

Making Co-Investment a Reality



Strategies and Experiences

With contributions from Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ), the Global Business Coalition on HIV/AIDS, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Global Health Initiative, the International Labour Organization, and the World Bank

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Dag-Hammarskjöld Weg 1-5

Postfach 5180

65726 Eschborn, Germany

Responsible:

Elisabeth Girrbach

Team leader

Tel. +49-6196-791918

Email: Elisabeth.Girrbach@gtz.de

www.gtz.de/aids-at-the-workplace

Global Business Coalition on HIV/AIDS

1230 Avenue of the Americas

4th Floor

New York, NY 10020

Responsible:

Dr. Neeraj Mistry

Technical Director

Direct Tel: + 1 212 698 2152

Fax: +1 646 219 2875

E-mail: nmistry@businessfightsaids.org

www.businessfightsaids.org

Authors: Vučković, M. (GTZ), Mistry, N. (GBC), Beckmann, S. (ILO), Lavollay, M. (Global Fund), Girrbach, E. (GTZ)

With contributions from: Adelhardt, M. (GTZ), Boldrini, F. (GHI), Knöss, J. (World Bank), and Ashbourne, E. (World Bank)

Editors: Dr. M. Vučković; E. Girrbach

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Preface

The purpose of this paper is to foster a common understanding of the co-investment concept and approach in the fight against HIV/AIDS. While promoting a broader development perspective, the document takes inventory of different perspectives and interests of the private and the public sector. It provides an in depth discussion of many of the issues raised in earlier, shorter documents as well as during a series of multi-stakeholder co-investment meetings. The paper gives an outline of the theoretical background of private-public-partnerships (PPP) and co-investment, followed by the documentation and analysis of various examples and experiences of co-investment interventions. The strong focus on practical issues takes account of the evolving nature of the co-investment concept. Therefore, the document should be viewed as a contribution to the continuous learning process on this topic, a living document that will be updated as more successful co-investment strategies and examples become available.



1. Introduction

The majority of the 40,3 million people living with HIV and AIDS worldwide belong to the productive age group of 15 to 49 years, a fact with disturbing economic implications. The gross domestic product (GDP) of high prevalence countries in Africa, for instance, is decreasing constantly with negative consequences for markets, investments and overall progress. The World Bank has researched that in recent years, per capita income and life expectancy in African countries have fallen to the level of the 1960s. Especially in sub-Saharan Africa, the pandemic has a profound impact on the private sector and on national economies. AIDS leads to absenteeism and a loss of qualified personnel, raising human resource costs and hampering economic investment. In order to successfully counter this trend, all sectors of society, including the private sector, need to join the fight against HIV and AIDS.

Until recently, only a small number of multinational companies had taken on this challenge. During the past four years, however, key decisions have been taken by the private sector, leading to steady reductions in drug prices, a rapid expansion in the number of employees being offered effective treatment, and a growing understanding from key players that the workplace plays a central role in the response to HIV/AIDS. The concept of HIV/AIDS workplace programs has gained in popularity and more and more companies are introducing HIV/AIDS interventions for their employees.

Although the HIV epidemic has been spreading for close to twenty years and antiretroviral treatment (ARVs) have been able to significantly reduce the burden of HIV in developed countries, it is only in the last few years that access to AIDS treatment for developing economies has been placed on the international agenda. The launch of the 3by5¹ goal, rapid reduction in prices combined with the realisation on the part of health, social, economic and political decision makers that the burden of untreated AIDS was becoming unbearable, have led to a profound transformation of attitudes towards treatment availability in poor countries.

The HIV/AIDS epidemic increasingly attracts large amounts of funding, which are disbursed through both, multi- and bilateral channels. New global financing mechanisms such as the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) and the World

1. Three million people should have access to HIV/AIDS treatment by end of 2005

Bank Multi-Country AIDS Program (MAP) have been established to provide additional resources to scale-up the response to HIV/AIDS and other poverty related diseases.

The mobilisation of public and private employers in the response represents a positive and encouraging development. However, access to HIV/AIDS treatment should not depend on employment status. In order to avoid growing social disparities that may over time trigger social disruption and conflict, equitable access to HIV/AIDS services forms a fundamental principle of the global HIV/AIDS response.

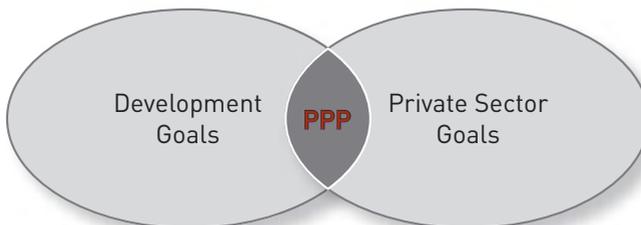
2. Co-Investment

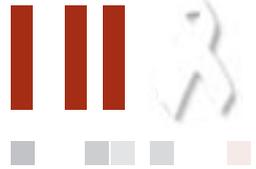
There are different perspectives and interests relating to the issue of co-investment. The following chapter describes the context of co-investment within public-private-partnerships, provides a working definition and concept of co-investment and discusses different perspectives and conceptual interpretations.

2.1. Co-Investment as a Public-Private Strategy

Public Private Partnerships (PPP) are common projects between public and private partners. The contributions are combined in a way that both partners reach their objectives faster, cheaper and more efficiently. The main benefits of PPP are the strengthening of the developmental impact of private and public sector activities and an increase in the efficiency of development cooperation.

Cooperation for Synergies:





Public Private Partnerships combine business interests of the private sector with the developmental goals of a country or region.

Some key elements of successful PPP projects are:

- Long-term economic engagement in partner countries
- Substantial contribution by private partners
- Efficient distribution of tasks between different partners
- Achievement of developmental benefits
- Sustainability and long-term effects

Many in-country and global health PPPs have arisen in response to a market failure or inadequate healthcare infrastructure. They seek to increase a country's capacity to address specific health concerns by increasing resource flows, engaging the private sector, and improving coordination among partners. The evidence suggests that PPPs have a particular role to play in confronting challenges that require innovative, time-bound and results-oriented interventions. A number of PPPs have succeeded in this respect in part because of a governance structure that forces dialogue and planning across multiple public and private stakeholders while delivering true funding scalability. If a PPP includes government and donors, private sector and civil society, this sharing of information among the stakeholders helps to ensure that work implemented by the new PPP is complementary or synergistic to what is already provided by the government or any other system². In the fight against HIV/AIDS, co-investment can be seen as a specific form of PPP with the objective of strengthening and scaling-up the HIV/AIDS response for the benefit of employees and their communities.

2.2. The Co-Investment Concept

Proposed **working definition** of co-investment:

In the context of the HIV/AIDS response the term **co-investment** refers to the harmonised and coordinated joint investment of public and private resources with the common objective to improve equitable access to and provision of HIV/AIDS services.

In particular the alignment and coordination of HIV/AIDS workplace programs and

2. World Economic Forum/UN Department for Economic and Social Affairs/DEZA (2005): "Building on the Monterrey Consensus: The growing Role of Public-Private Partnerships in Mobilising Resources for Development", p.62.

community-based HIV/AIDS responses provide opportunities for synergetic and efficient use of scarce resources. The co-investment model aims to improve accountability and absorptive capacity of allocated funds, through collaboration of various sectors, avoiding duplication or development of parallel services.³

Resources and possible contributions of the **private sector** are for example the know-how and experience of a running WPP; existing business infrastructures and facilities; business and management expertise that can be applicable to managing the total response to HIV/AIDS and the commitment to expand the company's involvement in the local HIV/AIDS response to the broader community.

Resources and contributions of the **public sector** include policy development and regulation; leadership and supervision; financing; quality assurance, surveillance and monitoring & evaluation; partnerships and access to various technical agencies and development partners; purchasing of health products and overall coordination of the HIV/AIDS response.

Further definitions of co-investment:

According to the **Global Business Coalition on HIV/AIDS (GBC)**, co-investment is a mechanism to utilize existing business infrastructure and facilities to provide expanded access to HIV prevention, testing and treatment to the communities in regions heavily impacted by the epidemic. Many companies have invested substantially in infrastructure, including hospitals and clinics, drug procurement mechanisms, access to diagnostics, and technical expertise in health management including appropriate staff training, to deliver effective quality care to their employees and where possible, their families. By using existing business sector infrastructure, co-investment projects can substantially reduce the cost of prevention and treatment programs in the communities where they are being implemented.⁴

Broadening this interpretation of co-investment from the company's perspective **to a wider development perspective** that takes account of the public sector contribution and the mechanisms for coordination and collaboration may increase possible synergies and efficiency gains.

3. GBC Co-investment Report, April 2004.

4. According to the African Comprehensive HIV/AIDS Partnership (ACHAP) almost 40 percent of financial resources for Botswana's national treatment program are spent on the development of infrastructure.



A working document of the ILO and the Global Fund defines the core purpose of public-private partnerships in more balanced terms: PPPs are to strengthen and extend sustainable prevention, care and treatment programs for employees and communities. PPPs will contribute practical solutions, ensuring that communities in which private employers are operating and providing their employees with care and treatment programs also benefit from support and care.⁵

According to all three definitions, the concept of co-investment essentially reflects that all parties to the mechanism contribute their fair share of the effort and that while each party does not take on the other's responsibility, the sum of the contributions of each party is more than a simple addition.

2.3. HIV/AIDS Interventions at the Workplace

Over the past few years, the private sector has increasingly taken on these new social responsibilities. Private employers have made thorough analyses of the social and economic costs and benefits, leading them to propose aggressive prevention and solid care programs, which include the provision of anti-retroviral drugs to their employees and dependants. Beyond addressing the rapid increase in the burden of HIV and AIDS, employers are also interested in developing programs to deal with TB and Malaria.

In making their decisions, private employers are looking to back up their decisions with the full support of their employees and their respective unions, and to demonstrate that their responsibility does not stop at the doorstep of their plant or office building. At the same time though, their core imperative remains to do business and not to substitute for government responsibilities.

Ideally, HIV/AIDS activities at the workplace should be equally comprehensive as HIV/AIDS programs designed for the general population and include awareness raising, prevention, medical care and the creation of a non-discriminatory and supportive work environment. Information, education and communication – all part of prevention – are necessary to keep the level of new infections stable and to eventually reduce it. The treatment of opportunistic HIV infections and therapy using anti-retroviral drugs

5. ILO/The Global Fund, "Co-investment: a central mechanism for establishing Public Private Partnerships at country level", July 2003.

(ARV) give hope to those living with HIV/AIDS. A sustainable project team with an active HIV/AIDS coordinator is a prerequisite for a successful workplace program. An HIV/AIDS task force acts as the decision-making and implementation body of the team. The task force should consist of union members, representatives from management and the human resources department, medical personnel and peer educators.

As the final evaluation of a three-year GTZ cooperation with DaimlerChrysler in South Africa has shown, comprehensive HIV/AIDS workplace programs can substantially contribute to the national efforts against HIV/AIDS: As a result of an intensive peer education program at DaimlerChrysler's production sites, 75 percent of the workforce participated in voluntary counseling and testing. The death rate due to AIDS has decreased, and tuberculosis could be cured in all employees treated by the occupational health service. However, the private sector can do even more: Companies can influence discrimination and stigmatization at the workplace by implementing supportive human resource policies and practices. And since most companies are well embedded in their surrounding communities, some of the activities they offer to their employees can be extended into the companies' surroundings.

2.4. Extending HIV/AIDS Workplace Programs into the Community

Since companies are in many ways involved in their communities, it is a logical consequence to consider community involvement and partnerships with other stakeholders and institutions as an option within comprehensive HIV/AIDS strategies. Corporate community outreach contributes to equity in societies where being employed is a privilege and an advantage.

In the countries most affected by the HIV epidemic and other diseases such as TB and malaria, the health infrastructure as well as financial and human resources available to address community needs are often limited and in some cases even non-existent. For this reason, private employers have actively sought partnerships with a wide range of bilateral and multilateral agencies to help them achieve their goals.

Before beginning with activities and interventions at the community level, however, all project components at the workplace level should be in place and especially



trained peer educators should be available. Running a successful HIV/AIDS workplace program for employees and their families should always be the first priority of the company. It not only enables them to protect their employees from HIV/AIDS but will also be the best learning ground on the technical and socio-economic aspects of the disease. The decision to expand to the community should only be taken once a strong workplace program is in place. If companies engage in community activities without truly understanding the problems and issues involved, this can lead to a number of negative repercussions such as technically poor programs, wasted resources on the wrong issues and negative PR backlash for the company.

Once the company is ready to extend its HIV/AIDS activities beyond the company gates, peer educators and HIV/AIDS task force members can provide an effective “entry point” into the communities and their knowledge can be a valuable source of information. If available, the results of a KAPB survey (knowledge, attitudes, practices and behaviors) among employees can give a first idea about potential needs in the community.

However, the target groups as well as the strategic goals of the project have to be clearly defined, keeping in mind that extending activities to communities might overburden peer educators and/or task force members. To avoid duplicating activities, it is imperative to “screen” the communities in order to establish what activities are already being undertaken by existing institutions (governmental or non-governmental), and to try to collaborate with these initiatives. Activities at the community level can take various forms. Some examples from recent private sector initiatives include:

- Supporting training organisations in order to train additional peer educators within the communities;
- Providing training for general medical practitioners in order to upgrade their skills in the management and treatment of HIV/AIDS, tuberculosis, and sexually transmitted diseases;
- Supporting local theatre groups, artists and radio stations in collaboration with traditional or political leaders;
- Supporting educational initiatives and programs for youth and/or orphans
- Supporting home-based care programs.

