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Private Sector Consultation Report

Facilitated by Eric Buch (SANAC consultant) and Lucinda van den Heever (AIDS Accountability International)

1. Purpose of the Consultation

The Private Sector consultation which took place on 12 September 2016, at De Beers Corporate Headquarters in Johannesburg, was one of the broad consultation processes to plan for the new National Strategic Plan (NSP) on HIV, TB and STIs (2017 – 2022).

The Private Sector consultation, arranged in a partnership between SABCOHA (South African Business Coalition on HIV and AIDS) and SANAC (South African National AIDS Council), brought together a wide variety of partners from the Private Sector.

The main aim of the consultation was to engage in strategic discussions of how the Private Sector can play a stronger role in contributing to the new NSP over the next 5 years. This included reflecting on the tremendous work that has already been done on HIV and AIDS in the workplace but also reflecting on gaps, which areas needed more support, what could be scaled up and importantly what are the game changers that can make an impact over the next 5 years both within companies and in the communities around them.

The programme for the consultation is attached.

2. Summary and Key Points

2.1 Progress

De Beers and Anglo American and AMCHAM were cited as examples of progress in the Private Sector.

- They have strong HIV and wellness programs in place in a number of large corporates. They were also used as examples of where there is strong buy in to HIV and AIDS and TB health programming from the highest leadership levels (Board, EXCOs, Directors, and Managers).
- There is a strong understanding that there is a “business case” for HIV and AIDS and that it is critical that their workforce and families are kept healthy and alive. Therefore they have strong programs in place with committed staff to the HIV and TB programming.
- de Beers have many years of experience in providing HIV and AIDS health care and treatment in the work place which they pride themselves in. They are the leaders in workplace HIV and AIDS care and treatment.
- de Beers commitment goes as far as having all senior management, board members and EXCO to test and know their HIV status which they are encouraged to share with the rest of the staff.
- de Beers also have a VCT/HCT performance scorecard to track how well they are doing and for accountability purposes.
- The mining companies have medical aid schemes in place for their employees.
- There is a focus around care, dignity and respect and all of us have a right to live as long as we can
- de Beers really embraced ART (making it available to staff)

During the course of the consultation a number of other good practices and programmes were cited. With HIV programs in place companies have seen a decrease in HIV.

2.2 Gaps/Challenges

Over the course of the consultation these were some of the gaps noted by the delegates:

- There is a need to go beyond the mines especially in the era of the NHI (National Health Insurance), to go beyond health professionals and into communities where other stakeholders will play a role e.g. use of sports
- Implementation is a challenge and therefore needs support every step of the way and at every level. AMCHAM has said they can help to facilitate some of these interventions.
- There are few HIV workplace programs in place in Small, Medium and Micro-sized Enterprises (SMME's).
- Implementation is very challenging for SMME's e.g. how do SMME's roll out a wellness program for 5 employees?
- Private and Public sector have a fluid relationship, where employees work in the Private sector but access their medication in the public sector.

- Accessing data from the Private sector is very difficult and there is a need to think about how to track patients regardless of where they are in the system.
- HIV Fatigue – programs have been running for as long as 15 years in some workplaces and therefore some employees don't feel the need to test anymore.
- It is more difficult to get men to test, one reason being that men are saying their wives are testing therefore they don't need to test.
- There is a trust deficit between government and Private Sector which needs to be remedied.

2.3 Game Changers

These were some of the game changers which were noted. This list is not exhaustive.

- Needs to be ownership from business leadership and release of funding.
- Need a strong multi-sectoral and stakeholder approach.
- Private Sector to form part of sector co-ordinating structures e.g. Department of Transport.
- Work within region and district municipality and not just within the work place.
- Have a clear MOU and expectation of public-private partnerships.
- There is a need for an investment case for communities.
- Address the issues of “blessers” and impact of “absent fathers”
- Tap into forums, e.g. NGOs who can speak to men as men, invite them for company wellness programs.
- Strengthen HIV and TB prevention infection control, screening and referring employees to a clinic and contact tracing.
- More innovation around social media and cell phone technology
- Target specific industries with high levels of employees and high risk of HIV i.e. agriculture, mining and transport industry.
- Provide direct subsidies i.e. investment incentives for SMME's and link this to performance targets.
- Collaboration with associations or chambers for SMMEs : capacity building
- Leverage on the systems of big and established associations for SMME's.
- Strengthen M&E reporting of key industries.

3. Setting the Science

The scene for the consultation was set through a number of brief presentations.

3.1 Welcome and Opening Remarks

The proceedings for the Private Sector consultation started with welcome and opening remarks from Deirdré Lingenfelder, the Head of Safety and Sustainable Development at De Beers Group of Companies. She started off on a strong footing by emphasising De Beers commitment to ensuring the health and wellness of all their employees. De Beers has embarked on a journey of action on how to reach their wellness framework with HIV and AIDS and maintains this as the centre of their framework. There is strong commitment and buy in from the leadership of De Beers to ensure the wellness of all their employees.

3.2 Purpose and the NSP (2016 – 2022) process

Mr Carl Manser, the SABCOHA Board Director, started to ask the broader questions and challenged the delegates to think about and understand why they are at the consultation and what makes business tick? Mr Manser emphasised that if the Private Sector want to create a better world, if they want to do better business and if they want to be unique and distinct in what they do then the Private sector must contribute to the collective wisdom based on the 20-30 years of experience in HIV that they have. With this it is possible to see an AIDS free generation in our time. Mr Manser, emphasised that he believes that this is possible in his lifetime.

Mr Manser, also reiterated that we do not live on islands, we must engage and cannot afford to work in silos. We should not re-invent the wheel but work together and contribute to the collective wisdom. Sustainability is key and we have to work towards a long term outcome. SANAC has launched the Private Sector strategy and this has been adopted by the board. The purpose of the NSP is to harness and sustain participation and to look at how we can harness collaboration, where we can collectively engage with other stakeholders.

Mr. Manser, said he hears the cry of civil society sector and the Private sector have to relook at how the they engage with civil society, how they can work together.

3.3 Game Changer – *I know my status*

Dr Sedibe, Senior Occupational Health Manager of De Beers, presented on De Beer's innovative program, *I know my status*. Dr Sedibe said that the management of HIV and AIDS is key to De Beers and that employee wellbeing is core and important in the ethics and values of the company. De Beers is driven by

their values and integrates what they do through their company values, i.e. be passionate, pull together, show you care, build trust and shape the future. If as a company they provide early care, treatment and support, they build trust and show that they care.

Employees have said that they should walk the talk and therefore all senior leadership from the board, EXCOs have tested for HIV and know their status. Individual leaders are encouraged to share personal messages about why it is important to test.

De Beers also include TB as part of their VLF (Visible felt leadership) talks. They also have a VCT/HCT performance included in their CEO scorecard which assists with tracking of performance. They also have a campaign PRO TEST HIV where leaders are coming forward to say they have tested and encourage other staff to test as well.

De Beers have seen good results. VCT/HCT uptake has increased significantly, HIV performance is on the agenda of governance forums and they have a viral suppression rate of 93%.

Dr Sedibe noted that there is still a long way to go but believes that this program is a game changer for the Private Sector. For more detailed information see the presentation attached, *I know my status*.

For more detailed information about the study please see attached presentation, Appendix 1.

3.4 ILO 10 country study – Effective Responses to HIV and AIDS in the workplace

This report was presented by Ms Oniah Nkosi, Focal Point for HIV/AIDS in the World of Work, ILO Office, South Africa. Ms. Nkosi was standing in for Simphiwe Mabhele who was not able to attend the consultation.

This presentation was based on a 10 country study on effective responses to HIV and AIDS in the workplace. ILO commissioned the HSRC (Human Sciences Research Council) of South Africa to conduct the first ever evidence based study and analysis of HIV and AIDS initiatives in the African work place to determine what works in achieving good outcomes in order to guide efforts to expand and accelerate this effort.

Some of the main points from the presentation were as follows:

- Goal: Zero new HIV infections, Zero AIDS related deaths and Zero discrimination
- In getting to Zero, 3 strategic directions are taken: Revolutionise HIV and TB prevention, Catalyse the next phase of treatment, care and support, advance human rights and gender equality for the HIV and TB response.
- UN AIDS Gap Report 2014 asks a critical question of how do we close the gap between the people moving forward and the people left behind?

- UNAIDS report shows that 19 million people of 35 million people do not know that they are living with the virus.
- Men are less likely to know their status than women in most of the countries.
- 12 populations left behind including PLHIV.
- ILO country study in 10 African countries in 66 workplaces (14 were in the public sector)
- Private Sector responses to HIV have yielded some positive results i.e. there has been increased knowledge about HIV and AIDS in the workplace, there has been an increase in uptake of HIV counselling and testing, reduced stigma and discrimination in the workplace,
- Workplaces bring a large number of people together and therefore has a huge opportunity to upscale voluntary, confidential counselling and testing for HIV.
- Committed managers contribute to the effectiveness of HIV programming in the workplace.
- Trained peer educators play a key role in promoting VCT, helping workers move from knowledge to seeking HIV testing.
- Gender were mainstreamed into HIV Workplace Programs. In Zambia, education sessions were administered in single sex groups i.e. One Man Can campaign targeting men and One Woman Can targeting women.
- There is a need for implementation of workplace wellness programs.

For more detailed information about the study please see attached presentation, Appendix 2.

3.5 Investment Case for South Africa

This presentation was by the principle researcher, Dr Gesine Meyer-Rath, Research Assistant Professor, Center for Global Health and Development, Boston University.

The Investment Case of South Africa is the first exercise that compares all known HIV and TB interventions at the same time and calculates their impact on both HIV and TB. This is the result of work done by a team of technical experts over two years in HIV and TB. The investment case aims to inform the development of a clear national plan for ending HIV and TB epidemics through identification of the most cost-effective mix of interventions to address TB and HIV over the next 20 years.

Some key points from the presentation were as follows:

- Making a business case of HIV in workplace
- Treatment for HIV positive employees is a good investment for many large companies. Small companies have less capacity to respond to workforce illness and have low concern about it.
- HIV disease increases the rate of absenteeism, labor force turnover and costs of operation In Sub-Saharan Africa.
- Why should business care? 18.8% of working age adults (15-49yr) are HIV positive
- Alternatives to public sector funding is urgently needed

- Public sector program is reaching twice as many women as men, workplace program have a higher coverage of men.
- We are not doing well with men on ART and can reach more men through work place programs.
- Workplace ART provision is cost saving to companies.
- SA government funds most of HIV funding
- SA government is only spending 2% of its health budget but it is still a lot.

The best buys for the public sector programme. The HIV Investment case.

Two key questions:

1. How much does it cost to fund the current HIV program medium to long term? (Baseline)
2. What is the optimal mix of interventions in terms of allocative efficiency? (Constrained and unconstrained optimisation)
 - Constrained optimisation – we can afford. What is much more important is how much it costs?
 - Baseline – the cost will keep going up
 - If we target prevention and 90-90-90 we will save a lot of costs

The workplace under study

- Coal mining company – they had ART program – all treatment and care takes place on mining premises
- Objective of the study – was to analyze the cost benefit of the company’s ART program compared to no ART over 20 years from programme start in 2003.
- Findings:
- Without ART, HIV costs \$296 million for 1000 HIV+ employees over 20 years, \$15 million per year and \$13, 271 per employee/yr
- With ART:
 - Absent days are 8% less
 - Deaths due to HIV 16% less
 - Total number of HIV positive life years in employment are 8% more
 - Total and annual cost of HIV is 6% less
 - The company saves \$1 million per year on average.
- Conclusions
 - Scaling up ART provision to the workforce can reduce total cost of HIV positive employees, while increasing their survival.
 - Savings are in large part due to a reduction in benefit and inpatient costs.
 - ART is cost saving even in low incidence settings.
 - Workplace based provision of ART could be an economically viable alternative to scaling up public sector programmes.

For more detailed information about the study please see attached presentation, Appendix 3.

3.6 NSP 2012-2016 Progress made and emerging ideas for 2017- 2022

Prof Eric Buch, SANAC NSP Strategic Planner, presented a short presentation on National Strategic Plan on HIV, TB and STIs. Prof Buch presented progress that has been made and especially against the NDP and what the NSP is trying to achieve over the next 5 years. Prof Buch presented both the progress and the challenges which still remain with regards to HIV and TB and challenged the delegates to think about what strategies can be implemented to ensure a bigger impact on the HIV and TB epidemic, what are the game changers and how should the Private sector engage better to ensure a more effective and efficient NSP to reach the targets.

For more detailed information about the study please see attached presentation, Appendix 4.

4. What's on my mind?

For this particular exercise the facilitators asked 5 delegates to share, in 3 minutes, what is on their mind with regards to what they think are the challenges, gaps and game changers for HIV and AIDS in the private sector and how this can contribute to the new NSP on HIV, TB and STIs.

4.1 Thuthula Balfour-Kaipa - Head: Health Department – Chamber of Mines

- Anglo American and De Beers were one of the first HIV programs in the Private Sector and so they are a leader and want to keep up the name. They have a tripartite approach between employers, employees and the state. They have a good relationship with Department of Health (DOH) and Provinces.

They have been screening for TB and HIV for many years. They are a good example for the private sector to follow.

- Future – National Health Insurance (NHI) will change how services are delivered and can see a shift in how it affects workers - they have open scheme medical aid.
- The sector needs to move beyond the mine and beyond health professionals and into communities. New interventions will have to take place e.g. through sports.
- There is a need to look at CSI budgets and look at new ideas.

4.2 Marlon Burgess – Chairperson – American Chamber of Commerce

- To see how as a committee they can facilitate the outcome of the strategic plan and collaborate more effectively.
- Implementation is a big challenge and needs support at every step of the way and at every level of the process. The Chamber can help to facilitate some of the interventions i.e. use the organs of business to enable implementation of the NSP for HIV, TB and STIs.
- Companies represented by the Chamber – i.e. SMME's, motor industry, Anglo are here to assist and collaborate with what we determine as the critical interventions.

4.3 Thapelo Rapoo – Executive Director - Classic Oriental Consultancy

- Acknowledge the contribution of SMME's to employment in South Africa.

- SMMEs contribute about 6% of employment in the country and so the SMME's needs to be targeted.
- Implementation is challenging – how do you roll out a work place wellness program for 5 employees?
- Currently there are few HIV workplace programs in SMME's.
- In SMME sectors there is no HR capacity, no HR personnel and a low understanding of why we should implement HIV policies.
- SMMEs want to save as much money as they can.
- There is a very low understanding of why HIV care and treatment is important in the workplace.
- There is no policy to force HIV and AIDS programming.
- In the new NSP – how do they draw in HIV and TB management into SMMEs?

4.4 Geoffrey Titi – Petra Diamonds

- Peer educators are the best people you can have because they drive the program within the company.
- Select peer educators who are passionate and who have been trained properly.
- Once they are trained – it is important to prepare topics with the peer educators on a monthly basis. These topics should include a range of health issues i.e. hypertension or diabetes
- Peer educators should be given particular slots in the workplace to have their HIV and wellness talks.

4.5 Lauren Jankelowitz – CEO of SA HIV Clinicians Society

- Doctors and nurses who they represent consider themselves to be Private Sector clinicians.
- There is a fluid relationship between the Private sector and Public sector.
- Employees are working in the Private Sector but then accessing medicines in public sector and it becomes very difficult to get data from the Private sector.
- We need a mechanism to track employees regardless of where they are in the system.

5. Group Work

The delegates were divided into 5 groups to start discussing in their groups the role of the Private Sector in the new NSP 2017 – 2022. Each group gave a short presentation on the key points, ideas and game changers which emerged out of their discourse.

The delegates had to answer the following questions:

Group 1 - How is the Private Sector currently responding to HIV and TB in South Africa?

Group 2 – How do we revitalize prevention in the Private Sector with a focus on key populations and TB?

Group 3 - How could the Private Sector partner better with SANAC and government?

Group 4 - How can the Private Sector be held accountable for achieving targets in the new NSP – building an accountability framework for monitoring, evaluation and reporting?

Group 5 - How do we reach small and medium enterprises?

6. How is the Private Sector currently responding to HIV and TB in South Africa?

This section highlights a few key points which emerged and more detailed information can be found in the presentation attached. (Appendix 5)

- There are a wide variety of programs in the sector, however some programs are really good and others are not that good.
- The presence of policies plays a critical role in enforcing workplace programs and interventions.
- Prevention programs are in place, through health awareness talks, condom distribution.
- A policy is in place which addresses stigma and this makes the environment conducive e.g. TB return to work. They return to work while on treatment unless XDR
- Community prevention programs takes place through CSI partnership, funding NGOs and outreach programs.
- Medical surveillance ensures early detection in the workplace.
- Companies have treatment programs for their employees, through providing medical aid schemes, mobile clinics and provision of treatment for family members.

The facilitator posed the following questions:

1. How well are big companies doing for their own staff in terms of prevention and care? The delegates were asked to give a score out of 10. The delegates then scored 9½ out of 10.
2. The same question was asked for SMME's and the delegates scored 3 out of 10 for SMME's.
3. How well is the private sector doing for communities impacted by HIV and the delegates scored 3 out of 10.

7. How do you revitalize prevention in the Private Sector with a key focus on key populations and TB?

This section highlights a few key points which emerged and more detailed information can be found in the presentation attached. (Appendix 6)

Annamarie Scholtz from the Ford Motor Company started the presentation by saying that the Ford Motor Company would score a 9 out of 10 on community work.

- The presenter listed some key populations (see the presentation) and noted that the key populations for HIV are different than for TB.
- HIV fatigue is setting in – long term employees have already tested and know their status and don't see the need to test again.
- Haven't clarified the value of testing for employees.

- Employees know the business case for HIV and TB but do not necessarily know the benefits for themselves.
- Stigma and discrimination has not received much attention.
- Awareness programs are too general and need to be customised.
- Not making enough use of technology such as social media.
- Need a multi-sectorial and stakeholder approach.
- Buy in from management is important.
- Use of peer educators are critical.
- Remedy relationship with government.
- The Private Sector should tap into already active community projects.
- The importance of treatment and adhering to treatment is important.
- In relation to TB there is a need to work within the district and regional municipality.
- Contact tracing very important – peer educator can do contact tracing
- There is a need to refine the relationship with the public sector.

Have a clear MOU with expectation of public-private-partnership

8. How can Private Sector partner better with SANAC and Government

This section will highlight a few key points which emerged and more detailed information can be found in the presentation attached. (Appendix 7)

- Provincial, district and local level partnerships- target industries with high level of employees and high risk e.g. mining, agriculture and freight (transport industry) – people spend a long time away from home and leave their families.
- Key industries should be co-ordinated to make it easy for government.
- Mechanism is needed to strengthen M&E reporting of the interventions of key industries.
- A dedicated person is needed for Private sector engagement.
- Private sector should look at participating in local AIDS councils.
- Private sector should form part of the sector co-ordinating structures such as in the Department of Transport.
- Peer educators play a key role in the uptake of wellness programs.
- Better use needs to be made of SA Peer Educators Association
- Strengthen PPP in terms of what to do as partners in responding to HIV and work together in terms of reaching goals provincially and nationally.
- Medical AID – certain medical aids do not respond to the needs of the employee.
- M&E&R – different spheres have different reporting templates – need to get one uniform template.
- Improve how we market our services.

Question posed by facilitator:

The issue of partnerships has a huge potential in the private sector – how do we take it into the provinces as somehow it does not seem that it is filtering into the provincial level?

9. How can the Private Sector be held accountable for achieving targets in the New NSP – building an accountability framework for monitoring, evaluation and reporting?

This section will highlight a few key points which emerged and more detailed information can be found in the presentation attached. (Appendix 8)

- Mining sector seems to get it right but if you look at agriculture etc. is not getting it right
- There is mandatory reporting in the mining sector. Businesses want to find a business case when they have to report.
- NSP must be linked to local, provincial and ward councils and Private sector must be included.
- Social labour plans - e.g. mining companies are committed based on this. Are communities picking the right thing and do they know the impact of this.
- There is not just HIV but also chronic disease health education and peer educators become wellness champions.
- Medical aids business to engage with SANAC as a requirement.
- If the industry is required to report this will emphasise the business case for healthcare.

10. How do we reach small and medium enterprises?

This section will highlight key points which emerged and more detailed information can be found in the presentation attached. (Appendix 9)

Contribution of SMME's

- SMME's contribute 42% to the country's GDP.
- 2.2 million SMME's in the country.
- SMME's have an annual turnover of <64 million.
- Propose that RFQs or any tender process must make sure that all their employees have been tested for HIV.
- We are reaching an HIV fatigue in the country.

Barriers to reaching SMMEs

- Lack of financial and human resources.
- No specific HIV, TB, STIs targeted programs.
- Lack of willingness by SMMEs to invest in human capital.

- Small mines emerging in SA – subcontracting people in mines. Programs don't speak to contractors.
- Little internal and external pressure to implement.

Incentives to SMME's

- Provide direct subsidies to affiliate organisations.
- Provide investment incentives for SMMEs, as performance requirements.
- Reform policy to ensure extension of services to SMMEs.
- Collaboration with associations or chambers for SMMEs : capacity building
- Leverage on the systems of big and established organisations.

11. The big messages from this consultation for the Private Sector in the NSP

The consultation ended by asking 5 participants who had volunteered to reflect on what they heard were the big messages coming out of the consultation. The following messages were presented.

Geoffrey Titi would be nice to add where they are from

- Peer educators are critical to get interventions and programs off the ground and running in a company. Companies must invest in peer education programs. Reporting is key and helps to track progress and helps to co-ordinate. Have a single reporting system in the country.
- Leave no one behind – everyone should be included in consultations and the consultations must be wider.
- Going back to back to basics – health promotion, health education – extend your program by having peer educators – those are your foot soldiers.

Christina Ramneka

- