities outside the workplace, and a directory of organizations that could assist in the development of programs related to HIV/AIDS.

**Northwest Airlines**, US (Steckel et al, 1999), realizing that it had a captive audience of passengers that demanded entertainment, set up the ‘Air Cares’ program – a partnership with, among others, the Pediatric AIDS Foundation – to promote ethical causes to its customers. Using in-flight videos, articles in the airline magazine and bonus air miles for passengers donating $50 or more, Northwest delivers its fundraising and public awareness messages to 40 million passengers a year while simultaneously entertaining and educating them, and raising the company’s own ethical profile.

The literature on incursions into the HIV/AIDS sphere by the tourist industry is so far thin. It is especially thin in terms of brand- and market-driven incursions by multinational firms who are either directly involved with or benefit from tourism. However, as the profile of the illness grows as the number of deaths increases, public expectations may also shift. Airlines, credit card companies and tour operators who are looking to the long-term and neither wish to see popular tourist destinations decimated nor their brands subjected to tough questions may benefit from positive action in the struggle against HIV/AIDS.

**Mining:**

The mining industry offers a good example of the potential impacts of HIV/AIDS on a company’s employees and can be seen as a microcosm of the problems facing the industrial sector as a whole. For mining, read also trucking, construction and manufacturing – all industries where workers tend to be away from their families for prolonged periods, moving between different geographical areas is common, shift work is the norm and cottage industries (often including the sex industry) tend to grow up around the mines and factories. Such conditions are fertile ground for
HIV/AIDS and, as we have seen in the studies on workers in Section 1, it tends to be the more skilled workers who are affected first. Although the unskilled workers who occupy most mining and manufacturing jobs are easier to replace than white-collar workers, training any new employee is both time-consuming and costly, and the long-term effects of HIV on company morale are difficult to quantify. Furthermore, as the experience of Nike clothes manufacturers in South East Asia has shown, clients are putting increasing pressure on suppliers of raw materials to mirror their own ethical practices.

Programs in the mining industry have tended to focus mainly on a company’s employees and the surrounding community – in particular the sex workers in that community.

**Anglo Coal**, South Africa (Daly, 2000), collaborates with trade unions and surrounding communities on HIV/AIDS programs. The project was inspired by a mine managers’ fact-finding trip to Zimbabwe, which warned them off the potential impact of HIV on employees, local communities and company operations.

The company, which has 10,500 employees, has used its data collection systems to collect statistics on absenteeism and opportunistic infections and to measure AIDS awareness among its employees. As well as internal efforts involving condom distribution, awareness programs (using theatre and video presentations) and counseling, Anglo Coal has also formed partnerships with local government authorities in providing mobile STD (sexually transmitted disease) clinics for outside communities and programs promoting healthy lifestyles and better nutrition.

In 1996 the company also started the Kriel Project along with Eskom, Ingwe Coal, the University of Zimbabwe and local authorities. This promotes safe sex practices through education of sex workers and their clients and condom distribution, with Anglo Coal providing training and technical assistance.

**Harmony Gold Mining Company Ltd.** South Africa (Family Health International, 2000), set up the Lesedi HIV/AIDS Prevention Project in its Virginia mining community in 1997 with NGO Family Health International (FHI). Most of Virginia’s 4,000 miners are migrant workers from other parts of
South Africa and neighboring countries. Harmony was concerned at the number of its workers falling ill with AIDS-related illnesses. Its initial prevention efforts, which focused on educating employees and making condoms more accessible, were unsuccessful in changing sexual behavior, as miners underestimated the risks of unprotected sex with local sex workers, who themselves had little knowledge of sexually transmitted infections (STIs) and poor access to preventive services.

The company therefore decided to target the sex workers. FHI and the South African Institute for Medical Research worked with Harmony Hospital to design a pilot intervention to improve access to STI preventive and curative services for these women. A mobile clinic was put in place, under the charge of a nurse, and services included monthly presumptive antibiotic treatment doses for STIs, condom provision, and information about HIV and other STIs. The program was supported by initial activities of outreach workers who sought to promote clinic attendance among the women. To encourage follow-up visits, a few regular attendees were recruited as peer-educators to build community trust in the program.

The project has now expanded into other mining communities, and two other mining companies – Gold Fields Ltd and Joel Mine - have got involved. FHI estimates that, by providing treatment and education to 400 women, 40 HIV infections among women and 195 among miners were averted, with savings to Harmony of US$540,000 in medical costs alone.

**Manufacturing:**

The manufacturing sector generally has more contact with the public than the mining sector, so many manufacturing firms' approaches to HIV/AIDS go beyond a focus exclusively on employees and their communities to market- and brand-driven responses.

**Eskom**, South Africa (UNAIDS 1999d) – an electricity company with 38,000 employees, made HIV/AIDS a strategic priority in 1998 in response to projected infection rates among employees of 26% by 2005. Although its first actions were employee-driven, Eskom later broadened its focus to
use its AIDS interventions to boost its brand among the wider South African public, and also to protect that public.

The company set up a strategic committee to monitor the virus - via anonymous testing - and its impact on employee morale and attitudes, along with an operational committee to oversee awareness and prevention campaigns. Counseling and treatment are provided for those infected with HIV. The company also collaborated with government and NGOs on an education campaign for the wider community, and it makes regular broadcasts on national and regional radio stations. It also provides substantial funding for NGOs working on AIDS prevention and for vaccine research. Amongst other follow-up activities, Eskom has helped other employers start their own programs and is an influential member of South Africa’s Business Council on AIDS. Studies have found a high level of HIV awareness among Eskom’s employees, lowered levels of discrimination against HIV+ staff and greater willingness to report HIV status.

Get Paper Industry, Nepal (Global Business Council on HIV/AIDS 1998) operates a public education and prevention campaign, making health education available to the surrounding community. The company set up a specialist health organization in 1993 to carry out HIV prevention work and raise funds. Over an 18-month period 17,000 people were contacted through individual outreach, another 43,000 were contacted through community events, and 18,000 condoms were distributed. GWP established AIDS information booths for truck and bus drivers at an exit point in the Kathmandu valley. Work has involved sex workers, migrant workers, and police. The program now covers 12 percent of the country. Despite increased outside support, the company puts 25 percent of its profit into the GWP program.

Tata Iron and Steel Company Ltd, India (Global Business Council on HIV/AIDS 1998), has acted to protect its employees and their families at the same time as asserting its leadership credentials by showing the way forward for Indian manufacturing. The company runs education programs for high-risk groups both within the company and in the wider society. It works with community groups to distribute condoms free at welfare centers, and has installed vending machines at places visited frequently visited by employees, truckers and police and army personnel. At its hospitals, where
HIV-infected people are admitted into the general wards without discrimination, Tata keeps a database of HIV/AIDS cases and trains counselors. The company liaises closely with government organizations such as NACO (National AIDS Control Organization) and NGOs.

**Larsen and Toubro Limited**, India (Daly 2000). Since 1985, this engineering, construction and cement company has worked with trainers and social workers to train 10,000 employees and their families as well as 1,500 school children – thereby going beyond protecting employees alone to protecting those whom employees care about. There has been a special focus on job trainees, employees’ children and local schools and slum communities. Larsen & Toubro also joined 12 other companies to form “Industry Response to AIDS” in Mumbai – working on AIDS prevention in communities and developing HIV/AIDS policy guidelines for Indian industries.

**Other industries:**

The following provide further examples of companies in other industries that have found that their business is affected by HIV/AIDS and responded accordingly. The first group has workers in regions which have been hit hard by AIDS, while the second group, based in markets with low infection rates, have used their position and influence to both raise HIV awareness and promote their brands and the sense of well being of their employees.

**Standard Chartered Bank**, (Daly 2000) is a commercial bank based in the UK but focused on emerging markets, with over 570 offices in over 50 countries. It has 26,000 employees. As such it provides a good example of a multinational firm which has to make employee, market and brand-driven decisions on a response to HIV/AIDS. The Bank decided to act on HIV/AIDS in response to both increased demand on its managing directors in African countries to take policy decisions about employees living with HIV/AIDS, and the growing impact of absenteeism, employee attrition and medical payments on its profits.

Rather than imposing a one-size-fits-all policy on all its branches, Standard Chartered drew up a non-discriminatory policy on HIV/AIDS along with training and information packs, with local branches allowed flexibility to modify these efforts in line with their local needs. Key elements of
the company’s global response have been the participation of top levels of management, both international and local; the utilization of outside organizations to enhance the quality of information about HIV and its impacts; and the careful attention paid to local needs and differences across cultures and countries.

**American International Assurance (AIA), Thailand (Daly 2000),** is the largest life insurance company in Thailand. It has 2 million policy holders and 1,300 employees. The potential impact of HIV/AIDS on life insurance companies’ markets is catastrophic. With people dying younger and in greater numbers, insurance payouts will rise. In response, premiums will have to rise, which in developing countries like Thailand means that many will no longer be able to afford life insurance. Actions on HIV/AIDS, therefore, are likely to be primarily market-driven.

AIA’s efforts have involved donations to NGOs and public health organizations, as well as schemes aimed at promoting HIV/AIDS prevention and non-discrimination against AIA policy holders. The company gives financial incentives and discounts on insurance to companies with strong workplace and community prevention programs. AIA has also been active in the Thai Business Coalition on AIDS (TBCA).

**Polaroid (Booth 1993, Global Business Council on HIV/AIDS 1998) is an example of a multinational firm which is involved with HIV/AIDS actions directed at both its employees and its brand.** The company established an intensive HIV/AIDS education program for its employees in 1987. It also made it a company policy that the virus be treated like any other life-threatening illness. To this end, employees infected with the virus are eligible for a full range of benefits, and are employed for as long as they can work.

From a brand-driven perspective, Polaroid introduced the pan-European PopShots project, which raised money for UNAIDS by a process of recycling PopShot (single use) cameras. Polaroid committed to a donation of 1 Euro to UNAIDS for each camera returned by customers after use. This project has obvious benefits for Polaroid’s camera production as well as HIV-related causes.
**Glaxo Wellcome** (Global Business Council on HIV/AIDS 1998) is a multinational pharmaceutical company which, along with the rest of this sector, has been the recipient of much damaging publicity regarding its provision of AIDS drugs to developing countries. In an effort to mitigate the impact on its brand, Glaxo started the Positive Action Program in 1992. This is an example of a company which has both negative motivations for action (avoiding bad publicity) and positive ones (a wish to stand out above the other companies in its sector).

Glaxo’s program involves supporting AIDS service organizations, working with the International HIV/AIDS Alliance to spread good practice in prevention and care programs across the developing world, promoting internal support of workers living with HIV/AIDS and educating young people about the virus. The company uses its transnational position to spread its message worldwide, and the program has effects on the firm’s workers, market and brand.

