

**THE SOUTH AFRICAN BUSINESS COALITION ON  
HEALTH AND AIDS**

**‘Healthy Workplaces Shaping Healthy Communities’**

**STRATEGY IN RESPECT OF THE  
ESTABLISHMENT OF A  
PRIVATE SECTOR CO-ORDINATING BODY  
FOR WORKPLACE HEALTH IN SOUTH AFRICA**

**VISION:**

**Healthy workplaces, shaping healthy communities.**

**MISSION:**

**To be simultaneously acknowledged and empowered by business to respond effectively and proactively to workplace and community wellness challenges.**

**STRATEGIC OBJECTIVES:**

**Effective monitoring, evaluation, reporting and research of wellness;**

**Development of a body of knowledge of national and international best practice on workplace wellness broadly, but retaining a focus upon HIV and TB;**

**Shaping of policy, standards, target setting, and compliance;**

**Prioritized unlocking of resources for the organization and the private sector leading to the development of lasting competencies and addressing capacity gaps where they exist;**

**The effective co-ordination and strengthening of relationships amongst all relevant stakeholders leading to broad consensus, the development of trust, and closer collaboration.**

## SUMMARY OF RECOMMENDATIONS

1. The SABCOHA Board consider the broadening of SABCOHA's strategic mandate, the renaming of the organization to be called **The South African Business Coalition on Health and Aids** - to advocate on behalf of, empower and capacitate and conduct monitoring, evaluation and research, for the private sector in respect of workplace health in South Africa
2. That the revised strategy aims to achieve three long term outcomes, namely:
  - a. The effective prevention of diseases, and reduction of poor health in South Africa, especially within the workplace;
  - b. The improvement of access to healthcare in South Africa;
  - c. The generation of mutually beneficial relationships between Government and Business based on respect and trust.
3. That the revised strategy have two areas of focus, namely:
  - a. Horizontal interventions, and;
  - b. Vertical interventions.
4. It is recommended that SABCOHA evolves from its present strategy to become:
  - a. A leading, co-ordinating, facilitating and advocating body;
  - b. A supporting body;
  - c. It provides technical assistance and capacity to the private sector with respect to workplace health in South Africa;
  - d. It conducts monitoring and evaluation, and co-ordinates research for the private sector, in respect of health.
5. It is recommended that funding for a broadened mandate be funded through diverse sources of funding, between donors and the private sector over the short and medium term, but ultimately be fully supported by the private sector.

## **BACKGROUND**

This strategy is written subsequent to extensive engagement with the private sector regarding the need for an organization to address the wellness needs of business in South Africa. To this end, and with the mandate of the Board of Governors of the South African Business Coalition on HIV and Aids (SABCOHA), a consultation process was embarked upon. Beginning in March 2012, consultations commenced with SABCOHA members, national and provincial Governors, and leaders from other business representative fora such as Business Unity South Africa, Business Leadership South Africa, the Chamber of Mines, Bankmed, and the Black Business Caucus.

This strategy has been developed subsequent to engagements with donors, and representatives of the private sector, to seek out ways in which the donor community and business could work more closely together. Finally, on the 17<sup>th</sup> and 18<sup>th</sup> of July 2012, a workshop was held amongst key SABCOHA stakeholders, from which much of the information contained in this strategy emerged.

This strategy has also been crafted following the identification of the fact that the local, national and international socio-economic and political environment had shifted considerably. This includes the fact that the world economy is in a fragile condition, with limited abilities by first world countries to continue supporting, financially and otherwise, South Africa's HIV and broader health responses. Recognition is required for greater ownership of the cost of South Africa's responses, especially by the private sector. Unlike Government and civil society, business is a for-profit sector and therefore it should assume full responsibility when funding the structures mandated to co-ordinate private sector responses. Whilst this may not be an immediate possibility, the need to re-balance the proportion of funding received by donors, in proportion to contributions made by the private sector for health and HIV is needed.

Emerging from the consultation process, it is clearly apparent that whilst HIV remains a high priority, the business sector has mainstreamed other communicable and non-communicable diseases into broader wellness responses. This includes interventions amongst permanent full-time and part-time workers, and the surrounding communities. Therefore, in order to ensure that the needs of the private sector are addressed, and to maintain SABCOHA's relevance, the redefinition of SABCOHA's scope and mandate is required. However, while retaining SABCOHA's focus upon HIV, concomitant infectious diseases such as TB, and STI's will receive an immediate emphasis as part of the broadening of our scope.

This document sets out, what the vision, and strategic objectives are for **The South African Business Coalition on Health and Aids.**

## INTRODUCTION

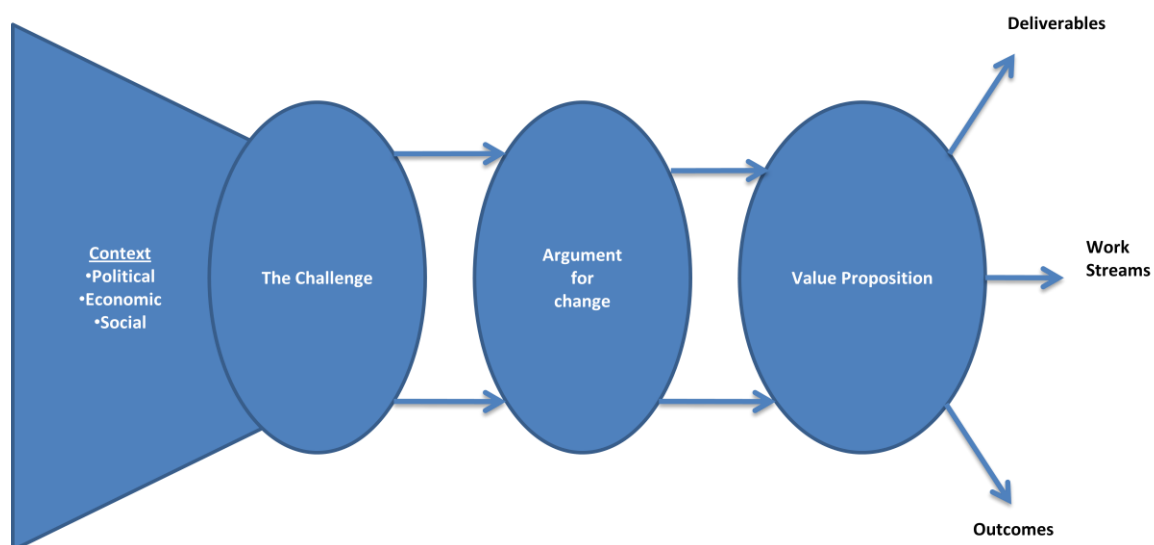
The strategy has been crafted to set out the steps required in establishing a not-for-profit organization, located within the business sector to advocate on behalf of, monitor and co-ordinate research in the private sector, with respect to workplace health. The strategy will argue that there is a need for a more co-ordinated approach when articulating the issues affecting the private sector with respect to workplace healthcare. In recognising that health and healthcare will be elevated to a high priority level within the political landscape in South Africa, there is now an urgent need to ensure that the business sector plays a deeper and more meaningful part of the dialogue, and contributes toward the achievement of a vision benefitting all South Africans.

In describing the context, the strategy will set out the following:

1. The current state of an overarching business response to health and HIV in South Africa, setting out the challenges facing the business sector.
2. Next, the strategy will set out the argument for change, and;
3. Finally, the document will set out the value proposition of a new organization.

Later in the strategy an argument will be set out submitting that SABCOHA is probably the most suitable organization to give birth to meet the challenges facing the private sector. For the purposes of this paper, and ease of discussion, the organization will be provisionally called the **South African Business Coalition on Health and Aids**.

Illustrated below is the high level approach made in directing the process of engagement and dialogue, with the purpose of achieving an outcome of high value, with concrete propositions and achievable outcomes.



## **THE CONTEXT**

### **An Overview of the State of Public and Private Health Care**

The greatest challenge presently confronting South Africans is the achievement of economic emancipation. One of the keys to unlocking the potential growth of our economy, creating employment, and achieving a globally competitive nation, is to overcome our health challenges. Indeed in order to achieve economic liberation for the majority of our population, an equitable healthcare system must be created. However, the achievement of an equitable healthcare system has been bedevilled by the fact that South Africa carries one of the highest burdens of HIV and TB, and other chronic communicable and non-communicable diseases.

The existence of two healthcare systems is widely acknowledged in South Africa, namely the public and private healthcare sectors. The public sector is hallmarked by over-burdened facilities, poor management and corruption, aging infrastructure and equipment, and weak systems. Relative to what the Government spends, South Africa has poor health outcomes. An impending National Health Insurance System is being positioned to address many of these problems. Some experts predict that if drastic changes are not affected, South Africa faces a possible health crisis.

Conversely the private healthcare system is resourced and well funded, achieves relatively good health outcomes, but has become too expensive for many to afford. The private healthcare sector only serves a minority of the population, whereas the public healthcare system serves over 80% of the people living in South Africa. These challenges cannot be ignored, nor overcome through a healthcare system, where capacity and infrastructure are woefully incapable of meeting the demands in the public.

### **The State of Relationships between the Private and Public Healthcare Sectors**

The disparity in resources has, and will continue to strain relationships between Government and the private sector. On the one side Government is mistrustful of private sector healthcare interest groups, with criticisms of excessive margins, poor service delivery, and profiteering off the ill-health of South Africans who cannot afford basic packages of healthcare.

On the other hand business representative groups representing narrower healthcare interests have been bit-players in a broader policy debate on healthcare. Whilst these groups may be best placed to articulate specific conversations surrounding healthcare, they are not necessarily best placed when developing a strategic framework for the entire private sector. The private healthcare industry is fragmented and lacks credibility with Government. Conflict between the private healthcare industry and Government, has now been translated into a battle between Government and Business as a whole. What has exacerbated this tension has been the significant shift in health policy by Government in 2009.



## **A Shift in Leadership and Policy**

It is widely acknowledged that the healthcare environment in South Africa has evolved very quickly since 2009. Government policy, and the ANC's Ten Point Plan have provided a clear framework of what the short, medium and long term priorities of South Africa are in revitalising the healthcare system, and achieving improved health outcomes for the country. With the distinct shift in leadership in South Africa, the changes in health have rapidly cascaded through several levels within Government, including but not limited to:

- Policy and Governance;
- Resourcing, including financing and funding, and;
- Capacity development, including systems, infrastructure and human resources.

The fast pace of evolution within the healthcare sector will continue for the foreseeable future, and changes will occur whether the private sector engages positively in the process or not. Whatever the views of the change may be, few can argue with the fact that the change will be profound, irrevocably altering the health environment in South Africa. The question that needs to be posed, is whether the private sector will play a meaningful role in determining the future of healthcare in South Africa.

## **THE BUSINESS CHALLENGE**

### **What Does this Document Argue?**

If equitable healthcare is to be attained, then this would surely be the most significant achievement in South Africa's democracy since liberation. Given the significance of revised national Government policy, a commensurate reply from the private sector is needed. Therefore the writers of this strategy argue that there is indeed a need for the private sector to play a powerful role in the determination and implementation of health policy in South Africa. The fact that health equity may never truly be achieved, lends strength to the argument that there will need to be an indefinite and perpetual involvement by the private sector in ensuring the balance of interests between the social partners.

We argue that it is in the interests of business to play a significant role in the shaping of health policy. This is not only because business will simultaneously be subject to, and ultimately a beneficiary of enabling health policy, but also because successful health outcomes make sound economic sense. In addition to this, the private healthcare sector, out of self-interest, as well as because of the interests of the nation, would want to see the development of sound and robust policy.

One of the failures of South Africa has been our inability to translate sound and robust, well intended policy into meaningful change. Indeed the reality within which all South Africans presently find themselves is that notwithstanding comprehensive policy frameworks, we have an alarming decline in service delivery, mal-administration and corruption. This is

clearly apparent with recent problems emerging from the Eastern Cape education crisis, and crises in the provincial departments of health in Gauteng, Free State, and Limpopo.

These prevailing conditions cannot allow for meaningful relationships not to develop between the public and private sectors. It has become near impossible for Government to successfully implement policy, strengthen systems, develop institutions, improve the quality of delivery, and be accountable. Simultaneously, business does not have a coherent voice, or the ability to influence positive change for the interests of all South Africans.

Therefore, the challenge facing the business sector, is how do we positively influence the status quo, by using the right voices, and conducting relevant conversations that go towards developing lasting relationships hallmarked by manifest trust and maturity.

## **THE ARGUMENT FOR CHANGE**

### **The Need for a Private Sector Workplace Health Co-ordinating Structure**

The World Health Organizations' definition of health, as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity", presents numerous connections to the world of work and employment. Therefore, the private sector has a meaningful role in contributing to the achievement of health as defined by the WHO. Further, health is a key focus area in terms of the Millennium Development Goals, and the private sector is a key player in achieving the MDG goals. More recently, the King Three Report has raised the bar in terms of corporate governance and sustainability.

Business in South Africa needs to establish a clear, credible voice on health matters, not only in the interests of the private sector itself, but to materially influence the health ministry in the development of long-term policy. Although there are national representative business bodies, such as BUSA, BLSA and SACCI, it is argued that these structures possess neither the technical capacity nor the resources to competently carry out this function. Moreover, the current shift in focus from national health priorities, to provincial and local engagement, would require a business structure which not only has a functional national office, but also possesses structures within each of our provinces. As a result of the weaknesses within current business representative fora, the business sector remains poorly informed about the unfolding health policy process led by Government. There is a risk of one-sided policies being implemented, and the business sector being unprepared for their impact.

In light of the gaps identified above, we argue that there is a need for a private sector healthcare co-ordinating structure. Further it is argued that from the present SABCOHA strategic focus a broader mandate be conferred, in assuming the role of addressing the gaps mentioned above.

## **PRINCIPLES**

### **How Should the Revised Vision and Strategy Be Positioned?**

In re-positioning the organization's vision and strategy, SABCOHA must extend upon and add to what current structures in the private sector provide. Whilst there are existing bodies such as the BHF and HASA, they represent segments within the private healthcare sector, and the interests of their members. An overarching body is required (which organizations such as BHF and HASA can choose to work with or not), which will articulate the needs and interests of business broadly.

The future success of SABCOHA should be based upon some key principles which include but are not limited to:

- The re-focused strategy be based upon the obtaining of a broad mandate from the private sector, and clear endorsement from other social partners including Government.
- SABCOHA should not replace any current business structures which represent segments of the private sector, including those bodies working on behalf of elements of the private healthcare sector.
- Whilst it will be argued later that SABCOHA may speak on its own behalf in respect of healthcare, that its main objective will be to augment the cogency with which present national and regional business organizations already speak with respect to health.
- That a developmental model be adopted, in that key competencies already developed, either under the auspices of SABCOHA, or received from elsewhere be used to initially define what the organization can speak upon. Through the passage of time it is recommended that SABCOHA build institutional capacity to progressively speak upon a broader ambit of health issues. This includes the use of the outcomes of research co-ordinated by SABCOHA itself.
- A key element to the success of the organization is to ensure that SABCOHA is soundly and transparently governed, and has as part of its governance structures respected leaders from the business sector. It is submitted that SABCOHA leadership be both sectorally and geographically representative, and be representative of the fullest possible range of business interests in South Africa.

## **RELATIONSHIPS WITH GOVERNMENT**

### **How Should the Relationship with Government be Defined?**

- Acceptance by Government is pivotal to the future success of the organization. However, the perception of a body simply being an over-politicized talking head must be guarded against. Rather a body accepted by leaders primarily in the private sector, and then within Government, as being strongly independent but focussed upon securing the interests of the private sector is key.
- Given the multiple layers at which dialogue on health between Government and business could take place, the objective of the organization should be to strengthen relationships with Government at all levels – local, district or regional, provincial and national.
- In-turn, businesses at all levels need to be fully empowered, through the timeous receipt of relevant information pertinent to that constituency. This will be especially important in ensuring that negotiations between business and Government in respect of workplace health policy are balanced by parties being fully mandated by their respective constituencies, and informed by the latest research in defining their respective policy positions.
- This means that structures at all levels need to be present and functional, in order for the organization to function competently.

## THE VALUE PROPOSITION

### What Would the Purpose of the South African Business Coalition on Health and Aids (SABCOHA) Be?

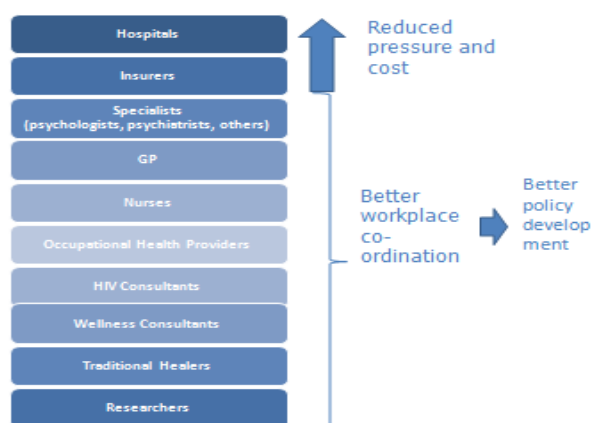
In providing a response to the gaps identified, SABCOHA would be a structure established to support the interests of the private sector.

The purpose of SABCOHA will be to simultaneously advocate on behalf of, co-ordinate, empower and capacitate, and conduct monitoring, evaluation and research for the private sector in respect of workplace health in South Africa. Secondly, SABCOHA would facilitate the strengthening of relationships with Government and other social partners.

Through better co-ordination amongst key populations of practitioners operating within the workplace health space, better policies can be formulated, leading to reduced cost burdens placed upon hospitals and insurers. However, policies can only be strengthened and trusting relationships formed, if based upon agreed facts. Key to the achievement of these objectives would then be sound research.



Two current examples of where research could better inform the current dialogue on health are arguments relating to excessive pricing of healthcare in South Africa, and the sustainability of National Health Insurance. Both these debates have an impact on the workplace, implicating both employers and employees. Through the appropriate structures, and by conducting research, SABCOHA could make meaningful contributions to more effective measurement of costs and cost drivers, and the development of robust policies, leading to more sustainable businesses.



## **THE NEW VISION OF SABCOHA**

### **What is a Vision?**

A vision is the destination an entity wants to reach BEYOND itself. A vision must define a destination that people are passionate to achieve. A vision must not only inform, it must inspire. With this in mind, in one sentence, it is the ultimate destination that SABCOHA strives to achieve.

### **The Following Vision has been Agreed:**

**“Healthy workplaces shaping healthy communities”**

It is widely accepted that the next frontier through which South Africa must progress are the challenges posed in accessing equitable healthcare. The uneven quality of, and access to public and private healthcare needs to be addressed. In addition to the private healthcare industry, and health insurers making critical contributions in addressing these imbalances, the private sector broadly has a constructive role to play. One such opportunity is for employers to simultaneously contribute to, and then benefit from the outcomes of improved workplace health.

With the acknowledgement that without healthy people living in our communities it is impossible to have productive workers, there is also the understanding that the workplace is a key entry point for reaching people, and addressing their healthcare needs more effectively. Not only does the workplace present an ideal opportunity for employers to influence the behaviour of workers towards health seeking behaviour, but the values and cultures which underpin health seeking behaviour can be reinforced. The values underpinning a positive work ethic, are also those that support a culture of health seeking behaviour. To inculcate positive, health-seeking values into employees, must surely result in a commensurate response, whereby employees work more productively, relationships are strengthened, and trust is improved.

With over fourteen million people working in the formal sector, both public and private, the onus placed upon employers to provide safe, healthy work environments, free of disease and the risk of infection is considerable. Simultaneous to this, employers have a significant opportunity to prevent lifestyle diseases such as heart disease, obesity and smoking. Therefore the vision supposes a focus upon both infectious, and non-infectious lifestyle diseases.

Prevention, and or early treatment of both infectious and non-infectious diseases presents significant cost benefits for employers, including the costs avoided with respect to absenteeism, medication, hospitalization and rehabilitation. Prevention, amongst both employees, their spouses and children, as well as within the broader community not only reduces the burden upon the healthcare system, but presents opportunities for employers

to avoid both the direct and indirect costs associated with poor health, and enjoy the benefits of improved productivity from healthy workers. Therefore the vision supposes a focus upon prevention and treatment.

Just as the original vision of SABCOHA encompassed a focus upon the broader community, so too does this vision. The nexus between community and workplace cannot be ignored. Indeed, the workplace may be a community in its own right, if not an extension of the broader community into an employers' premises. It is key for employers, and their representatives to accept that workplaces are a natural part of a broader social system of relationships and accountabilities. To accept this, means that not only must an employer see their existence as part of a wider context, but that there is a bi-lateral cause and effect relationship between the workplace, no matter how loosely defined, and the wider community. Therefore the vision states a focus on workplace and the community.

The choice of the verb 'shaping' implies that there is positive, deliberate action on behalf of all who operate in a workplace in influencing community health. In moving from placing the onus squarely on the shoulders of Government to be the provider of community healthcare, a more equitable balance by extending public healthcare into the workplace, and therefore ownership by employers, is required. If one is to accept that health in South Africa is the responsibility of all those that live in our country, then not only does that imply a burden upon all citizens to actively assume that responsibility, but it also implies that all have the opportunity in defining exactly what that assumption means. Thus not only do employers have to accept this responsibility, but they have an opportunity in defining exactly what that responsibility means and how to benefit from it. This should surely be a task co-ordinated by SABCOHA.

## **THE MISSION OF SABCOHA**

### **The mission of the organization is:**

“To be simultaneously acknowledged and empowered by business to respond effectively and proactively to workplace and community wellness challenges.”

Key to the achievement of its’ mission, is the critical connection between acknowledgement and empowerment. Without being truly empowered, in every sense of the word, the organization will never be truly acknowledged. Indeed, if the organization is to be effective and proactive, then the need to be empowered is a prerequisite. Further, if the organization is to achieve its mission, then broad acknowledgement from the private sector will be required.

A key element ensuring that the organization achieves its mission is to have a strong communications element, in order to be the voice of business on workplace wellness. However, the organization should not take on the mantle of representing business, as this can be left to other representative structures, who are mandated to take on a representative function more effectively.

### **What would the Re-defined Scope of SABCOHA be?**

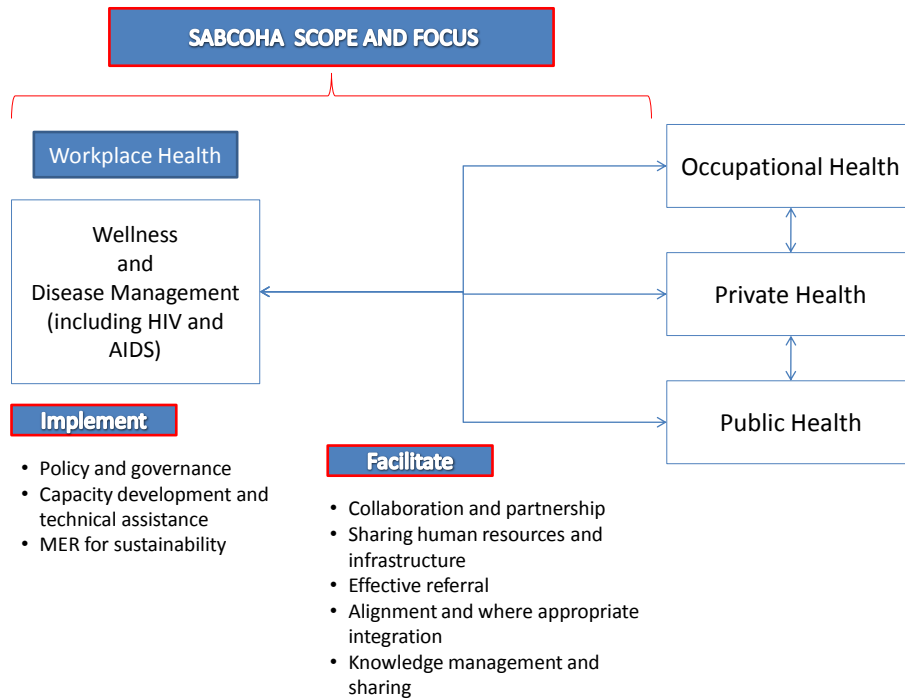
As important in understanding of how wide the scope of SABCOHA should be is to be clear about what the organization does not do. There are three categories of health which SABCOHA will not become involved in, namely:

1. Occupational healthcare
2. Private healthcare, and
3. Public healthcare.

However, the strategy is cognizant of the fact that improved workplace management of health, has a direct impact on these three facets of health. By improving workplace health management, pressure can be alleviated upon these three aspects of healthcare in South Africa.

Further, SABCOHA should not provide direct services, nor direct treatment of diseases outside of those contemplated in the National Strategic Plan on HIV 2012 - 2016. Nor should SABCOHA lead or front the negotiations regarding policy or legislation on behalf of business. A theme that has continuously emerged during the consultation process, is that SABCOHA should not lose its focus upon HIV and Aids.





## Alignment

The scope of SABCOHA would be to, through sound research, advocate for alignment with policy, either developed by the private sector through SABCOHA, or seek alignment between private sector standards with that of national public policy.

## Facilitate

Secondly, SABCOHA would facilitate the strengthening of partnerships, through effective referrals, sharing of human and other capacity, as well as knowledge.

## Progressive Assumption of Health Challenges

Within the context of wellness, the scope of SABCOHA should be progressively expanded to include TB immediately, and possibly malaria, and then other infectious and non-infectious diseases over the medium to long term.

## **STRATEGIC OBJECTIVES**

### **What are Strategic Objectives?**

Strategic objectives are the goals an organisation sets for itself relating to its CORE business that will help it get closer to achieving its vision.

### **The Strategic Objectives of the Organization are as Follows:**

- Effective monitoring, evaluation, reporting and research of wellness
- Developing a body of knowledge of national and international best practice on workplace wellness broadly, but retaining a focus upon HIV & TB
- Shaping of policy, standards, target setting and compliance
- Prioritised unlocking of resources for the organisation and the private sector leading to the development of lasting competencies and addressing capacity gaps where they exist
- The effective co-ordination and strengthening of relationships amongst all relevant stakeholders leading to broad consensus, the development of trust, and closer collaboration.

## THE HIGH LEVEL OUTCOMES

In moving towards the vision and mission of SABCOHA, and focussing upon its' strategic objectives, SABCOHA aims to improve outcomes in three broad areas, namely:

- More effective prevention of both infectious and non-infectious diseases;
- The improvement of access to healthcare of a reasonable, consistent standard for all South Africans;
- The generation of lasting mutually beneficial relationships between business, government and other social partners, based on respect and trust.

### 1. Prevention

SABCOHA should have as one of its key objectives effective advocacy regarding prevention of both infectious and non-infectious diseases. South Africa carries a number of epidemics including but not limited to HIV, TB, STI's, diabetes, high blood pressure, and hypertension. Many of these diseases are driven by lifestyle conditions and behaviours such as poor diet, smoking and alcohol abuse, inactivity and high stress levels. HIV is primarily driven through risky sexual practices, and multiple concurrent partners. The spread of HIV, and development of Aids defining conditions is exacerbated by the failure to prevent STI's and TB.

Within the context of a broad workplace wellness response, SABCOHA would seek to effectively advocate for healthy lifestyles, and the reduction of risk. A factor in determining the success of advocacy would be for SABCOHA to clearly link the impact of successful prevention interventions with the financial performance of companies, or the impact upon the private sector broadly.

Simply put, if SABCOHA can effectively contribute to the prevention of diseases this equates to reduced burden on the healthcare systems – both public and private. Secondly prevention results in less time away from work, and reduces costs either for the employer or the employee and medical insurance.

As SABCOHA matures as an organization so a broader range of workplace healthcare issues can be advocated upon, both within the private sector, as well as influencing broader healthcare policy.

## **2. Improvement of Access to a Standard Level of Health**

In addressing the manifestations of ill-health SABCOHA needs to advocate for improved access and standards of care. Through dialogue with Government, and elements of its own constituency, SABCOHA should develop minimum standards and best practices. This will involve working towards improved and consistent access to a standard package of care in both the private and public sectors. Underpinning this however, SABCOHA will also work with Government in the strengthening of systems through the sharing of best practice.

## **3. The Development of Partnerships**

In order to achieve successful outcomes in terms of bullets one and two above, all appropriate resources need to be leveraged. Indeed it is widely acknowledged that many of the blockages in the healthcare system are not directly linked to the delivery of healthcare itself, but rather due to a paucity of skills such as financial management, procurement, human resource management and the development of management systems. The development of PPP's should be encouraged at all levels within the healthcare systems – from workplace, to community, to national initiatives.

Given the dire need for healthcare improvements in the public sector, and perhaps after relationships have begun to improve, the development public/private partnerships must surely be a key objective of SABCOHA.

## **DELIVERABLES AND WORKSTREAMS**

### **What are the Deliverables and Work Streams?**

There are two broad categories of interventions in which SABCOHA should be involved, namely:

1. Horizontal interventions dealing with systems strengthening and addressing overarching issues effecting the performance of the healthcare system.
2. Vertical programmes addressing specific diseases and epidemics, either directly or indirectly linked to the workplace.

## **What Should SABCOHA Do? Horizontal Interventions**

### **A Leading, Co-ordinating Body**

Taking the arguments above into consideration, it is submitted that a national structure be established to articulate the position of business, when dealing with health matters, and the impact that they have on the business sector. The body would effectively articulate the position of business regarding health policy and legislation. Further the body would lobby Government for the greater consideration of business concerns regarding policy and delivery. A key area where health policy will fundamentally transform the health sector is of course the implementation of National Health Insurance, and this could be an area of immediate and on-going involvement by the organization.

One of the compelling arguments for SABCOHA not evolving into a different organization is the relationships that it has built both between itself and Government, and as importantly within the business sector – at both national and provincial levels. SABCOHA is the current organization which, through BUSA, has represented the private sector on the South African National Aids Council (SANAC).

More over SABCOHA has been the conduit through which support has been given to SANAC to improve its functionality. Through SANAC, SABCOHA has managed to expand relationships beyond Government, to now include key elements of civil society. An example of this has been the partnership between SABCOHA, and the national Religious Association for Social Development.

Similarly, between 2009 and 2011, SABCOHA established seven provincial structures, to co-ordinate the business sectors response to HIV, and to be a conduit through which support could be provided to the Provincial Councils on Aids, as well as to Provincial Government. Not only are these structures a testament to the ability of SABCOHA to deliver, but there are now pre-existing provincial structures through which business can work with Government and civil society.

Based upon its relationship with high level business representative organizations such as Business Unity South Africa, and Business Leadership South Africa, as well as an established position within SANAC, SABCOHA is ideally positioned to evolve its offering to become a broader private healthcare organization both nationally and provincially.

## **A Supporting Body**

Whilst it is argued that the body should take on an effective lobbying function on behalf of the private sector, we also recognise that many of the blockages preventing the achievement of an effective healthcare can be removed through support provided by business to Government. Therefore this body could be a conduit for the development of public/private partnerships. Indeed should SABCOHA be successful in terms of its advocating and lobbying function, so the number of public/private partnerships should increase. PPPS' should then become an indicator by which SABCOHA's success is measured.

As is argued later in this document, significant opportunities exist for the private sector to catalyse further PPP's, in partnership with Government, and extending into communities. However the ability of business to enter into public/private partnerships with government will be based upon the ability to strengthen relationships with individual government leaders and politicians, as well as well as through greater institutional collaboration.

## **What Should SABCOHA Do? Vertical Interventions**

### **A Capacity Building and Technical Assistance Body**

The inclusion of the ability of SABCOHA to capacitate poorly resourced elements of the private sector is key. The unlocking of capacity to address blockages occurring in the horizontal interventions, as well as the need to address capacity gaps in distressed sectors such as agriculture, textile and clothing and security is key. Further there is a urgent need to provide capacity for the vertical interventions identified in this document.

The areas where the body could provide effective capacity to the business sector includes, but is not limited to:

1. High cost diseases, leading to heavy burdens on the population, state and employers, such as:
  - Non communicable chronic diseases including hypertension, diabetes, and heart disease, and;
  - Communicable diseases such as HIV and TB and STI's.
2. Lifestyle conditions and behaviours which can be avoided, such as:
  - Obesity, alcohol abuse, drug abuse and smoking, leading to lung cancer.

3. Research on the impact of poor health on the business sector, and upon the country broadly such as:
  - The causes and cost impact of absenteeism

Research would then, in-turn inform the business position in respect of policy.

4. Later this body could also make the private sector appreciate the impacts of long term and indirect health challenges confronting business in South Africa such as:
  - Infant and maternal mortality;
  - The maturation of the HIV epidemic and the unintended consequences of a large ARV treatment programme.

SABCOHA, since its inception has grown its ability in providing capacity to the private sector in respect of HIV, TB and STI's. This includes the delivery of the BizAids Programme to over 30 000 micro-enterprises, and the implementation of workplace programmes to over 400 medium sized companies. Further SABCOHA has co-ordinated support programmes into the transport and motor manufacturing industries. SABCOHA has also developed the capacity to reach out to over 2000 HIV peer educators, a cadre of committed advocates, who's mandate could be expanded to include broader wellness. Finally in the form of a public/private partnership, SABCOHA has distributed over 6 million condoms, in partnership with the contract cleaning industry and the Department of Health.

SABCOHA has a well established communications facility, technical assistance tools, and capacity to address the needs of the private sector in terms of HIV, TB and STI's. What will be required is the development of a strategy to transform current technical support capacity into broader wellness. One abiding message expressed during the process of interviewing previous Governors, and Business leaders, was the fact that the focus upon HIV should not be reduced. Rather the same level of focus placed upon the response to HIV needs to be expanded, and placed upon other communicable and non-communicable diseases.

### **What Should SABCOHA Do? Research Co-ordination, Monitoring and Evaluation**

Based upon the philosophy that what gets measured, gets managed, and that research drives action and accountability, the inclusion of a research co-ordination and monitoring function within the ambit of what SABCOHA does is key.

### **Research**

It is proposed that SABCOHA does not come a research body, but rather, guided by the priorities identified by the private sector, co-ordinate research. Research is key in driving the development of sound policy, which will be utilised by the Leading, Co-ordinating, and Advocating element of SABCOHA. The conclusion of effective partnerships with research

institutions will be an initial, but key element of initial success in this area. SABCOHA has developed lasting relationships with research institutions such as the Stellenbosch Bureau for Economic Research, Wits Business School, and UKZN's Health Economics Aids Research Division. It is therefore proposed SABCOHA scale up its research co-ordination ability, and expand it beyond HIV to healthcare.

### **Monitoring and Evaluation**

With the establishment of Bizwell in 2011, SABCOHA has gained significant experience in the discipline of monitoring and evaluation (M&E) – both in terms of internal M&E, as well as sectoral M&E. Significant investment has already taken place into the development of M&E systems, and SABCOHA possesses significant institutional memory regarding sectoral M&E. It is therefore recommended that strategies be developed for the development of a more comprehensive M&E facility for the private sector. This element of SABCOHA will also represent a significant opportunity for business to work more closely with government in determining gaps in our workplace responses, as well as the sharing of experience and best practice.

### **SUSTAINABILITY, FUNDING AND FINANCING SABCOHA**

If anything is to be learned from the funding of SABCOHA historically, is that there needs to be an equitable balance between donor funding, and the funds sourced from the private sector. In aiming to achieve an objective where all funding comes from the private sector, an over-reliance on donor funding must also be guarded against. It is therefore proposed that SABCOHA be resourced over two terms, namely the medium term, and long term.

#### **Medium Term**

In the medium term it is proposed that SABCOHA be equally funded by a donor, and the private sector. This will allow for a more sustainable funding model to be developed by SABCOHA to gradually wean itself of unhealthy levels of donor funding.

#### **Long Term**

Ultimately it is intended that SABCOHA should be fully funded by the private sector. Full private sector funding will be indicative of the seriousness with which business sector views SABCOHA, and it will also prevent the private sector from being affected by agenda's outside of its scope of interest.

#### **The Private Sector Funding Model**

It is proposed that SABCOHA move away from the present model of fixed membership fees, and rather require companies who wish to be members of SABCOHA to contribute a percentage of pre-tax profits. The way in which SABCOHA is funded could allow for companies to sponsor elements of the overhead. Further it is anticipated that income be



generated for SABCOHA through the charging of an overhead for research co-ordinated by SABCOHA, or income generated through the offering of capacity building programmes.

Ultimately the reader needs to understand, that the success of an organization such as SABCOHA is directly proportional to the levels of financial support it receives from the private sector. Low level of support – poor outcomes for SABCOHA. High levels of financial support – excellent outcomes for SABCOHA.

## **GOVERNANCE, OPERATIONAL STRUCTURE AND MANAGEMENT**

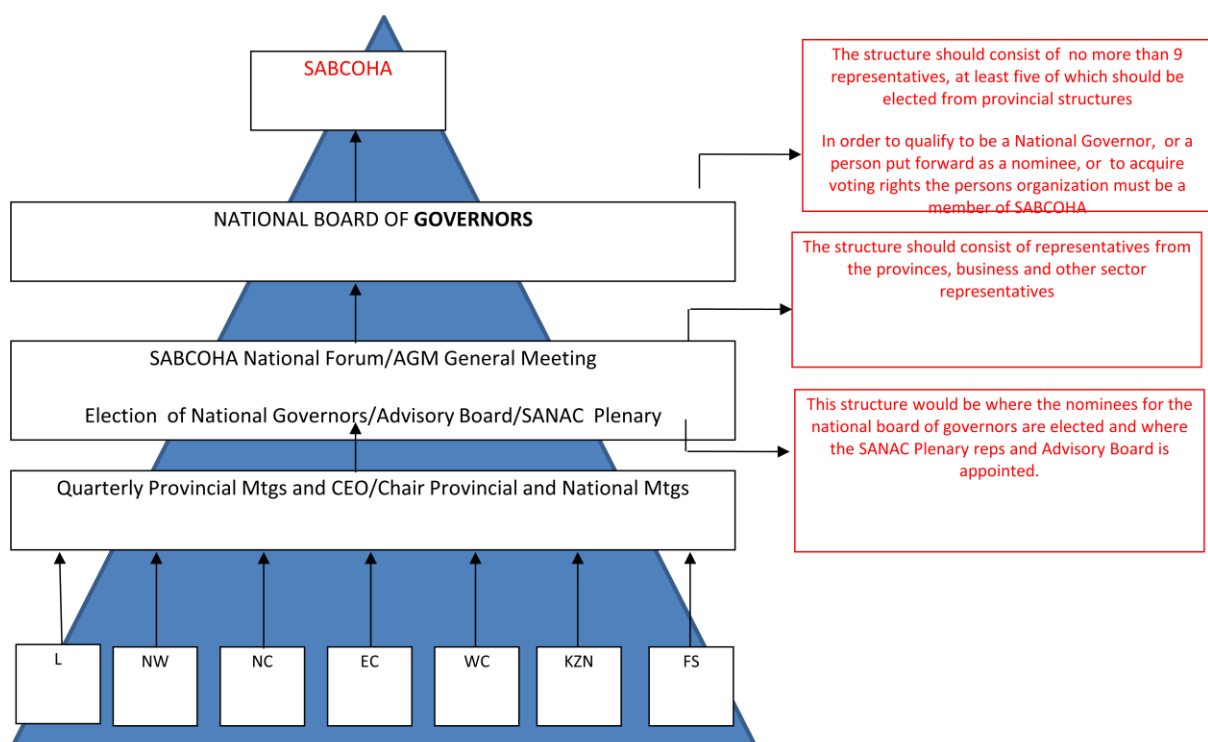
### **Principles**

Structure follows strategy. The following guiding principles should underpin governance and management:

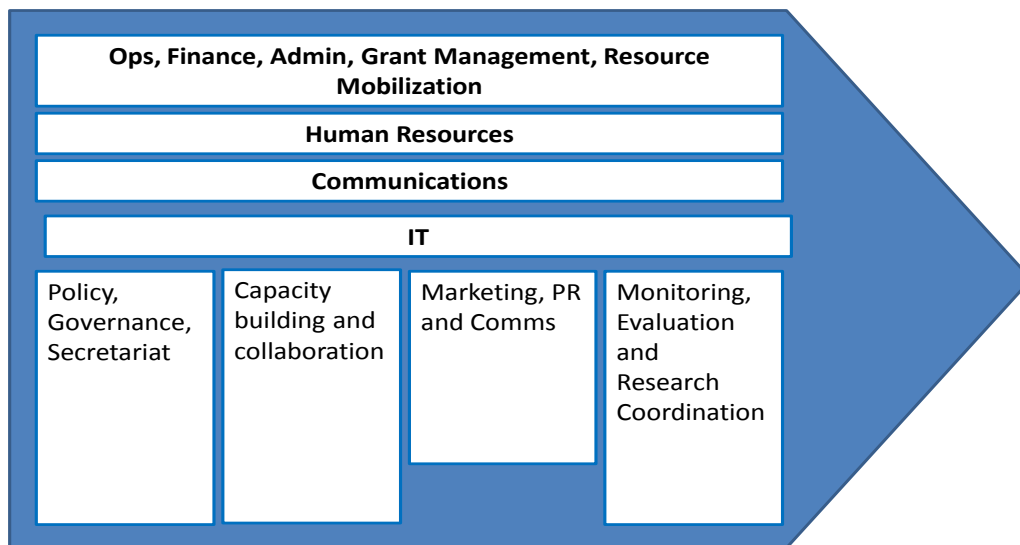
1. SABCOHA's national structure should be as thin as possible and have the necessary competencies to provide the following:
  - a. Clear and decisive strategic direction
  - b. Governance in compliance with the highest standards
  - c. Execution of fiduciary responsibilities by the members
  - d. An effective and competent Board
  - e. Cost considerations and time commitments (especially in relation to Board Members) must be considered when defining the structure
  - f. This structure assumes a fiduciary function, and are members in terms of the Companies Act.
  - g. It is this structure which is responsible for the leading of SABCOHA, the management of finances, and providing ultimate strategic direction.
  
2. A middle structure should link the National structure to the Provincial structures. The middle structure's role and responsibility would need to be further clarified, however, it must include the following:
  - a. Middle structure will act as an advisory function to BUSA and include high level representatives constituting the private sector members of the SANAC Plenary and the SABOHA advisory Board.
  - b. Middle structure (Secretariat) will set the business agenda on workplace health
  - c. Middle structure (Secretariat) must promote co-operation and coherence and mitigate against a silo mentality.
  - d. The middle structure is where the AGM is held, Governors are elected, the business agenda is agreed, and the Advisory Board appointed. The Advisory Board is also the structure representing business on SANAC.

3. SABCOHA's operational structure must be streamlined and not be too top heavy
  - a. Provinces are the levers of delivery but it must be agreed what level of fiduciary responsibility lies with them
    - i. People in the provinces must have an effective say in the development of the workplace health agenda
    - ii. Member representatives from the Provinces must be included on the Board
    - iii. Currently provincial board do not have any fiduciary powers in terms of the Companies Act. However Provincial Representatives can put themselves forward as nominees to be elected to the National Board.
    - iv. The function of the Provincial Structures is to oversee the implementation of Provincial Strategies, and represent Business at a provincial level.
    - v. In order for any person to vote for a nominee for the national board or stand as a nominee for the national board, their organization must be a member.
  - b. Provincial chairperson's role and responsibility must be clearly defined
  - c. Avoid duplication of roles at an operational level
    - i. Roles and responsibilities across the organisation must be clarified and signed off

### What Should the Governance Structure Look like?



## What Should the National Operational Structure of SABCOHA Look Like?



### What are the Transitional Arrangements?

Assuming that the SABCOHA Board of Governors supports a recommendation that SABCOHA evolve from its present state, then there are some transitional arrangements that need to be considered. For example, questions were asked a structure be developed, under which this entity becomes a subsidiary of SABCOHA, or does SABCOHA become a new entity entirely with a new name. A more practical option is to further develop the SABCOHA brand to include a health component for the following reasons:

#### Branding

SABCOHA has been in existence for ten years. To dilute this brand, and to replace it with a new one, may confuse stakeholders, and lead to misunderstanding about what the role of the new structure is, and how it impacts upon SABCOHA and its' brand. As safer option would be enhance the SABCOHA brand, and incorporate sub-brands such as BizAids, Bizwell, Project Promote and SAPEA underneath.

This is what the branding could potentially look like:



**'HEALTHY WORKPLACES SHAPING HEALTHY COMMUNITIES'**



## **Governance**

From a governance perspective, both nationally and provincially, Governors have been appointed, and inducted, in their capacity as SABCOHA Governors. By establishing a new structure, Governors will in effect have to be reappointed, re-inducted, and re-registered with CIPRO. Therefore there is no need to establish a new structure.

## **Financial**

1. From a financial perspective, SABCOHA has established a long track record with its donors, bankers, and other key suppliers of goods and services. At all costs SABCOHA should attempt to retain its credit history with suppliers, bankers and donors. Many of the supplier arrangements already in place, such as rental agreements/leases should remain in place.

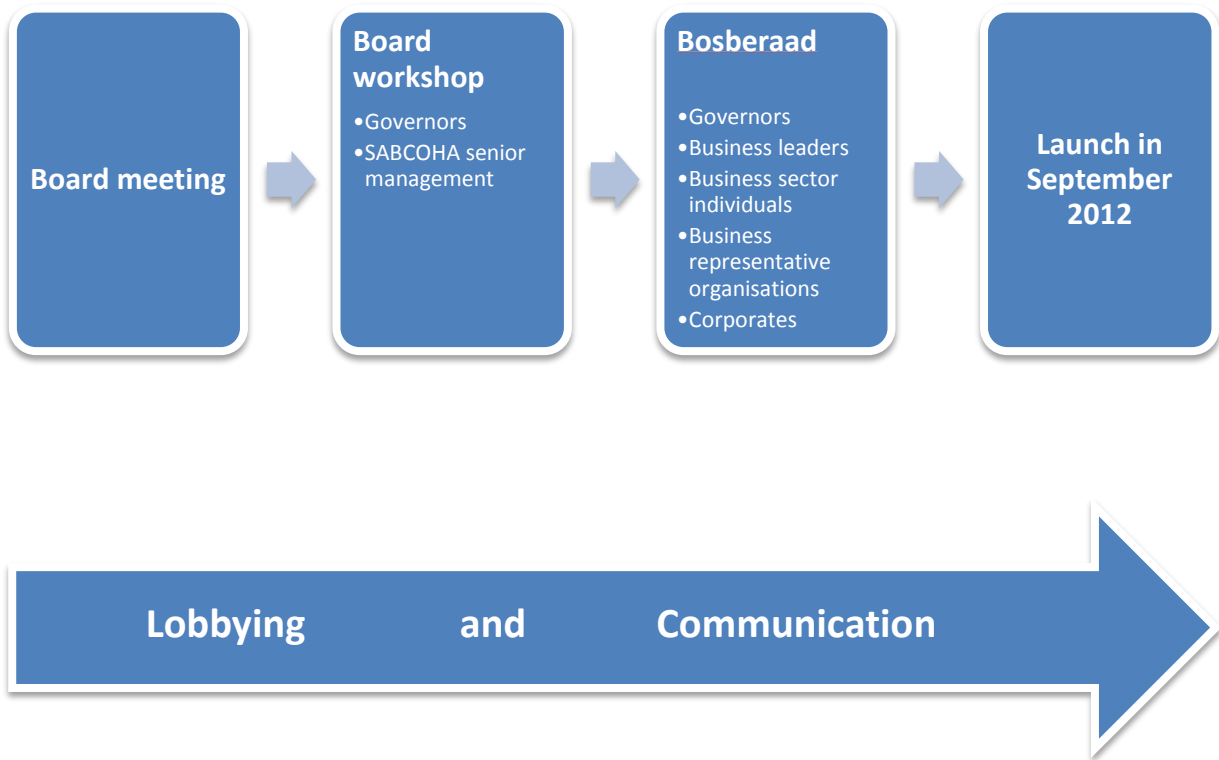
The financial resources already supporting SABCOHA, especially the fixed overheads, can support running costs in the short term. However, dedicated funding from the private sector will also have to be sourced to establish on-going running costs.

2. To external stakeholders, especially SANAC and donors, the need for on-going emphasis on HIV and TB is critical. Therefore to muddy the waters, by introducing a new entity, could potentially cause damage to SABCOHA in the short term, and the long term.

## **Operations**

As part of the evolutionary process, SABCOHA will have to amend and update materials, change below the line branding collateral, as well change its website, letterheads and emails. Specific departmental changes need to be identified, as SABCOHA moves from present state to future state.

## WAY FORWARD AND NEXT STEPS



## Annexure 1

The following stakeholders were represented at the workshop held on the 17<sup>th</sup> and 18<sup>th</sup> July

<ul style="list-style-type: none"><li>• AFROX</li><li>• AIDC</li><li>• Anglo Platinum</li><li>• Aveng Africa Limited</li><li>• BHP Billiton Manganese</li><li>• BMW SA</li><li>• BUSA</li><li>• Careworks</li><li>• De Beers Venetia Mine</li><li>• De Beers</li><li>• Discovery Health</li><li>• EOH Health</li><li>• Eskom</li><li>• Goldfields – Beatrix Mine</li><li>• Heric Ferrochrome (Pty) Ltd</li></ul>	<ul style="list-style-type: none"><li>• Independent Academic</li><li>• Independent Professional</li><li>• Lepelle Northern Water</li><li>• LoveLife</li><li>• Mercedes-Benz South Africa (Pty) Ltd</li><li>• Metropolitan/Qualsa</li><li>• Petra Diamonds-Finsch Mine</li><li>• SABMiller plc</li><li>• Standard Bank Group</li><li>• Tsela Tshweu Business Concepts</li><li>• Umgeni Water-Head Office</li><li>• Unilever</li><li>• Webber Wentzel</li><li>• SABCOHA</li><li>• Coxswain Social Investment</li><li>• Chamber of Mines</li></ul>
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## Annexure 2

The following organizations were interviewed as part of the consultation process:

Anglo Gold Ashanti  
Anglo American  
Bankmed  
BMW  
MBSA  
BUSA  
Business Leadership South Africa  
Chamber of Mines  
Debeers  
Debeers Diamond Trading  
Land Bank of South Africa  
Netcare  
SASOL  
Standard bank  
SAB  
Black Business Caucus

The following Provincial Board of Governors were consulted:

Western Cape  
Eastern Cape  
Northern Cape  
KwaZulu Natal  
North West

The following former Governors were consulted:

Mpho Letlape  
Gregory van Wyk  
Sipho Ngidi  
Vikki Harbhajan  
Desiree Daniels  
Dr. Danisa Baloyi  
Dr. Leighton Mcdonald  
Mike Roy  
Dr. Natalie Mayet



Business Day 27<sup>th</sup> August 2012

# Business & Econ

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## IN BRIEF

### Firms 'doing nothing' to help worker health

**HEALTH** | Many South African companies did nothing to promote healthy lifestyles for employees, according to the 2012 Discovery Healthy Company Index released on Friday. Kate Geagan, an American nutritionist, dietician and author, told attendees at the launch of the index in Johannesburg that companies should focus on gaining and maintaining healthy employees, not on those who worked extra hours and pushed themselves too hard. "It is not about managing your time as much as it is about managing your energy," she said. Alistair Anderson

### Health costs to be scrutinised

**INQUIRY** | SA's private healthcare costs would be analysed by a wide-ranging Competition Commission inquiry, City Press reported yesterday. The inquiry would be similar to that launched into the banking sector, which had resulted in a drastic reduction of fees, said commission spokeswoman Trudi Makhaya. Sapa