A sequence of miracles and sustainable COLLABORATION

‘It is so exciting to be on the ground and see this project actually happening. We have gone from talk and hope to seeing the results. When you invest in health in a country you are investing in political and economic stability.’

- Honourable Dr P Aaron Motsoaledi, Minister of Health
‘Something extraordinary happened’
- Honourable Dr P Aaron Motsoaledi, Minister of Health
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The Honourable Minister of Health, Dr P Aaron Motsoaledi

‘When you invest in health in a country you are investing in political and economic stability – if you don’t, you can’t expect the country to be stable.’

Whilst we have made great strides in the fight against HIV/AIDS and TB since 2009, enormous challenges still exist. HIV and TB continue to be the leading causes of mortality in our country. In order to achieve the National Development Plan (NDP) target of life expectancy of at least 70 years by 2030, as well as the Sustainable Development Goals (SDGs), it is clear that we need to deal decisively with the HIV epidemic.

South Africa has adopted the UNAIDS 90-90-90 targets which should be reached by 2020 to ensure that we can end AIDS by 2030. This means that we need to achieve the following by 2020:

• 90% of those with HIV must know their status
• 90% of those who are HIV positive must be put on treatment
• 90% of those on treatment must have undetectable levels of the virus

Clearly, the first 90% target is critically important to ensure that those who test negative are able to maintain their status and those who test positive are initiated on treatment. Whilst every South African should test for HIV and be screened for TB, it is vitally important for vulnerable populations to test and be screened.

Keeping people healthy ensures that they can be productive, achieve their potential and contribute maximally to society. A significant proportion of people currently work in the informal economy and it is critically important that people in the informal economy are healthy. This means that we should provide them with opportunities to be tested for HIV and screened for TB and non-communicable diseases like diabetes and hypertension. This is why I believe that this project and its success is so important.

I therefore wish to pay tribute to the organisers of the project (EOH and SABCOHA) that focus on workers in the informal economy.
Editor’s message

‘My involvement as a writer in this project started at the beginning of Phase II and the launch of Phase III. During this time I have interviewed so many people, from the role players through to those who are deeply affected and impacted by HIV/AIDS, TB and non-communicable diseases. The highlights were talking to people waiting patiently in queues to be tested, many for the first time, wanting to know their status; seeing the commitment and patience of the nurses on the ground even after a long day of testing – as they explained, counselled, educated and listened; hearing the graduates from the BizAIDS programme present to the class; seeing people who previously had little hope, taking the power into their own hands and walking out into the world with determination and enthusiasm. Most importantly knowing that the target of reaching 25 000 people in the micro-enterprise sector was achieved.

It is difficult to explain the passion, the resolve and the collaboration between the different parties – it is tangible and captivating. When there is a massive health risk affecting the most vulnerable of our population, it is hard to comprehend that a single person or entity can make such a difference. But the coming together of so many people, in boardrooms and on the ground, achieved the buy-in of the community. It reminds me of the old Chinese proverb, ‘When spider webs unite they can tie up a lion.’ This web of collaboration and enhanced relationships is a success story that brings real hope.

My thanks to all those who gave up their time for interviews, information and assistance, who shared their stories, whose enthusiasm made this not simply a writing project but an unforgettable lesson in the power of collaboration.’

In the words of Nelson Mandela:
‘Education is the most powerful weapon which you can use to change the world.’

– Dr P Aaron Motsoaledi, Minister of Health
Overview

The power of collaboration – Getting to zero

‘In the long history of humankind those who learned to collaborate and improvise most effectively have prevailed.’ - Charles Darwin

IN THE BEGINNING
It all started with the South African National AIDS Council (SANAC) being tasked by Government in 2009, to ensure business participates in the HIV Counselling and Testing Campaign (HCT) with the Global Fund as the international funding agency. This was in line with the goals set out in the Government’s National Strategic Plan (NSP) for HIV, STIs and TB:

• To foster stronger working relationships between the private sector, the Department of Health (DoH), SANAC and the provincial AIDS councils
• To assist with a revitalised HCT campaign through fast tracking of HIV and TB screening within companies and communities

The Global Fund not only provides funding for campaigns that fight HIV, TB and Malaria in needy countries but promotes partnerships between Governments, civil society, the private sector and affected communities. This is done by relaying country ownership and performance-based funding for communicable diseases in these countries. SABCOHA and EOH Workplace Health and Wellness (EOH) rallied to Government’s call.
THE PLEDGE
SABCOHA, representing the private sector at a SANAC Plenary meeting in November 2014 in Mpumalanga, co-signed a pledge in response to a call from SANAC and the Deputy President. The National Department of Health (DoH), SANAC and the Mpumalanga Department of Health in the Gert Sibande District, as co-signatories, pledged to collaborate with the implementation of the goals as set out in the Government’s National Strategic Plan for HIV, STIs and TB 2012-2016.

This included:
• Reducing the number of infections, ensuring at least 80% of people eligible for treatment receive it
• Reducing the stigma
• Encouraging companies to screen for HIV and TB
• Reporting infection data to SANAC
• Working with the DoH and SANAC
• Commit to signing an agreement with the DoH that would outline the elements of collaboration in the rollout and intensification of the HCT campaign and other health services to poorer communities.

THE COLLABORATION
SABCOHA and EOH announced a collaboration through the Community Fund that was created for the private sector to have a targeted Corporate Social Investment (CSI) funding platform, which provides business with a tangible business-led mechanism to assist government in delivering on its socio-economic promises.

Working together in the spirit of Ubuntu is the only way in which we can make a difference

STRATEGIC OBJECTIVE
To provide a platform for business to unite around health and productivity issues in the workplace and beyond, that either directly or indirectly affects Return on Investment (ROI) and economic growth.

‘This is the very first intervention that has been fully implemented and where we have had excellent results. This is an apex of our partnership building efforts. The grant from the Global Fund needed a partner for implementation and without EOH another strategy would be gathering dust. While SANAC regards itself as the midwife normally in the conception and birth of these projects, in this case EOH was the midwife.’

- Reverend Zwo Nevhutalu, SANAC
WHY IS PUBLIC AND PRIVATE ENTERPRISE NECESSARY?

South Africa bears the unenviable title of the most unequal society in the world, with a Gini coefficient of 0.63. This indicates that probably nowhere else in the world are so many people privileged and relatively comfortable while others live close to or below the poverty line. The response to our social inequality can no longer be the sole responsibility of Government. Business can no longer remain aloof to these realities and needs to make sure it becomes an active participant in reducing inequality, particularly with regards to health.

According to Rev Zwo Nevhutalu, Executive Manager of SANAC, ‘The CSI budget for corporate South Africa is R8 billion (according to a recent report by Trialogue – leaders in the field with 17 years of experience of corporate sustainability and CSI). Of this only 12% goes to health. The majority – R4 billion – is on education. Although this is essential in our country, not enough is being spent on health. Our problem is that there are not enough resources. SABCOHA and EOH are hoping to encourage additional private resources from business to implement the HIV/AIDS response. We’re not talking about reducing HIV/AIDS... But ending it!’

The answer is a collaboration with Government that is built on robust dialogue and trust from both sides. The project demonstrates how business is rallying to Government’s call and encourages other corporates to take up the challenge and grow this initiative through additional funding via CSI budgets.

During Phase I, SABCOHA was tasked to carry out 44 000 tests, focusing on medically uninsured employees in the workplace, as well as the community where employee wellness was a large focus. EOH pledged to conduct HIV Counselling and Testing (HCT) on 14 000 employees but in the end completed over 22 000 tests.

ONTO PHASE II

Phase II, which targeted Small, Medium and Micro-enterprises (SMMES), was launched in April 2015. In response to the call from SANAC and the Deputy President’s Office for business to collaborate in achieving an effective response to the high prevalence of HIV and TB in the Gert Sibande District. SABCOHA was tasked to carry out 50 000 wellness screenings in 18 months. EOH once again took up the challenge and co-contributed R1.1 million from their CSI budget to ensure that 10 000 screenings, for both comprehensive health screening and HIV/AIDS and TB, could be achieved.
LAUNCHING PHASE III – JULY 9, 2015

On Thursday, 9 July 2015, SABCOHA and EOH showcased the success of the implementation of Phase I, the progress of Phase II and launched Phase III with an additional R1.1 million pledged by EOH, to carry out 10 000 screenings at eMbalenhle in the Gert Sibande District, Mpumalanga.

The Honorary Minister of Health, Dr P Aaron Motsoaledi, attended the event and concluded that the collaboration had created a blueprint for others to follow. ‘The collaborative model demonstrates how Government and the private sector can work together to overcome not only HIV/AIDS but other non-communicable diseases, which are growing at an alarming rate in South Africa.’

WHY DID WE CHOOSE SMMES
– THE FOCUS FOR PHASE II AND III
SMMEs’ contribution to the economy is vastly underrated. The National Treasury Research on SMMEs shows we have an estimated 2.8m SMMEs contributing 52%-57% towards our GDP. They also provide about 60% of jobs and contribute more than 40% of the country’s total remuneration. This means that SMMEs in South Africa employ more people than corporates within the private sector and Government combined.

‘Ending is better than mending.’
- Aldous Huxley, Brave New World
TAking healthcare to where disadvantaged communities are based

In spite of their financial contribution, SMME owners and employees are not the focus for screening for HIV/AIDS and non-communicable diseases, probably because implementation is far more complex. Largely due to remote locations, inaccessibility to testing stations and scattered populations, they do not fall under any large corporate screening programmes.

Susan Preller, Chief Operating Officer (COO) of SABCOHA says, ‘Phase II and III focus on the environmental and social development of micro-enterprises by managing the health risk of entrepreneurs in this sector. Health and social development is core to the sustainability of any micro-enterprise and the programme targets mainly women as part of the key vulnerable population groups.’ Hand in hand with the screening, SABCOHA’s BizAIDS training programme focuses on risk management and sustainability for micro-enterprises.

Phase IV – The Next 5 000 in the Sedibeng District, Gauteng

On 21 October 2015, an additional 5 000 tests were allocated to SABCOHA and EOH as a result of the success in the Gert Sibande District. The selection criteria for districts was not necessarily those with the highest HIV prevalence figures, as these districts could prove to be over-saturated with services. A more strategic approach was informed by a combination of factors, namely HIV prevalence figures, number of orphans, poverty level, school attendance figures and the priority districts (as identified by the National Department of Health, as districts of highest need but with lowest access to services). The screening was completed at the end of January 2016.

Sedibeng is situated 35 km south of Johannesburg and includes Vereeniging, Vanderbijlpark, Heidelberg, Meyerton and Sharpeville. It is considered a high risk area for HIV/AIDS with the latest statistics revealing that 27% of the population is infected.
It is a young, at risk population, with 56.4% under 30 years of age and low levels of education with 68.3% not having reached Grade 12. There are also high poverty levels with 66.4% of the population having no income or earning less than R3 000 per month and where 58% of women and 24% of men are unemployed. Taking into account all these factors, Sedibeng was selected for the implementation of health screening and BizAIDS training as most of the community run small businesses.

THE PRIVATE/PUBLIC COLLABORATION IS UNIQUE
What makes the project unique is:
• The fact that the screening takes place in informal and remote areas of the country – where most people have never been tested. Mobile units are used to take screening to the people ensuring a much larger take up than previously experienced

• Additional screening for non-communicable diseases (NCDs) is also a first. In 2013 the Minister of Health first announced his concern about the exponential growth of lifestyle diseases in South Africa and how it is taking a toll on society. When you consider that 70% of the women in South Africa are obese, with the concomitant lifestyle diseases like high blood pressure and Type 2 diabetes, this is a shocking statistic

THE OBJECTIVES OF THE PROJECT
• To conduct HIV/AIDS and wellness screening in remote areas where communities have not been tested and refer those with positive results to primary healthcare facilities
• In Phase II and III to focus on micro-enterprises where entrepreneurs who support families and, in some instances, create employment, may be affected
• To contribute to the reduction of stigmatisation around getting screened and knowing your HIV status
• An opportunity to educate the community on NCDs and how to prevent them

‘Our improvements in lifestyle are exploding onto the face of the world. Take me seriously when I say adopt a healthy lifestyle. It’s a time bomb.’
- The Honourable Minister of Health,
Dr P Aaron Motsoaledi
The Minister’s visit

Secunda 9 July 2015 – Telling the story...

On 9 July 2015, Susan Preller, COO of SABCOHA and Carl Manser, Executive – Business Growth and Sustainable Collaboration, EOH Workplace Health and Wellness, presented the project to The Honorary Minister of Health, Dr P Aaron Motsoaledi.

The start of a new chapter...
Anton Le Roux, Executive Head of EOH Workplace Health and Wellness announced the launch of Phase III with a donation of a further R1.1m funding.

‘We have looked into eyes of thousands of people in the last few years. We wanted to look into the eyes of thousands more in Phase III, so that 25 000 more people in disadvantaged communities are tested.’
- Anton Le Roux, Executive Head, EOH Workplace Health and Wellness

Dr Motsoaledi responded to the feedback and thanked EOH for the additional donation. He said, ‘After the signing of the pledge I was not aware that groups and business would have taken action so quickly.’

The problem of HIV/AIDS and TB remains huge. Dr Motsoaledi referred to the 90-90-90 worldwide targets for HIV/AIDS and he believes the ‘same 90-90-90 policy for the BRICS countries should be adopted for HIV and TB screening in vulnerable populations.’
The Minister, representatives and dignitaries left for eMbalenhle – a township outside of Secunda – where the testing was in progress. A BizAIDS graduation was taking place in the adjoining hall and Dr Motsoaledi addressed the new graduates, congratulating them on their first step to becoming successful entrepreneurs. He also showed admiration for their courage in empowering themselves with the knowledge to make their lives better. After handing out certificates he went on to see the testing for himself.

Dr Jim Kousin, President of the World Bank at the Universal Health Coverage in Emerging Economies:

‘There is a direct correlation between the health of populations and the advancement of economic activity.’

He said there is evidence that investment in people – like healthcare, education and social protection – are not just good for the individuals who directly benefit, they are also good for their countries’ growth and political stability.

‘Likewise, I believe not providing health, education and social protection is fundamentally unjust, in addition to being a bad economic and political strategy.’

‘It is so exciting to be on the ground and see this project actually happening. We have gone from talk and hope to seeing the results.’

- Honourable Dr P Aaron Motsoaledi, Minister of Health
THE GLOBAL FUND
Is a 21st Century partnership organisation, designed to accelerate the end of HIV/AIDS, TB and Malaria as global epidemics. Founded in 2002, the Global Fund is a partnership between governments, civil society, the private sector and people affected by the diseases. It raises and invests around US$4 billion a year to support programmes run by local experts in countries and communities most in need. As a financing institution, it provides support to countries in response to the three diseases; it does not implement programmes on the ground.

By challenging barriers and embracing innovative approaches, The Global Fund strives for maximum impact. Working together, it has helped save millions of lives and provided prevention, treatment and care services to hundreds of millions of people, revitalising entire communities, strengthening local health systems and improving economies.

THE SOUTH AFRICAN NATIONAL AIDS COUNCIL (SANAC)
Every country submits funding proposals to the Global Fund. The SANAC secretariat co-ordinates the writing of these proposals and puts mechanisms in place to find principle recipients such as the National Religious Association for Social Development (NRASD) who would then be responsible for finding sub-recipients like SABCOHA. SANAC is the facilitator and plays a pivotal role in the allocation of funds.

The vision of the organisation is a long-term one. To ensure a healthy life for all South Africans. The vision is underpinned by the commitment to ZERO new HIV and TB infections, ZERO preventable HIV and TB deaths and ZERO HIV and TB discrimination. South Africa is a long way from ZERO on all three of these fronts.

SANAC is recognised by the Global Fund as the SA Country Co-ordinating Mechanism (CCM) of the Global Fund, co-ordinating the HCT Campaign and providing the content of the campaign as well as feedback. Since 2010 the campaign has been under the auspices of SANAC – to mobilise all sectors of the community.
SANAC launched their slogan: ‘I am responsible, we are responsible, South Africa is taking responsibility.’

Through the rollout of the National Strategic Plan (NSP) for HIV/AIDS, TB and STIs (2012 – 2016), SANAC has the duty to support and to promote the following goals of the NSP:

• Reduce new HIV infections by at least 50% using a combination of available and new prevention methods
• Ensure that 80% of all people who need Anti-Retroviral Treatment (ART) receive it and to ensure that 70% of these people do recover and remain alive and continue taking treatment five years after initiation of ARTs
• Reduce the number of new TB infections and deaths by 50%
• Ensure an enabling and accessible legal framework that protects and promotes human rights in order to support the implementation of the NSP
• Reduce reported stigma related to HIV and TB by 50%
A HEALTHCARE CASE STUDY

THE NATIONAL RELIGIOUS ASSOCIATION FOR SOCIAL DEVELOPMENT (NRASD)

The NRASD is a network of religious groups with the aim of fostering the role of religious organisations in social development projects and is allocated funding by SANAC. It was launched on 21 August 1997. This date marked a decisive turning point after a long period of public consultations at which the need for closer co-operation between the church, the religious sector, the state and public institutions was highlighted.

The association was established by representatives of the religious organisations (Baha’i, Buddhist, Christian, Hindu, Islamic and Jewish) involved in a national conference on the transformation of welfare in South Africa. The establishment of the NRASD was a response to specific challenges:

- Firstly, it was a direct response to a challenge posed by a former Minister of Welfare and Population Development, Ms Geraldine Fraser-Moleketi, when she stated: ‘There are obvious benefits to the establishment of a formal network of religious organisations. Ideally, this would lead to exchanges of best practice models, joint endeavours to improve the conditions of people through high impact initiatives and resource sharing. From Government’s point of view and more specifically the welfare department, it will enable us to engage in a structured manner on a regular basis’

- Secondly, in the absence of a national religious network that could enter into formal agreements with Government and international donors, international support for social projects in South Africa could not be accessed. Since the birth of the democratic South Africa, the lack of formal co-operation (and formal agreements) between the state and faith-based organisations had prevented local religious networks from qualifying for and meeting the conditions of international donors to receive substantial funding for social upliftment programmes. International donor funding is increasingly directed away from South Africa, mainly to other needy parts of the world, for example Eastern Europe

Today the NRASD represents the concerns and interests of different faith welfare networks and it has established itself in a relatively short period, as an important national role-player that strives to fulfil the following functions:

- Consultations with government departments and ministries
- Joint lobby processes for changes on programme level
- Implementation of a new development partnership with the government

The basic approach of the NRASD is to strengthen the capacity and programmes of existing networks to enable them to play an even bigger role in this field. Together the religious groups represent, by far, the largest networks for social, welfare and development work in South Africa.

- Dr Renier Koegelenberg, NRASD
Know your status and condomise. You don’t want the title of the highest HIV/TB District forever. The objective is to gain the skills, knowledge and then go and teach others.

- Honourable Dr P Aaron Motsoaledi, Minister of Health
Testing

On the ground in eMbalenhle

On the dusty grounds next to the church hall in eMbalenhle in the Gert Sibande District, EOH tents are set up to provide free HIV/AIDS, TB and wellness testing including cholesterol, blood pressure and glucose levels. eMbalenhle is infamous for its poverty and very high HIV/AIDS and TB prevalence. The tents flap in the hot, dry wind and the lack of vegetation means the swirling sand is deposited into and onto everything. However, it doesn’t deter the queue of men and women, young and old, patiently waiting their turn to be tested.

The nursing staff has arrived early to be available for those who can come in before going to their small businesses. They are inside the tents and set up, ready to accept the steady stream of people from the community. People stroll past at a distance, then perhaps encouraged by the short queues walk towards the tents and patiently take their place – at a respectful distance from the closed tent. Some of them are silent, their bodies tense – others chat animatedly either from nerves or in anticipation of finally taking the step to knowing their status.

Inside, male nurse Linda, with over 10 years’ experience in health screening, is helping Gloria fill in the form. Gloria has never been for an HIV test before and is almost mute with stress. He is softly spoken and patient but his manner is professional as he manages to put her a little at ease. She is silent and painstakingly meticulous as she records her details while Linda gets the equipment ready for the tests.

Gloria has chosen to visit this convenient mobile unit close to her home for her first screening. When she has completed the form, Linda outlines the details of the tests, what they do and what the figures mean. He explains to her what HIV/AIDS is, questions her if she has ever been tested and obtains permission to do the test. Then he counsels her about the ramifications of a positive HIV/AIDS result, how you can get it and basic knowledge of the use of condoms.

Linda says some of the patients refuse to have the HIV/AIDS test but he does his best to persuade them by educating them and explaining that it is better to know your status so you can do something about it.

He then explains exactly what is going to happen with the blood pressure and glucose levels test and asks Gloria the basic questions which might indicate she has TB. She is intently silent and puts out her finger for the first prick without expression.
As each test is finished and the results shown instantaneously, Linda explains what levels are normal, what an elevation means and what they are testing.

They watch the HIV/AIDS test silently to see how many lines appear. One is negative, two is positive. Linda is reassuring and very knowledgeable and Gloria starts relaxing visibly as one single line appears on the small perspex face of the testing kit. As she gets up to leave – Linda disposes of the needles and other medical equipment in a medical waste container. Gloria walks away – knowing her health status has lightened her step and for the first time she smiles at the next person waiting in the queue – a young girl.

The teenager later walks out and appears in a kind of resolute shock. She was not so lucky.

However the counselling she was given, the referral to the clinic and the treatment she will receive means this is not the end, but the beginning of a journey to living with HIV/AIDS.

‘I was tested six years ago but I know the importance of being tested regularly. It is so much easier coming to the mobile clinics, the queues are short and the nurses explain everything simply, so I understand exactly what the results mean. I will tell my friends to come too.’

- Yvonne (32)
Testing

Knowing your status

One of the pillars of fast tracking is to focus the energy on people who had NEVER taken a test. The National Strategic Plan wants everyone tested once a year. However, massive resources are needed to focus on a person taking a test once in their lifetime. People living with HIV who are not sick but don’t know their status – are the people that need to be reached.

‘It is so much better than the clinic because here you are practically anonymous. People in our community don’t like to talk about being tested for HIV/AIDS. Here we have wellness testing too, so I know my blood pressure, glucose levels and cholesterol. The nurse explained so simply what these numbers mean – she really knows what she is talking about so I have confidence in her.’

- Teddy (28)
‘It is important that we know our status so that we know how to treat it and look after ourselves. It is important that we know we are getting a proper result and we know that here. There are also no long queues and the process is very quick. Ten minutes of your time can save your life.

I am going to take the photos you took and put them up on the board so that my congregation can see that I have been for testing and know my status. When I talk to them they are scared to do the test because they are scared about the result. The photos will encourage them to also be tested and I will explain carefully what happens. One of the best parts of the testing is that the nurses counsel you beforehand, tell you about HIV/AIDS and what can be done if you have a positive result. The way they explain it is easy to understand.’

- Pastor Paolos

‘This is not my first time. I checked when I was pregnant at the clinic. But this is a good place to check, it is right next to the taxi rank. I am not very worried about AIDS as I use condoms.’

- Prudence (23)

‘I have been tested before but it is much easier here – there are no queues and everything is explained very well to us.’

- Ngabulo (18)
Testing

On the ground in Sedibeng

The EOH tents are set up outside the Evaton Mall next to the taxi rank and a catchment area for anyone arriving or leaving on their way to the mall.

There are three male nurses on duty: Francis, Mehluli and Carlos.

Mehluli has been a nurse working in the community since 2009. He says there has been a fantastic response to the screening and people are very keen to be tested for HIV/AIDS and wellness. ‘When it is quiet we go out and call people in the community, tell them about the testing and encourage them to come. Our target is to test 100 people a day to reach 5 000 by the end of the year.’

Francis has been a nurse for seven years. He also says the response in the district is good. He says the process involves a lot of education, ‘Many of the people who come here don’t even know what cholesterol is and what it means to have a high blood pressure. It is very important that this education and pre HIV test counselling is done as people who test positive often think it is a death sentence. We explain that they can live with HIV/AIDS and refer them to the clinic. There are many satisfying moments. One young woman who tested positive a few days earlier, went to the clinic and came back to thank me and told me her CD4 count is low and she is now on anti-retrovirals. Just one story like that and we know we are making a difference.’
Carlos has been a nurse for four years. ‘People do want to be tested but don’t like standing in queues. Here, they seldom have to wait for more than a few minutes – they just pop in for a quick test. The spot is perfect because it is at the taxi rank at the mall so we get the passing traffic. The problem we usually find is that men don’t want to be tested but, because of where we are situated more are willing to be screened. The counselling part of the testing is very important. We can’t just test someone and leave them – we have to refer them to a clinic and make sure they understand that HIV/AIDS is not a death sentence. We also try and encourage older people to be tested. Many of them do not even know about cholesterol and blood sugar either so it is a huge education process.’

Evaton Mall, Sedibeng

We spoke to some of the people being tested:

Alfred is 52 and says it is not the first time he has been tested. He has been to the clinic before but he found that the nurses at the EOH tents explained the tests very gently and very well. ‘You don’t just take the test, you understand why you are doing them and what the results mean. I am going to send my friends here too. I wish all people could do this test. If you know your status you know what to do – if you don’t you will kill people.’

Buti (28): ‘I am going to send everyone I know here. My girlfriend and I have both come for testing. Knowing each other’s status builds trust. Two of my relatives have HIV/AIDS but they won’t go on anti-retrovirals and they are both sick. It is also the first time I have had my blood pressure and sugar tested. I didn’t know you had to.’

Yvonne (35): ‘I just walked past the tents and saw they were testing. I was last tested in 2009 so I needed to have another test. Last time I went to the clinic but there were long queues. They also explain everything very well here and it is easy to understand. I didn’t understand all the other tests but now I am glad I know my blood pressure and sugar is fine.’
The role players all agree on the objectives:

THE OBJECTIVES:

• Engage with the community – a project such as this would not succeed without grassroots involvement and ultimately ownership
• Support the Government’s HCT campaign, aligned with the National Strategic Plan
• Prioritise testing amongst the micro-enterprise sector where medical care is only available through the public health system
• Get the buy-in and co-funding from other corporates
• HIV/TB integration and the importance of symptomatic screening for TB as well as HIV
• Onward referral and ongoing treatment and support
• Taking healthcare to where communities are based – where disadvantaged populations currently have little access to even the most basic healthcare

Talking to the role players

REV ZWO NEVHUTALU, EXECUTIVE MANAGER, SOUTH AFRICAN NATIONAL AIDS COUNCIL, (SANAC)

We have to understand that HIV/AIDS and TB affects the whole of our country – all the sectors. Ironically, studies show that business activity can also impact negatively on the HIV status of a community. All the areas where you have mega business projects – where you bring people from different places together – become fertile ground for infection. Think Medupi Power Station, where there was suddenly a marked increase in HIV/AIDS infections.

The forgotten people

On a micro level, places like eMbalenhle in the Gert Sibande District, Mpumalanga and the district of Sedibeng have the same problem. However, the difference is that there are SMMEs and no big business or corporates with first world screening and referral programmes. It is important that corporates understand that as responsible citizens, we need to go beyond our areas of business. That is truly patriotic. The effect of HIV/AIDS, TB and NCDs impacts the entire country and continent regardless of the community in which it is prevalent.

It is a well-known fact that good corporate citizens go out of their way to support areas of great need even if it’s not in an area where your business influence and operation is. When you look at this programme, the SMMEs are in the greatest need of health and wellness intervention. That is where EOH has made such a difference – bridging inequality in healthcare.

It’s not just about money

We’re not just talking money either. Offering money in a remote control way is better than nothing but imagine if you understand the issues of capacity or lack of it. It’s a far more effective strategy to provide funding and offer, for example, marketing, business skills, (as in the BizAIDS programme) and mentoring. We all know that a ‘hand up’ is always better than just a ‘hand out.’

There is a tendency for big business to feel ‘it is Government’s problem, not ours.’ That is not the issue here. The issue is that the only way to solve the problem is if
business put their weight behind programmes like these, and collaborate, we can slowly treat those infected and reduce new infections to eventually beat this.

**From SANAC’s point of view we have made attempts over a period of years to mobilise business especially in this district. We need more than Government. Although there have been a number of strategies none have had this success. This has been the very first intervention that has been fully implemented and has had excellent results.**

**The importance of niche testing**

eMbalenhle and in fact the Gert Sibande District, have infamously high levels of infections as does Sedibeng. This is alarming when you consider that most of the population earn a living running micro-enterprises, where being ill and not being able to work is a disaster.

This programme under the auspices of the Global Fund is reaching people who really need it. Standard testing programmes test larger quantities of people but the positivity is low. There are huge inefficiencies in this. In our testing area, positivity is about 30%. Ironically this is a good thing.

Like the famous Venda idiom: *‘Nowa yo vhonalaho a i lumi muthu,’ The snake in the open is far less dangerous than the snake which is hidden.*

Determining your HIV status, is bringing the snake out in the open and through treatment and practising safe sex, will ensure healthy populations and prevent the spread of the disease.

‘Being involved in this project means we are ultimately saving lives and making a contribution to the wellness of the population and the development of our country. I feel I am doing something meaningful – it is time well spent.’

**The impact of Phase II and III**

Even if it saved one life it would be worth it. But it goes far beyond that. 25 000 people have been tested, some for the very first time. Imagine if out of those 25 000 we identified and saved the lives of 1 000. Those 1 000 in turn could get to levels of infection so low that the risk of transference is reduced by 90%. The exponential effect of this is significant. This project serves as a model which is replicable – a blue print focussing on the forgotten people. The remote areas where disadvantaged people are striving to earn a living as entrepreneurs. It is a model we can use to craft interventions all over the country.

‘It is said 12% of our population is living with the virus. That’s about 6.4 million people and only 3.5 million people are on treatment. Of the approximately 3 million people not on treatment, for at least 2 million this is because they don’t know their status. The challenge is how to reach them – it’s like finding a needle in a haystack.’

- Reverend Zwo Nevhutalu, SANAC
RENIER KOEGELENBERG, EXECUTIVE DIRECTOR OF THE NATIONAL RELIGIOUS ASSOCIATION FOR SOCIAL DEVELOPMENT (NRASD)

‘In order to ensure that business, Government and strategic partners can collaborate and work effectively in addressing the health challenges facing the nation, we need to ensure three things: ‘Screening for HIV/AIDS, TB and lifestyle diseases,’ says Renier Koegelenberg.

Testing without follow up is not ethical or right. The Department of Health has to ensure that those who were tested:
• Get the necessary psycho-social support and mentoring
• Adequate support structures at a local level for those being tested as well as their families and children
• Have a link to support and adherence groups – not just for the medical treatment but for a holistic approach which includes emotional support and ensuring adherences stay in the programme

This screening project has been a resounding success and has proved its sustainability. The next step is to ensure the physical and mental wellbeing of those tested and their families.

SABCOHA has addressed the holistic approach by empowering the community with the BizAIDS programme for micro-enterprises and linking it to the screening.

There are five steps to addressing the problem of HIV/AIDS, TB and lifestyle diseases:
• Psycho-social support and empowerment through knowledge
• Screening
• Counselling
• Treatment referral
• Monitoring of adherence to treatment

We feel that part of the process should be educating District Managers to be really sensitive to the fundamentals in the primary healthcare facilities according to the Department of Health. Their experience is limited to working with healthcare providers however, if the partnership with primary healthcare and leaders in the community were effective it would go a long way towards addressing these health issues in disadvantaged communities.
Where SABCOHA and EOH have made a substantial difference to the numbers of people being tested is by taking the testing to the people and including wellness screening. Stigmatisation is both internalised and external. This new approach of adding wellness screening has gone a long way to solving this issue.

- Renier Koegelenberg (NRASD)

Koegelenberg adds, ‘Successful partnerships are always based on mutual trust at community level. You can’t succeed without the buy in of partnerships that can bring something to the table others cannot. Trust, co-operation and respect equal sustainability. Lasting success is the relationship with the community in which you are working.’

Businesses need to be encouraged to contribute to the project and know what the benefit to them would be. ‘If you don’t have healthy communities it is bad for the economic development of the country which includes all business generally. If business says, ‘it’s not our problem, it’s the governments.’ It is a lose-lose situation. Yes, we agree that you need to look after the health of your employees first but then adopt a visionary approach and realise that the macro economic burden of unhealthy communities is a burden on all taxpayers in South Africa.

This approach to a healthy nation is economically sound and it is not unique to South Africa. Lifestyle diseases, also known as non-communicable diseases (NCDs) are included in the new Sustainable Development Goals (SDGs) that were adopted by the United Nations in September. The Minister of Health, Dr P Aaron Motsoaledi, is a strong supporter of these new initiatives and says, ‘A healthy lifestyle is the only affordable way to deal with NCDs which are exploding in every nation around the world.’

The challenges we face in tackling the health issues in this country are apathy, stigmatisation, and lack of awareness about screening or access to it. For this reason it has been a multi-pronged approach which includes education, empowerment, community and government participation, functional clinics and psycho-social counselling. If you focus on one element the chances of sustainability and success are low.

The other is the empowering of micro-enterprises that employ many people and whose contribution to the GDP of this country is high. We have found that education comes first, then a willingness to be tested.

‘We look forward to strengthening partnerships and taking them to a higher level. The strength of the business and religious sectors, as two separate sectors of the South African society, has the potential to ensure access to health for the majority of citizens in this country. If we can combine strengths we can make a massive difference. That is what Dr Motsoaledi trusts us to do.’

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Healthy workplaces, shaping healthy communities
BizAIDS empowering small and micro-enterprises

THE STORY BEHIND THE BIZAIDS PROGRAMME
DOROTHY PHAHLA, PROGRAMMES MANAGER, SOUTH AFRICAN BUSINESS COALITION ON HEALTH AND AIDS (SABCOHA)

How did it start?
This programme was first piloted in South Africa in 2004 and has had numerous funders but is currently funded by the Global Fund. Over 55 facilitators were trained in the BizAIDS methodology in all nine provinces of South Africa. They understand the local language, culture and traditions and are therefore able to speak and teach in the vernacular, where necessary.

BizAIDS, a skills training programme for owners, partners and employees of micro-enterprises is the link between SABCOHA, EOH and the community of Gert Sibande District. The participants who attend the skills workshops are the same people who will also benefit in terms of HCT, as will their families, friends and neighbours at no cost to them.

Most of the very small businesses are run by people engaged in these activities as a means of survival. Usually these enterprises are individually owned, mostly by women and often have very tight profit margins, limited access to support mechanisms and are in vulnerable and disadvantaged communities, consequently out of reach of educational, health and other interventions. They are particularly vulnerable to the impact of illness and have few, if any resources to support them in a crisis.

For these reasons BizAIDS was developed and is a ‘business health check’. The focus is on the importance of sustaining business health and continuity in the face of a variety of risks. BizAIDS addresses the health and empowerment of such micro-enterprises and the people involved with them, by combining business and life skills training with HIV/AIDS and TB information.

What are the objectives of BizAIDS
‘To give micro-entrepreneurs skills on how to manage risks in their business and their health because we believe a healthy business means a healthy family and therefore a healthy community. The micro-enterprise sector is not usually catered for and we take pride in serving this huge but underserved population,’ says Phahla.

What do they learn?
How to...
Manage your business
• Importance of keeping business records
• Developing plans and systems to manage and grow your business

Know your business
• Basic finance/money management
• Being able to identify risks and be able to do a strength, weaknesses, opportunities and threats (SWOT) analysis for your business
Protect your business
- Plan for the future to minimise risks including health and legal
- Multi-skill employees/partners so there is continuity in the business

Share information
- Know the resources closer to your business
e.g. Community Health Care Centre, Department of Social Services, NGO’s, etc.
- Share information with family, employees and community

‘If people are skilled to run their business in such a way that they know how to record, calculate profit, save a little here and there, then their business grows and they expand without even needing a loan sometimes. If the owner teaches their child or partner to run the business so that it continues even when he/she’s sick or away at a workshop, as an example, it is skills transfer and empowerment.’

- Dorothy Phahla

Phahla says the project has contributed to the social and economic development in this country – on a micro scale in the Gert Sibande and Sedibeng Districts.

How could it develop on a macro scale?
‘Socially it’s the skills gained by participants because it allows people to interact and interrogate issues between and among partners, spouses, family, neighbours and friends. We have had a number of people who, because of the case studies and group work during the workshops, have voluntarily disclosed their health status.

The fact that over 55 000 people have been trained over 11 years across South Africa means the project has proved its worth. However, other corporates need to hear about what we are doing with the EOH’s of this world so that they can invest in this initiative as well. If BizAIDS is to survive, it will take more collaborations or partnerships to support and nurture this special sector.’

Phahla says that training of entrepreneurs and owners of micro-enterprises is important in these communities. ‘It’s important that people are skilled enough to be able to make a living and not just survive. It’s important that people are able to talk freely and openly about diseases like HIV/AIDS and sexually transmitted infections (STIs) and TB without fear of being judged or ostracised by their communities. Testimony to the need for this programme in the community is the fact that there is a waiting list of potential participants.’

‘We are working with a special sector of business, the backbone of the economy because SMMEs employ more people than corporates and represent 52-57% of our GDP. The highlight for me is the success stories of participants who call us or when we call them for follow-up and they say, ‘I’m doing better than before, or I have moved from a street corner into a container or I can do things for my family that I couldn’t before the training’. We have examples of people who have made really visible strides and grown their businesses tremendously from attending BizAIDS workshops.’

- Dorothy Phahla
**BizAIDS**

*Working with the community*

The SABCOHA facilitators reach out to the community with the help of social mobilisers. These include: ward councillors, community meetings, churches, taxi ranks, business hubs, Local Economic Development Departments to whom we present the programme in order to connect with the community. The BizAIDS participants are not only encouraged to attend the course but to invite a friend, family or partner to come and test as well.

*Getting buy in from the community*

On a micro level, together with EOH, we were able to take the programme where it is needed most – to priority districts like Gert Sibande and Sedibeng Districts. On a macro level we have empowered over 55 000 micro entrepreneurs in South Africa with skills that they say they have always needed. It is a privilege to work with giants like EOH and give people what they want – the opportunity to be tested in a respectable, safe and confidential environment.

She says, ‘It is important that government, the private sector and civil society work together because the goals are similar, and in this instance, it determines the health of our nation, economic empowerment and job creation.

These partnerships are crucial because no-one can carry the burden alone. Government has resources, the private sector and partners have resources, the expertise and the reach which, when combined, can yield better results and therefore have greater impact.’

**EMBALENHLE IN THE GERT SIBANDE DISTRICT**

*In the classroom*

The church hall is full – converted into a temporary classroom for the BizAIDS trainees in eMbalenhle in the Gert Sibande District. Nine animated groups of young entrepreneurs make up the graduation class on 10 September 2015. They pour over A3 sheets of paper, debating, think tanking and meticulously preparing for their final presentation to Dorothy Phahla, Programmes Manager for SABCOHA’s BizAIDS Programme and Moffatt Ganyaufu, the facilitator of the BizAIDS course. Another 90 young people with dreams, aspirations and the will to do whatever it takes to run a successful micro-enterprise.
Nonhlanhla: ‘The most difficult thing about starting a business is getting finance.’ She has a clothing company called Reapesa – Sotho for ‘dressing’. ‘I make and sell overalls to companies in the Vaal area and have a partnership with Sasol. I want to expand, to market my services and the BizAIDS course has really taught me a lot. I feel much more confident and inspired.’

Sana: ‘I have a few small businesses which I am trying to integrate into a one-stop service for companies. I supply construction overalls for companies but recently started a catering arm of the business, so I can supply the construction workers with a good meal at lunchtime. I see it as a ‘whole service’ and hope to expand my company.’

Peggy: ‘I sell handbags in the neighbourhood in which I live. I have learnt so many skills – on the course, particularly the financial side of the business and the importance of saving money.’

In total 55 000 people have been through the programme – 60% are young people aged 35 or younger and 80% women. They represent over 100 types of businesses including: Hair salons, spaza shops, taverns, hawkers, créches, food and beverages, chisa–nyama, arts and crafts, designers, construction, finance, media and co-operatives. Their success stories are testimony to the BizAIDS training programme and the excellent facilitators. They are united by the desire to increase their skills, empower themselves and put their future into their own hands.

One by one the groups present their wrap up – some are shy, some confident in front of the class but all with a determination to take their newly found skills and make it work. As they go through their points: Positioning of the business, keeping records, what they have learnt about HIV/AIDS and the importance of knowing your status, SWOT analysis, health of employees, setting up a business and expanding it, how to draw up a will, training of colleagues and business plans, they all have their own creative ideas and input.

From the mouths of the entrepreneurs

Nonhlanhla: ‘The most difficult thing about starting a business is getting finance.’ She has a clothing company called Reapesa – Sotho for ‘dressing’. ‘I make and sell overalls to companies in the Vaal area and have a partnership with Sasol. I want to expand, to market my services and the BizAIDS course has really taught me a lot. I feel much more confident and inspired.’

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Peggy: ‘I sell handbags in the neighbourhood in which I live. I have learnt so many skills – on the course, particularly the financial side of the business and the importance of saving money.’
The rest of the class is not passive during the presentations: They challenge, question and Phahla intervenes at times to clear up points or to point out where additional focus needs to be placed. They are articulate and motivated and the only complaint they have about the course is they want more.

They agree to put their experiences on social media and talk to their friends and family to encourage other young people to do the course. They have become ambassadors for the future.

They promise to ‘pay it forward.’

As the last group finishes, the certificate ceremony takes place and the proud graduates walk out of the door ready to change their lives in one of the most poverty stricken districts in South Africa – eMbalenhle – ironically translated as the ‘pretty flower’.

BizAIDS is the link between SABCOHA, EOH and the community of the Gert Sibande District. The participants who attend the skills workshops are the same people who will also benefit in terms of HCT and screening as will their families, friends and neighbours at no cost to them.
Gift: ‘I am studying electrical engineering and have one more year to complete. I am planning for the future and want to start my own business. I am already offering my services to the local community. Opening a business is one thing but managing it is just as important and I have learnt so many important skills during the course. Now I can turn my dream into reality.’

Veronica: ‘I am studying business science at Monash University. In my spare time I make cupcakes and sell them and hope to expand my business into a bakery when I am finished. Although I am studying business science the course gave good practical advice on the basics of business, profits, expenses and highlighted the importance of training someone to look after the business when you aren’t there.’

Nosipho: ‘I run an NGO which looks after vulnerable old people and children. I don’t get any government funding and it is a daily struggle – but there is such a need in my community. I have a group of six young volunteers who work for me who all believe that the only way to learn basic business skills if you can’t find a job, is to volunteer. They are very enthusiastic about the skills they have learnt – the types of management and the ramifications of them, training and trusting a successor and learning about the importance of drawing up a will.’
IN ANOTHER PROVINCE – SEDIBENG

In the hot and airless Fora ya Lesotho church hall in Sharpeville, Desmond Sono, a BizAIDS facilitator, is posing questions to the group of new BizAIDS graduates. He is a former teacher from Soweto and loves what he does. He says, ‘I meet different people all the time – people with dreams and hopes and entrepreneurs who want to learn. It is wonderful to see them leave here with their passion backed up by knowledge and so determined to better their circumstances.’
UP THE LADDER WITH BIZAIDS

In 2008, Gilbert Mothlaping was invited to attend the Health and Business Risk Management Training programme – BizAIDS – conducted by SABCOHA in Daveyton.

‘After attending the BizAIDS training, I subsequently applied to be a trainer for BizAIDS and was invited to attend the Training of the Trainer (TOT) for BizAIDS at the SABCOHA offices for two days late 2008.’

Through the BizAIDS programme he trained over 3 000 budding and existing entrepreneurs for a period of four years around the East Rand area of Johannesburg, called Ekurhuleni, and in Pietermaritzburg, KwaZulu Natal. ‘While busy with the BizAIDS programme I was also invited to be a trainer by the South African office of the International Labour Organisation (ILO) for a programme called WEA (Women Entrepreneurs Association), a woman in business capacity program where I trained around 1 000 women in the Johannesburg area.’

When another programme called Bridges of Hope (BOH) was introduced at SABCOHA, Gilbert was trained as one of the Master trainers for the programme and has trained more than 500 participants, including the Road Accident Fund wellness champions.

Currently he manages a Business Training and Consulting Firm and has consulting contracts with the Department of Trade and Industry. Everyday duties include assisting clients with starting a business to writing business plans and accessing business finance for start-ups or business expansion.

He says, ‘I have business interests in retail, construction and in the services industry.

‘I employ five full time staff members and five freelancers.’

The proof of the success of BizAIDS is in Gilbert Mothlaping – the ‘serial entrepreneur’. You only need to look at his clients

• Dti Black Business Supplier Development Programme (2010 to date)
• Bridges of Hope (HIV and AIDS) Peer Educator Training Programme (2011 to date)
• BizAIDS (2006 to date) with SABCOHA
• Women Entrepreneurs Association Capacity Building: (2009 to date) with the International Labour Organisation (ILO)
• Micro MBA trainer (2006 to date) with Carnival City and Lonmin

‘Through BizAIDS my training and facilitation skills were enhanced, I established valuable contacts and learned a lot regarding organising training logistics from securing training venues, recruiting relevant learners or participants, administration and working with other stakeholders such as catering service providers and community leaders.’

- Gilbert Mothlaping
SUSAN PRELLER, CHIEF OPERATING OFFICER (COO) OF SOUTH AFRICAN BUSINESS COALITION ON HEALTH AND AIDS (SABCOHA)

‘Phase II and III focussed on the environment and social development of micro-enterprises by managing the health risk of entrepreneurs in this sector. Health is core to the sustainability of any micro-enterprise. The programme falls under SABCOHA’s BizAIDS’ training programme which focuses on the health of micro-enterprise owners and on the health of their businesses. It targets mainly women as part of the key vulnerable population groups.

The only way to contribute meaningfully to the eradication of HIV and TB in our country is to forge strong partnerships on all levels, especially between Government and the private sector. EOH has not only contributed funds to the screening programme, but added the essential focus on lifestyle diseases which are increasing exponentially in this country.

The urgency for the private sector to get involved began with the signing of the pledge between Government and business in Gert Sibande. This encourages business to respond more effectively to the call for collaboration from Government. SABCOHA co-ordinates and facilitates the process amongst the various stakeholders.

The objectives across the entire project and in Phase II and III particularly were to:
- Engage with the community – a project such as this would not succeed without grassroots involvement
- Support the Government’s HCT campaign
- Prioritise testing amongst the informal business sector
- Get the buy-in of other corporates
- Focus on HIV/TB integration and the importance of symptom screening for TB in addition to HIV
- Include non-communicable diseases (NCDs) or lifestyle disease testing as part of the programme, to address the exponential increase of these in South Africa. This increases the overall uptake of screening and mitigates the stigmatisation attached to HCT on its own
- Onward referral and ongoing support
- Take healthcare into communities, where they are based, where disadvantaged populations currently have little access to very basic healthcare

Achieving these objectives was dependent on co-contributions from the private sector. We feel that this was achieved beyond our expectations. Not only did we carry out 25 000 screenings amongst SMMEs but primary healthcare facilities have seen a marked increase in the number of people visiting their clinics as a result of our screening programme. We are also very pleased that there was a marked increase in the number of men and first time testers.
– proof that taking health screening to the community, where small and micro-enterprises operate, is a success formula contributing to a better informed and empowered community.

Highlights of the project include overcoming the challenge of stigmatisation, apathy, ignorance, misconceptions and previously limited access to screening in this community. This was possible by having mobile units in remote areas and EOH introducing wellness screening alongside the HIV/AIDS testing. The community found it easier to go for testing and the number of people tested in a relatively short period of time is testimony to the need that exists in the community.

In Phase II and III health screening was offered to members of the community that did not previously have easy access to services. The programme responds directly to the national HCT targets of the Department of Health, including TB screening to assist in raising awareness amongst the general population of the risk of TB and the necessity to screen and refer for treatment. An outcome is that individuals tested have become advocates for health screening in our country.

This approach has an exponential effect on the number of people educated about wellness and HIV/AIDS and TB screening as the participating micro-enterprises have been empowered to embrace health as a key success factor for a sustainable business. But we have only improved the lives of a fraction of the SMME population which contributes between 52-57% of our GDP.

We hope that the endorsement by the Honourable Minister of Health, Dr P Aaron Motsoaledi when he visited the project and the fact that he recognised the programme as a blueprint which should be replicated across South Africa, will contribute to the sustainability of the programme.

We just need more buy-in from business.

Investing in this programme, through CSI budgets, benefits companies by contributing to a programme which has proven successful outcomes and impact. The investment contributes to their BBBEE scorecard, provides tax relief through Section 18A certificates and demonstrates upliftment in the health and development of the people in the informal sector of South Africa. At the same time it helps strengthen the relationship between Government and business.

*For me, being a part of this programme, setting objectives and seeing them achieved have been the most rewarding part. I have been amazed to see how successful programme implementation can be when we work with committed partners in a vulnerable community.*
CARL MANSER, EXECUTIVE - BUSINESS GROWTH AND SUSTAINABLE COLLABORATION, EOH WORKPLACE HEALTH AND WELLNESS

“We partnered with SABCOHA because we understand the challenges in any system – in this case the healthcare system – in developing nations. Our focus was on education, prevention and screening. The analogy I use is – if you are trying not to drown in the sea, the best way of dealing with the problem is to stop the next wave hitting. By testing people in inaccessible, disadvantaged communities, we are helping to stop the next wave of healthcare issues before they become an epidemic.

We believe there is a great deal of goodwill in the corporate world but the nature of business is to focus on its core competency. People just don’t know how to become involved. But, in this instance we have helped create a blueprint that can facilitate corporates getting involved and making a difference, through SABCOHA. We want to show that taking this model to places where you don’t necessarily do business but where it is needed, will go a long way to improving the economic growth of our country. It is out of the box thinking – by mitigating HIV/AIDS and TB and reducing lifestyle diseases from all communities makes for a healthier society – the good vital signs for success on all levels.

You only have to follow the principles and guidelines of the World Health Organisation’s (WHO) building blocks on health system strengthening to know that this is a universal approach. These are:

- Resources
- Infrastructure development
- Data management and information systems
- Supply chain management
- Service delivery
- Governance and leadership

Studies have shown that if you follow these building blocks and deliver the intended results, the entire health system will be robust – with positive outcomes economically and in terms of wellness for corporates and communities.

Companies can contribute by providing venues, providing skills to manage money, training and mentoring. An example of this is Synaxon. Synaxon is a knowledge management system that enables seamless integration between health management organisations and health insurance companies. They have contributed extensively in terms of skills in that the project would have been futile without accurate data and reports. The process does not end with testing – the results and what will be done with them is the ultimate goal. Synaxon has provided data capture competence and reports for 25 000 people at no cost.
The first phase of our involvement was targeting uninsured workers in their workplace. Umlazi township in KZN was our ‘burning platform’ and the partners involved made it a resounding success.

Phase II and III focussed on micro-enterprises – specifically where there is a high burden of disease. eMbalenhle in the Gert Sibande District, Mpumalanga, was chosen as it has the highest HIV burden of disease and is notorious for high infection rates of HIV/AIDS and TB. There is also a high risk of lifestyle or non-communicable diseases (NCDs). High blood pressure, high blood sugar levels and high cholesterol are the perpetrators when it comes to these and diabetes and heart disease is becoming an epidemic. The success in Gert Sibande enabled us to go to the Sedibeng District in Gauteng and test a further 5,000.

As far back as 2013 the Minister of Health, Dr P Aaron Motsoaledi expressed concern about the results of a Human Sciences Research Council (HSRC) and the Medical Research Council (MRC) study. In the study, the HSRC warned that ‘South Africa is heading for a disaster’ if the number of people living with ‘chronic diseases of lifestyle’ does not change. The problem of NCDs is, according to the study, presenting an ‘emerging epidemic’ and is going to put even more pressure on the country’s healthcare system.

Dr Motsoaledi said that apart from HIV, chronic diseases were becoming the highest cause of death in developing countries.

For this reason, we added wellness screening to the HIV/AIDS testing which includes blood glucose levels, blood pressure and cholesterol checks to determine the susceptibility to diabetes and heart disease. The inclusion of these tests has had a positive spin off in that people are more willing to come for wellness screening tests, which include HIV/AIDS, as there is still stigmatisation around the disease. However, Government remains the custodian, which is why it is so important that referrals to clinics are recorded so that we can ensure that the project is taken through to its completion. Without clinic referrals we are only half way there.’
Interviews

DR VANESSA GOVENDER, CHAIR OF THE BOARD, SOUTH AFRICAN BUSINESS COALITION ON HEALTH AND AIDS (SABCOHA)

‘It is an honour to contribute to this publication, to celebrate the victories of those who have worked tirelessly to bring the second and third phase of this historic initiative to fruition and to honour those individuals who came forward to test. I salute you all.

As the Chair of the Board of SABCOHA, to play a support role in the conceptualisation through to execution of an innovative strategy, has indeed been a phenomenal learning experience. I have seen passionate development partners, energetic social partners, dedicated peer educators, exuberant members of the community, enthusiastic small business owners and committed corporate executives all come together in the spirit of SABCOHA’s vision of ‘Healthy Workplaces Shaping Healthy Communities.’ I have heard elderly community members declare, ‘I know my health status’ and younger community members share, ‘I am HIV negative and going to keep it negative,’ and a small business owner declaring: ‘Wow! This was my first test ever! I am going to get everyone to test!’

Almost three decades into tackling the devastating epidemic of HIV/AIDS the 90-90-90 target was announced at a meeting of the ministers of health of the BRICS countries, held in Brasilia, Brazil, from 4 to 5 December 2014. The ministers agreed to endeavour to achieve the 90–90–90 HIV treatment target by 2020, which is to rapidly reduce new HIV infections and AIDS-related deaths and to put countries on the Fast-Track to ending the AIDS epidemic by 2030.

However, key questions need to be asked and judiciously responded to:

• How do we reach those populations left behind?
• How do we reach those high risk, high burden, populations?
• How do we transcend the resource barriers created by ‘tough economic times’?
• How do we empower people to take responsibility for their own health and wellbeing?
• How do we inspire corporate leadership to invest more generously in health, as a direct contributor to the bottom line?

This publication and the real stories herein, illustrate that despite complex business environments and constrained resources, much is possible through applying what we know, more innovatively, to address some of the questions and challenges that we will continue to face until we get to zero. SABCOHA has had the opportunity to demonstrate the effectiveness of its approach in the ‘Power of Partnerships in Getting to Zero’ at a plenary session at the SA AIDS conference in 2015. This highlights the significant and powerful role that business can play in sharing its governance, leadership and technical skills to strengthen our health systems through forging and maintaining collaborative partnerships.
This case study is yet another example of what can be done to get to zero. How it can be done and by whom and, importantly, it responds to the ‘why’. Why should we be considering alternative innovative approaches, why should we be re-energising existing workplace and community health programmes? I trust that more corporates will be inspired to revitalise their own programmes, to rethink the how and why with increased vigour. It should also serve as an inspiration to all stakeholders to commit to greater investments (financial and non-financial) in health in the world of work and beyond. I hope too, that this case study inspires greater innovation to reshape the business response at the workplace, thereby transforming and reshaping community health and the nation’s health and wellness at large. We don’t want to be the ones left behind in this wave of pioneering change.’

‘As the wave of non-communicable and communicable diseases threatens our communities, homes, workplaces and economies, SABCOHA has risen to the occasion in its expanded vision and has transitioned from being solely focused on HIV to embrace the expansive paradigm of health and wellness. The success of this project and this publication bears testament and validates this approach to worker and community health. This narrative is an illustration of what can be done in resource-constrained times when both political will and leadership work in tandem.’

- Dr Vanessa Govender
VUKANI KHOSA, DISTRICT MANAGER, MPUMALANGA DEPARTMENT OF HEALTH (MPDOH)

‘This project displays the social responsibility and willingness of business to assist the community. In terms of healthcare and service delivery, everyone needs to play a role in the wellness of all South Africans. This project is very important in that it moves away from the separate issues of HIV/AIDS, TB and lifestyle diseases and puts them all under the umbrella of health and wellness.

We need to invest in human capital for us to have a healthy and productive workforce. Which means big enterprises need to look after smaller enterprises because they too create jobs and contribute to the development of our country. The health of all South Africans is part of their responsibility.

Phases II and III in Mpumalanga have been highly successful with not only meeting, but exceeding expectations. What has to happen now, from our side, is that we have to tighten up referrals and continue to target hot spots and yield good results. What has really helped is that although the stigma attached to HIV/AIDS testing is still there, by including lifestyle diseases, people in the community do not have to say they have been for an HIV/AIDS test but rather a wellness screening.

‘Big enterprises need to look after smaller enterprises because they too create jobs and contribute to the development of our country. I believe that the health of all South Africans is part of the business sector’s responsibility.’

This initiative has been excellent with the full commitment displayed by a member of the private sector. From the pledge through to implementation – to improve the lives of people in Gert Sibande, increase access to testing and to destigmatise the process by screening for lifestyle diseases, improving the health and wellness within the community. The success shows that private/public partnerships work and indicates that this project is sustainable and can be used as a blueprint for future interventions and rolled out to other districts. As District Manager, I look forward to other businesses following suit and helping to make a meaningful social contribution in terms of health and wellness within the Gert Sibande District.’

Dr Combrinck was responsible for facilitating EOH’s partnership with SABCOHA which involved buying into the DoH’s mandate in terms of universal health for everyone in South Africa. The project is a small part of a much bigger vision of providing healthcare to all citizens of South Africa.

‘The rationale was that we felt the business community needed to support the Government’s ambitious target of testing 15 million people for HIV by June 2015 which was announced in December 2010. SABCOHA is the facilitator between the government and business and had agreed to assist Government reach its goal. We had the clinical ability to perform the HIV and wellness screening tests and in Phase I were able to approach other corporates to contribute towards the health screening. In this way we unlocked additional funding.’

Phases II and III are a renewed commitment towards reaching the goal of testing everyone in this country. HIV/AIDS is a life changing event so part of our initiative is to create awareness, counsel, screen and educate on prevention and refer for follow up and treatment. All of these factors feed into a lower infection rate in South Africa and increased timely access to life saving treatment.

We are delighted that the project has progressed into Phase II, Phase III and Phase IV. It demonstrates the sustainability of the programme. We knew Phase I would gain momentum and our dream is to roll this out as a blueprint for the entire country one health ward at a time.
For success, it is important to make screening easily accessible to disadvantaged communities, non-invasive and in the event of a positive finding, it should be followed by a diagnostic test. This should be followed by a treatment programme and counselling. The reason initial screening is so useful is that it is less expensive than diagnostic tests as well as less invasive and can be conducted with high sensitivity ensuring low false negative results – there is no room for error. False positives will always be picked up because all positive results are immediately repeated with an alternative test kit suitable for diagnostic confirmation.

TB is a problem in South Africa: as big as HIV/AIDS and the next step would be to develop a cost effective and medically accurate screening. Right now there is no other cost effective screening other than the five questions underwritten by WHO. Screening tests such as GeneXpert are available but the cost and to some extent complexity, makes the widespread adoption of it problematic for the moment. Although we have achieved our goal of reaching many people in outlying communities who have never been tested, we know that screening needs to be repeated periodically. It is also essential that those who tested positive are immediately caught in a safety net of definitive diagnosis, treatment and management. EOH, at its own initiative, set up contact with local government clinics to ensure a positive result receives a referral letter to the clinic for diagnostic testing. Screening without referral for management on its own is not effective.

**What makes this project sustainable?**

We believe it is because we took testing into remote disadvantaged communities based on the mandate of the DoH and in collaboration with the local PHC clinics. We also added a wellness testing component for lifestyle diseases which is not only high on the DoH’s list of priorities but it also encouraged more people to come for testing. We must not forget that in Africa we have a very high risk of chronic treatable conditions such as diabetes and hypertension which in themselves are killers. By introducing many people in the community to these tests we can counsel and refer them to clinics for definitive diagnosis and treatment.

In a formal workplace, these screenings often take place through funding by the employer or medical aid provider – however in the informal sector external funding is required. That is where the crucial partnership between SABCOHA and EOH comes in. SABCOHA is a recognised and registered NGO that can access both donor as well as corporate funding with the required governance structures in place to ensure appropriate application of funds. We supply the expertise and CSI funding and work with SABCOHA within the community to get their buy-in and support.

Government’s health funding is geared towards primary health care so screening in support of the PHC initiative of Government must be taken care of by NGOs and private enterprise, in line with the DoH initiatives.’

**This collaboration will get us one step closer to universal access to health.**
‘This partnership with EOH is giving 25 000 people an opportunity to be tested and to know their health status, not only in Mpumalanga but also in other provinces. It’s an amazing example of what companies can do with their CSI budget. This initiative will be documented in the company history books and I’m sure companies would want to buy into serving communities in a similar or perhaps even better fashion.’

- Dorothy Phahla, BizAIDS

‘One of the best outcomes from this project is the fact that 25 000 micro-enterprise owners now know their status. They also know the risks to the economic sustainability of their small business if they are ill and can’t work, plus the impact on their families and the broader community. It is truly transformative when organisations and like-minded humans get together with a common focus to energise a society.’

- Minister of Health, Dr P Aaron Motsoaledi

‘Unity is strength... when there is teamwork and collaboration, wonderful things can be achieved.’

- Mattie Stepanek

‘The challenges were getting any form of partnership formalised with Government from municipality, district to province. It is very difficult because there is a long queue of people you need to consult with and lots of red tape in between.’

- Dorothy Phahla, BizAIDS

‘It is so much better than the clinic because here you are practically anonymous. People in our community don’t like to talk about being tested for HIV/AIDS but here we have wellness testing too so I know my blood pressure, glucose levels and cholesterol. The nurse explained so simply what these numbers mean – she really knows what she is talking about so I have confidence in her.”

- Teddy (28), at the testing site in eMbalenhle
‘It is important that we know our status so that we know how to treat it and look after ourselves. It is important that we know we are getting a proper result and we know that here. There are also no long queues and the process is very quick. Ten minutes of your time can save your life.’
- Sarah (45)

‘EOH out of its own initiative set up contact with local government clinics so when there was a positive result there was a referral letter to the clinic. Screening without referral for treatment on its own is not effective.’
- Dr Adriaan Combrinck, Executive Strategy and New Ventures, EOH Workplace Health and Wellness

‘The success of the programme is really the warm welcome we got from the communities and the way they took to the programme and the HCT. We have tested 20 000 people in Gert Sibande and 5 000 in Sedibeng and feel it is a feather in the cap of SABCOHA and EOH’s partnership. The community was very welcoming and the engagement of social structures like the South African National Civic Organisation (SANCO) played a critical role in passing on information about the project to the community.’
- Susan Preller, COO, SABCOHA

‘There has been an excellent response in the community arriving for free testing. I believe this is because it is quick, the results are instantaneous and include tests for diabetes, cholesterol and blood pressure.’
- Male nurse Linda Ncapayi

‘The proof from the data we have means we have reached our goal: Reaching a vulnerable population group especially those being tested for the first time.’
- Susan Preller, COO, SABCOHA

‘Enterprises were empowered in this process, particularly those who do not have any arrangements for health services and whose workforce is medically uninsured. This is as applicable to SMMEs as it is to large corporates. Larger corporates realised that they could contribute in many innovative ways to the HIV/AIDS cause, within the world of work and beyond in communities in which they operate. The technical expertise shared certainly facilitated capacity and confidence building when it came to addressing stigma, discrimination and optimising policies within all types of enterprises.’
- Dr Vanessa Govender, Chair of the Board, (SABCOHA)

‘This project brought so many skills to the table. In tough times partnerships can collectively change a course and tackle a problem effectively.’
- Renier Koegelenberg, CEO, NRASD
MEDICAL REVIEW

Introduction
Chronic Disease is defined as a long-lasting condition that can be controlled, but not cured. Chronic illness affects the population worldwide. As described by the Centres for Disease Control, chronic disease is the leading cause of death and disability. Although chronic diseases are among the most common and costly health problems, they are also the most preventable and most can be effectively controlled.

In the report *Chronic Diseases of Lifestyle in South Africa: 1995 - 2005* chronic diseases of lifestyle (CDL) are defined as a group of diseases that share similar risk factors as a result of exposure, over many decades, to lifestyle implications such as unhealthy diets, smoking, lack of exercise, risky sexual behaviour and possibly stress. The major risk factors are high HIV/AIDS status, high blood pressure, tobacco addiction, high blood cholesterol, diabetes and obesity. These result in various long-term disease processes, culminating in high mortality rates attributable to strokes, heart attacks, tobacco and nutrition-induced cancers, chronic bronchitis, emphysema, renal failure to name a few.

The data in the report revealed that the majority of the South African population has moved extensively along the epidemiological transition towards a disease profile related to Western lifestyle. However, the diseases of poverty, which are related to infections and maternal disease, still contribute significantly to the overall burden of disease in the poorer sector of South Africa, as do the high rates of HIV/AIDS and trauma. The actuarial models for projecting AIDS and chronic disease mortality for 2012 leave no doubt that the contribution of chronic diseases of lifestyle to the burden of disease in South Africa cannot be ignored despite increasing rates in AIDS. In addition, the projections of age structure of South Africans, suggest that by 2015 one in ten persons will be 60 years or older. This will lead to an increased burden of CDL.

Stats SA has reported in the *Mortality and causes of death in South Africa 2013*, the ten leading underlying natural causes of death in South Africa for the year 2011 - 2013 as reflected in the table on page 47. The years 2011 and 2012 have been included to show the recent trends in natural causes of death. The table provides changes in the ten leading underlying causes of death by absolute numbers and percentages over the three-year period.
Ten underlying natural causes of death, 2011 - 2013

<table>
<thead>
<tr>
<th>CAUSES OF DEATH (BASED ON ICD-10)</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>RANK</td>
<td>NUMBER</td>
<td>%</td>
</tr>
<tr>
<td>Tuberculosis (A15-A19)**</td>
<td>1</td>
<td>55102</td>
<td>10.7</td>
</tr>
<tr>
<td>Influenza and pneumonia (J09-J18)</td>
<td>2</td>
<td>33847</td>
<td>6.6</td>
</tr>
<tr>
<td>Human immuno deficiency virus [HIV] disease (B20-B24)</td>
<td>7</td>
<td>17338</td>
<td>3.4</td>
</tr>
<tr>
<td>Cerebro vascular diseases (I60-I69)</td>
<td>3</td>
<td>26104</td>
<td>5.1</td>
</tr>
<tr>
<td>Diabetes mellitus (E10-E14)</td>
<td>5</td>
<td>21147</td>
<td>4.1</td>
</tr>
<tr>
<td>Other forms of heart disease (I50-I52)</td>
<td>4</td>
<td>23916</td>
<td>4.6</td>
</tr>
<tr>
<td>Hypertensive diseases (I10-I15)</td>
<td>8</td>
<td>15784</td>
<td>3.1</td>
</tr>
<tr>
<td>Intestinal infectious diseases (A00-A09)</td>
<td>6</td>
<td>19647</td>
<td>3.8</td>
</tr>
<tr>
<td>Other viral diseases (B20-B24)</td>
<td>9</td>
<td>14805</td>
<td>2.9</td>
</tr>
<tr>
<td>Chronic lower respiratory diseases (J40-J47)</td>
<td>10</td>
<td>13277</td>
<td>2.6</td>
</tr>
<tr>
<td>Other natural causes</td>
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<tr>
<td>Non-natural causes</td>
<td>10</td>
<td>46955</td>
<td>9.1</td>
</tr>
<tr>
<td>All causes</td>
<td>10</td>
<td>514486</td>
<td>100.0</td>
</tr>
</tbody>
</table>

*Data for 2011 - 2012 have been updated with late registrations/delayed death notification forms processed in 2014.
**Including deaths due to MDR-TB and XDR-TB.

The most notable change in rank was for human immunodeficiency virus [HIV] disease which moved from being ranked sixth in 2012 accounting for 3.9% to third rank in 2013 and accounting for 5.1% of deaths. The number of deaths due to the HIV disease increased by 10.4% between 2011 and 2012 and by 21.0% between 2012 and 2013.

Tuberculosis, influenza and pneumonia remained the leading causes of death for the three-year period, but the trend shows that the number of deaths due to these causes has been declining. The proportion of deaths due to tuberculosis decreased from 10.7% in 2011 to 5.2% in 2013. Intestinal infectious diseases moved from ninth place in 2012 (responsible for 3.1% of deaths) to eighth rank in 2013 (responsible for 3.4% deaths). Cerebrovascular diseases kept the third rank between 2011 and 2012 but dropped to fourth rank in 2013 accounting for 4.9% of deaths. Diabetes mellitus remained the fifth underlying cause of death in the three-year period although the proportion of deaths due to this cause increased slightly every year (4.1% in 2011; 4.4% in 2012 and 4.8% in 2013).
Data published recently by the South African Council for Medical Schemes supports most of the findings for the populations covered by Medical Schemes:

Healthcare services are at present designed and focused to serve as area active models of care delivery, with a significant amount of resources spent on terminal care. However, where appropriate, spend is allocated to preventative care as a means to minimise the ultimate impact, especially for chronic conditions of lifestyle. South Africa should be committed to support a shift in focus and spend and focus on supporting citizens to achieve health and wellbeing through preventative care and patient education programmes. This is where screening is the key.

It is therefore imperative to not only screen individuals in high risk communities for HIV and tuberculosis, but for all diseases associated with lifestyle which can be influenced through education and screening.

**RESULTS**

*Please note these results represent only the 20 029 people tested in Gert Sibande.*

The following graphs relate to the results obtained in the pilot programme to which this report relates. The programme targeted a total of 20 029 individuals to be enrolled for screening.

The graph alongside provides an overview of the sexual differentiation of the screened population, where 52.3% of the screened population was male.
The graph alongside represents the age and sex breakdown of the screened population which seems to be reflective of the population and is representative of the population that is especially at risk of HIV (64.5% between ages of 20 and 45). Please note that the population is fairly young and might contain a fairly small sample of individuals living with the consequences of poor lifestyle related to obesity.

An aggregated risk score was applied to the data to risk stratify the population into risk bands, which predicts for future health risk and resource utilisation. The graph alongside displays the breakdown and categorisation of the population in terms of an aggregated risk score considering all factors for which data was captured, such as HIV status, blood glucose, blood pressure and cholesterol.

As the main focus in Africa remains on infectious diseases such as HIV/AIDS, tuberculosis (TB) and malaria because of their acute nature, there is little awareness around diabetes and its complications and many patients go undiagnosed or don’t receive treatment in time. Ironically, there are links between diabetes and HIV/AIDS and TB.

According to Dr Anil Kapur, Managing Director of the World Diabetes Foundation (WDF), few people realise that in Africa, more than on any other continent, there are interactions between these three conditions and their various treatments.

‘Patients who receive anti-retroviral drugs are at a higher risk of developing diabetes, as some of the drugs cause glucose intolerance as one of the side effects. In addition, people with diabetes have a greater risk of developing TB as diabetes reduces the body’s immunity and the interaction between drugs to treat diabetes and TB reduces the effectiveness of both the TB drugs and the diabetes drugs. So it is difficult to control both diseases.’ It is therefore important to also screen for and identify individuals with diabetes or at risk for diabetes in a screening and surveillance programme. The graph alongside represents the breakdown of the blood glucose results of the screened population.
Results

It is good to see that the largest number of individuals fall into the normal range. We have to, however, point out that the data could have been enhanced by knowing if the value that was measured was fasting or random. We therefore assume the values to be random glucose values. It would have also been useful to know if the screened individuals have been diagnosed with diabetes and/or are on treatment and also what the Body Mass Index (BMI) of the individual is. Having a fasting blood glucose of above 5.2 in an obese individual, predicts for insulin resistance and places the individual at high risk of developing diabetes.

We therefore recommend enriching the data of future projects with BMI, whether they are being treated for diabetes, hypertension or hyperlipidaemia and if the glucose sample was taken fasted or random.

Type 2 diabetes often develops in the older populations of obese individuals. We know that only a small percentage of the screened population is above the age of 55 hence we don’t expect a large number of individuals presenting with high blood glucose values. Hyperglycaemia and hyperlipidaemia are often present in the same individuals and associated with obesity and familial patterns. Having access to cholesterol data is very useful and the results displayed in the table alongside.

The results of the screened population is encouraging, with only a limited number (3.3%) showing a cholesterol level indicative of a high long term risk of developing complications such as coronary vascular disease as a consequence of hyperlipidaemia.

Hypertension is highly prevalent in the South African population. It is however important to perform repeat measurements of individuals before making a diagnosis of hypertension and initiate treatment with medicine for the condition. It is also important to know the BMI of patients at risk for hypertension and what other possible co-morbidities might be present.

We have, for the purpose of this exercise regarded all patients with a blood pressure above 140/80 as being hypertensive. We categorised the population into severity classifications in accordance with the South African guidelines on hypertension. The graph alongside represents the results of the blood pressure screening – with more than 76% of the screened population showing a normal blood pressure. It would have been valuable to know how many of the screened population of 24% having an
elevated blood pressure had been diagnosed with hypertension before or had a normalised blood pressure at follow up. The scenario of being screened for disease and especially HIV could be stressful and in a lot of these cases, an elevated blood pressure might not be considered abnormal.

Even though fewer people in the general population have tuberculosis (TB), it remains a serious threat, especially for people living with HIV. People living with HIV are more likely than others to become sick with TB. Worldwide, TB is one of the leading causes of death among people living with HIV.

Without treatment, as with other opportunistic infections, HIV and TB can work together to shorten a lifespan. It is therefore useful to screen populations being screened for HIV for the possible presence of TB. We made use of a TB screening questionnaire in this programme, to identify individuals at possible risk for TB. The graph alongside displays the results, which is encouraging with more than 99% of the population not reporting symptoms of possible TB, and only 145 of the population showing possible symptoms.

The United States Preventive Services Task Force (USPSTF) performs continual surveillance of published data and generates guidelines for interventions considered to be cost effective for population surveillance and preventive care interventions. The USPSTF recommends that clinicians and health workers screen for HIV infection in adolescents and adults aged 15 to 65 years. Younger adolescents and older adults who are at increased risk should also be screened. The USPSTF recommends that clinicians screen all pregnant women for HIV, including those who present in labour who are untested and whose HIV status is unknown.

The following graphs present data on the results of HIV screening of the population screened in this study.

The results are encouraging from a perspective that most of those screened agreed to an HIV screening test.
Results

Of those tested, 17% were positive (see graph alongside), which is extremely concerning. However it is encouraging to know that even having a significant rate of HIV infection, a relatively low percentage reported symptoms suspicious of TB. There might however be a large number having subclinical TB or being early HIV infected with early disease.

Diagnosing HIV infected individuals early provides a window of opportunity and makes a significant impact on the care of individuals, keeping them healthy and in the workforce and preventing excessively costly care after the development of AIDS and associated complications.

Of those tested, 52.2% were female and of those tested positive 67% were female, which seems strange, however we have a large sample being tested and the reasons for the disproportionately large percentage of females being positive should be further investigated.

The age breakdown of those testing positive show more than 75% are below the age of 46.
South Africa invested large resources on screening for HIV in the population through resources and support from donor organisations. Early diagnosis and treatment is key to limiting the spread and impact it has on the population at large. The Graph (A) alongside, reflects on the presence of previous screening being performed. It is pleasing to see that more than 86% of the population had been previously screened.

It seems, from the Graph (B) alongside, that a low number were tested for the first time.

It is important to assess the risk of other possible concomitant diseases or co-morbidities in the population tested positive for HIV. The Graph (C) below, considers firstly the glucose levels for the population who tested positive for HIV.

The population with a positive HIV test has a slightly lower percentage of individuals with a glucose at risk (16.67% compared to 18.03%) for the screened population. This trend seems consistent for the cholesterol levels (14.56% compared to 15.64%) and for blood pressure at risk (23.36% vs 24.19%) comparing the screened and HIV population. See Graphs (D) and (E) below.

---

**Graphs:**

(A) First Time Tested %

- No: 11.50%
- Yes: 86.35%
- Unknown: 2.14%

(B) HIV Positive – First Time Tested %

- No: 15.47%
- Yes: 82.16%
- Unknown: 2.37%

(C) HIV Positive – Glucose 16.67% At Risk

- Below Ideal: 7.12%
- Ideal (3.4 - 7.8): 15.05%
- Mod Risk (7.8 - 11): 1.50%
- High Risk > 11: 2.10%
- Unknown: 5.95%

(D) HIV Positive – Cholesterol 14.56% At Risk

- Ideal: 10.03%
- Mod Risk (5 - 6.2): 1.32%
- High Risk > 6.2: 3.21%
- Unknown: 1.50%

(E) HIV Positive – Blood Pressure 23.36% At Risk

- Below Normal: 17.75%
- Normal: 76.61%
- Hypertension Stage 1: 0.51%
- Hypertension Stage 2: 0.75%
- Hypertension Stage 3: 1.44%
Results

It is an interesting observation that only 1.74% of HIV positive members report symptoms suggestive of TB. It is therefore important to use other methodology for screening for TB in the HIV population than only symptomology.

<table>
<thead>
<tr>
<th>HIV Positive – TB Suspect %</th>
</tr>
</thead>
<tbody>
<tr>
<td>TB Suspect</td>
</tr>
<tr>
<td>Not TB Suspect</td>
</tr>
<tr>
<td>1.74%</td>
</tr>
<tr>
<td>98.26%</td>
</tr>
</tbody>
</table>

DISCUSSION

The data set generated during the project, provides a great insight into a number of aspects of the population risks in terms of lifestyle diseases. Behavioural and sero-surveillance surveys of key populations are an important source of prevalence data and information on experiences, risk and service utilisation of people from these groups. Many countries have already undertaken such surveys periodically as part of the ongoing monitoring of the HIV epidemic.

A screening programme provides an excellent opportunity to generate data much richer than the data captured in support of this report. The generalisability of survey findings, depends on how representative the sample is of the broader population of men who have sex with men, people in prisons and other closed settings, people who use drugs, sex workers and transgender people. It is important to consider selection bias associated with how and where participants are recruited.

The data in this report provides good insight into the prevalence of HIV, TB and possibly other diseases related to lifestyle and obesity. The data could however be enriched with more data to be collected without adding significant costs to the operations and process.

The data does not provide us with an insight on treatment of the population, which is a weakness of the data. It would have been meaningful to know how many of the possible affected population with a positive HIV test, symptoms of TB, possible diabetes, hyperlipidaemia or hypertension are receiving treatment and how well they are controlled. Capturing such data will be simple and enhance the quality of the programme.

It is also important to be provided with comfort that those identified with possible chronic disease states are in fact referred and followed up for enrolment into appropriate management and treatment programmes.
RECOMMENDATIONS

It is critical to enhance the value proposition of similar future projects by enhancing the data collection process in alignment with recommendations made in guidelines by the WHO. It would have been invaluable to have had access to behavioural and indicator data in this high burden of HIV disease population.

Recommendations made in WHO guidelines include the development of indicators useful in measuring various domains. The set of indicators described by the WHO assesses key factors related to the enabling environment, measures the availability, coverage and quality of specific interventions and examines the outcome and impact of these efforts. To understand where and how policy and programmes need to be developed further, it is important to consider each of the following aspects:

- Programmes need to be accessible to people from key populations (measured by availability indicators)
- Programmes need to reach those who need them (measured by coverage indicators)
- Interventions need to be properly implemented to be effective (measured by quality indicators)
- It is important to determine whether or not the intended goals and objectives have been realised (measured by outcome and impact indicators)
- The successful implementation and impact of each intervention depends on supportive policy, legislation and other structural factors (measured by enabling environment indicators)

In addition to guiding programme development and management, the indicators can also be used for the preparation of proposals or reporting on progress to donor organisations.

Many countries use the 2000 Family Health International Guidelines for repeated behavioural surveys in populations at risk of HIV as a basis for the behavioural component of these surveys among key populations. A revised version of these guidelines was released in 2015.

MEDICAL REVIEW: By Dr Mathys J Kruger. Executive Clinical Risk Management MSO

REFERENCES

i. Chronic Disease of Lifestyle in South Africa since 1995 - 2005 www.mrc.ac.za
iv. Hypertension as a chronic disease; What can be done at regional level 2008;24(6):483-484 http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2643192/
Challenges and recommendations

**CHALLENGES**
Providing BizAIDS training to the informal business sector has been one of SABCOHA’s strengths during the past 14 years. Adding HIV and TB screening to the BizAIDS programme however posed some challenges from the outset of the programme. SABCOHA was further restricted to very specific districts and target areas.

It became clear that if we only offered HIV and TB screening very few micro-enterprise owners were willing to take up testing due to fear of stigma and discrimination that is still rife in many areas. It became clear that reaching our target population required comprehensive health screening and taking the services to where the micro-enterprises operate their businesses and not necessarily to the venue where we trained them. The only way that this could be achieved was to seek private sector co-contributions to fund the additional health screening component since the donor funding only provided HIV testing and TB screening. This in itself posed a challenge.

The identified districts in many areas was also a source of conflict. Many officials from the local and provincial health units disputed our presence and felt discriminated against since they had other priority districts than those identified by SANAC as part of the Global Fund programme districts. This often caused difficulties in gaining support from health officials. In many districts the Local AIDS Councils did not function well.

Even data reporting was a challenge. Clinics often did not want to accept our data since they did not know how to manage the data or capture the statistics and also felt in some areas that we overloaded them with referrals to the extent that they wanted to prevent us from further delivering services in the area surrounding the clinic.

**RECOMMENDATIONS**
For any programme of this nature to be successful, buy-in from all stakeholders is needed. Creating optimum health for all levels of society is key. This programme could be replicated across South Africa as is the wish of the Minister of Health. However it will require not only donor funding but also private sector co-contributions both in cash and in-kind. The ultimate success however will be integration into the public health sector of all people who were screened and needing health care. The programme aimed to achieve this goal but was hampered by the capacity of local clinics and health care facilities to manage the large numbers of people that we screened on a daily basis.

It is suggested that this study be used as a basis for future fundraising efforts, as it clearly demonstrates that health screening in this way is a workable model.

‘A challenge only becomes an obstacle when you bow to it.’
-Ray A Davis
Acknowledgements

ACKNOWLEDGEMENTS
The power of collaboration is key to implementing any successful community health screening programme. SABCOHA would like to acknowledge the following partners who all contributed in making this programme a successful model that has the potential to be replicated across South Africa.

- **The Global Fund** that made funds available to fight AIDS, tuberculosis and malaria in South Africa and specifically to SABCOHA. The funds were used to empower small and micro-enterprises in the informal business sector in South Africa to take responsibility and to manage health as a key risk factor for the sustainability of their business and personal health.

- **SANAC** for support and guidance

- **NRASD** our principal recipient in the Global Fund grant. Your guidance and support and encouragement has made it possible for SABCOHA to succeed and reach all targets

- **EOH and EOH Workplace Health and Wellness**, who not only contributed R2 750 000 to fund wellness screening to 25 000 individuals but also provided project management, direct health screening and on the ground mobilisation. Your contribution accounted for most of the successful implementation of this programme. You are an example to corporate South Africa of how powerful collaboration is. You also mobilised two of your suppliers to contribute pro-bono time and discounted consumables to the project. We want to acknowledge Synaxon for their outstanding contribution in terms of data management and reporting and Patient Focus for providing wellness screening test strips at cost.

- **SANCO** for assisting with mobilising community members and micro-enterprise owners to take up health screening

- **Local municipalities, health officials, shopping malls, schools, churches and all community entities** that supported SABCOHA and EOH in providing testing sites and training venues in the various communities

- **Participants** for their courage and bravery in coming forward to be tested and treated. You are an example to all

INDIVIDUAL ACKNOWLEDGEMENTS

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**Dr Vanessa Govender**, Chair of the Board, South African Business Coalition on Health and AIDS (SABCOHA)
**Susan Preller**, Chief Operating Office of South African Business Coalition on Health and AIDS (SABCOHA)
**Dorothy Phahla**, Programmes Manager, South African Business Coalition on Health and AIDS (SABCOHA)
**Isobel Townsend**, Financial Director, EOH Corporate (EOH)
**Anton Le Roux**, Executive Head, EOH Workplace Health and Wellness (EOH)
**Carl Manser**, Executive - Business Growth and Sustainable Collaboration, EOH Workplace Health and Wellness (EOH)
**Dr Adriaan Combrinck**, Executive Strategy and New Ventures, EOH Workplace Health and Wellness (EOH)
**Chris Valstar**, Project Manager, EOH Workplace Health and Wellness (EOH)
**Japie de Jongh**, Data capturing and reporting, Synaxon
**Jacques du Toit**, Profit discount on Consumables, Patient Focus

**Medical review: By Dr Mathys J Kruger**, Executive Clinical Risk Management MSO

**Vukani Khosa**, District Manager, Mpumalanga Department of Health (MPDOH)
**Gilbert Motlhaping**, Entrepreneur and Graduate from SABCOHA’s BizAIDS programme

‘Though no one can go back and make a brand new start, anyone can start from now and make a brand new ending.’

- Carl Bard
Asher Bohbot, CEO, EOH

‘EOH, represented by its Health and Wellness Unit has been privileged to be part of what the Minister of Health, Dr P Aaron Motsoaledi describes as ‘the most ambitious health screening project in South Africa.’

Since 2010, the collaboration between The South African Business Coalition on Health and AIDS (SABCOHA) and EOH has meant the merging of skills, capital investment, creativity, manpower and one common goal. This is the only way to make a meaningful contribution to the enormous HIV/AIDS and TB challenge in this country. To quote Charles Darwin, ‘In the long history of humankind those who learned to collaborate and improvise most effectively have prevailed.’

The essence of successful partnerships was pivotal to the success of Phase I, during which the target was medically uninsured people in the workplace and community. In Phase II, Phase III and IV, the spotlight was on micro-enterprises in disadvantaged communities.

Apart from reaching people who don’t have easy access to screening, what makes this project unique is the fact that it includes screening for lifestyle diseases. NCDs are increasing at an alarming rate in our country and the addition of tests for blood pressure, cholesterol and sugar levels, that can identify those at risk for heart disease and diabetes, is key.

I think it is important that we put emphasis, not just on monetary involvement, but also in terms of teaching or adding valuable skills. Of course it is a corporate’s prerogative to just make a donation that will go a long way to facilitating the process. However, for EOH, it is not about a cheque handover and a photograph in the annual report. We’re in it for the long haul. We wanted to demonstrate this wellness testing model and prove it works if you get the right collaborators and partners involved. The model is set now.

As Dr Motsoaledi says, ‘The blueprint should be used across South Africa’. It was tested in Phase I and re-tested in Phase II and III. Those tested benefitted from a watertight governance delivery model, which demonstrates to potential donors and corporate funders that funds allocated to development projects can be utilised as prescribed. There is now a model for businesses that simply need to step on to the travelator and be carried with the programme. The only variable in this blueprint is getting the right partners.

We are proud that we are playing a role in initiating a sustainable project that can be rolled out into areas where it is needed most.

‘How wonderful that nobody needs to wait a single moment before starting to improve the world.’

- Anne Frank
Acronyms

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<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
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<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
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<td>CBOs</td>
<td>Community-Based Organisations</td>
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<td>CSI</td>
<td>Corporate Social Investment</td>
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<td>DoH</td>
<td>Department of Health</td>
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<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>Non-Governmental Organisation</td>
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<td>National Strategic Plan</td>
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<td>Return on Investment</td>
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<td>STIs</td>
<td>Sexually transmitted infections</td>
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<td>TB</td>
<td>Tuberculosis</td>
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<td>WHO</td>
<td>World Health Organisation</td>
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‘Do your little bit of good where you are; it’s the little bits of good put together that overwhelm the world.’

- Emeritus Archbishop Desmond Tutu