The remaining examples are companies whose actions have been principally brand-driven, as their core business is conducted in regions which have low HIV infection levels.

**MTV International**, (Global Business Council on HIV/AIDS 1998). This international television company has made raising awareness and changing attitudes to HIV/AIDS a key element of its programming. MTV’s President, William H Roedy, is the current chair of the Global Business Council on AIDS, and his personal involvement has been the main driver of MTV’s activities. The company’s primary audience is young people, who are both the group most likely to be infected with HIV and the group most likely to be interested in AIDS as an issue. As Georgia Franklin, Head of Public Affairs, has said, “We have access to them to talk about HIV/AIDS in a way that they will reach out to.” (pers. comms.) MTV, through its actions, gains brand benefits from being associated with an important issue which its customers are concerned about.

**Body Shop**, (Global Business Council on HIV/AIDS 1998). The Body Shop brand has been built largely on the company’s strong association with social responsibility. Since 1990, it has raised funds for education, medical research and care and support for people living with HIV/AIDS. It has supplemented this financial support with a “Protect and Respect” campaign to support the work of the San Francisco AIDS Foundation.
The company also encourages suppliers which are based in areas with high infection rates to get involved with HIV/AIDS activities. It has helped two of its suppliers (Teddy Exports in India and Get Paper Industries in Nepal) to initiate HIV prevention programs. With the Body Shop’s assistance, these suppliers now conduct workplace and community programs that include AIDS awareness poster campaigns, education programs for school children and information and condom distribution booths for truckers. With such a strong and much-trumpeted commitment to social issues, the Body Shop is clearly aware that its business will be under media and NGO scrutiny at all levels, so ensuring that suppliers comply with the company ethos provides security against adverse publicity.

**Molson**, Canada (Daly 2000): Canada’s biggest beer company began its HIV/AIDS work by researching the relevance of the virus to young adult males – its main target market. It then used its marketing expertise to create the “Molson: Partners in the fight against AIDS” program, whose objectives are to support community based AIDS service groups, raise awareness and raise other private support. The company also launched the “AIDS Walk Canada” national awareness campaign, which raised more than US$7 million between 1996 and 1999.

**Levi Strauss**, (Global Business Council on HIV/AIDS 1998), was one of the pioneers in action on HIV/AIDS and was instrumental in raising awareness of the virus, and ultimately cutting infection rates, in San Francisco in the early 1980s. The company’s work initially focused on its employees, but quickly branched out to community projects. Later, the company’s efforts expanded into making educational videos for other companies and public sector organizations.

The above examples show that there can be a role for many different types of business in combating HIV/AIDS, and that their activities will depend on their motivations. In our conclusion, we will assess efforts to bring business on board before looking at the need for further research to supplement the existing literature.

**Four: conclusions - going forward**
Bringing business on board

Traditional private sector action on AIDS has involved businesses working individually with the public sector (the successful awareness and prevention campaigns run by South Africa’s Eskom in collaboration with local community groups and the government are an oft-cited example), but in order for companies to be seen to be benefiting from their efforts, joint action with other private sector firms – with companies sharing the load, complementing each other’s skills and setting an example for others to follow – is a promising way forward. To facilitate this, business-to-business alliances, such as the Global Business Council on AIDS (GBC), have begun to appear. Headed by Nelson Mandela as honorary president, this initiative was launched in 1997 and numbers Glaxo Wellcome, MTV International, and Levi Strauss among its members. Among the Council’s activities are advising UNAIDS and other businesses, and running an awards scheme for businesses doing outstanding work on HIV/AIDS. Business-to-business groups like the GBC are an important complement to private/public links – providing a way of raising the profile of business involvement (thereby giving more firms a brand-driven incentive to join in) and of pooling expertise.

United Nations Secretary-General Kofi Annan has recently proposed the formation of a global alliance to tackle AIDS, involving political leaders, health ministers, philanthropic foundations and business. In a recent speech to the American Chamber of Commerce, Annan highlighted the importance of involving and empowering local businesses in the alliance’s efforts.77 Encouraging small businesses to take action on AIDS is likely to be an increasingly important part of future business initiatives. However, smaller businesses’ resources in terms of both time and money are usually more limited than larger firms, so new approaches may be needed to bring them on board. A recent survey of 200 CEOs of small businesses in the UK found that involvement in social responsibility is hindered by time pressures, costs and the effect on company profits. Red tape is also often cited as an obstacle. Legislation is already in place in many areas to help businesses to act responsibly, but if small businesses are to be persuaded that there are positive as well as negative motivations for social contributions, tax incentives, grants (which are both suggested by the CEOs in the survey) and award schemes might be an effective tool for governments.78
Other methods of encouraging business involvement might include Chambers of Commerce. Although the UN Secretary-General has recognised the potential of these Chambers, there is as yet no literature on the role these Chambers (and other business associations) could play. Another possible way for the public sector to access business skills and expertise would be hiring companies on a paid basis, though again there is little evidence in the literature of this happening.

Organized efforts to involve businesses in the struggle against HIV/AIDS are in their infancy – successful business incursions have so far been largely driven by firms’ own initiative. Innovative thinking will be required on the part of both public and private sectors if the extent of business action is to be widened. The Global Business Council and the UN are leading the way, but local actors will need to play a greater part if real progress is to be made.

Further research

As we have seen, the literature on AIDS and business is remarkably thin. The table in Appendix 1 shows that a relatively small number of studies has been conducted, and many of these have used small sample sizes and focused very narrowly on one or two industries within a single country. Moreover, most of the studies are now dated (referring mainly to the early 1990s, when the epidemic was still in its infancy) and, notwithstanding the excellent work of UNAIDS, very few have appeared in major journals.

A fresh wave of research would help to clarify the issues and should focus on finding out the extent of the effect of the virus on businesses – looking in particular at workforce turnover, morbidity, health costs and the customer base. In this regard, a set of studies on particular sectors is required: tourism, mining, free trade zones, agriculture, trucking, the informal sector, construction, the police and the fishing industry would all be good starting points, as all are likely to be directly affected by HIV/AIDS. Effects on insurance companies and pension funds should also be studied, as limiting HIV/AIDS is clearly in the particular interest of these sectors. Large sample sizes both within and across countries are essential if a robust enough database is to be drawn up. Research
into business awareness and attitudes to HIV/AIDS, and the productivity of infected individuals and attitudes to them among co-workers might also be considered.

Further research should assess the impact of the work that has already been done by businesses with a view to drawing up best practice guidelines for future action. Successful work with NGOs and governments should also be analysed - perhaps using comparisons with private/public sector work in other areas, such as education and the environment – and failures should also be studied to help prevent repetition of mistakes. The Global Business Council on HIV/AIDS recommends promoting these examples of good practice at a national level, and GlaxoWellcome is already promoting its own best practice guidelines across the developing world. More robust studies will give these efforts greater substance.

While evidence is so far limited and there are many difficulties facing businesses which do wish to get involved, the majority of case studies describing business incursions into the HIV/AIDS arena report positive results (see Appendix 2). Awareness amongst workers and communities is increased, morale is improved and, in some cases, infection rates are down. This would suggest that some business involvement, even if it only extends to educating workforces on AIDS, is desirable. As Georgia Franklin, Head of Public Affairs at MTV – one of the leaders in the business and AIDS field – has said, “The simplest thing a business can do is to take responsibility for its employees in terms of HIV/AIDS.” This behind the scenes work is already going on in many companies, but firms need to share information with each other and with the public sector if action is to spread. Internal activities such as educating the workforce and distributing free condoms are one aspect of the role businesses can play in combating AIDS. An extension of this corporate responsibility is external work in the local community and in other communities.

The impact of AIDS is likely to be felt most immediately by particular industries. The trucking industry, for example, will see its workforce hit by HIV; tourism will be affected through the impact on its customer base; and pharmaceutical companies have already seen their brand image suffering because of the virus. These industries have a natural stake in understanding more about
the virus and are well placed to intervene. Other sectors, too, should consider how they will be affected by AIDS and how best they can act.

More research is undoubtedly needed on HIV/AIDS and the private sector, but, with the number of worldwide infections increasing exponentially, time is limited. The recent resurgence of TB in the UK has highlighted the dangers of complacency over infectious diseases even in the developed world, and if businesses are to limit the damage to their markets and their workforces, and to capitalise on the opportunity to boost their reputations with a display of social responsibility, they will have to act soon.

Many of today’s biggest multinational companies - including the likes of MTV, Microsoft and Levi Strauss - have demonstrated that a commitment to ethical issues can be a core component of a successful business strategy. If the power of business can be harnessed and the public and private sectors can recognize the common purpose and the mutual benefits of combined action on HIV/AIDS, perhaps the epidemic can be reversed. If it is, the involvement of the private sector will have provided a model for a new vision of what business is – and what it can achieve.
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<td>Bollinger, Stover and Martin-Correa. 1999. The economic impact of AIDS in Benin</td>
<td>14 firms. Benin</td>
<td>Survey Absenteeism Questionnaire</td>
<td>50% of HIV+ workers held positions considered important by the firm. Increased absenteeism leading to increased costs and reduced profits</td>
<td>Depth of interviews</td>
<td>Small sample size. No account taken of intangible costs (morale etc)</td>
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<tr>
<td>Bollinger, Stover. 1999. The economic impact of AIDS in Botswana</td>
<td>2 firms, 5 firms. Botswana 1996</td>
<td>Survey Cost of AIDS Questionnaire</td>
<td>Annual cost of AIDS $126,000 for one firm, $370,200 for another (not clear what percentage of profits this amounts to). Annual cost for 5 companies projected to be 5% of wage bill by 2004</td>
<td></td>
<td>Sample size, lack of detail</td>
</tr>
<tr>
<td>Aventin and Huard. 1997. HIV/AIDS and business in Africa: A socio-medical response to the economic impact? The case of Cote d’Ivoire</td>
<td>3 firms. Cote d’Ivoire 1994: textile, food processing and packaging industries</td>
<td>Cost of AIDS Questionnaire</td>
<td>Average annual cost of HIV/AIDS as a percentage of wage bill was 1.3%, 0.8% and 3.2% to food processing, textile and packaging firm respectively – costs included medical care, prevention, funeral attendance, screening and lost productivity.</td>
<td>Large samples within the firms (275, 1150 and 83 employees respectively)</td>
<td>Cost estimates excluded perception-based costs. Uneven time span of the 3 studies (one was 6 years, another 2 and the other 4) and uneven sample sizes</td>
</tr>
<tr>
<td>Bollinger, Stover, Nalo. 1999. The economic impact of AIDS in Kenya</td>
<td>5 commercial agricultural enterprises, Kenya</td>
<td>Survey Cost of AIDS Questionnaire</td>
<td>Dramatic increase in medical expenses for some estates. Raw cane to sugar recovery ratio increased. 41% of employees in one company left because of illness or death</td>
<td></td>
<td>Length of time span of study</td>
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<td>Year</td>
<td>Researchers</td>
<td>Focus</td>
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<td>1980-97</td>
<td>Roberts, Wang’ombe, Forsythe. 1996. Business responses to HIV/AIDS in the African formal sector workplace: findings of a Kenya needs assessment</td>
<td>16 firms Kenya 1994</td>
<td>Cost of AIDS</td>
<td>AIDS seen as a problem for workers, not managers. HIV-related expenses not considered significant at that time by managers. Study estimated impact could be 3-8% of total labor costs by 2005 and 4% of profits.</td>
<td>Large sample sizes (average 1,200-1,500 employees in each firm)</td>
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<td></td>
<td>Bollinger, Stover. 1999.</td>
<td>Mining industry; 16 firms; benefit costs. South Africa</td>
<td>Survey</td>
<td>Absenteesism, benefit costs</td>
<td>Questionnaire</td>
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<td></td>
<td>Whiteside and Sunter. 2000. AIDS: The challenge for South Africa</td>
<td>JD Group’s own research on customer base. 1998</td>
<td>Impact on customer base</td>
<td>Customer base would decline 18% by 2015, based on an increase in HIV prevalence from 15% to 27%</td>
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<td></td>
<td>Bloom, Mahal et al. 1997. Socio Economic dimensions of the HIV/AIDS epidemic in Sri Lanka</td>
<td>Female workers on free trade zones</td>
<td>Survey</td>
<td>Risk of infection to female workers in free trade zones</td>
<td>Tabulations</td>
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<tr>
<td></td>
<td>Bollinger, Stover. 1999. The economic impact of AIDS in Swaziland</td>
<td>Mhlume Sugar Company. 1998</td>
<td>Survey</td>
<td>Number of deaths on company housing estate</td>
<td>Questionnaire</td>
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<td></td>
<td>Bollinger, Stover, Riwa. 1999. The economic impact of AIDS on Tanzania (ILO study)</td>
<td>8 firms, Tanzania-Zambia Railway Authority 1995</td>
<td>Number of deaths in company, medical costs</td>
<td>0.5-1.5% of employees in 8 firms were lost to AIDS every year. Medical costs at Tanzania-Zambia Railway Authority increased in one year to 1995 by 63%</td>
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<td></td>
<td>Clancy. 1998. The economic impact of AIDS at the firm level in Tanzania</td>
<td>Various firms, Tanzania</td>
<td>Annual medical and burial costs</td>
<td>Both variables increased significantly over a 5-year period.</td>
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In the 16-firm study, only 4 returned questionnaire. Small sample size of only 50 women.
<table>
<thead>
<tr>
<th>Study</th>
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<th>Data Source</th>
<th>Key Findings</th>
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<tr>
<td>Giraud. 1993.</td>
<td>The economic impact of AIDS at the sectoral level: developing an assessment methodology and applying it to Thailand’s transport sector.</td>
<td>Secondary data</td>
<td>Cost of infection among long-haul truck drivers</td>
<td>Scenario study</td>
<td>Careful estimation of various cost components</td>
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<td>Bollinger, Stover, Kibirige. 1999.</td>
<td>The economic impact of AIDS in Uganda</td>
<td>Survey</td>
<td>Labor turnover rate</td>
<td>Labor turnover rate 15% in recent years, 10% of workforce died from AIDS-related illnesses</td>
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<tr>
<td>Bloom, Glied 1991.</td>
<td>Benefits and costs of HIV testing</td>
<td>Secondary data</td>
<td>Economic cost of hiring an HIV+ worker</td>
<td>Scenario study</td>
<td>Extremely careful analysis of costs and components</td>
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<td>Over. 1992.</td>
<td>The macroeconomic impact of AIDS in sub-Saharan Africa</td>
<td>Kinshasa textile mill, 1987</td>
<td>Rates of HIV prevalence</td>
<td>Highest prevalence rates were among executives (5.3%), followed by foremen (4.6%) and then workers (2.8%)</td>
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<td>Bollinger, Stover 1999.</td>
<td>The economic impact of AIDS in Zambia</td>
<td>Survey</td>
<td>Absenteeism, death rate, payments to families, medical expenses etc</td>
<td>Questionnaire</td>
<td>Based on scenario. Not backed up by case studies</td>
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<tr>
<td>Study Source</td>
<td>Setting</td>
<td>Methodology</td>
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<td>Haslwimmer 1994. The social and economic impact of HIV/AIDS on Nakambala Sugar Estate</td>
<td>Sugar estate, Zambia</td>
<td>Costs of AIDS</td>
<td></td>
<td>HIV-related illnesses accounted for 2% of lost labor time. Costs represented 1.9% of the company’s costs in 1992-93; projected to increase to 3.1% by 1995-96</td>
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<tr>
<td>Jackson and Pitts 1991. Company policies on AIDS in Zimbabwe</td>
<td>Business survey, Zimbabwe</td>
<td>Survey</td>
<td>Main concerns for business</td>
<td>Main concerns were: loss of skilled labor (33%), loss of manpower (24%), reduced future productivity (24%), insurance and pension costs (13%), other economic costs (12%)</td>
<td></td>
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<tr>
<td>Bollinger, Stover, Kerkhoven, Mutangadura, Mukurazita 1999. The economic impact of AIDS in Zimbabwe</td>
<td>Large firm of 11,500 workers, National Railways of Zimbabwe, Anglo-American Mining Company, a bus company, an insurance company, Zimbabwe</td>
<td>Survey</td>
<td>Cost of AIDS Questionnaire</td>
<td>In large firm of 11,500 workers, 3,400 were HIV+. Cost of AIDS in 1996 was 20% of company’s profits. National Railways of Zimbabwe has 17,000 employees and an absenteeism rate of 15% in 1990. Bus company is losing 7% of profits to AIDS-related costs. Anglo-American Mining Company estimate 25% of its workforce to be HIV+. Insurance company estimated 45% of claims in 1995-96 to be AIDS related.</td>
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APPENDIX 2 – CASE STUDIES

What has business done in the field of HIV/AIDS?

This Appendix aims to provide short examples from the literature of the business response to AIDS so far, followed by several more detailed case studies, which go into background detail as well as outcomes and follow-up activities.


Odebrecht Group (Brazil): Large engineering, construction, chemical and petrochemical group – has own program of employee training on HIV/AIDS. Through the Odebrecht Foundation, funds sex education and AIDS materials for schools. Has worked with the government, schools and local agencies and targeted young people.

Eskom (South Africa): Electricity generating company, operating 20 power stations and 26,000 kilometres of transmission lines. 38,000 employees.

Used to have a pre-employment testing policy in the period before 1993. However, this policy was discontinued in 1993. Undertook a detailed analysis of the present and future impact of HIV/AIDS on the company - in terms of implications for pension funds, medical costs, and human resources. The analysis projected a 26 percent prevalence rate among its employees by the year 2005. As a consequence HIV/AIDS became a strategic priority of the company in 1993.

Response: (a) formed two committees -- a strategic committee, and an operational committee - to address issues arising from HIV/AIDS. The former was to assess the future impact on the workforce and for the company, and develop strategies to cope with it. Under the oversight of this committee, there are periodical impact studies, HIV-surveillance work (anonymous test-based), and knowledge and attitude surveys. The latter implemented awareness, prevention and care programs. (b) HIV/AIDS cost center was set up in 1996 to monitor education, awareness and care costs. (c) Included comprehensive benefits for employees with HIV/AIDS and their families. ESKOM's medical aid insurance allocates an additional payment to the family of each insured, infected employee. HIV testing is done on an unlinked, voluntary basis. Counseling and therapy is available to HIV-infected employees and their families, and medical teams have been trained in providing anti-retroviral therapy. (d) ESKOM has initiated programs to create awareness and behavior change among employees and the broader community and to help employees cope with the impact of HIV/AIDS on their lives. A peer-led education campaign operates in coordination with the government and NGOs reaching the community and the work force. Nearly 800 peer educators trained by end-1998, and the campaign had covered 75 percent of employees by early 2000. ESKOM also undertakes condom distribution among the workforce, and has set up condom-vending machines in toilets. ESKOM also makes educational broadcasts on nation and regional radio stations. Community awareness is also enhanced via articles in the press, and sponsorship of HIV/AIDS events. (e) Provides funding for NGOs working on HIV prevention and care; and (f) committed US$4.5 million over the period 1999-2001 for vaccine research.

Working with other groups: Eskom is part of South Africa's Workplace Forum, hosting it together with the government and Wits University. Helped develop South Africa's national guidelines and strategy for HIV/AIDS in the workplace. They have also helped other employers start their own programs and commissioned a study of the experiences of HIV/AIDS in the workplace in southern African countries. ESKOM is a member of South Africa's Business Council on HIV/AIDS. [Daly 2000, Global Business Council on HIV/AIDS 1998]. ESKOM has extended its education and awareness program about HIV/AIDS to the wider community beyond its mines and workforce, typically in partnerships with NGOs, local governments, and UNAIDS. It is also an important partner in the "Kriel" Project, a program aimed at HIV/AIDS awareness and prevention among sex workers (see Anglo-Coal, below).
Outcomes: One study by ESKOM found that HIV prevalence rate amongst employees in 1999 was lower than predicted by it in 1995. Whether this was due to errors in the prediction itself or company policy is, however, unclear. Studies also found a high level of HIV awareness among its employees. ESKOM also reports lowered levels of discrimination against employees with HIV/AIDS, increased cooperation from employees and trade unions, and greater willingness among employees to report their HIV status. ESKOM's view: HIV/AIDS prevention strategies are cost-effective.

Palla, Koblinger & Partner, Austria – advertising agency – donated its time to create a campaign for a Vienna based AIDS service organization called AIDS Hilfe. A poster, newspaper and magazine campaign – “Humanity is infectious” – led to sponsorship and fund-raising from the sale of merchandise bearing the campaign images. Received a great public reaction and two industry awards.

Get Paper Industry, Nepal – operates a public education and prevention campaign, making available health education to the surrounding community. Set up a specialist health organization in 1993 (General Welfare Pratisthan (GWP)) to carry out HIV prevention work and raise funds. Over an 18 month period 17,000 people were contacted through individual outreach, another 43,000 were contacted through community events, and 18,000 condoms were distributed. GWP established AIDS information booths for truck and bus drivers at an exit point in the Kathmandu valley. Work has involved sex workers, migrant workers, and police. Program now covers 12 percent of the country. Despite increased outside support, the company puts 25 percent of its profit into the GWP program. (Global Business Council on HIV/AIDS 1998).

Regent Hotel, Bangkok, Thailand – strong workplace program of HIV/AIDS prevention and awareness. Strong commitment from top management. Focuses primarily on its 650 employees, although includes some community outreach and modeling of good practice to other businesses. New staff are given AIDS-related training and a number of other activities keep HIV/AIDS in the limelight (posters, AIDS quizzes, fundraisers and World AIDS Day Activities). The Hotel also participates in a UNICEF supported project for training young girls. The Regent Hotel has also helped develop an AIDS Workplace manual for the industry.

2. Formation of partnerships – business to business:-


Example: Thai Business Coalition on AIDS (TBCA): An NGO with businesses that pay a membership fee. It has 80 members across different sectors. Coalition members are assisted with setting up various programs relating to prevention, care, and other HIV/AIDS-related services. It also functions as a consultancy and resource center providing a prevention curriculum for managers and various HIV/AIDS education packages (Daly 2000).

Example: The European AIDS and Enterprise Network: Founded in 1997. Started as an EC (European Commission) initiative. Gets financial support from both EC and leading corporate houses of Europe. The Network provides AIDS and HIV related information to members, including issues of how to deal with employees with HIV/AIDS and how to address cases of discrimination against HIV-infected individuals.
3. Business-African governments/ NGOs/ UN/Donors:

**Example: International Partnership Against AIDS in Africa:** Objective is that within the next decade, "...African nations will be implementing larger scale, sustained and more effective national responses to HIV and AIDS." (UNAIDS 2000b).

Achievements thus far: Jan 1999 – UNAIDS cosponsors adopted a resolution to create and support the partnership; April 1999 – bilateral donors agreed to participate actively in the partnership; July 1999 – leaders from over 20 African countries expressed support for the partnership; August 1999 – many African NGOs agreed to play an active role in furthering the goals of the partnership. Also strong support received from Africa's finance and planning ministers, health ministers. December 1999 – all constituencies (including the private sector) were brought together for the first time in New York (UNAIDS 2000c).

Goal is to work through visible and sustained political support; helping to develop nationally-negotiated joint plans of action; increase financial resources (at least $1 billion per year is needed to address prevention and care requirements in Africa) (UNAIDS 2000b). “...funds must be generated...through a combination of expanded financing from existing sources and by mobilizing additional resources from non-traditional sources such as the business community and the foundations.” (p.3, UNAIDS 2000b); strengthen national and regional technical capacity to address HIV/AIDS.

4. NGO-Corporate Collaboration:

**Example: International HIV/AIDS Alliance:**

NGO established in 1993 to support community-based activities in developing countries. Channels technical and financial support to partners (typically operating through NGOs) in developing countries – in Latin America, Asia and Africa.

Partnership between International HIV/AIDS Alliance and Business has taken several forms: (a) Levi-Strauss has provided small grants to support publication activities of the Alliance; (b) Glaxo-Wellcome – under its Positive Action Program, Glaxo-Wellcome and the Alliance have a three year joint project called **Community Lessons, Global Learning** (c) Assisting in the formation of partnerships between business organizations and NGOs where the latter provide help in areas such as workplace HIV/AIDS programs (e.g., Bangladesh, Ecuador) (d) Member of advisory group of the Global Business Council on HIV/AIDS.

5. Workplace programs:

**Godrej and Boyce** (India) – HIV/AIDS program instituted by the company in 1990 to make employees and their families aware about HIV/AIDS. The awareness work is undertaken by company medical staff, and social workers, who interact with employees, union leaders, school teachers and the children of the school operated by the company. Methods for disseminating information include: articles in newsletters, lectures by doctors to teenagers in schools, posters in company premises, etc. A condom vending machine has also been installed.

In addition, the company is supportive of employees with HIV/AIDS. There is medical follow-up and counseling is provided to them and their families. Confidentiality is maintained. Infected employees are accommodated by being given jobs that they can perform reasonably as long as they are able to come to work.

**GlaxoWellcome** – HIV awareness program covers nearly all of their 55,000 employees (Sykes, UNAIDS 1997d).
Polaroid - Established an intensive HIV/AIDS education program for its employees starting 1987. Made it a company policy that the disease be treated like any other life threatening illness. Employees with AIDS are eligible for a full range of benefits, to-work accommodations, and continued employment (Booth 1993).

Kimball Plaza (Philippines): Provides STD and HIV/AIDS education as part of its pre-employment orientation for every employee, and this is reinforced during lunch and snack breaks. Top and middle level management share their time during orientation and are supportive of this work. Management also supports peer workers by providing them with incentives for advocacy work. (Gantalao 2000).

Botswana Meat Commission – began an HIV/AIDS prevention and care program for its 1,500 employees in 1991 – ongoing HIV/AIDS program for its employees; provision of condoms from dispensers in toilets, changing rooms, showers etc.; STD treatment for workers and their partners at the workplace clinic; HIV counseling for employees and their families. Applicants and workers undergo physical examinations but are not tested for HIV. Employees are provided the same medical and other benefits irrespective of their HIV status. When fitness is impaired by HIV-related illness, they are given less strenuous jobs until no longer able to work (UNAIDS 1998b).

Villares (Brazil) – Brazilian specialty steel and elevator manufacturer (8,000 employees and 18,000 dependents). Began its AIDS program in 1991. Offers AIDS/STD education via presentations, teamwork, training sessions and distribution of information materials. Condoms are sold to employees and dependents at below-market prices. HIV+ employees are offered counseling. Good practices include keeping medical information confidential and maintaining “good” working conditions for all employees regardless of their HIV status. The company reported a 31 percent reduction in the incidence of new HIV infections one year into the program. (UNAIDS 1998a).

Telepar (Brazil) – Brazilian telecommunications company. Set up an STD and an HIV/AIDS prevention and care program in 1989. The program has two main activities: (a) Education: seeks to bring about a change in their attitudes and behavior. Education is provided by volunteer workers to the rest of the employees (4,500 in all). The volunteers give information, offer guidance and counseling, run educational activities and provide support to HIV-infected work colleagues. Also challenge discrimination in the workplace. Methods used include internal newsletters, lectures, short meetings, workshops, films, plays and email networks. (b) The company also provides financial support for treatment of HIV/AIDS in hospitals and clinics (Global Business Council on HIV/AIDS 1998).

6. Support programs outside of workplace:

Levi Strauss – Work initially focused on employee awareness and community projects in San Francisco in 1982. Beginning 1985, HIV/AIDS education was included as an element in the social investment strategy. Educational videos were developed in 1988 for employees and for their families. In 1998, a new education video was put together with the help of UNAIDS, and made available to other organizations and companies (Global Business Council on HIV/AIDS 1998).

Polaroid - Main activity linked to HIV/AIDS is the pan-European PopShots project. raising money for HIV activities by a process of recycling PopShot (single use) cameras. Polaroid has committed to a donation of 1 Euro to UNAIDS for each camera returned by customers after use. The funding is for UNAIDS as a whole rather than specific activities (Global Business Council on HIV/AIDS 1998).

Tata Iron and Steel Company Ltd., India -- Policy is to "...take measures to prevent the incidence and spread of HIV/AIDS in ... society. In case of need it will provide counseling and medical guidance to HIV/AIDS patients and their families." Activities include: (a) IEC programs addressed to groups at high risk for HIV infection (youth, migrants, truckers, army/police personnel). These
programs are also routinely provided to new and old staff, and their families. For wider dissemination local TV channels and radio stations are used (b) Condoms distributed free at welfare centres. Vending machines are in the process of being installed at places frequently visited by employees, truckers and police personnel; (c) AIDS cell at Tata Hospital -- maintains data on HIV/AIDS cases, training of counselors undertaken there, and treatment of STDs; (d) Helpline available; (e) HIV-infected people admitted to hospitals are admitted in the general wards without discrimination (f) Liaise closely with government organizations such as NACO (National AIDS Control Organization) and non-governmental organizations (Global Business Council on HIV/AIDS 1998).

MTV International – The company, launched in 1987, has 18 customized channels worldwide. Raising awareness and changing attitudes is considered a key element of its programming. Aired the program "Staying Alive" on World AIDS Day 1998, linking entertainment with social responsibility. For a decade, MTV has participated in the annual observance of World AIDS Day to promote awareness and prevention. The work has now been expanded to support the World AIDS Campaign year-round and around the world. (Global Business Council on HIV/AIDS 1998).

Villares (Brazil) -- supports HIV/AIDS education programs outside the community in partnership with government and non-government organizations (Global Business Council on HIV/AIDS 1998).

Shopping-Mall Based Youth Center (Philippines): The "Youth Zone" project of the Remedios AIDS Foundation is a shopping mall based center that provides adolescent health services to Filipinos aged 10-24 years. A private sector partner (Tutuban Properties) has provided space and support to these activities. A key strategy of the "Youth Zone" project is the use of the internet to support counseling services. In 8 months of existence, about 2,500 individuals have used these services (Sescon, Malabanan, and Rivera 2000).


GlaxoWellcome – Started the Positive Action Program in 1992. It is a long-term international program for HIV/AIDS education, care and community support. The program consists of five initiatives: (a) HIV Community Support Initiative: Works with AIDS service organizations and other community groups and supports them through core funding. Also supports AIDS conferences under this initiative; (b) Developing Countries Initiative: Aimed to develop and disseminate models of good practice in prevention, care and community support in developing countries - projects include work with International HIV/AIDS Alliance to share lessons from local community-based programs across countries, a 5-year program with Population Council to assess the effectiveness of community-based prevention and care projects in Africa; and support for regional AIDS conferences; (c) Children and Young People Initiative: Encourages improved services for children and families affected by HIV and educating young people to avoid HIV-infection. Projects are carried out in collaboration with Children and AIDS International NGO Network; (d) Workplace Initiative: To promote company policies that are fair and supportive of HIV+ individuals and greater understanding of HIV-related issues through workplace education. Projects include "Employee Education Program" for employers and support for the European AIDS and Enterprise Network (e) Information and Policy Initiative: To assist information providers and policymakers to increase information about HIV/AIDS in society, and a society where the infected and affected can live with freedom, dignity and support. Produced a CD-Rom (HIV Fact-Finder) and provides support to International Council of AIDS Service Organizations to produce HIV/AIDS networking guides. Also sponsored an international directory of AIDS organizations worldwide. (Global Business Council on HIV/AIDS 1998).

CARE, American International Assurances (Thailand) and the Ministry of Public Health (Thailand): joined forces to conduct AIDS programs reaching thousands of factory workers and
their surrounding communities. Use videotapes, exhibitions, group workshops, comic books and peer educators.

**Body Shop** – Beginning 1990, has raised funds for education, medical research and care and support for people living with HIV/AIDS.

In the United States, it launched a “Protect and Respect” campaign to support the work of the San Francisco AIDS Foundation. Other campaign slogans included "you don't have to be infected to be affected" and "know your mind, love your body." It has been working with a Charitable Organization called *Until there is a Cure*, and has raised substantial amounts of money through its sale of bracelets. With help from the American Red Cross a staff program for Body Shop employees called "HIV in the Workplace" has been developed for staff in US and UK.

Body Shop also has a community service program where full-time employees are given a half-day off each month to work in the community. Staff are also involved in delivering meals to people confined to their home because of AIDS. It has sold badges in support of "Body & Soul" an organization providing support for women and children infected with HIV.

Body Shop has also assisted two of its suppliers in Nepal and India to initiate HIV/AIDS prevention programs (Teddy Exports in India, and Get Paper Industries in Nepal). With the assistance of Body Shop these suppliers now conduct workplace and community programs that include AIDS awareness poster campaigns, education programs for school children and information and condom distribution booths for truckers. This work has attracted financial support from USAID and DFID in Nepal and India, respectively (Global Business Council on HIV/AIDS 1998).

**Calvin Klein, Inc.** - First, it supports a number of AIDS service organizations including *Gay Men's Health Crisis*. This is long term support for an HIV-testing center. It also supports an organization called *Mothers' Voices* that focuses on the role mothers can play in educating young people about HIV/AIDS, and is an advocate for increased drug research and support services for people living with HIV/AIDS. It also supports *God's Love We Deliver*, an organization that delivers meals to people living with AIDS in New York City. The company also designed the identity for UNAIDS "Awake Beyond Awareness" Program focusing on awareness among international youth. (Global Business Council on HIV/AIDS 1998)

**Joint Venture Between The Zululand Chamber of Business Foundation, the Private Sector, and the Empangeni Region Department of Education** (Rogers 2000) - Teachers have an effective role to play in HIV/AIDS prevention and counseling, especially since many poor children may have to become carers if a parent or sibling is terminally ill. Given the stigma attached to HIV/AIDS they may have no one to turn to for counseling and/or understanding. This initiative provided two weeks training for volunteer teachers from secondary schools in the Uthungulu Regional Council Area. The course was arranged and financed by the Zululand Chamber of Business Foundation. A system for follow-up has been set up through the government's department of education. The program will affect 7,000 children reached by the teachers

**V & S Comunicacoes**, Brazil - this advertising company created a major AIDS prevention campaign at no cost to the government. Three major TV networks (TVE, SBT, and TV Globo) donated broadcasting time to the campaign (Souza, Pimenta, and Izolan 2000).


A collaborative effort between the public and private sectors to identify strategies to increase access to HIV/AIDS drugs in developing countries. Under the initiative, the four developing countries involved in the pilot phase will work to adapt their health infrastructure to ensure effective distribution and use of the HIV/AIDS-related drugs, and participating pharmaceutical and diagnostic companies will subsidize purchases of these drugs. Companies confirming their
participation – Glaxo Wellcome plc, Hoffman - La Roche Ltd, Virco N.V. Participating countries are Chile, Cote d’Ivoire, Uganda and Vietnam.

Case Studies:

Lesedi HIV/AIDS Prevention Project (Virginia, Free State Province, South Africa) (Family Health International, 2000):

Has grown (in three years) from a small pilot project to a fully-fledged project with strong moral and financial support from the public and private sectors. Initially set up in Virginia, a mining community, there are efforts to replicate this experience in other mining communities in South Africa. Partners in the expansion effort include – private mining companies (Harmony Gold Mining Company Ltd., Gold Fields Ltd., and Joel Mine), worker groups (the local branch of the National Union of miners) and the public sector (local, state and national health departments).

Original intervention began as a collaboration between Family Health International (FHI) and Harmony Gold Mining Company, in 1997, in Virginia. “The project has dramatically reduced sexually transmitted diseases and forms a key part of our overall HIV/AIDS strategy” (CEO of Harmony Mining Company). “It has worked so perfectly that results can be seen by all. We at the Harmony Branch support this project wholeheartedly.” (Sethoke Mahemu, chairperson of the local branch of the National Union of Mineworkers).

Background

Virginia is a community that has grown around the 4,000 miners who are there for 11 months of the year. Most miners are migrant workers from South Africa and neighboring countries. Harmony had (even before the arrival of FHI) been concerned about increasing numbers of miners hospitalized for HIV-related illnesses. Through its medical stations/personnel departments, it had been educating them about the risks of HIV and sexually transmitted infections (STIs) and making condoms more accessible. But STIs remained high and the pace of behavior change remained slow.

The key mode of HIV and STI transmission is heterosexual sex as, faced with few earnings options, the women in Virginia have sexual relations with the miners for money. The problem appeared to be that while miners had access to information, they underestimated the risk of HIV transmission, whereas the women living around the mines had poor access to preventive and curative services.

Activities

Enhance effective services for control of STI and HIV transmission to women at highest risk of infection. FHI and the South African Institute for Medical Research (Johannesburg) worked with Harmony Hospital to design a pilot intervention to improve access to STI preventive and curative services for these women. STI prevalence levels were considered high enough to justify periodic presumptive treatment, that is, on the likelihood of infection than on clinical diagnosis.

A mobile clinic was put in place, with a nurse. Services included a monthly presumptive treatment dose for STIs (antibiotic), condom provision, and information about HIV and other STIs.

The program was also supported by initial activities of outreach workers who sought to promote clinic attendance among these women; and to encourage follow-up visits. A few regular attendees were recruited as peer-educators to build community trust in the program.

Outcomes

Mining companies do not provide healthcare services to people other than employees and their dependents. To show that this effort was beneficial to the company, FHI demonstrated the impact of the intervention on both the women and the miners living in the area. Clear evidence of a
decline in STIs was noticed. FHI estimated that providing periodic presumptive treatment and peer education to 400 women averted 40 HIV infections among women, and 195 HIV infections among miners. It estimated that the potential savings in medical costs from HIV amounted to about US$540,000 to the mining company. No details about the method of calculation are available, but estimates are conservative since they did not include costs from absenteeism, retraining, death benefits, and the like.

Follow-up

Managers agreed to continue to fund the mobile clinic for women. In fact, they also requested that a plan be developed to expand the community intervention to areas around their other mines, and to work in close collaboration with government departments of health.

Departments of health at various levels of government became interested and pledged support for evaluation, provincial funds were allocated to peer education efforts, and agreed to facilitate referrals to family planning and other health services for women seen at the clinic.

Two other mines (Gold Fields and Joel Mine) agreed to enhance expansion of community services to women at risk for HIV and STIs. This led to a meeting of collaborators – representatives of the three mining companies, government health departments, and South African institute for medical research for expansion of the intervention in September 1997. The government health department helped with licensing of mobile clinic and regulatory issues related to prescription practices at the clinic.

Youth Career Development Program in Thailand (UNAIDS, 2000e)

The objective of this program was to enhance the economic security of rural youth, aged 17-19 years, especially young women, by assisting them in education and in the development of vocational skills. Given that economic compulsions form a key element of the decision to become sex workers, this would help them alternative opportunities for employment.

Activities

Training in food and beverage work, housekeeping, flower arrangement, kitchen and laundry work. Girls are provided additional training and orientation on child rights and HIV/AIDS.

Financing

Leading hotels in Thailand provide support for training, uniforms, meals, and stipends. Hotels include -- Pan-Pacific Hotel Bangkok, Regent Bangkok, Shangri-la Bangkok, Fortune Hotel, Grand Hyatt Erawan, Royal Orchid Sheraton Hotel and Towers, Sheraton Grand Sukhumvit, and Westin Banyan Tree. UNICEF provides support for accommodation in Bangkok, round-trip transportation, and the cost of education. AIA(American International Assurances) provides health insurance coverage for participants. Colgate-Palmolive also provides some support.

History

Program started in 1995 -- trained 135 youth over the period from 1995 to end-1998. From 10 participants and one hotel, the program expanded to 47 participants and 8 hotels by 1998.

Outcomes

Most of the former trainees are employed in leading Thai hotels -- in Bangkok, or in the provinces. There are as yet unclear outcomes in terms of HIV infections. Program endorsed at the 50th anniversary by the Congress of the International Hotel and Restaurant Association, a global network of the hotel and restaurant industry. One expected consequence is a worldwide implementation of these types of training programs in the hotel and restaurant industry.
Lessons

Successful example of collaboration across business and international organizations.

**Sema Life Development Project in Thailand** (Kanchanachitra, 1999)

**Background**

Originated in a 1993 survey undertaken by Thailand's Ministry of Education to obtain information about sex workers -- such as places or origin, age at entry into the industry, education levels, reasons for becoming a sex worker, and so on. Additional information about villages with high HIV-infection rates, and drop-out rates among secondary school enrollees were used to guide the intervention. Factors identified as being critical to entry into the sex-trade included poverty, materialistic attitudes, the high cost of continued education for children, activities of agents' of brothels, and families with a history of problems (broken homes, drug addiction, etc.).

**Objectives of Project**

Education is viewed as a means to prevent early entry to the sex trade, to empower young women against deception and forced entry into the trade and also as a means to finding a socially acceptable job.

**Approach**

Initial focus on eight northern provinces thought to be areas where young girls are most at risk for entering the sex trade (the provinces are: Chiang Rai, Lampang, Phayao, Chiang Mai, Prae, Mae Hong Song, Lampoon and San). Subsequently, the work was expanded to other northern provinces and Bangkok. Later it is expected to cover high-risk areas in the Northeast and the South.

**Support for education**

Scholarships to girls for attending boarding school (500 annually); for girl day students to attend school (4,000 annually); support for vocational training for students finishing high school. The criterion for selecting students for boarding school is need – financial; whether the girl is at particularly high risk of entering the sex trade; if it a single parent household; if there are members already in the sex trade; if a parent is a drug addict, etc. In circumstances where the family is felt to be reasonably functional, but poor, the girl receives support as a day student. The girls are selected by primary school teachers using the above criteria, following which further shortlisting takes place at the district and provincial education offices, with the final decision being taken by the Ministry of Education. The funding covers tuition, books, uniforms and other education-related expenses. Apart from Ministry funding (about US$1.05 in 1997), the private sector donates money for a revolving fund to support students attending boarding school.

**Support for vocational training**

Girls who do not want to attend school are placed in vocational training programs in three areas (a) Agriculture Training -- includes receiving tuition, housing and other financial support from the Ministry of Education; (b) Nursing -- at hospitals affiliated with Mahidol University. The Ministry of Public Health offers training at its nursing colleges followed by jobs in public health centres and hospitals (private sector provides funding to support some of this activity); and (c) "Working while studying" -- In 1996, UNICEF, in collaboration with Dusit Thani Hotel chain joined the project efforts to organize a program for students graduating from grade 9 -- at its hotels in Phetchaburi and Chiang Rai provinces. This is a two-year training course (including general subjects by distance learning methods), following which the graduates are recruited as staff in the Dusit Thani chain.

**Other Features**
Campaigns in 94 districts in the 8 provinces to prevent girls from becoming sex workers.

Collaborative approach in working with other organizations. The role of the private sector (apart from training in Dusit Thani Hotels) has included a cumulative contribution of US$0.2 million (1998), compared to the government expenditure of US$1 million in 1997 alone.

Evaluation procedure: Ministry of Education conducts a survey on an annual basis asking each of the provinces included in the project about dropout rates, implementation problems and follow-up on girls graduating from grade 9. Close supervision at every level.

Outcomes

Self-reports by girls suggest that scholarship support has greatly helped to continue their education, and promoted a desire for continuing their education. In some cases, the girls had already been sold to agents and the scholarships helped avoid their being sent to brothels. During the period from 1994-96, 1,395 girls received scholarships for boarding school, and 11,500 for day school attendance. Of the 395 boarding school girls who graduated in 1996, only 1-3 percent (4-11/395) appeared not to continue on to further education/training/jobs. One problem appeared to be that many girls who left found jobs associated with a high risk of becoming a sex worker -- massage parlors, restaurants, etc. It appeared that vocational training in schools may also be useful, especially since girls from poorer families are often at a disadvantage compared to their well-off counterparts in schools.

A key role is played by primary school teachers in villages in identifying needy girls -- shows the importance of community ties in the success of a program.

Sustainability

Most of the funding is provided by the government, with the private sector and UNICEF supporting those who want to work and study at the same time.

The Thai Women of Tomorrow Project (Kanchanachitra, 1999)

Background

Started in 1992 by researchers at Chiang Mai University in North Thailand. Has gone through several stages:

Stage I - Focused on changing attitudes of parents and children away from sex work and towards education and other occupations among families in two districts in Phayao province, an area with a high rate of HIV-infection and a high incidence of young girls entering the sex trade. Funding was provided by the Canadian International Development Agency (CIDA) (1992).

Stage II - built around a public-private partnership to provide girls with opportunities for continuing education, skills training, and jobs (1993-94) in two provinces -- Phayao and Chiang Rai. Funding was received from USAID and private donors.

Stage III (initiated 1995) - aims were to build partnerships with the private sector and other non-governmental organizations for long-term support in providing scholarships to students; and to promote messages and counseling designed to change attitudes of young women and parents away from sex work. Funding was received from the government of Japan.

Stage IV (initiated 1995) - focus on confining the role of Chiang Mai University to academic aspects but to continue the attitude change campaign. A key objective was to establish a resource and research center against child prostitution and abuse in northern Thailand -- with its aims being: generate information about child sex work and abuse, using local media to change attitudes towards child labor and sex work, promote a comprehensive intervention module to curb child sex
work and abuse, and to promote a network of government, NGO and private institutions working on these issues.

Contents

Stage I had surveys on girls and parents about sex work in two districts of Phayao province, production of "attitude change materials" and to recruit teacher volunteers to work with students and parents to change attitudes.

In Stage II, scholarships were provided to girls in poor families to continue education through grade 9... initially it was 100 students per year, but later increased to 300 students per year. The provincial administration was responsible for the management and distribution of scholarship funds, and the district administration (and schools) for the selection of students and monitoring of the program. The Chiang Mai University acts as a coordinating agency linking the financial donors to the students. A key element is the establishment of a long term scholarship fund to support this activity.

Moreover, to promote messages and counseling designed to change attitudes among young girls and parents, counseling teachers were selected in each district and trained in the use of media kits, focus group methods, individual and group counseling, home visits, etc. There were presentations by counselors, development officers and public health officers to target groups, etc.

Four types of job training programs are provided: (a) assistant health workers: for girls graduating from grade 9, and 16 years and over. Planning and implementation of training program is by various government bodies (provincial administrative committee, public health office, labor office and public welfare office). The district administrative bodies identify young women interested in this career. Various provincial offices (Public Health, Labor, Public Welfare), the faculty of social sciences at Chiang Mai University, and private organizations, recruit young women for the training programs. The training program lasts for 3-6 months and private organizations help find permanent employment. In a recent year, 140 girls attended a 6-month training program at the Thai-Canadian Academy, of the Care West Company. After training several were employed by Care West Company and others found jobs with private hospitals.

(b) Modern fashion and design: Objective to help grade 6 students aged 16 and over to pursue a career in modern design and get factory jobs. Chiang Mai University, the provincial administrative committee and private sector organizations set up the training program, places for training, internships and job placement opportunities. Provincial and district committees (especially labor and public welfare) recruit the girls for the training program. During a three-month training period, trainees receive free lodging, food, transportation expenses and a modest stipend. 150 girls were trained at two private companies -- Wing Group (Sankanpang) and Sahapatana Group (Lamphun). Then they were found jobs at several garment manufacturing factories.

(c) Secretarial (Computer Training): For girls who have completed grade 9 and are aged 16 years and over. Girls are trained in computer and modern office skills, and given help in obtaining jobs. USAID, Chiang Mai University and Private Business sector develop the training program, identify training sites and help graduates in their job search. The recruitment of girls into the training program is usually undertaken by district administrative committees. In a recent year, 75 girls were trained at the Computer center of the Chiang Mai University and placed in secretarial positions at several established companies.

(d) Assistant Jewelry Cutter: For girls who have completed grade 9 (16 years +) with the objective of working as assistant jewelry cutters in gem and diamond cutting factories. The targeted number of trainees is 120 annually. The district administrative committee and representatives of gem companies recruit young women who wish to undertake this career. In a recent year 60 girls were trained at Gempolis Company and General Diamond Company, leading jewelry cutting businesses -- then obtained jobs in these companies.
In addition, there is a **Special Skills Training Program**. For girls not eligible to apply for any of the above programs (due to age), or those who face a two-three month waiting period after graduating from grade 6 or 9, prior to continuing with their education/training. Local teachers and counselors identify such "emergency cases" then funds from the special skills training program are used for skills such as hairdressing, cooking, wood carving, etc.

Stage III - Strengthening ongoing activities and extending its efforts over a wider area and target population in northern Thailand.

Stage IV - implemented in three districts in each of four provinces in North Thailand -- Chiang Rai, Phayao, Lampang, and Chiang Mai -- took the form of: (a) an extension of the attitude change campaign towards greater geographical coverage; and (b) development of education standards and skills training for girls attending boarding school under the Sema Life Development Project. This was to help girls from poor families who could not follow the standard curricula in the boarding schools -- researchers in the "Thai Women of Tomorrow" project worked with the "Sema Life Development" project to develop curricula and skills training for girls attending boarding schools.

**Evaluation**

Quite effective because it uses teachers as counselors and monitors at the village level. They are typically well informed of each girl's situation and are key to effective recruitment into the project. The project provided 1,000 scholarships up to 1998 for girls graduating from grade 6 to continue their education up to grade 9. Several others graduated successfully from training courses.

The project is an example of successful collaboration across a range of players: Government (Ministry of Education, Ministry of Labor and Social Welfare, Ministry of the Interior), Non-government Local (Faculty of Social Sciences, Chiang Mai University), International (USAID, government of Japan, CIDA), and private players (J. Walter Thompson, Citibank, IBM, AT & T, Newspapers, Radio- and TV-stations).

**Private business**

J. Walter Thompson donated creative and production time to initiate some of the campaigns, and provided scholarships for poor girls. Citibank offered part-time jobs; IBM and AT&T offered scholarships. Newspapers, radio and TV stations advertised the program for free. Other companies provided jobs after training.

**Challenges**

It is not always easy to find reasonably well-paid jobs for graduates from training courses. Computer training program was less effective than training in gem cutting and garment work, because the former required knowledge of English in which the girls from rural areas were not very proficient.

**Lessons**

Collaboration appears key, as is the need for attitude changes among parents and young girls. Getting counselors from within communities is effective. More than money, collaborations with private companies typically involve the donation of time, training facilities, and provision of jobs.

**Safe Sex Campaign** (Russian Federation) (UNAIDS, 2000f)

**Background**

The objective of the campaign was to implement an awareness campaign about HIV/AIDS and its prevention among young people so as to promote safe sex practices among them.

**Activities**
The campaign was launched in 1997. Its development and implementation was undertaken by the Medecins Sans Frontieres (MSF), in collaboration with the Russian Ministry of Health, local non-governmental organizations, and media companies. The campaign distributed 800,000 leaflets, broadcast a TV commercial, and placed advertisements in magazines and newspapers.

Role of the private sector

Various media organizations donated time and space to the campaign. This was achieved both by MSF establishing close links with the Russian media and explaining to them the importance of the project, along with help from the Russian Ministry of Health that wrote letters to the media explaining the importance of the cooperation with MSF. The equivalent of US$9 million of free advertising time/space was made available.

Evaluation

A telephone survey after the campaign found that 80 percent of the respondents were aware of the campaign, 83 percent thought it was important information for them, 84 percent thought this type of information should continue to be provided, and so on.

This again showed the relevance and importance of partnerships between the government, non-profit organizations and the private sector.

Population and Community Development Association (PCDA), Thailand (Viravaidya and Sacks 1997)

Background

PCDA is an NGO. It takes the position that rural-to-urban migration is a major cause of poor health status, particularly HIV/AIDS. It has sought to develop strategies to "combat this root cause of poor health status." (p.152).

Activities

PCDA developed TBIRD (Thai Business Initiative in Rural Development) as one way to address this issue in the mid-1980s. PCDA invites private sector companies (including multinationals) to adopt a village. This requires the company to provide seed funding for an industrial or agricultural development program for the village, and to provide training so that the local community assumes ownership of the program. Once the project becomes self-sustaining and generates profits, it is jointly operated by the village-level PCDA and the company sponsor. More than 85 companies have commenced projects through PCDA, including activities such as shoe factories, gem-polishing, gardening, and so on.

One set of issues of importance for the future is the increased numbers of AIDS cases that is likely to occur, with increased need to take care of persons with AIDS, together with the requirement of insuring a minimum standard of living for the affected families. The TBIRD program seeks to take this into account in its activities by actions such as bringing piecework from factories to the homes of people with HIV/AIDS, so that they can continue to earn money. Moreover, PCDA intends to promote increased numbers of activities/projects that are more easily handled by the elderly, children or persons with HIV/AIDS in the future.

Outcomes

PCDA surveys of the rural Thai population suggest that involvement in TBIRD projects leads villagers to no longer view migration as an economic necessity.

Philippine Appliance Corporation (PHILACOR) (Philippines) (UNAIDS 2000g)

Background:
This is a workplace program initiated by PHILACOR in 1996 in response to a demand by employees. PHILACOR is the main manufacturer of freezers and refrigerators in the Philippines. It has 1,500 employees, 96 percent of whom are male. Average age is about 27 years.

The workplace program of PHILACOR complies with the National Workplace Policy on Sexually Transmitted Diseases and HIV/AIDS Framed by the government's Department of Labor and Employment.

Activities

Started by inviting NGOs working in HIV/AIDS and people living with HIV/AIDS to talk to their workers. With support from the trade unions and the management the invitees created IEC materials and trained peer educators. The peer educators attended a two-week seminar provided by NGOs and the government department of health.

PHILACOR has incorporated HIV/AIDS education into its first aid program, new staff orientation, worker reorientation etc. The company also publishes a quarterly newsletter in which advocacy articles are written.

American International Assurance, Thailand (Workplace Evaluation and Accreditation) (Daly 2000)

Background

The AIA is a subsidiary of the American International Group, established in Thailand in 1938. It is the largest life insurance company in Thailand, with a market share of 45 percent, US$1.6 billion in assets, 2 million policyholders and 1,300 employees.

Activities

During 1992-99 the company entered into partnerships with various NGOs and public health organizations on projects involving community donations/corporate philanthropy focusing on HIV/AIDS. Partnered CARE International in 1993 in an on-going HIV/AIDS prevention program for factory workers in Samut Prakarn province. AIA also provides its workers and customers with HIV/AIDS education and information on prevention.

They have been advocates for greater business involvement. In October, 1999 AIA and other business leaders from the Asia-Pacific Region signed an executive declaration of commitment against HIV/AIDS: "With access to marketing, organizational resources and communication technologies and the ability to mobilize employees and in turn local communities businesses are in a unique position to implement effective HIV/AIDS prevention programs..." (Daly, p.43).

In 1999, in partnership with the Thai Business Coalition on AIDS (TBCA), (a business membership NGO), it set about establishing an evaluation and accreditation program. The primary aim of the program is to promote HIV/AIDS prevention and non-discrimination in the workplace of AIA policyholders using financial incentives. In particular, companies are rewarded with a 5-10 percent credited premium value group life insurance depending upon the level of a policyholder's workplace and community HIV/AIDS programs. In 1999, this program cost the AIA about US$85,000.

Larsen and Toubro Limited, India (Daly 2000)

Background

The company is engaged in engineering, construction, cement, electricals and manufacturing facilities in 20 locations in India. 26,000 employees. Founded in 1938.

The focus is on HIV/AIDS education programs and removing the stigma around HIV/AIDS.
Activities

(a) An HIV-awareness program was launched in 1985, expanding over time to a range of activities, including training of trainers. Between 1985-99 the program has used 85 trainers and social workers on more than 200 training programs covering 10,000 employees, 4,500 members of their families, and 1,500 school children. There is a special focus on job trainees, employees' children and local schools and slum communities; (b) Support of people living with HIV/AIDS and Prevention of Discrimination: No discrimination in its hiring and promotion practices, no mandatory testing at any stage of employment or pre-employment; the company provides counseling to people with HIV/AIDS; engaged in partnerships with NGOs and government to ensure good practice; use of education to create acceptance of employees living with HIV/AIDS; (c) External initiatives: In 1995, it joined 12 other companies to form a group called "Industry Response to AIDS" in Mumbai, India. Representatives from Larsen and Toubro are members of various local and international groups that work on HIV/AIDS prevention in communities; it played a key role in developing an HIV/AIDS policy guideline for Indian Industries, together with the Bombay Chamber of Commerce and Industry. Larsen and Toubro provides access to its HIV/AIDS-related training modules and materials to other companies as well.

Other features

Commitment of senior management; activities directed both at the workplace and the wider community; development of multilingual training materials; involvement of labor unions and peer leaders from target groups in planning and implementation and in the dissemination of information.

Volkswagen do Brasil, Brazil (Daly 2000)

Background

This is a Subsidiary of the Volkswagen Group, focusing on the production and sale of automobiles. It is the market leader in Brazil with an employee strength of about 30,000.

Beginning 1986, the company found increasing numbers of HIV/AIDS cases among its employees and among users of the Volkswagen Medical Health Plan (coverage includes employees, dependents and retired personnel). It also found that its medical personnel lacked the specialized knowledge to properly address the needs of HIV/AIDS patients.

Activities

Starting in 1996, the company initiated an AIDS Care Program (based in its headquarters at Sao Bernando do Campo) with specialized technical personnel and closely tied to the company's health care provision system. Program included both HIV/AIDS prevention and treatment of persons with HIV/AIDS.

(a) Prevention in the Workplace: used educational presentations and videos; dissemination of information by company radio; newsletters and posters. Condom machines were installed at the workplace; (b) Care and support of people with HIV/AIDS: Treatment and counseling includes access to specialists, social workers, nutritionists, psychologists, referrals to specialists and home-based care. It also includes antiretroviral treatment and measurement of viral loads. Non-discriminatory policy with assistance to affected employees at both the workplace and the outside community.

Outcomes

Although the company claims that as a consequence of these actions, by end-1999, there was a 90 percent reduction in hospitalizations, 40 percent reduction in the costs of treatment and care, and 90 percent of the patients were "active and without symptoms", the basis for these claims in unclear. Daly claims that "the experience of Volkswagen do Brasil has provided evidence of the
effectiveness and cost savings to companies initiating ... coordinated and specialized treatment and care to its workforce." (Daly 2000, p.51).

**Molson, Canada (Daly 2000):**

*Background*

Founded in 1786, Molson is the market leader in beers in Canada, with US$1.3 billion in sales annually. It also has a large stakeholding in Coors Canada and Molson, USA. It has 3,800 employees.

Molson was initiated into HIV/AIDS work in 1988 when it was invited to provide support to a fund-raising event by an AIDS-service organization in Toronto. This led the company to conduct market research on the relevance of HIV/AIDS to young adult males, its main target consumer. Over time, it has promoted HIV/AIDS awareness by a combination of (a) funding support to other organizations and (b) use of marketing tools in Canada.

*Activities*

Molson’s long-term commitment is built around the marketing program *Molson: Partners in the fight against AIDS*. The primary objective of the program is to support community based AIDS service groups, raising HIV/AIDS awareness and raising other private support. In 1996, Molson became the founding sponsor of "AIDS Walk Canada", a national public awareness campaign. Other activities included an HIV/AIDS awareness campaign developed with the Canadian AIDS Society and MacLaren McCann Advertising; support for music festivals and events such as the "Dancers for Life" (involving most of Canada's celebrated artists), and AIDS service organizations such as the AIDS Committee of Toronto.

*Outcomes*

AIDS Walk had raised more than US$7 million by 1999 in support of HIV/AIDS care and prevention programs. Its marketing program has been used as a case study in generating support by other corporate groups.

**Chevron, Nigeria Ltd., Nigeria (Daly 2000)**

*Background*

The Nigerian counterpart of Chevron Corporation has been operating in Nigeria since 1961, with around 2,600 employees.

Work on HIV/AIDS related issues is motivated by a diverse range of factors including potential impact on workforce, surveys suggesting high levels of ignorance about the disease, sexual networking at/near company worksites, high prevalence of STDs at company clinics, and documented advantages of workplace programs.

*Activities*

The Chevron (Nigeria) response has been on prevention of HIV/AIDS through education - of its workforce, and the local communities within which the company operates.

Its several programs include: (a) *Chevron Workplace AIDS Prevention Program* -- based on research undertaken by it, the company set up targeted activities to meet the needs of different employees, local communities and sex workers. Work has typically engaged trade unions in active role. Community outreach has taken the form of extending HIV/AIDS education workshops to local communities; and promoting safe sex practices by sex workers. (b) *Chevron Adolescent Reproductive Health Program* - activities under this program include HIV/AIDS workshops and
campaigns, and an annual "Youth Festival of Life." It held a workshop in January 2000 to obtain feedback from youths involved in these programs and share examples of good practices.

Many projects have been characterized by partnerships with local, national and international organizations that have provided technical support. Peer education is seen as crucial.

Outcomes

Although no estimates are available, "Chevron Nigeria believes that the HIV/AIDS education program has been cost effective." (Daly, p.54). The company has also noted increased condom use, better informed employees, reduction of discrimination against employees, support from labor unions, and the involvement of local communities in its programs.

Standard Chartered Bank, United Kingdom (Daly 2000)

Background

Set up in 1853, it is a commercial bank focused on emerging markets, with over 570 offices in over 50 countries. It has 26,000 employees.

Its response to HIV/AIDS issues was an outcome of two forces: (a) increased demand on its managing directors in African countries to take policy decisions about employees living with HIV/AIDS; and (b) increased impact of absenteeism, employee attrition, and medical and benefits costs on its profits, with the possibility of even larger losses in the future.

Activities

The first step was an assessment of its policies and practices regarding HIV/AIDS in different countries. This was followed by: (i) development of a non-discriminatory policy with regard to HIV/AIDS, in line with its existing broader approach towards employees, respecting human rights in the workplace and promoting equal opportunity regardless of status such as color, race, gender, and ethnic background. Moreover, local branches are allowed flexibility to modify this policy in line with local needs of specific countries and regions (ii) HIV/AIDS Awareness Campaign begun in March, 2000 - to enhance awareness about the epidemic's magnitude, promote safe sex practices, and to educate staff. In this campaign information about HIV/AIDS is provided by trained peer-group educators, distribution of HIV/AIDS fact books, posters, and so on. Some of the materials were developed in collaboration with companies such as Levi-Strauss and Glaxo-Wellcome and with non-governmental organizations. The materials have been distributed to other companies and non-governmental organizations (in Africa) as well.

Other key elements of the response have been the participation of top levels of management, both international and local -- CEO and the Directors -- in HIV/AIDS-related issues; the utilization of outside organizations to enhance information about HIV/AIDS and its impacts; with careful attention to local needs and differences across cultures and countries.

Outcomes

The awareness program has been implemented in 12 African countries as pilot programs. The program is still in its infancy and it is too early to judge outcomes.

International Hotel and Restaurant Association, Paris (Daly 2000)

Background

This is a world-wide trade organization of over 750,000 hospitality operators, associations, and suppliers in more than 150 countries. It has 1,200 employees and is based in Paris. It represents the interests of the hospitality industry - an estimated 300 thousand hotels, 8 million restaurants and 60 million employees.
The Association was concerned that employees and customers of the hospitality industry were likely to be affected by the HIV/AIDS epidemic. It also felt that HIV/AIDS prevalence in countries could have deterrent effects on the number of tourists to that country.

**Activities**

These included (a) Research by IHRA highlighting concerns and impact of health issues on hotels, restaurants, and their customers during 1995-1998; (b) Together with UNAIDS, non-governmental organizations working on HIV/AIDS issues and the Thai Business Coalition on HIV/AIDS to develop workplace programs and guidelines about HIV/AIDS for its members. Guidelines included information about facts related to HIV/AIDS, occupational risks and ways to avoid infection, examples of effective workplace policies, methods to extend the work into local communities outside the workplace, and a directory of organizations that could assist in the development of programs related to HIV/AIDS.

**Anglo Coal, South Africa (Daly 2000)**

**Background**

Operates 9 coal mines in South Africa, producing 30 million tons of coal in 1999. Nearly one-third of its production is for exports. Number of employees is approximately 10,500.

HIV/AIDS activities followed a mine managers’ fact-finding trip to Zimbabwe in the early 1990s, with a consequent desire to prevent HIV-infection and its impact among employees, local communities and company operations.

**Activities**

(a) Developed an HIV/AIDS strategy in 1993 that included a policy on life-threatening illnesses, using a participatory approach that involved collaborating with representatives of trading unions, management, and surrounding communities; (b) HIV/AIDS strategy was implemented by a centralized AIDS committee (at the head office) that provided guidance on monitoring and prevention to AIDS committees at 9 sites where its mines were located; (c) the 9 AIDS committees developed prevention programs that included collection of statistics on absenteeism, opportunistic infections, condom distribution, and surveys to assess HIV/AIDS awareness; approaches for treatment of opportunistic infections, condom distribution, and counseling of employees and relatives; awareness programs undertaken by peer educators among employees and the outside communities and schools -- various methods such as seminars, video presentations and theatre. (d) Continued assessment of these programs highlighted the need to broaden education programs to include development of productive skills -- especially in small business initiatives for partners/spouses. (e) Anglo-Coal also formed partnerships with local government authorities in providing mobile STD clinics for outside communities and programs promoting healthy lifestyles and better nutrition; (f) In 1996, it started the Kriel Project in collaboration with the University of Zimbabwe, Eskom (Electric Utility), Ingwe Coal (Mining) and local authorities - a program to promote safe sex practices, through community participation, condom distribution, and HIV/AIDS education for sex workers and their clients. Anglo Coal has supported this project in various ways, including training and providing technical assistance. Considering extending the project to cover 16 rural districts/sub-districts over a 10-year period. The extension would involve careful surveillance of HIV/AIDS and its behavioral and socioeconomic correlates, focus more on schools since those are the source for future entrants to the labor force, and projects that provide employment alternatives to sex work.

**Bristol-Myers Squibb Company, USA (Daly 2000)**

**Background**
A leading pharmaceutical company, specializing in beauty care, medical devices and medicines. Sales exceeded US$20 billion in 1999, with exports outside the United States accounting for about two-fifths of all sales. It has nearly 54 thousand employees.

Given its leading role in the development of AIDS drugs, it seeks to play a leading role in providing care and support for patients, especially in developing countries. It also recognizes that the epidemic is too significant to be handled by any one group alone, and requires the formation of partnerships.

**Activities**

It has typically focused in three areas – patient education, clinical research, and training of health providers – in partnership with the public sector, NGOs, and academic institutions (a) Secure the Future launched in 1999 for providing grants in medical research, medical education, community education and outreach, and programs for women and children affected by HIV/AIDS. The program is focused on 5 countries and guided by local needs – Botswana, Lesotho, Namibia, South Africa, and Swaziland. Grants are made under the direction of an advisory board consisting of African and international HIV/AIDS experts – these include representatives of governments, UNAIDS, leading universities, religious and community groups.

**Outcomes**

Secure the Future has funded 17 projects (commitment of $24 million). Projects include a training program for health care professionals, a program of psychosocial and spiritual support to infected/affected individuals and families, a training program for rural health care workers, a program for skills training for orphans, and for the establishment of a laboratory (in Botswana) to increase the infrastructure and training capacity for health care professionals in clinical trials, diagnostics and care of AIDS patients. Key elements of many of these projects are partnerships between local and international groups and governments, NGOs, religious groups and research institutions.

**Mathare Youth Sports Association (MYSA), Kenya (UNAIDS 2000h)**

**Background**

Mathare is a large slum area in Nairobi. MYSA began in 1987 as a means to organize sports activities along with environment clean-up work. One hundred and twenty football teams of youths 12-18 years old had been formed by 1988. It was the largest football association in Africa by 1998. Its guiding principle is to promote both socially responsible activities and sports.

**Activities**

Beginning 1994, training the players in its football leagues to be peer educators for HIV/AIDS related activities. Senior members were the first trainees for peer-educator positions. Activities of peer-educators involve talking about relationships, use of condoms, improved information with regard to sexual activities and so on, among youth. The program reached 20 thousand youth people during the period from 1994 to 1997. An AIDS-reference library for training materials has also begun to take shape.

**Role of Business**

MYSA has private sector sponsors (Orbitsports (a supplier of sports equipment), Norsk Hydro (sponsors of the professional team representing MYSA), Coopers and Lybrand (auditors)). It is also supported by a number of international funding agencies and NGOs (Ford Foundation, Norwegian Agency for Development (NORAD)).


Giraud, Patrick. 1993. The economic impact of AIDS at the sectoral level: developing an assessment methodology and applying it to Thailand's transport sector. In David Bloom and


McGee, T. G. 1978. 'An invitation to the 'ball': dress formal or informal?' in P. J. Rimmer, D. W. Drakakis-Smith & T.


__________. 2000e. "Children and Young People: Youth Career Development Program (Thailand)." Basic Practice Sumary Booklet. Geneva: UNAIDS.


1999c. “UNAIDS and MTV call upon corporate leaders to take action now against AIDS.” UNAIDS Press Release, Davos, 31 January.


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1 This paper has prepared for the American Foundation for AIDS Research (amfAR).
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3 Harvard School of Public Health. amahal@hsph.harvard.edu
4 UK-based knowledge consultancy. Web: www.riverpath.com. Email: pathfinders@riverpath.com
5 The history of tuberculosis provides a salutary lesson here, as complacency over tuberculosis in the US in the 1980s reversed the positive progress that had been made in eradicating the disease over the previous 50 years. See David E Bloom, River Path Associates and Karen Fang (2001)
6 Haney (2001)
7 The number of people living with HIV/AIDS today is 50% above 1991 World Health Organization predictions. UNAIDS (2000i)
8 UNAIDS epidemiological fact sheets
10 Theodore (2000)
11 Hancock et al. (1996)
12 See Bloom et al. (1996) and Bloom and Canning (2000). Bloom et al (1996) showed that an increase in AIDS deaths of one per 1,000 people has the potential of reducing life expectancy at birth by one year. When combined with the Bloom and Canning (2000) research, which estimates that a 5 year difference in life expectancy could translate into differences in rates of growth of per capita income of 0.3-0.5 percentage points per year, and applied to sub-Saharan Africa, where 2.2 million people died of AIDS in 1999 (3.7 deaths per 1,000 population), the figure of 0.30 percentage points’ reduction of per capita income growth is reached as the mid-point of the range of declines. This figure assumes AIDS that deaths as a proportion of population will remain unchanged in the future
13 UNDP (United Nations Development Programme)(1999a)
14 The Harvard Business Review has published 3 full articles on AIDS since 1989 (none in the last 5 years); Forbes Magazine has published 3 since 1997; Money 2 since 1998; Fortune 3 since 2000; the New York Times had published 17 in the month preceding 30 March 2001
15 Pramualratana (1999)
16 Bloom et al (1996) ibid
17 The Conference Board (1997)
Maize production was reduced by 61%, cotton by 47%, vegetables by 49%, groundnuts by 37%, in UNAIDS (2000).

Some authors have argued that investment in those who are already HIV-positive is a vital way of limiting the effects of the virus, both for businesses and for economies overall: “Without a special effort to raise (or maintain) the productivity of those who are HIV+, economic growth cannot be maintained, let alone increased.” McPherson, Hoover and Snodgrass (2000).

Paul Farnham and Robin Gorsky (1994)

Whiteside and Sunter, 2000

National AIDS Fund 2000 (p.2)

Rugalema (1999) ibid

ILO (1999b)

UNAIDS (1998a, p. 3)

Farnham (1994)

Sheppard (1993)

Bollinger, Stover and Martin-Correa (1999)

Bollinger, Stover and Nalo (1999)

ILO study, cited in Bollinger, Stover and Riwa (1999)

Bloom and Gled (1991); Farnham (1994) found similar numbers, as do Farnham and Gorsky (1994).

Bollinger and Stover (1999); Whiteside and Sunter (2000)

Bollinger et al. (1999)

A study of the macroeconomic impact of AIDS in Zambia has shown that the decline in life expectancy caused by the virus, and the shift in dependency ratios directly reduced the country’s rate of growth. “This, in turn, fed back to further reduce the rate of income… the model provides evidence that HIV/AIDS has been undercutting and will continue to undercut the capacity for economic growth in Zambia.” (McPherson, Hoover and Snodgrass 2000, p.48)

Daly (2000, p.13)

Cuddington (1993a)


UNAIDS (1998a)


Others estimate that South Africa’s population will be 23% smaller than it would have been without AIDS. Economist (2001)

Whiteside and Sunter (2000)

Bollinger et al. (1999)

Brand image is both an internal and external factor: “Inside the company the brand image acts like a glue and a heartbeat, persuading employees that their product unites them in their daily endeavors, and is something to believe in. Externally, brand image also provides customers with “something to believe in,” to quote the Volvo advertisements of the 1990s.” (McIntosh, Leipziger, Jones and Coleman (1998: 64-5).

PR Week (2001)

Bloom and River Path Associates (2000)

Bloom, Rosenfield and River Path Associates (1999)

McIntosh et al (1998) ibid: 149

UNAIDS (1998a) ibid: 4


Cassell (1993)

http://www.iclinic.co.za/aug00/calculator18.htm

UNAIDS (2000k)

Friedman (1962)

Sen (1987)


Economist (2000)
Between 1975 and 2000 the number of transnational corporations rose from 7,000 to 63,000. UN figures for 1975; UNCTAD figures for 2000; Peter Schwartz (1999) ibid

In some cases, this pressure leads to more regulatory pressure – UK pension funds, since 2000, have had to state their attitudes towards social responsibility issues in investment policies.

Sen (1993); Bloom and River Path Associates (2000b)

Sen (1993) ibid

Sen (1993); Bloom and River Path Associates (2000b)

A further study by the Prince of Wales Business Leaders Forum showed that 17% of 25,000 people interviewed across Europe had avoided the products of companies they perceived as not being socially responsible. Cited in Business for Social Responsibility Education Fund: Introduction to corporate social responsibility (http://www.bsr.org/resourcecenter).

Muraskin (1998)

McIntosh et al (1998) ibid: 219

Nelson and Zadek (2000)

Annan (2001)


Personal communication.