3. Implementation at Company, Community and National Level

3.1. Public-Private Partnerships at District Level: How to Work Together for Public Health

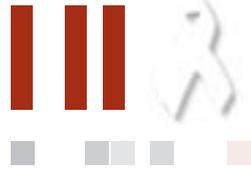
Through their general health services and HIV/AIDS workplace programs, **companies become an integral part of the local health system**, which includes all actors and all initiatives aiming to preserve good health and to treat diseases irrespective of the provider's institutional character or the scope of the services offered. Activities within companies and even more so community based activities should, therefore, be integrated into the district health system with regard to information sharing, planning, management and quality control.

The co-investment model should be based on a **health system development approach**, integrating efforts across the public and the private sector to create appropriate primary, secondary and tertiary level health care, based on the relative merits and strengths of each. While the main focus is on prevention, testing and treatment services for HIV/AIDS, the model itself is based on an integrated approach to disease management. Proposals at the pilot projects addressed not only HIV/AIDS, but also TB and malaria through effective health system development.⁶

Sustainable primary, secondary and tertiary health care can best be assured within the framework of an integrated decentralized health care system. While there are certainly many shortcomings in the health services of most developing countries, the **district health system** still provides the best chances to provide health care to the population at large.⁷ In sub-Saharan Africa, for instance, the district health system (DHS) is part of the national health system, generally covering one district of 50.000-300.000 people. The district health system (DHS) embraces all the facilities and individuals in a district involved in providing health care at various levels of intervention, not only state providers, but also church, community and private providers, as well as traditional healers. The DHS is responsible for offering primary (health centers and dispensaries) and secondary (referral hospitals) health care services to respond to the health problems and needs of the local population. The system also comprises village and community level activities, programs offered through private companies, as well as specific public health programs.

6. GBC Co-investment Report, April 2004.

7. According to the primary health care concept established by the WHO in Alma Ata in 1978.



A **District Health Management Team (DHMT)** is responsible for the annual planning and budgeting of all activities needed to manage, control, coordinate and support the health services. All governmental and non-governmental health services, including church, community and private providers, are ideally involved in this annual planning process.⁹ In order to ensure effective coordination with other services and programs, the DHMT should be involved in the planning and implementation of co-investment interventions. It is therefore essential that companies willing to become active in the community engage in a continuous **dialogue with the local health and HIV/AIDS authorities** as well as all other relevant actors at community level (such as community leaders). In many countries, the major stakeholders in the national HIV/AIDS response include multi-sectoral HIV/AIDS committees, as well as HIV/AIDS control coordinators at national, regional and district level. The **Ministry of Health** and its local representatives (such as the Regional and District Medical Officers) are equally important cooperation and dialogue partners.

In order to integrate private health services into the DHS, they need to be included in the information system and participate in planning and management of district resources as well as in quality assurance. This in turn entails that the non-state services accept the need for openness with regard to their income and expenditures.⁹ The guidelines and provisions of state policy are generally binding for all health facilities, while non-state services depend on a measure of independence to enable them to decide on their specific orientation and specialisation.

3.2. How to Cooperate Across Sectors in HIV/AIDS Control

In every country, society is broken down into sectors for administrative and political reasons, while in everyday life people do not tend to think in terms of sectors. While inter-sectoral cooperation is crucial for development, its implementation rarely meets expectations. Despite recent efforts to cross this divide, the reluctance or inability to practice cooperation across sectors can be seen in all countries and at all levels, from communities to governments. Inter-sectoral cooperation for the health sector covers in particular the fields of social affairs, education, water supply, sanitation and agriculture – as well as cooperation with the business sector. Spontaneous forms of cooperation of varying degree can be observed frequently, but often these are neither systematic nor

9. G6rgeH H.; Kirsch-Woik T.; and Schmidt-Ehry B., The District Health System: Experiences and Prospects in Africa, GTZ, 2004, 44.

long lasting. Institutionalised forms such as inter-sectoral committees are, therefore, important platforms for exchanging information and implementing joint projects.

The fight against HIV/AIDS is usually most effective if it is based on a **multi-sectoral approach** rather than vertical programs. Health services are of crucial importance for health communication, diagnosis and therapy. However, successful prevention of the disease is achieved only if people practice safer sexual behavior. For this purpose, all sectors of society, including the private sector, have to be involved. Most countries have by now introduced **National HIV/AIDS Councils or Committees (NACs)** that are frequently housed directly by the Prime Minister's or President's Office (for instance NACC in Kenya, TACAIDS in Tanzania, NACA in Nigeria etc.). According to the **"Three Ones"** concept propagated by UNAIDS, the World Bank, the Global Fund and the international community (one national HIV/AIDS coordinating body, one national HIV/AIDS strategy, one national M&E system), these inter-sectoral bodies should be responsible for drafting, implementing, monitoring and evaluating the national HIV/AIDS strategy – of course in collaboration with the Ministry of Health and other relevant institutions. A recent World Bank review has found, however, that in many countries, the governance aspect of the national response is still troubling. National HIV/AIDS Councils are not providing consistent leadership and oversight and NAC Secretariats have often become implementation agencies rather than coordinators and facilitators. There is a lack of real accountability to the general public. Moreover, not all donors use a common structure.¹⁰

With the establishment of The Global Fund to Fight AIDS, Tuberculosis and Malaria in 2002, national coordination and participation of public and private sector stakeholders have become central issues for the allocation of global finance. The so-called **Country Coordinating Mechanisms (CCM)** form an essential structure of the Global Fund's architecture and underline the commitment to local ownership and participatory decision-making. These country-level partnerships develop and submit grant proposals to the Global Fund based on priority needs at the national level (for all three diseases). After grant approval, they oversee progress during implementation. CCMs include representatives from both the public and private sectors, including governments, multilateral or bilateral agencies, non-governmental organisations, academic institutions, private businesses and people living with the diseases. For each grant, the Country

10. The World Bank, Interim Review of the Multi-Country HIV/AIDS Program for Africa, October 2004.



Coordinating Mechanism nominates one or a few public or private organisations to serve as **Principal Recipient (PR)** of the funds.

In a number of countries, national guidelines and strategies for public-private partnerships already exist, forming part of the national HIV/AIDS strategy. In the 28 African countries participating in the **World Bank MAP Program**, for instance, the funds of the MAP are channeled through the National AIDS Councils (NACs) in order to reach both, the public and private sectors as well as civil society. In these countries, NACs have developed an overall strategy to engage the private sector, including the integration of private sector policies in ministerial work plans. In Malawi, Ghana, Cameroon and Mozambique for instance, effective collaboration on private sector participation in ARV drug rollout and the implementation of effective national workplace policies has been achieved.

At the regional and district level, the coordination of various stakeholders is being achieved through **inter-sectoral HIV/AIDS committees** that should also include all relevant institutions and initiatives of civil society. These committees can provide the impetus to tackle the epidemic across all levels and strata of society.¹¹

The main activities of a comprehensive HIV/AIDS control and prevention program at district level include:

- Target group-oriented health promotion (IEC)
- Advocacy and resource mobilisation
- Condom promotion and social marketing of condoms
- Initiatives to reduce HIV/AIDS related stigma and discrimination
- Control of sexually transmitted diseases (STD)
- Voluntary counseling and testing (VCT)
- Counseling and home-based care (PLWHA, orphans)
- Prevention of mother-to-child transmission (PMTCT)
- HIV/STD laboratory support
- Safety in health services and blood safety
- HIV and STD surveillance
- Treatment of opportunistic diseases
- Treatment with anti-retroviral drugs (ART)
- Introduction of HIV/AIDS measures in other sectors such as education and agriculture

11. Grgen H.; Kirsch-Woik T.; and Schmidt-Ehry B., The District Health System: Experiences and Prospects in Africa, GTZ, 2004, 44.

Implementation at Company, Community and National Level

In many communities, non-governmental organisations, faith-based organisations and community-based organisations (**NGOs/FBOs/CBOs**) are among the key players in the response to HIV/AIDS and make excellent partners in community outreach. The same holds true for groups representing people living with the disease (**PLWHA**), who play an extremely important role in awareness raising and advocacy, the reduction of stigma and discrimination, and the support of people infected and affected with the disease. Information on groups active in a certain area and region can usually be obtained through the Regional or District HIV/AIDS Coordinators and Medical Officers. Employees, their families and key community members should also be actively involved in the dialogue. As part of the local community they are members of the target group and can provide important inputs about needs and concerns in the community.

Any community-based activity considered should be in line with national public health policies, especially the **national HIV/AIDS strategy**, as well as national poverty reduction strategies (PRSPs) and the **District Health Plan**. This is paramount in order to contribute to the national effort, to avoid duplications, and to achieve a maximum of synergies. In this context, the important question of **sustainability** also needs to be addressed. When planning any kind of intervention in the community, the company should consider how the activity proposed could be sustained in the long-term, either through company funds or by incorporation into the public health system (district health system). This is especially important in the context of co-investment, since the co-invested funds are available for a certain time period only. In the case of Global Fund grants, for instance, programs are being approved for 5 years but funding for the years 3-5 will depend on proven success of the grant during the first two years (performance based funding). Especially in the case of treatment programs (such as ART) it is necessary to think of a strategy how to sustain the community program in case co-investment runs out. Once people have begun taking anti-retroviral drugs they need to take them continuously in order to avoid resistances and to maintain their improved health status.

At national level business led organisations such as employer federations, labor unions, chambers of commerce, sector specific business interest groups and similar organisations represent the private sector. Many of these institutions are already active in the fight against HIV/AIDS and can provide valuable platforms for the exchange



of experiences among companies. In more and more countries, **business coalitions against HIV/AIDS** are formed with the special goal of promoting HIV/AIDS workplace programs and to advocate for private sector involvement in the fight against HIV/AIDS.

¹² Many of these associations are in the process of developing service structures to help companies to plan and implement HIV/AIDS workplace programs, to get involved in community-based activities and to access international funds. In several countries, business coalitions on HIV/AIDS can already facilitate access to technical assistance and financial mechanisms such as the Global Fund or the World Bank MAP Program (through their membership in the CCMs and their working relationships with the National AIDS Councils).

On the international level, the Global Business Coalition on HIV/AIDS (GBC) and global public-private partnerships such as Stop TB, Roll Back Malaria and the Global Health Initiative of the World Economic Forum (GHI) work to catalyze the partnerships between the private and public sector at both, international and national level. The **World Economic Forum's Global Health Initiative (GHI)**, for instance, is a public private partnership, launched by UN Secretary General Kofi Annan in 2002 to facilitate and stimulate greater business engagement in the fight against HIV/AIDS, tuberculosis (TB) and malaria. To achieve this goal, the GHI works closely with the all companies, large and small, as well as UNAIDS and the WHO's Stop TB and Roll Back Malaria partnerships. A broad range of NGOs and other members of civil society, as well as governments, have also joined the efforts of the GHI. It provides a unique neutral platform for dialogue, partnership and action on HIV/AIDS, tuberculosis and malaria involving both the private and the public sector. The GHI coordinates a community of more than 200 companies that are confronting similar fundamental health challenges to their operations in Europe, the US, Sub-Saharan Africa and South and East Asia. In particular, the GHI is active as an in country broker to catalyze the formation of public private partnerships to fight HIV/AIDS, TB and malaria.

3.3. How to Collaborate in Different Areas¹³

Keeping in mind that circumstances and opportunities will vary tremendously both from the private employers' perspective as well as in defining the needs of specific communities, the Global Fund and ILO have identified several promising areas of

12. Such as NABCOA in Namibia, SABCOHA in South Africa, KHBC in Kenya, NIBUCA in Nigeria, CIELS in the DRC, ABCT in Tanzania, ZBCA in Zambia etc.

13. Adapted from: ILO/The Global Fund, "Co-investment: a central mechanism for establishing Public Private Partnerships at country level", July 2003.

collaboration. Similar cooperation can be envisaged for co-investment schemes with other donors, and other areas of collaboration are also thinkable:

Establishing Voluntary Counseling and Testing Services and Extending Prevention:

- A key ingredient to any effective prevention and care strategy is the availability of reliable VCT. It is well documented that an employee will feel more secure using external VCT services for ensuring confidentiality. VCT is also a central component of any community intervention program.
- By using trained company peer educators, prevention activities can be extended to the surrounding community, improving community sensitisation.

Development of Community Health Services: Providing Infrastructure for Public Health

- The Global Fund, for instance, is interested in supporting proposals, which establish and support comprehensive prevention care and treatment services and community-based activities in areas where a private employer is implementing a program for employees and dependants. Well-established **occupational health services**, supported by the Global Fund or other donors can certainly represent a significant resource for entire communities who cannot wait until public health infrastructure is rehabilitated or established.

Capacity Building and Training:

- At one end of the spectrum there are the big multi-national corporations running large urban operations with well-developed occupational health services, which have been able to take on the challenge at a marginal cost. At the other end of the spectrum there are small operations in remote areas where community services do not exist. Along this spectrum there are many true opportunities for building bridges between the public and private sectors.
- The training of service providers whether on the private employer side or the community side will be a central component and an expense that can be shared.

Procurement of Drugs:

- The Global Fund through its buying power, policies and reach can ensure that



partnership results in rational and effective procurement and use of these drugs. Direct benefits include reduced prices, reliable procurement flows as well as quality assurance. Significant savings on the drug costs will allow reallocation of funds towards broader reach of interventions.

Information Management and other Private Sector Efficiencies:

- Pilot studies have demonstrated that complex treatments such as for HIV infection can be efficiently implemented in low resource settings with good compliance. A significant contribution to the demonstration comes from the utilisation of more efficient data management systems in which private partners can play a key role.
- Many more efficiencies can be brought to bear from financial management to operations. Promotion, distribution and monitoring of activities are particular areas where a private or corporate partner can contribute solid expertise.

3.4. How to Access Financial Resources

Implementation of the model's increasing expansion of services to broader communities requires the input of additional resources - financial, technical and human. Third party funding can be secured through international financing mechanisms such as the Global Fund to Fight AIDS, TB and Malaria and the World Bank MAP program. Bilateral initiatives such as PEPFAR (US President's Emergency Plan for AIDS Relief) and other bilateral agencies can also be engaged as potential partners in co-investment.

3.4.1. The Global Fund to Fight AIDS, Tuberculosis and Malaria¹⁴

The Global Fund, which is becoming the principal international funding mechanism for AIDS, TB and Malaria, is actively seeking the full involvement of private players in its processes and, among a variety of other options, specifically promotes co-investment schemes through the Country Coordinating Mechanisms (CCMs).

The Global Fund emphasizes that opportunities for corporate co-investments are not limited to the proposal phase but exist at **every stage of the Global Fund funding cycle:**

14. ILO/The Global Fund, "Co-investment: a central mechanism for establishing Public Private Partnerships at country level", July 2003; Presentation by Michel Lavollay, Berlin April 2004.

Implementation at Company, Community and National Level

Grant proposal process

- Corporate participation in the CCM grant application process to the Global Fund

Grant negotiations

- Co-investment schemes added to grant negotiation process and linked to grant agreement

Implementation

- Independent agreements negotiated between companies and sub-recipients of GFATM grants¹⁵
- “Retro-fitting” slow moving grants: corporate co-investments and extended service delivery brought in to “boost” lagging delivery implementation

There are opportunities for corporate co-investments at all phases of the Global Fund funding cycle



How?	1. Corporate participation in CCM grant application process to the Global Fund	2. Co-investment schemes added to grant negotiation process and linked to grant agreement	3. Independent agreements negotiated between companies and sub-recipients of GFATM grants	4. “Retro-fitting” - corporate co-investments and extended service delivery brought in to “boost” lagging delivery implementation
When?	1. In response to Global fund calls for proposals. 4 th Round Jan. 2004	2. Grant negotiation to begin for Round 3 grants	3. Implementation of Round 1 & 2 grants underway	4. Implementation of Round 1 & 2 grants underway
Where?	1. In a country eligible for Global Fund grants	2. See list of approved Round 3 grants	3. See list of Round 1 & 2 grant	4. See list of Round 1 & 2 grant

15. One example for this approach is the partnership between Anglo American and the South African NGO loveLife, a sub-recipient of Global Fund grants.



Corporate co-investment to Global Fund grant programs can be facilitated by global/country level collaboration

Corporate Contribution

Global Business Coalition

- Promotion of model for collaboration
- Bringing stakeholders together
- Broadening partnerships

Business Coalition

- Engaging membership in dialogue with other stakeholders (e.g. govt: NGO's)

Companies

- Investments in expanded services*

Global Fund Contribution

Sharing of information on grant portfolio and facilitation of country-level contacts

Promotion of broader partnerships through CCMs**

Grant funding of local programs



* Prevention, treatment and care/support services offered to employees expanded into wider communities

** Country Coordinating Mechanisms are encouraged by the Global Fund to include private sector representatives

Increasingly, business coalitions or companies have been able to engage in co-investment schemes through the Country Coordinating Mechanisms (CCMs). This is the case in Botswana, in Ghana and India where Round 3 proposals have incorporated components from private employers, as well as in Namibia and other countries, where co-investment schemes were included in the Round 5 applications. The Global Fund believes that in future funding rounds co-investment is going to become more important as many countries have already expressed their interest in promoting private sector applications.



Implementation at Company, Community and National Level

The CCMs are central to the Global Fund's commitment to country ownership and participatory decision-making and include a wide spectrum of stakeholders including representatives from the government, multilateral or bilateral agencies, non-governmental organisations, academic institutions, private companies and/or business interest groups and people living with the diseases. As country-level partnerships the CCMs are responsible for developing and submitting grant proposals to the Global Fund based on priority needs at the national level. Once the grant has been approved the CCMs oversee progress during implementation.

For each grant, the CCM nominates one or a few public or private organisations to serve as Principal Recipient (PR). The Principal Recipient is legally responsible for local implementation of the grant, including oversight of sub-recipients of grant funds and communications with the CCM on grant progress. The PR also works with the GFATM Secretariat to develop a two-year grant agreement that identifies program results to be achieved over time. Over the course of the grant agreement, the PR requests additional disbursements based on demonstrated progress towards these intended results. This performance-based system of grant making is the key to the Global Fund's commitment to results.

To ensure that funding is as effective as possible, the Global Fund is flexible in terms of which entities function as Principal Recipients and sub-recipients. Arrangements are adjusted to the needs of each country, and a variety of arrangements have been set up in the programs the Global Fund is financing. Some countries, which receive several grants, also use several recipient models (for instance the Ministry of Health as one PR and an NGO as the other).

The Global Fund acknowledges its responsibility to voice co-investment opportunities, to improve and test the already existing models, and to facilitate the private sector's participation in the Global Fund process. But CCMs also need the support of multi- and bilateral organisations as well as the private sector itself. They should be involved in the co-investment process from the very beginning in order to build trust among the different stakeholders. Only if coordination at CCM level functions well and if the private sector is adequately represented in the CCM, can co-investment schemes be successfully included in the Country Proposals or facilitated during grant negotia-



tions. In the past, several well-designed co-investment proposals failed because the respective CCMs could not agree on including them into the country proposal. In order to avoid this kind of barrier, the private sector needs to get in touch with the CCM and get involved in the proposal process from the very beginning. In several countries, business coalitions against HIV/AIDS can provide a good entry point into the CCM and the Global Fund process.

Another challenge the Global Fund process poses to private companies is that it is a relatively long process, which might take up to a year and a half from the proposal development to the first disbursements – provided the country application is successful. Applying for Global Fund grants is certainly worth the effort since once approved the investments by the Global Fund are substantial. However, it should be noted that whether a private sector proposal gets accepted depends on factors beyond the individual company's control since the co-investment proposal will form part of a larger country proposal that will be either accepted or rejected by the Global Fund in its entirety.

Companies and business interest groups can obtain further information on the Global Fund and particularly on CCM membership, grants awarded and the status of each grant through the Global Fund website: www.theglobalfund.org

3.4.2. The World Bank Group

The World Bank's Multi-Country HIV/AIDS Program for Africa (MAP)

In less than four years, the World Bank's Multi-Country HIV/AIDS Program for Africa (MAP) has committed just over \$1 billion to 32 countries in sub-Saharan Africa. By almost any measure, in its concept and design, the MAP Program has been a major achievement—the largest single commitment to HIV/AIDS ever undertaken by the World Bank. The original objectives of the MAP Program were to raise awareness, commitment and resources for HIV/AIDS, to support a multi-sectoral approach, to stress community mobilisation and to use alternative means to channel funds. The approach has been innovative: flexible, open-ended, quick, client-driven, and collaborative.

Implementation at Company, Community and National Level

Since the MAP program was initiated in 2000, there have been major changes in the overall environment for tackling the HIV/AIDS epidemic in Africa. The Global Fund, the US PEPFAR initiative, private foundations and others have committed major new funding. There is an intense emphasis on treatment, with many questions about the pace of increased access tied to strengthening health service delivery in both the public and private sectors.¹⁶

The World Bank has thought of special modalities for private sector participation in the MAP program: while approximately 50% of MAP funds are designated for the public sector, the other 50% are reserved for civil society. Of these 50%, approximately 10% should be earmarked for the private sector. According to the World Bank, by now all National AIDS Councils (NACs) have appointed private sector focal points. Nevertheless, the capacity of NACs to work with the private sector is still limited and there is also great need for technical assistance on the side of the private sector. So far, relatively few private sector proposals reach the National AIDS Councils. Some positive examples for the use of MAP funds in the private sector are: VCT for 14,000 SME employees in Ethiopia, peer-education for 3,000 workers in 20 companies in Kenya, funding for comprehensive programs in 33 companies in Cameroon, and support to national business coalitions against HIV/AIDS in 17 countries for start-up operations and program implementation.¹⁷

The MAP program is very much a country driven process, which depends on the participation of all relevant sectors in society. Companies can apply for co-investment funds through the National AIDS Councils (NACs). The exact modalities for this application process differ from country to country and can be found out through the respective NACs. In Tanzania for instance, Regional Facilitating Agencies (RFAs) will be responsible for managing, allocating and distributing MAP funds. Especially smaller companies (SMEs) will soon be able to apply directly through the RFAs in their region. Additionally, large-scale private sector initiatives, like national business coalitions and big company programs, will be able to apply for support through the national level (TACAIDS, the Tanzanian NAC). In Mozambique, a Private Sector Management Agent manages US\$ 2 million (renewable), specifically to be disbursed to the private sector. Companies may apply directly to the PSMA for resources.

16. These developments have important implications for the future MAP Program. To help ensure a coordinated response to the epidemic, UNAIDS has formulated the principle of the "Three Ones": one national authority for HIV/AIDS, one strategic framework and one M&E system. A principal goal of the MAP Program is to help realize this vision and improve the national response, by working to strengthen governance, promote the new generation of strategic frameworks and implement a common national monitoring and evaluation system usable by all partners.. The World Bank, [MAP Interim Review 2004](#).



In other countries, national calls-for-proposals have been issued for MAP funded programs. Usually, there is a ceiling for the amount of money that companies can apply for. In many countries, these ceilings are between US\$ 100,000 and US\$ 300,000. In Ghana, for example, the Ghana AIDS Commission has done a specific call-for-proposals for the private sector, and the response and acceptance rate has been very positive. The Nigeria AIDS Commission has just issued its first call-for-proposals to the private sector, with a ceiling of US \$300,000. In all these cases, and many others at this point, the NACs are making specific efforts to reach out to the private sector and are increasingly demonstrating their willingness to fund corporate initiatives. Companies should pursue a dialogue with their National AIDS Council directly or through the national business coalitions to determine the level of funding available and the terms and criteria attached, in order to determine whether the MAP program would fit their specific needs.

Typical MAP flow of funds



The World Bank's AIDS Campaign Team for Africa (ACTAfrica) works with private sector partners to help drive the engagement of the private sector in national HIV/AIDS strategies. In countries where the MAP operates, ACTAfrica supports the development

and implementation of financial mechanisms to provide funds and technical resources to the private sector, supports the formation of business coalitions, works with governments to develop national private sector guidelines, develops various toolkits, and regularly organizes multisectoral regional workshops – the so-called Private Sector Forums on HIV/AIDS (last sub regional workshop: Malawi, June 2004).

Further information about the MAP and private sector opportunities can be found under: www.worldbank.org/afr/aids. E-mail: actafrica@worldbank.org

International Finance Corporation: IFC Against AIDS

The World Bank Group's International Finance Corporation (IFC) has established a specific unit on HIV/AIDS in the private sector called **IFC Against AIDS**. The department works with client companies to develop specifically tailored tools and advice to address workforce and community-related concerns stemming from the disease. IFC Against AIDS is committed to increase the involvement of the private sector in the fight against AIDS. In order to achieve this goal, the IFC works with client companies and IFC staff to provide awareness on how HIV/AIDS impacts companies,¹⁸ guidance on setting up AIDS action plans, training,¹⁹ and financing. IFC Against AIDS, while encouraging companies to consider HIV/AIDS interventions as a good investment, can assist companies to secure financing through such mechanisms as the Corporate Citizenship Facility and the Trust Funds:

The **Corporate Citizenship Facility (CCF)** is part of IFC's response to the increased demand for guidance and support in relation to environmental and social performance in the private sector. It is a five-year \$15 million "facility" that is funded by IFC and bilateral donors. It is administered by IFC's Environment and Social Development Department and has a small staff of technical specialists and administrators who manage and guide the facility. In situations where IFC clients see a business case for moving beyond compliance with IFC environmental and social requirements, the CCF may be available to work with the client (and other stakeholders) to explore and develop corporate citizenship activities.

18. IFC Against AIDS helps the private sector understand the multiple impacts of HIV/AIDS and what actions can be undertaken to remedy them. This role is mostly undertaken as part of the appraisal or supervision missions. Another instrument to create awareness is through the Good Practice Note on HIV/AIDS in the Workplace, published in English and French. The Good Practice Note outlines the costs of HIV/AIDS to businesses and gives companies examples and concrete advice on designing and implementing workplace programs against HIV/AIDS. This tool was developed by IFC's Environment and Social Development Department, and the IFC Against AIDS program.



Specifically, the CCF is set up to:

- Identify and define the business case for better environmental and social practices in individual businesses and across sectors;
- Actively disseminate and replicate successful findings more widely through the private sector; and
- Help clients and the wider private
- Realize opportunities, and reduce risks of market exclusion.

The CCF is potentially available to all IFC clients and, based on demand, the focus lies in the areas of:

- Supply chains (management and assurance, enhancing productivity and sustainability);
- Community and local economic development;
- HIV/AIDS, and
- Biodiversity management (particularly around the extractive sector)

IFC's efforts in technical assistance and advisory services have grown rapidly over the past few years. **The Trust Funds Department** provides key support to the Corporation's technical assistance and advisory work:

Technical Assistance Trust Funds Program: Established in 1988, the program incorporates a number of donor trust funds, which provide funding for short-term, one-time technical assistance projects carried out by external consultants. These trust funds allow IFC to offer integrated solutions that combine commercial investments and donor-supported technical assistance. In addition, they catalyze innovative business approaches and facilitate pilot projects, which often develop into long-term technical assistance. The program is currently sponsored by 23 donor countries that collectively contribute \$15-20 million a year to support 100-150 new projects. While some of the trust funds are tied to the hiring of experts from the respective donor country, the majority allows limited engagement of local consultants. An increasing number of trust funds have no hiring restrictions.

19. Workshops across Africa are being delivered in cooperation with the Africa Project Development Facility (APDF), as part of IFC's assistance to Small and Medium Enterprises (SMEs).

Funding Mechanism for Technical Assistance and Advisory Services: Since 2004, IFC has designated a certain percentage of its net income to help fund the Corporation's technical assistance and advisory services. A total of \$350 million from IFC's profits in FY04 and FY05 has been made available for this purpose. Through the mechanism, IFC spends about \$65 million per year on technical assistance and hopes to leverage this amount two to three times with additional funding from donors.

The mandate of the International Finance Corporation is to further sustainable economic development through the private sector. IFC recognises that economic growth is sustainable only if it is environmentally and socially sound and helps improve the quality of life for those living in developing countries. The program helps IFC clients become better neighbours to their communities and addresses the pressing concerns of HIV/AIDS in many developing countries.

More detailed information on IFC Against AIDS can be obtained from the IFC website: <http://www.ifc.org/>

To contact IFC Against AIDS you can write to: ifcagainstaids@ifc.orgsector

3.4.3. The US President's Emergency Plan for AIDS Relief (PEPFAR)

President Bush's Emergency Plan for AIDS Relief (PEPFAR) provides \$15 billion, including nearly \$ 9 billion in new funding, to fight the HIV/AIDS pandemic over the next five years, focusing on 15 of the hardest-hit countries in Africa, Asia and the Caribbean: Botswana, Cote d'Ivoire, Ethiopia, Guyana, Haiti, Kenya, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Tanzania, Uganda, Vietnam and Zambia, which together account for almost 70 percent of HIV infected persons in all of Africa and the Caribbean.²⁰ In addition to these \$9 billion, the US will continue to support some 60 bilateral HIV/AIDS programs throughout the world with nearly \$5 billion in PEPFAR funds and will provide at least \$1 billion to the Global Fund to Fight AIDS, Tuberculosis and Malaria. The total enacted budget for global HIV and AIDS in FY 2005 is \$2.6 million. President Bush is reportedly going to ask Congress for \$3.2 billion for FY 2006.

20. On 17th March 2005, separate House (H.R. 1408) and Senate (S674) bills were introduced to designate India as the 16th PEPFAR focus country. It is not clear whether assistance provided in India - if it were to be added to the list - would count towards reaching the goals originally set out for 15 focus countries. If this were the case then those goals would suddenly become considerably easier to achieve, because India has 5 million people living with HIV, and the US already provides substantial funding for the country.



PEPFAR funds will be used to address four areas of concern related to HIV and AIDS: treatment (55%), prevention (20%), care of orphans and vulnerable children (10%) and palliative care of individuals with HIV/AIDS (15%). PEPFAR has a very strong emphasis on the provision of treatment and care for people with AIDS, with only a fifth of the money being designated for HIV prevention work. From 2006 through 2008, forty-one per cent of the total money is to be spent on the purchase and distribution of antiretroviral drugs.

US embassies are soliciting concept papers and grant proposals from public and private entities (government agencies, NGOs, faith-based organisations, community-based organisations, private sector initiatives etc.) willing to implement anti-HIV/AIDS measures that fit into the framework designed by PEPFAR: In South Africa, for instance, grant proposals in the range of US\$ 500,000 to US\$ 20 million for HIV/AIDS initiatives have been accepted during 2004.

The US government encourages practical and feasible public-private alliances and co-investment schemes. In order to advance PEPFAR's work in this realm, PEPFAR has recruited an expert to develop the initiative's co-investment/PPP portfolio. Currently, PEPFAR is exploring co-investment options with international companies in Kenya, South Africa and Nigeria. At a recent co-investment meeting, representatives from PEPFAR emphasized that besides treatment orientated co-investment proposals; especially those proposals addressing project management, general managerial skills, operational, and institutional management would be of interest to the US government. According to PEPFAR, roadblocks are happening because of a lack of people "who know how to get things done," including a lack of skill for running hospital/clinics, a lack of know-how on managing human resources, supply chains, etc. The private sector could make substantial contributions in these areas.²¹

Exact information about PEPFAR and how to apply for funding can be obtained at the US embassy (and in many cases from the embassy website) in each of the eligible countries.

21. GBC/GTZ/GFATM (2005): Co-Investment Partnerships against HIV/AIDS, Meeting Report, New York, June 1, 2005.

For example on the websites of the US embassy in Uganda (<http://usembassy.state.gov/posts/ug1/wwwhfaqs.html>), Nigeria (<http://abuja.usembassy.gov/wwwhpepfarmedia.html>) or South Africa (<http://southafrica.usembassy.gov/wwwhai1a.html#10>), detailed information on PEPFAR, including a list of frequently asked questions and descriptions of how to apply for the funding is available. The websites of some other countries are providing less detailed information and it is recommended to contact the embassies directly via e-mail or phone.

Further information on PEPFAR is also available on the USAID website (<http://www.usaid.gov>), and on the website of AVERT (<http://www.avert.org/pepfar.htm>).

3.4.4. PPP Initiatives of other Bilateral Development Agencies

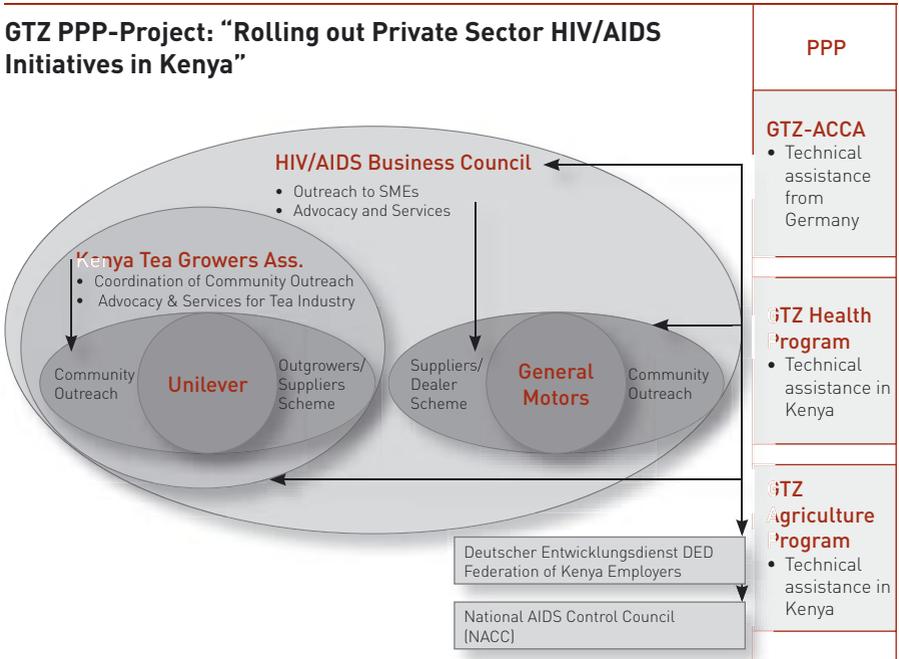
In recent years, public-private partnerships (PPP) between development organisations and the private sector have gained in popularity. Public Private Partnerships are common risk and cost sharing projects/programs between public and private partners, combining technical, managerial and financial resources of private partners with the development expertise of development organisations. Public Private Partnerships combine business interests of companies with development goals of development agencies / donor governments. The goal for both partners is to reach their objectives faster, cheaper and more efficiently.

Within the PPP framework, GTZ (German Technical Cooperation), for instance, has supported several community-based projects in Nigeria (Ashaka Cem, a subsidiary of the French Lafarge Group), and Kenya (General Motors East Africa and Unilever Tea Kenya Ltd.). The goal of these partnerships is to extend the well-established and successful HIV/AIDS workplace programs of the three companies to the wider community as well as to suppliers, thereby creating more equity within local populations and reducing the spread of HIV/AIDS in the companies' surroundings. In Kenya, the concept is to create synergies between several GTZ projects, Unilever and General Motors, as well as the Kenya HIV/AIDS Business Council and the Kenya Tea Growers Association. By engaging companies, business associations, as well as communities, the PPP measures create multiple synergies. Through the Kenya HIV/AIDS Business Council, the Kenya Tea Growers Association, General Motors and Unilever, HIV/AIDS workplace programs are being promoted in Kenya's private sector. The partnering business associations act



as multipliers in this scenario and assure the necessary knowledge transfer to other companies. At the same time, they provide supporting services for those companies that are willing to invest in HIV/AIDS interventions at the workplace.

GTZ PPP-Project: “Rolling out Private Sector HIV/AIDS Initiatives in Kenya”



Over the past years, several HIV/AIDS workplace programs in South Africa (Volkswagen, Bosch, Roche, T-Systems, DaimlerChrysler) and the Democratic Republic of Congo (Heineken) also received technical and financial support from GTZ’s PPP department, all through funds provided by the German Ministry for Economic Cooperation and Development.

Similar PPP initiatives are being developed and supported by other bilateral agencies, including USAID, DFID, and the Dutch Ministry of Foreign Affairs. Information on possible partnerships can usually be obtained through the bilateral country offices, embassies or organisational websites.

3.5. How to Coordinate at Local and at Company Level

Once co-investment funds have been secured, close cooperation at local level between the company, the community and the public sector in planning and implementation of the project is necessary. As pointed out earlier, in order to ensure synergies, all community outreach activities should be in line with national HIV/AIDS strategies as well as local/district health plans, and take into account all activities already carried out in the community by NGOs and/or public facilities.

Planning workshops that bring together the key stakeholders in the community are an important first step. These should include representatives from the company's management, the company's HIV/AIDS task force, public sector representatives such as district HIV/AIDS and health coordinators (or equivalent partners depending on the local situation), as well as representatives of the local community including NGOs already working with HIV/AIDS or relevant issues. After this initial planning session, the scope of the community should be identified and defined; a rapid assessment of current HIV/AIDS activities and the identification of potential partners and successful approaches should follow.

DaimlerChrysler South Africa, for instance, works closely with the South African NGO Coalition, different local NGOs in the areas of Home Based Care and school prevention, as well as with the HIV/AIDS Clinician Society and the local Department of Health in the HIV/AIDS training of General Practitioners.

Community involvement in the design of the planned health interventions can enhance communication and understanding between the population, the company management and the health service staff, and can create an equal relationship based on partnership among all stakeholders, thus boosting acceptance by the local population of the health activities carried out. The same holds true for the implementation of the activities, which can become more efficient, transparent and sustainable through continuing community involvement.

22. It should be noted, however, that community participation, while very important as a concept, has rarely worked as effectively as expected. The reasons for this are complex and differ from setting to setting, but in many instances a lack of the necessary human resource and institutional preconditions are to blame. Frequently, investment in the capacity building of all stakeholders is needed. But as training requires time and money, this dimension is often being neglected. Görgen H.; Kirsch-Woik T.; and Schmidt-Ehry B., The District Health System: Experiences and Prospects in Africa, GTZ, 2004, 212-124.



In many countries, including Tanzania, Rwanda, Benin, Togo and Cameroon, community involvement is institutionalised in co-determination or co-management bodies (often termed health committees) that comprise representatives of the local community and from health facilities. If co-determination bodies exist in a given setting, they should be included in the planning and implementation of the community based activities.²²

Diversity of actors and functions in present health care systems at community level²³



There is the need to codify relationships among these actors, so as to ensure a coordinated development of the health care system aimed at more equity, efficiency and quality care.

Contractual arrangements shall be defined as

- A **voluntary** alliance
- Between **independent partners** (each with a legal status)
- Who **mutually commit themselves**, and whereby
- Each **party expects to derive benefits** from the partnership

23. Bodart, Claude and Schmidt – Ehry, Bergis: The contractual approach as a tool for implementing national public health policies in Africa. Basic Information and preliminary analysis of GTZ experiences; GTZ 2000, 2-3

The contractual approach seeks to develop a genuine and sustainable partnership rather than a mere relationship between contracting parties. Formal contractual arrangements between companies, co-investment donors, NGOs and/or public providers are one way to assure that the intended public-private partnerships have a solid legal and organisational foundation.

3.6. The Role of Business Coalitions on HIV/AIDS

At the global level, the Global Business Coalition on HIV/AIDS (GBC) is the pre-eminent organisation leading the business fight against HIV/AIDS. The rapidly expanding alliance of over 170 international companies is dedicated to combating the AIDS epidemic through the business sector's unique skills and expertise. Its mission is to capitalize on the power of the global business community to end the HIV/AIDS pandemic. The GBC has the potential to act as a coordinating mechanism between the public and the private sector and has actively engaged in promoting the co-investment concept. In early 2004, GBC embarked on missions to Cameroon, Nigeria and India to develop models of co-investment and demonstrate a clear mechanism of involving business at national level in the fight against HIV/AIDS. Taking the co-investment concept to the national level is part of GBC's campaign to move policy rhetoric to action on the ground – with the goal of decreasing the number the of people dying from AIDS and supporting those affected, through increased business action. These co-investment pilot projects represent unprecedented action taken by a global organisation to facilitate collaboration between sectors that have traditionally not worked together. The mission has provided extensive learning on opportunities and entry points for business collaboration with national governments and communities, and the underlying obstacles related to this action. Further information on the GBC can be obtained under: <http://www.businessfightsaids.org>

At country level, more and more **national business coalitions against HIV/AIDS** are being established, frequently with the support of multi- and bilateral organisations. Business coalitions can contribute to harmonization and consensus building at country level, helping to build trust and close partnerships between the private and the public sector. They can play an important role in advocacy and in communicating the positive examples for co-investment that already exist. As facilitators between individual



companies, government agencies, CCMs and civil society, business coalitions can contribute substantially to the success of the co-investment concept. They can help companies to gain access to national and global funding mechanisms, and they can also function as brokers for technical assistance. By developing an HIV/AIDS service structure, business coalitions can provide their members with access to a variety of HIV/AIDS related services (advocacy, KAPB and baseline surveys, cost-benefit analyses, peer education training, etc.).

The Namibia Business Coalition on AIDS (NABCOA), for instance, provides free technical assistance including conducting a cost-benefit analysis to all its member companies, and offers training workshops on topics as diverse as the planning of HIV/AIDS workplace programs, Monitoring & Evaluation, health financing and advocacy. NABCOA also acted as the private sector focal point during recent Global Fund application rounds and actively promoted the inclusion of co-investment projects in Namibia's Round 5 country proposal.

The South African Business Coalition on HIV/AIDS, SABCOHA was formed in 1997 to act as a knowledge center for best practices, policies, news, statistics and other guidance in order to alleviate the economic and social impact of HIV/AIDS. It has since extended the scale and scope of its influence through wide-ranging public and private partnerships, locally and internationally. In 2004, SABCOHA launched the workplace HIV/AIDS toolkit that was developed jointly with Unilever and Standard Bank, with funding from the British Department for International Development (DFID)²⁴ Other business coalitions such as ABCT in Tanzania, CIELS in the DRC, KHBC in Kenya, and ZBCA in Zambia are following suit and are either offering or developing similar services for private companies.

24. Visit www.sabcoha.co.za.

The following chart gives an overview on business coalitions worldwide:²⁵



3.7. The Role of Multi- and Bilateral Development Partners

In order for co-investment to become a reality, the private sector has to work closely with the public sector, bi- as well as multinational organisations.

25. Source: Global Health Initiative of the World Economic Forum, 2004.



International donors and organisations (e.g. GFATM, ILO, UNAIDS, the World Bank, WHO) can support improvement of a better enabling environment for co-investment, both at country and global level. An important role of international donors and organisations is advocacy towards host governments on the importance of the role of the private sector to strengthen health services. They can also encourage that host governments implement co-investment models, broker collaborations and facilitate sharing of best practices (including supporting national business coalitions against HIV/AIDS).

Apart from the provision of funding that allows expansion of programs beyond companies' immediate target groups, donors can support the identification of co-investment opportunities, contribute technical expertise (and fund NGOs and other service providers – such as HMOs – interested in supporting co-investment) and provide a convening platform for other stakeholders at the country level. Globally, they can work with international financing mechanisms to streamline access for the private sector and conduct advocacy to improve the understanding of the private sector as an implementation partner. Donors can also ask for and contribute to the development of adequate monitoring and evaluation systems and support operational research agendas. Such actions will help the drive for long-term improvements.²⁶

The ILO recognises HIV/AIDS as a workplace issue and raises awareness among companies that it is cost-effective to provide their employees with HIV/AIDS workplace programs. The introduction of HIV/AIDS programs is in most cases based on occupational safety and health services (OSH) already established in these enterprises. The ILO encourages and facilitates social dialogue between representatives of companies and workers, and helps provide prevention, care and treatment to workers and community members by means of PPP. This approach includes not only the provision of comprehensive treatment, care and support, but also the development of community health, procurement of drugs, capacity building and creation of a non-discriminatory environment. Ongoing access to ARV treatment remains a cornerstone of sustainability.²⁷

Bilateral agencies are well positioned to contribute to co-investment. The German Agency for Technical Cooperation (GTZ), for instance, is firmly committed to support the co-investment approach and to contribute to the further development of the concept. GTZ's multilevel involvement, with the private as well as the public sector, opens up a wide range of possible contributions to co-investment: GTZ maintains close partnerships

26. From "Public-Private Sector Partnerships through Co-Investment" Report of the working meeting in MECC-Maastricht 10th November 2004.

27. ILO/GFATM/GTZ/African Center for Management: "HIV/AIDS workplace programmes and Public-Private-Partnerships (PPP) through co-investment – extension of treatment and care into the community", paper delivered at the 3rd IAS Conference on HIV Pathogenesis and Treatment, Rio de Janeiro, Brazil 24-27 July 2005.

4 Experiences with Co-Investment and Community Based Activities: Analysis of Selected Examples

with ILO, UNAIDS, WHO, and the Global Fund, supports CCMs at the country level as well as through Global Fund regional meetings, advises companies on the design and implementation of HIV/AIDS workplace programs, and supports business associations in their fight against HIV/AIDS. GTZ has a large infrastructure with representation in more than 130 countries, is a member in several CCMs and has specifically allocated resources to provide support to GFATM processes and the implementation of other large HIV/AIDS grants through the GTZ BACKUP Initiative. Within the framework of PPPs, GTZ supports companies and business association during the proposal writing process (Global Fund, MAP), as well as the planning and implementation of community outreach programs.

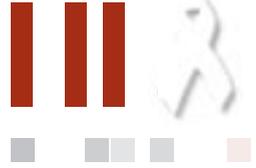
4. Experiences with Co-Investment and Community Based Activities: Analysis of Selected Examples

4.1. Case Studies

There are many examples of successful public-private partnerships undertaken to mitigate the impact of HIV/AIDS and other diseases. This section describes a variety of successful PPPs, concentrating on co-investment and community outreach projects. Before going into these examples in more detail, other successful HIV/AIDS and Global Fund related PPPs should be mentioned: Well-known corporations like **GlaxoSmithKline** now offer their non-profit prices to all projects financed by the Global Fund. This has significantly expanded the availability of these prices which were previously limited to only 63 countries. **Pfizer's** Diflucan Partnership in South Africa and other HIV-prevalent countries provides another example. Focused on donating medication for treating HIV/AIDS opportunistic fungal infections, the program has found that positive impact is best assured by also building the capacity of medical personnel. Other partners – American NGOs and Uganda's Makerere University – have joined the partnership to provide this added dimension.²⁸

In terms of increasing in-country effectiveness, the Glazer Progress Foundation has provided funding for the Access Project at Columbia University, which works with GFATM proposal applicants as well as grantees to assist in the management and implementation of the funded programs. Rwanda was one of the countries receiving this support and benefited by having Global Fund proposals approved in several rounds. By now,

28. World Economic Forum/UN Department for Economic and Social Affairs/DEZA (2005): "Building on the Monterrey Consensus: The growing Role of Public-Private Partnerships in Mobilizing Resources for Development", p.62.



the Glazer Progress Foundation also provides project management support to countries in the early stages of implementation, as well as to CCMs. In Rwanda, the Glazer Foundation as a non-traditional donor was viewed as a neutral partner that could be trusted to provide appropriate managerial support and skills building.²⁹

The private sector can offer direct contributions in support of regional or country CCM processes to increase effectiveness and efficiency of programs, as seen in Swaziland with the Royal Swazi Corporation (RSCC). The company's efforts at controlling HIV/AIDS are being supported by the National Emergency Response Council on HIV/AIDS (NERCHA). NERCHA is a Global Fund principal recipient of \$29 m. In addition to funding NGOs, government programs, community orphan rehabilitation organisations and others, NERCHA provides prevention activities to smaller businesses through the Swazi Business Coalition on HIV/AIDS and directly funding the RSCC through a co-investment scheme. Through the involvement of NERCHA and the Global Fund, the company's two clinics opened up their services and the provision of ARV's to not only RSCC employees and their dependent but also to any person in the neighboring communities. RSCC also contributes to the administration costs such as patient testing and monitoring. The establishment of VCT centers for employees and community members as well as peer education and condom distribution in the company and in the community form also part of the co-investment project.³⁰

Co-investing with Global Fund financing can trigger an opportunity to partner with companies to use existing business infrastructures, staff and management skills to support program implementation, thus increasing and expanding the impact of proposed funding. Examples of this kind of financing can for example be seen in Zambia, South Africa and Mozambique. The Lubombo Spatial Development Initiative, for instance, is a collaborative project of the governments of Zambia, South Africa and Mozambique to develop the cross-border region into a competitive economic area. The initiative is an expansion of a program that was developed by Mozal, a large aluminum company in the region, when they approached the Medical Research Council to help them fight opportunistic infections (malaria). The Lubombo Spatial Development Initiative is one of the few co-investment schemes receiving direct funding from the Global Fund as a principal recipient, having turned in a multi-country proposal initiated by a regional CCM that was formed especially for this project. The program is receiving US\$ 7 mil-

29. The Global Fund to Fight AIDS, Tuberculosis and Malaria (June 2005): A Critical Role for the Private Sector in the Global Fund, Working Draft, p.17/18.

30. The Global Fund to Fight AIDS, Tuberculosis and Malaria (June 2005): A Critical Role for the Private Sector in the Global Fund, Working Draft, p.12/13.



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lion over two years from the Global Fund to improve malaria control in the region, an interest all three collaborating countries share. Through Global Fund support, the Initiative has been able to expand community-based vector control programs and implement artemisinin-based combination therapy (ACT) as the first line treatment. The Global Fund Grant helped increase the availability of ACT for the entire region thus doubling the number of people accessing ACT from 800.000 to 1.8 million people. Other benefits include the reduction of patients reporting malaria. For example in Mozambique, Mozal co-financed some of the vector control activities implemented by the Medical Research Council. The result has been that following the residual indoor spraying activities, there has been no case of malaria reported.³¹

Another unique example is seen in Ivory Coast, where the **National Agriculture Development Agency, the Ministry** and the **GFATM** are developing a joint partnership - a private sector partner at country level conducts this negotiation.

There are also many examples of successful private sector led community initiatives: DaimlerChrysler in South Africa, Pechiney ALUCAM in Cameroon, Heineken BRALIMA in the DRC, Anglo American in South Africa, BP in Papua, Veolia in Gabon, the Compagnie Ivoirienne d'Electricité in Côte d'Ivoire, Areva in Niger, Exxon, Standard Chartered Bank, Eskom, Tata Steel, Coca-Cola and others have ventured to expand their workplace activities to their host communities. Many of these examples are well documented and accessible on websites of the Global Business Coalition (www.businessfightsaids.org) or the World Economic Forum's Global Health Initiative (www.weforum.org).

In most cases, however, these excellent, community based initiatives fall into the realm of Corporate Social Responsibility and are being financed by the companies themselves. True public-private co-investment schemes are still few but are expected to increase in the near future.³² The following short case studies give an idea of the scope, variety and structural integration of various WPP, as well as community-outreach activities and the different funding schemes employed.

DaimlerChrysler, South Africa

Over the past years, DaimlerChrysler South Africa has engaged in a variety of community based activities: The families of DSCA employees have become involved in HIV/AIDS activities in order to broaden the dialogue and caring behavior change within their communities, and the company has engaged in the training of general practitioners.

31. The Global Fund to Fight AIDS, Tuberculosis and Malaria [June 2005]: A Critical Role for the Private Sector in the Global Fund, Working Draft, p.10/11.

32. The Global Compact Learning Forum, HIV/AIDS: Everybody's Business, 2004, 32.



- **Objectives:** Increase access to information & knowledge about HIV/AIDS, improve the management of STIs by GPs, improve management of opportunistic diseases, increase compassionate approach towards people affected by HIV/AIDS. Activities/Essential Elements/Structural Integration: Education & awareness creation, home-based care, orphan support, ARV, treatment of opportunistic diseases, psychological support => training in all areas. DCSA has entered into cooperation with NGOs, the local Department of Health, general practitioners (GPs) and traditional healers.
- **Financing:** DaimlerChrysler's own resources, additional Technical Assistance provided by GTZ
- **Lessons Learned:** DaimlerChrysler works closely with the South African NGO Coalition, different local NGOs in the areas of Home Based Care and school prevention, as well as with the HIV/AIDS Clinician Society and the local Department of Health in the HIV/AIDS training of General Practitioners. In this way, DaimlerChrysler's outreach activities have become well embedded in the larger public health efforts of the community, adding value to the health system as a whole.

Pechiney ALUCAM, Cameroon

PECHINEY has incorporated the fight against the HIV/AIDS pandemic into a sustainable development policy. The company's health service is the main provider in the district and has opened up its services to the local population. The company receives frequent requests from the Edéa population to hold sensitisation meetings in schools, in sports and leisure events, in the market, etc. The peer educators undertake these activities in addition to regular activities in the plant and company community. ALUCAM employees are highly engaged in the fight against AIDS in the workplace and also for the benefit of the Edéa District Community. The outreach program has made them aware of the difference in the health system between themselves and the surrounding community. This is seen in a study about the possibility of wider management of the population (outside of those entitled from the company). The peer educators are recognized and valued by the community and employees.

- **Objective:** To improve the health of the local population and to extend the fight against HIV/AIDS to the community (Édeá).
- **Activities/Essential Elements/Structural Integration:** Pechiney offers comprehensive health services for employees and the local population, including access to ARVs. The company's medical center renders around 3.500 consultations per month. Preven-

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tion activities involve formal meetings in the company departments and offices, in the local community (Édea), in schools and leisure clubs, and on request

- **Financing:** Pechiney provides medical consultations to the community free of charge, financed out of the company budget. Drugs (including ARVs) and diagnostics (lab test etc.), however, need to be paid for by the clients/patients themselves, which poses a limiting factor to the reach of the program.
- **Lessons learned:** The ALUCAM program has contributed notably to the achievement of several “milestones” of the national AIDS policy and strategy: First, HIV/AIDS workplace based interventions were integrated as an approach into the National Strategic Plan (PSN) in 2000; secondly, sector specific policies and action plans were developed in each company; and thirdly, standards and medical protocols for the treatment of PLWHA were defined. The reputation of the ALUCAM program has gone beyond the doors of the plant and has positively contributed to the health situation in the Edéa District community.

Unilever Kenya Tea Ltd., Kenya

Unilever Tea Kenya runs a successful HIV/AIDS workplace program for its 18.000 employees and their families (approximately 100.000 people) and is currently extending these activities to the community and to its small-scale out-grower farms, thereby diminishing inequity in a community that is highly dependent on the company. Unilever Tea Kenya Ltd. is an active member of the Kenya Tea Growers Association, which is also based in Kericho. The Kenya Tea Growers Association consists of 57 member companies, employing up to 100.000 workers. Unilever Tea Kenya Ltd, the Kenya Tea Growers Association and GTZ have signed a cooperation agreement for the implementation of a 2-year project geared at supporting the extension of existing HIV/AIDS interventions at the workplace into the neighboring community of Kericho and the promotion of HIV/AIDS workplace interventions in the tea sector.

- **Objectives:** To extend the provision of comprehensive HIV/AIDS services to the community of Kericho, especially targeting young people, and to Unilever’s out-growers (300 small-scale tea farms).
- To promote HIV/AIDS interventions in Kenya’s tea sector.
- **Activities/Essential Elements/Structural Integration:** Integration of HIV/AIDS into the activities of the Kenya Tea Growers Association, outreach to Unilver’s out-growers (suppliers), community HIV/AIDS prevention activities.



- **Financing:** The financial commitment from the public (GTZ) and the private sector is close to a 50-50 basis, with GTZ providing technical support to Unilever and the Kenya Tea Grower's Association.
- **Lessons learned:** A co-investment approach can also be pursued with bilateral partners. The advantage in partnering with organisations such as GTZ is that not only financial but also technical support is available. By engaging a company, a sectoral business association, small-scale suppliers, as well as the community, this partnership creates multiple synergies. Through the exchange of experiences with the Kenya Tea Growers Association and the Kenya HIV/AIDS Private Sector Business Council (both of which Unilever is a prominent member), the wider Kenyan business community can learn from the experiences of Unilever and is being encouraged to increase the number and scope of HIV/AIDS interventions at the workplace and beyond.

Zambian National AIDS Network (ZANAN)

As a sub-recipient of Global Fund grants, ZANAN is responsible for disbursing Global Fund resources to non-governmental organisations and the private sector. Out of the US \$ 8 million awarded to the organisation, more than \$ 300.000 have been designated to support HIV/AIDS workplace programs.

- **Objectives:** To support private sector HIV/AIDS initiatives at the workplace and beyond.
- **Activities/Essential Elements/Structural Integration:** ZANAN is a Global Fund sub-recipient, designated to disburse funds to the non-governmental sector. Some of the companies who have received funding for their HIV/AIDS workplace programs so far are the Finance Bank of Zambia, Indeni Oil Refinery, and the Mpongwe Development Company (farming sector). In addition, funds have been provided for capacity building to the Zambian Business Coalition against HIV/AIDS, Global Compact and AFya Mzuir, all organisations providing HIV/AIDS related services and trainings to their member companies. The funds made available to companies and business associations have in turn led to the initiation of local co-investments whereby private companies are supplementing initial investments by providing infrastructure, or by funding training activities at no cost to the service organisations. Indeni Oil Refinery, for instance, funded the establishment of a VCT Center, which, though primarily

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established for employees and dependents, is situated at a clinic in the community. The VCT service is available for all community members and Indeni is funding staff and running costs of the center. The other companies have made similar investments: Financing: Global Fund Grant: As one of four sub-recipients, ZANAN accepts proposals from the private sector quarterly and thereby keeps the opportunities to apply for new or additional funding open.

- **Lessons Learned:** Crucial to the development of PPPs in implementation is the involvement of the private sector in the national strategy. In Zambia, the private sector is a member of the CCM and the Zambian National AIDS Council. At time of the proposal development, the private sector also chaired the latter. Once the country proposal was approved and the Global Fund grant signed, ZANAN made a public call for proposals through newspapers, adds, radio etc. Companies and organisations involved in WPPs were encouraged to apply and criteria for approval were made public. Despite these public announcements, though, at first ZANAN did not receive a lot of good proposals and the organisation had to go out and proactively provide information and encourage applications.

The Kenya Private Sector HIV/AIDS Business Council

Eight companies operating in Kenya, among them General Motors East Africa Ltd. and Unilever Tea Kenya Ltd, founded the Kenya HIV/AIDS Private Sector Business Council in 2000. Meanwhile, this forum consists of 120 companies with 800.000 employees, which sustain the organisation through their membership fees. Up to now, the Council has offered trainings for human resource managers, peer educators and medical doctors and has spent substantial efforts on advocacy among company CEOs. KHBC has successfully applied to the Global Fund in Round 2 and receives Global Fund funds to support its activities. One of the challenges of the council is how to reach small and medium sized companies (SME). The experiences of GMEA and Unilever, as well the technical backup from GTZ will help KHBC to design a strategy to reach out to small and medium sized enterprises.

- **Objectives:** Promotion of HIV/AIDS workplace interventions in Kenya's private sector.
- **Activities/Essential Elements/Structural Integration:** Awareness creation among Kenyan companies, provision of HIV/AIDS related services and trainings to companies, including SMEs.



- **Financing:** Through membership fees, Global Fund funds (Round 2) and bilateral partnerships (e.g. technical support from GTZ).
- **Lessons learned:** Business coalitions against AIDS can contribute to harmonisation and consensus building at country level, helping to build trust between the private and the public sector. They play an important role in advocacy and in sharing co-investment experiences. As facilitators between companies, government agencies, CCMs and civil society, business coalitions can contribute substantially to the success of the co-investment concept. At the same time, business coalitions can themselves profit from the approach, by financing their own activities from a variety of public and private sources. They can help companies to access national and global funding mechanisms and they can also function as brokers for technical assistance. By developing an HIV/AIDS service structure, business coalitions can provide their members with access to a variety of HIV/AIDS related.

General Motors East Africa Ltd., Kenya

General Motors has had an HIV/AIDS workplace program since 1990. Over the years, GMEA has built a strong team of peer educators, has adopted an HIV/AIDS workplace policy and has rolled out ART for staff and dependants. The company has also been partnering with NGOs/CBOs to reach out to the community, mainly the Nairobi slum neighborhood of Mukuru, with regard to environmental issues and HIV/AIDS support. As an active member of the Kenya HIV/AIDS Private Sector Business Council, General Motors has teamed up with GTZ to support its dealership partners and suppliers, many of them small and medium-sized enterprises, in starting off HIV and AIDS initiatives among their employees. GMEA also plans to do more community outreach. Strengthening of the Kenya HIV/AIDS Business Council to reach out to other smaller members is another objective of the GMEA-GTZ cooperation.

- **Objectives:** To extend the provision of comprehensive HIV/AIDS workplace programs to GM's suppliers, and to improve HIV/AIDS services in the Nairobi neighborhood of Mukuru, especially targeting young people.
- **Activities/Essential Elements/Structural Integration:** Support the management structure of at least 4 SMEs amongst GMEA's dealership and supplier network to implement workplace HIV and AIDS interventions
- Support community HIV/AIDS prevention activities targeting young people in cooperation with NGOs and existing local community initiatives.

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- **Financing:** GMEA and GTZ have worked out an innovative approach to provide both financial and technical support to this 2-year project. Both parties will contribute technical know-how and financially, GMEA will contribute 51% while GTZ meets 49% of the budgetary commitment.
- **Lessons learned:** By partnering with the Kenya HIV/AIDS Business Council, GM and GTZ make sure that the experiences gained from the project will be made available to other companies as well. Drawing from the lessons learned with GM's supply chain, KHBC will provide supporting services for those SMEs that are willing to invest in HIV/AIDS interventions at the workplace.

AshakaCement (Lafarge Group), Nigeria

GTZ and AshakaCement (Lafarge Group) have signed a cooperation agreement for co-investment with the goal of extending HIV/AIDS and health services to the surrounding rural communities. The AshakaCement plant is the only major industry in the six North Eastern States of the country (Adamawa, Bauchi, Borno, Gombe, Taraba and Yobe States). The company has a very significant impact on the economy of these States and their population. The total workforce is 800 employees, most of them living with their families in the Ashaka workers village. The total population of workers plus dependants is more than 3,000 people. Currently, a second co-investment project with PEPFAR is being assessed. If the application is successful, this cooperation will provide HIV/AIDS treatment and care to the surrounding communities.

- **Objectives:** The goal of the cooperation is to halt the spread of HIV/AIDS amongst the directly and indirectly employed workforce of AshakaCem and the inhabitants of the community at large.
- **Activities/Essential Elements/Structural Integration:** In cooperation with the local government and the Gombe State Ministry of Health, GTZ is supporting AshakaCement and the community in planning, implementing, monitoring and evaluating an integrated community health program.
- **Financing:** The company meets more than 50% of the financial commitment, the remaining public share will be contributed by GTZ, partly in form of technical assistance.
- **Lessons learned:** Supported by GTZ, AshakaCement is working closely with the local health authorities to ensure that this partnership leads to a sustainable community health program, which reflects the needs of the local population. The activities of



Ashaka Cement are designed to complement the existing public health system and to create synergies in the provision of HIV/AIDS prevention and care, as well as basic health services.

Lafarge's approach to the co-investment model consists of setting-up clear and practical projects with local partners before applying for Global Fund funding.

The three most important steps are:

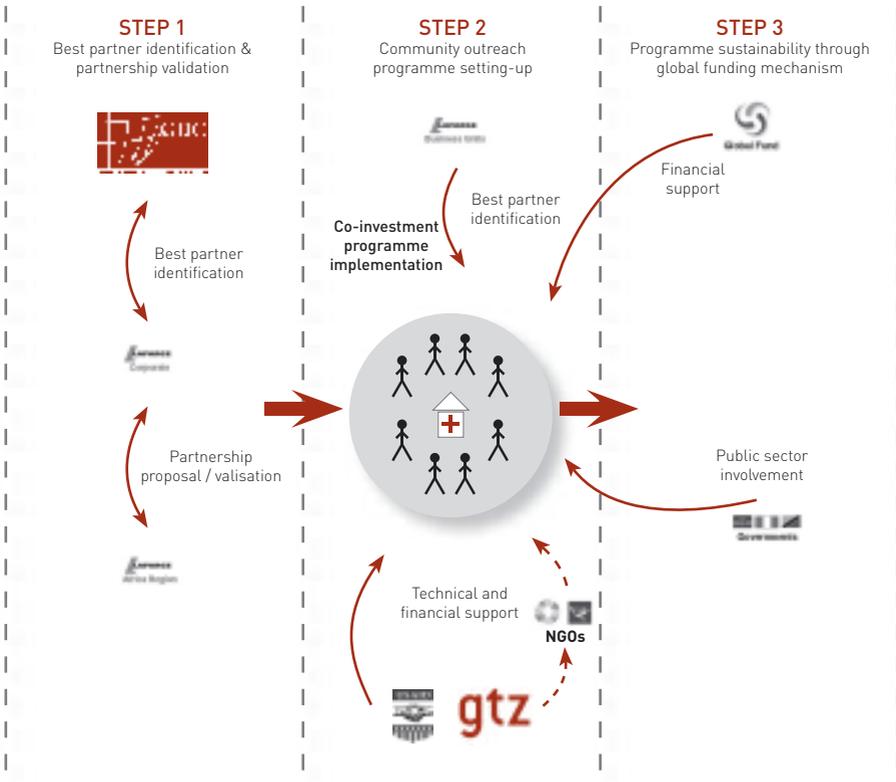
Step 1: Identifying the best partners to extend our HIV/AIDS programme from the workplace to the community. The Lafarge Corporate Center has a key role to play in finding best opportunities through its contacts with the GBC and other global partners.

Step 2: Setting-up a community based programme with the technical and financial support of local actors, especially the bilateral organisations and/or NGOs. The project has to be very practical and should demonstrate its ability to run in the long-term.

Step 3: Making the project sustainable by finding global funding and involving local governments.



Beyond the Workplace, Reaching the Community: The Lafarge Co-investment Strategy



During the past years, Lafarge has extended various programs throughout Africa, India and China. The company has found that one of the major areas of concern is awareness raising. There is a need for the private sector to play a leadership role in partnering with communities. Therefore, Lafarge is assisting civil society in China organise itself and to work alongside NGOs to build and reinforce their capacity.³³

33. GBC/GTZ/GFATM (2005): Co-Investment Partnerships against HIV/AIDS, Meeting Report, New York, June 1, 2005.



National Business Committee against HIV/AIDS in Central Africa (CIELS), DRC

The National Business Committee against HIV/AIDS in Central Africa (CIELS) has been created in 2001 under the impulse of local companies benefiting from the experience of the public-private partnership between Heineken and GTZ in the Democratic Republic of Congo. Members are national and international companies as well as the National AIDS Program, UNAIDS, UNDP, ILO and GTZ. CIELS has a permanent secretariat for the coordination and follow-up of the activities. The National Business Committee in the DRC has proven to be successful in mobilizing companies to adhere to fundamental principles and in accessing global financing mechanisms. The committee collaborates actively with several development agencies for technical support such as UNDP and GTZ. An international network has been set up with national business committees of several neighboring countries in central Africa, including the DRC, Congo (Brazzaville), the Central African Republic (Bangui), and Angola (Luanda).

- **Objectives:** To increase the range and quality of business sector HIV/AIDS response in the workplace environment in order to reduce the impact of HIV/AIDS on the business sector.
- **Activities/Essential Elements/Structural Integration:** (i) to sensitize and mobilise business people and trade unions to fund and to develop comprehensive activities in the fight against HIV/AIDS; (ii) to conduct information sessions and training activities aimed at preparing managers and employees for developing prevention policies in their companies; (iii) to develop internal HIV/AIDS policies (code of good conduct) among member companies based on best practices and international standards; (iv) to facilitate the exchange of experiences on HIV/AIDS control interventions with local business communities in the different cities of the DRC and among the international network of the CIELS; (v) to set up a monitoring and evaluation system; and (vi) to document and disseminate good practices.
- **Financing:** Since 01/2003, the GTZ BACKUP Initiative has supported the development of CIELS with 250,000 €. The main objectives of this support were: (i) to reinforce the technical and managerial capacities of CIELS in the DRC and in the neighbouring countries; (ii) to develop a common proposal to be submitted to the GFATM and/or the World Bank; (iii) to create a website and a data base on existing HIV/AIDS workplace programs in the CIELS regional network.

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• **Lessons learned:**

- Technical support is a key factor in co-investment schemes: CIELS in the DRC and Rwanda has been significantly strengthened at national and provincial levels. This has been achieved by both financial and more importantly, by continuous technical support at national level. The number of enterprise members of CIELS increased from 4 to 40 during the GTZ BACKUP project, and the range of activities developed in the enterprises was broadened from prevention to ARV treatment.
- Countries have benefited from the south-south collaboration: activities have been scaled up in the DRC, Rwanda, Congo (Brazzaville) and Burundi. A website has been created (www.ciels.cd), containing a set of tools and guidelines for enterprises and peer educators aiming to develop HIV/AIDS workplace activities and information about the members of the CIELS international network.
- The enhanced capacity of CIELS and its active involvement in the CCM has enabled CIELS to benefit from global finance and expand its activities in an impressive manner: CIELS is a member of the CCMs and has participated in the preparation of the HIV/AIDS proposals submitted to the Global Fund. In the DRC, CIELS is a potential sub-recipient in the HIV/AIDS project already approved (US\$ 113 million) by the GFATM. It has also been a key partner of the World Bank in formulating the MAP and will certainly be a beneficiary of this grant.
- The ownership of the companies and their commitment is a key factor of the success story of CIELS.
- The support provided through GTZ BACKUP to the private sector is valuable in the context of the DRC where most of the donors used to concentrate their interventions on the public institutions although expected reforms will not happen without the participation of the private actors and, more generally, of civil society.

BP, Papua (Indonesia)³⁴

USAID and Family Health International (FHI) are assisting British Petroleum (BP) in expanding its workplace prevention and care programs to districts surrounding its operations in Papua (Indonesia). The BP-USAID-FHI partnership has been successful because of strong informal collaboration between individuals rather than defined mechanisms to define and manage the partnership. The next phase of the partnership

34. Source: Family Health International (2005), quoted from: World Economic Forum/UN Department for Economic and Social Affairs/DEZA (2005): "Building on the Monterrey Consensus: The growing Role of Public-Private Partnerships in Mobilizing Resources for Development", p.67.



will likely be sub-divided to specific development issues, and public and private sector funding will be combined and channelled directly to USAID implementing agencies that will carry out activities in accordance with USAID program management procedures.

- **Objectives:** To mainstream HIV/AIDS care and prevention to local communities in surrounding districts.
- **Activities/Essential Elements/Structural Integration:** In addition to comprehensive workplace programming, BP is funding local NGOs to mainstream prevention and health service referrals into activities of women's groups, tribal organisations, faith-based organisations, and local radio stations in six villages surrounding the site area. USAID, FHI, and BP are assisting local government AIDS commissions and health departments to establish sero-surveillance systems, STI treatment, VCT and care and treatment services in each of the three districts surrounding the BP site. BP is also supporting local HIV/AIDS radio dramas in partnership with AusAID's Indonesian HIV/AIDS Prevention and Care Project.
- **Financing:** All activities are supported through parallel funding. USAID and FHI have provided technical assistance for workplace and community prevention and care activities while BP and the Indonesian government are funding trainings, print and broadcast media, lab equipment purchases and medications.
- **Lessons learned:** Although it is too early to determine if the interventions will be successful in the long run, the project team believes that these three aspects of its strategy are key to its success:
 - The project team invested resources and developed partnerships with government agencies and NGOs to increase its understanding of employee and community risks so that it could make informed recommendations to management.
 - The project team focused on securing management support by developing a business case, strategy, and work plan which integrated these efforts into a broader health strategy and facilitated the allocation of financial and human resources.
 - The project team engaged the government, labour unions, NGOs, and other stakeholders during the design and implementation of the strategy. To ensure buy-in and sustainability BP project staff aims not to directly implement community outreach efforts, but instead to work with other stakeholders to encourage local provision of these services.

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4.2. How to Overcome Barriers and Obstacles to Co-Investment

In early 2004, the Global Business Coalition (GBC) embarked on missions to India, Cameroon and Nigeria to develop models of co-investment and to support private sector initiatives to submit co-investment proposals to the 4th Round of the Global Fund. While all three missions resulted in successful collaborations at the local/regional level, eventually only the Nigerian CCM accepted the proposal developed by GBC and its partners.³⁵ Through these and subsequent in-country experiences the following success factors and barriers were identified, which inform co-investment project development as well as national level partnerships more broadly.³⁶

1. The **highest-level political commitment** is the critical starting point in a national response. This includes endorsing business as a valued partner in the national AIDS response. Translating political commitment to implementation in countries requires consensus and coordination between various government ministries. In relation to co-investment, National AIDS Councils (NACs) and Global Fund Country-Coordinating Mechanisms (CCMs) served this function, either facilitating or halting the process.
2. Most countries have well established and fully operational **business organisations** - general and industry specific, but there is a need for greater coordination among these groups to represent the broader business community in the national AIDS response. Greater ownership of HIV/AIDS in existing business organisations or the formation of National Business Coalitions on HIV/AIDS is required. In addition, **labor organisations and unions** have an important advocacy and implementation role in a collaborative effort with business and government.
3. Organisations and institutions at national level can benefit from **assistance and expertise of multi- and bilateral agencies** to develop the appropriate capacity and technical know-how to manage large fund allocations for program implementation, and ongoing monitoring and evaluation.
4. **Global PPPs and multi-stakeholder platforms** such as Stop TB, Roll Back Malaria and the Global Health Initiative (GHI) of the World Economic Forum can help with technical expertise, to navigate the partnership process and facilitate the process of international and national level matchmaking.

35. Unfortunately, though, the Global Fund did not approve the Nigerian country proposal.

36. Summarized and adapted [completed] from: Global Business Coalition: "Co-Investment: A Mechanism for Engaging Business in the Fight Against HIV/AIDS; Mission Report -- Cameroon, Nigeria, India." April 2004 (Working Draft).



5. Countries are increasingly developing technical capacity to plan and implement programs based on emerging experiences from international and local contexts. To promote **multi-sectoral collaboration**, relevant platforms and mechanisms are required for cross-sectoral information sharing and coordinating implementation. Current mechanisms such as NACs and CCMs are wrought with internal and external politics and need further support and improvement.

6. **Creating synergized concerted efforts:** Sectors are currently working too often in parallel and thereby preventing cross-sectoral sharing of expertise. With depleted resources in certain sectors while others are hallmarks of excellence, greater coordination is needed to ensure that technical, financial, and human resources are effectively leveraged.

7. Without **clear methodologies for interacting and defined responsibilities**, public-private partnerships are rendered futile, despite the willingness of stakeholders. While the co-investment model clearly delineates measurable business contributions that can be integrated into public health programs, further research and application of other models are required to harmonise multi-stakeholder efforts for policy and implementation.

8. **Funding and information streams:** The flow of funding from national to district levels has served as an obstacle to efforts to address HIV/AIDS. Additionally, bottom-up flows of information and reporting has also served as a barrier further exemplifying the lack of coordination between sectors

9. **Bureaucratic processes and local politics** within countries have paralyzed the rollout of programs. Global Fund **CCMs**, if not formed, functional or appropriately managed, can act as yet another bureaucratic hurdle at national level. Though conceptually, CCMs can be an appropriate interface for various sectors and stakeholders, CCMs tend to be government dominated, and lack a clear modus operandi. As the national equivalent of representatives on the Global Fund Board, one way in which the workings of CCMs can be strengthened is through guidance from the parent body in Geneva.

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10. Current thinking on business contributions and participation on HIV/AIDS is limited to drugs, diagnostics and health service delivery. Based on its core competencies, the business sector has highlighted a **vast range of in-kind contributions** and **pro-bono services** that form crucial components of AIDS prevention and treatment services. Immediate examples include, power generators for rural clinics, trucks for mobile units, advertising and communications expertise to influence behavior change, **management expertise** for efficient operation of health systems and institutions, and distribution networks to support drug access and delivery.

11. There is little experience on **integrated approaches to addressing HIV/AIDS, TB and Malaria**. Most programs involve a vertical approach to each of these three diseases, and current funding initiatives propagate this view. Integrated approaches through health systems strengthening potentially offer greater benefits for sustainability and efficient use of resources. This can be through instituting health management systems and **appropriate referral mechanisms** between primary, secondary and tertiary levels of care. Additionally, integrated approaches have potential to improve efficacy and uptake of services by overcoming the marginalising effect of designated HIV/AIDS services. The management expertise of the private sector can play a key and fundamental role in ensuring that existing infrastructure is utilised more efficiently.

12. Long term **sustainability of programs**, beyond the duration of multilateral and bilateral funding, needs further research and attention. Proposals require support to develop exit strategies. This can occur through exploring business management models including cost recovery mechanisms, revolving funds and cost sharing through health insurance schemes. This is an area of much needed research.

13. The greatest changes in the business sector's response have been mainly focused on multi-national companies through the work of organisations like the GBC and GHI (World Economic Forum). There is wide acknowledgement, however, that small and medium enterprises (accounting for the larger proportion of the employed population) are a neglected segment of the business sectors' AIDS response, and yet remain potentially more vulnerable to the impact of AIDS. **SMEs** could profit from the expansion of HIV/AIDS workplace programs through the **supply chain** of larger companies, as well as from the services offered by national business coalitions on HIV/AIDS. In order



to advance this important issue, the GHI has recently started a promising supply-chain project, involving companies such as Volkswagen South Africa, Eskom³⁷ and Unilever Tea Kenya, as well as number of partners including the South African Business Coalition (SABCOHA), GTZ, ILO, GBC and UNAIDS.

Based on its experiences with Round 4, the GBC characterizes the CCMs/Global Fund as being a difficult environment for private sector initiatives. According to the GBC, most CCMs do not sufficiently involve and acknowledge the role of the private sector. These concerns regarding the acceptance of private sector initiatives by the CCMs has since been voiced by many other private sector representatives, who have also previously failed at the national level to submit Global Fund applications (for instance Anglo American). Many governments are still reluctant to embrace the expertise, competence and growing willingness of the private sector to engage in the fight against the three diseases.

While the private sector has played an active role in the Governance of the Global Fund, and many CCMs have private sector representatives, the private sector is not yet substantially involved in the in-country activities of CCMs and the associated program implementation. Getting engaged in the CCMs is often a complex process, a factor that can discourage participation. Identifying an entry point is not always obvious to non-governmental and local players. The private sector has a variety of options to become involved, including contacting the CCM chair, focal point or secretariat, whose main function is to act as a liaison between CCMs and the outside world.

Examples for collaboration are the above mentioned expansion of local business HIV/AIDS workplace programs in Zambia or the scaling up of a company initiated malaria control initiative in Mozambique, South Africa and Swaziland. In addition to the co-investment strategies, the private sector could directly support CCM processes or services to increase the effectiveness and efficiency of programs. In Swaziland, for instance, the private sector occupies the vice-chair position of the CCM, and has played a leadership role in helping the CCM provide implementation oversight by assessing bottlenecks. The private sector can also partner on technical assistance, with companies contributing their core competencies to funded programs in relevant disciplines, such as program management, supply-chain management, procurement and information

37. Eskom is one of the world's largest electricity utilities. Based in South Africa, it runs 20 power stations and maintains over 26,000 kilometers of transmission lines. Eskom has over 35,000 employees.
World Economic Forum/UN Department for Economic and Social Affairs/DEZA (2005): "Building on the Monterrey Consensus: The growing Role of Public-Private Partnerships in Mobilizing Resources for Development", p.71/72.

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technology. This is one of the missed opportunities that could see quick wins for the programs as well as for the CCMs.

As the range of in-country collaborations continues to grow, and CCMs and implementation partners gradually recognize the value of private sector engagement, the full extent of private sector contributions at the national and local level can be realized.³⁸

Over the past year, the Global Fund has worked diligently to overcome these barriers, has set higher standards for CCM functioning (requirements pertaining to the composition, inclusiveness and transparency of the CCMs), and has established a private-sector team within the Secretariat to promote the equal participation of the private sector in all Global Fund processes. In addition, the Global Fund encourages companies to follow the model set out by Anglo American, FHI and others to team up directly with local Global Fund sub-recipients. Creating direct channels to the GFATM for PPP proposals that bypass CCMs, while still requiring coordination and cooperation with local public health authorities as part of the proposal process, could be another way to encourage PPPs. This avenue has yet to be analyzed.³⁹

Depending on the country setting, companies should also consider tapping the resources of other donors such as the World Bank MAP program, PEPFAR and other bilateral initiatives, especially since the Global Fund processes tend to be long and currently depend on the success of the entire country proposal. Applying for funding or technical PPP partnerships through these programs has proven a good alternative for many companies, since the application procedures are oftentimes less time consuming and complicated and especially smaller co-investment projects have a better chance to get funded (especially through PEPFAR and bilateral initiatives).

Considering the difficulties encountered by the private sector, it becomes apparent that for most governments in developing countries, working with the private sector is still a new concept and that it will take time and persistence to build the necessary **trust** among the different partners. Only through a **long-term commitment** can the private sector hope to gain the trust and acceptance of the public sector. Functioning

38. World Economic Forum/ UN Department for Economic and Social Affairs /DEZA (2005): "Building on the Monterrey Consensus: The growing Role of Public-Private Partnerships in Mobilizing Resources for Development", p.72 and The Global Fund to Fight AIDS, Tuberculosis and Malaria (2005): "A Critical Role for the Private Sector in the Global Fund", working draft, p.4/5.

39. World Economic Forum/ UN Department for Economic and Social Affairs /DEZA (2005): "Building on the Monterrey Consensus: The growing Role of Public-Private Partnerships in Mobilizing Resources for Development", p.72



partnerships, however, are a prerequisite for successful co-investment projects. Trust emerges from working together and will follow successful programs. Communicating the already existing success stories, including the ones about well-functioning CCMs, will be one key to successful private-public partnerships.

But not just the challenges between the private and the public sector, but also the **relationship among private sector actors** themselves will affect the success of co-investment. Competition and quarrels at country level will hinder an effective representation and participation of the private sector in CCMs and consequently in the whole Global Fund process. National business coalitions on HIV/AIDS can play a facilitating role in this regard, representing all private sector members, thereby contributing to trust and consensus building.

Harmonization and the alignment of activities and strategies at the country level will be crucial for the success of co-investment. UNAIDS' "3 Ones Initiative" (one national AIDS strategy, one national AIDS coordinating authority with a broad-based multisectoral mandate, and one national M&E system) addresses this need and has to be supported by donors and the private sector alike. Consensus building and speaking with one voice are prerequisites for the long-term success of co-investment. At country level, UNAIDS can play a major role in bringing all partners – public as well as private – together. UNAIDS, the World Bank and WHO have all emphasised their commitment to co-investment and should act as facilitators for the co-investment model at country level.

At the co-investment meeting organised by the Dutch government in Maastricht, the Netherlands, in November 2004⁴⁰, private and public sector participants (companies, bi- and multilateral organisations) examined the **potential contributions and roadblocks** for the different public and private stakeholders developing co-investment programs. Similar issues were raised at the meetings in Berlin and New York. The major challenges identified as key barriers for successful co-investment programs were:

40. The meeting was organized by the Netherlands Ministry of Foreign Affairs in collaboration with Stop AIDS Now! and the Global Health Initiative of the World Economic Forum as a follow up of the meeting on "Making Co-investment a Reality", held in Berlin on April 22, 2004, which was called by the Global Business Coalition on HIV/AIDS and the Global Fund with support from GTZ and ILD.

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- **Antagonism between public and private actors:** To achieve greater trust, it was felt that examples of successful programs should be used to overcome prejudices about each other. Donors and international organisations have a role to play to initiate exchange, call meetings and to develop materials to improve and support communication and discussions. Examples of such efforts could include regional and national meetings organised by the Global Fund or UNAIDS with the World Bank. Donors were seen as important advocates for greater openness between the public and private sector at country level. For all actors and at all levels a role that also must be undertaken is to streamline processes (including information flow) better from headquarters to country offices. Multi-stakeholder workshops such as those held by GBC and GTZ, the Dutch government and others can provide a much-needed platform for public-private exchange.
- **Lack of information/ best practices:** Both to overcome mistrust and to disseminate and multiply good practices, the exchange of information is very important. Better and more concise information on funding and technical assistance crafted for specific audiences, more practical materials and development of case examples and materials (NGOs, companies, country level technical support) were seen as important. In this context, focus should not only be on assembling information but also on identification and use of innovative communication channels actually reaching target groups. It is also very important to pay attention to an effective presentation of the information, so that it is easily accessible.
- **Complexity of donor procedures and inaccessibility of information thereon:** The actual processes to apply for funding to support co-investment programs from the range of donors were seen as complex and often unwieldy from a private sector point of view. Steps need to be taken to improve the transparency and efficiency of application processes and to assist companies to develop proposals to access available funds. To better co-ordinate such efforts, it was agreed that a list of co-investment proposals under development should be shared in the group.⁴¹

The fundamental **barrier** identified **for donors** identified during all recent co-investment meetings was thought to be psychological/philosophical, namely a lack of trust, familiarity and traditional reluctance to engage with the private sector for development in general and in particular to fund or direct funding through for-profit organisations. Other challenges include the lack of an enabling environment, for example a lack of channels through which to communicate with the private sector.

41. From "Public-Private Sector Partnerships through Co-Investment" Report of the working meeting in MECC-Maastricht 10th November 2004.



Bottlenecks for greater corporate activities include lack of familiarity in running community-based health programs, fear of financial liabilities (particularly given the limited time horizons of donor support), a paucity of good country- and sector-specific case examples, and a lack of appropriate partners or tools. **Large and Multinational companies** have a special role to play in terms of sharing best practices from a wide variety of settings and supporting the efforts of smaller companies – for example through their **supply chain** or by developing and supporting national business coalitions, working within industry and trade organisations and advocating results to business partners (e.g. suppliers and contractors). **Health care companies**, notably private health care providers have a special role in the development of the health system architecture. There is also a huge and largely untapped body of PPP experience that the **pharmaceutical industry** has built. This knowledge and experience should be tapped and transferred to other sectors.

While a lack of trust and experience in working with the private sector is the main barrier for collaboration from the **government side**, this barrier might be overcome through the development of tools, such as case studies or sample contracts between governments and the private sector. The primary role for governments is to ensure an adequate public response to HIV/AIDS on all levels, and to provide a conducive environment for co-investment and other innovative approaches. Developing enabling labor legislations and reducing legal and regulatory barriers or bureaucratic hurdles are crucial. Governments can also facilitate broad access to low-cost commodities, such as pharmaceuticals or condoms, and complementary or supportive services, such as public VCT centers. Lastly, a willingness to explore joint agreements or programming with private healthcare providers is an important element in a rapid response. Underpinning all of this is the need for all sectors of government – particularly ministries of health, labor and trade – to work in concert.

Since **NGOs** are often being involved in programs directly on site, their contribution to co-investment programs mainly consists of the provision of technical assistance and implementation support (including the training of service providers). NGOs could also have a particularly important role acting as intermediaries or bridges between the public and private sectors. They can assist in capturing and showcasing successes. International NGOs (such as Family Health International, Population Services International) or technical agencies such as GTZ have an important role to play in developing the necessary capacity of national NGOs. Challenges in increasing the role of NGOs in co-investment include overcoming prejudices towards each other, the willingness to collaborate with other actors, avoiding competition for funding, and an open attitude towards collaborating with for-profit enterprises.

5. The Way Ahead

There is increasing recognition of the potential contributions the world of work can make in responding to public health challenges, and notably HIV/AIDS. While the onus of public health lies with the public sector, companies can maximize the impact of corporate experience, resources and technical capacities, by merging their activities to complement and support the efforts, roles and responsibilities of others – including international organisations, the public sector, trade unions and NGOs.⁴²

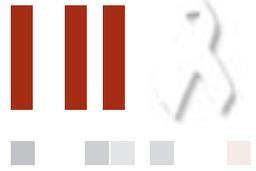
At the November 2004 Maastricht meeting, private and public sector participants agreed on the following next steps:

- Development of a database and sharing of more in-depth information based on concrete case studies and ongoing programs
- Sharing of a list of current co-investment proposals within the group of participants
- Presentation of practical and successful examples at upcoming co-investment meetings.

In June 2005, GBC, GTZ and the Global Fund organised another strategic meeting on co-investment in New York, where the Global Fund, PEPFAR, ILO, WHO, different companies and NGOs, the GBC and GTZ agreed on further collaboration, documentation, and expansion of co-investment projects. In the course of the meeting, the following areas for further collaboration and advancement of the co-investment model were identified:

- (1) **Picking low hanging fruits:** Identify optimal environments to develop co-investment partnerships at the country level (i.e. adopted Three-One's principles, strong national AIDS commission, cohesive and well functioning CCM, and committed private sector entities).
- (2) **Advocacy:** Document success stories. Bring together lessons learned from diverse partners (e.g. GBC, Global Fund, GTZ) and make these positive examples known.

42. ILO/GFATM/GTZ/African Center for Management: "HIV/AIDS workplace programmes and Public-Private-Partnerships (PPP) through co-investment – extension of treatment and care into the community", paper delivered at the 3rd IAS Conference on HIV Pathogenesis and Treatment, Rio de Janeiro, Brazil 24-27 July 2005.



- (3) **Unlocking the country level environment:** Work with national business coalitions, consider private sector secondments and integrate SMEs (through the supply-chain, umbrella organisations etc.)
- (4) **Facilitating deal making:** Establish/identify a clearinghouse/catalyst for identifying and implementing co-investment partnerships.
- (5) **Working in low-prevalence countries:** Formulate business cases for private sector engagement in low prevalence countries.

Individual companies have been able to demonstrate that HIV/AIDS workplace programs, including access to treatment and care based on occupational health services, are of high quality and cost effective. Sharing the burden of the provision of these services to communities through PPP and co-investment schemes requires partners to take responsibility and ensure that these commitments are long term. The Global Fund, the ILO, PEPFAR, the World Bank, the Global Business Coalition and the World Economic Forum encourage the application of PPP and co-investment schemes as potentially successful strategies in providing access to prevention, treatment and care to the HIV/AIDS affected population.

Nevertheless, there are still many unresolved questions about how these programs can fit into the larger community. PPP through co-investment will ensure that company investments in the health of their employees will be protected in the long term and that these workplace programs are sustainable. The co-investment experiences so far are promising and prove that the concept works if all partners agree on their roles, responsibilities and the desired outcome. Sharing the burden through partnership must be seen as a long-term commitment in which private and public employers, governments, workers' organisations, NGOs and development partners each take a fair share of responsibility.

6. Acronyms

ABCT:	AIDS Business Coalition Tanzania
ACCA:	AIDS Control in Companies in Africa (GTZ supported regional project)
ARV/ART:	Antiretrovirals/Antiretroviral Treatment
CCM:	Country Coordinating Mechanisms
CSR:	Corporate Social Responsibility
GBC:	Global Business Coalition on HIV/AIDS
GFATM:	The Global Fund to Fight AIDS, Tuberculosis and Malaria
GHI:	Global Health Initiative of the World Economic Forum
GTZ:	German Technical Cooperation (Deutsche Gesellschaft für Technische Zusammenarbeit)
HMO:	Health Maintenance Organisation
IEC:	Information, Education and Communication
IFC:	International Finance Corporation (World Bank Group)
ILO:	International Labour Organisation
KHBC:	Kenya HIV/AIDS Private Sector Business Council
MAP:	The World Bank's Multi Country HIV/AIDS Program for Africa
NABCOA:	Namibian Business Coalition on AIDS
NERCHA:	National Emergency Response Council on HIV/AIDS in Swaziland
NGO:	Non-Governmental Organisation
OHS:	Occupational Health Services
OSH:	Occupational Safety and Health Services
PEPFAR:	President's Emergency Fund to Fight HIV/AIDS
PPP:	Public-Private Partnerships
PR:	Principal Recipient
SABCOHA:	South African Business Coalition on HIV/AIDS
STD/STI:	Sexual Transmitted Diseases / Sexual Transmitted Infections
TB:	Tuberculosis
VCT:	Voluntary Counseling and Testing
WPP:	HIV/AIDS Workplace Programs



7. References

1. ILO/GFATM/GTZ/African Center for Management (July 2005): HIV/AIDS workplace programmes and Public-Private-Partnerships (PPP) through co-investment – extension of treatment and care into the community, paper delivered at the 3rd IAS Conference on HIV Pathogenesis and Treatment, Rio de Janeiro, Brazil 24-27 July 2005.
2. ILO/ Global Fund (July 2003), Co-investment: a central mechanism for establishing PPPs at country level.
3. Global Business Coalition (April 2004), Co-investment: A Mechanism for engaging business in the fight against HIV/AIDS, Mission Report-Cameroon, Nigeria and India.
4. GBC/GTZ/GFATM (2005): Co-Investment Partnerships against HIV/AIDS, Meeting Report, New York, June 1, 2005.
5. GBC/GTZ/GFATM (2004): Making Co-Investment a Reality, Meeting Report, Berlin, April 22, 2004.
6. The Global Compact Learning Forum (2004): HIV/AIDS: Everybody's Business
7. The Global Fund to Fight AIDS, Tuberculosis and Malaria (June 2005): A Critical Role for the Private Sector in the Global Fund, Working Draft.
8. The Global Fund to Fight AIDS, Tuberculosis and Malaria (November 2004), Mobilizing Private Sector Support for the Global Fund: Strategy Discussion.
9. World Economic Forum/UN Department for Economic and Social Affairs (UNDESA) /DEZA (September 2005): Building on the Monterrey Consensus: The growing Role of Public-Private Partnerships in Mobilising Resources for Development.
10. "Public-Private Sector Partnerships through Co-Investment" Report of the working meeting in MECC-Maastricht, 10th November 2004.



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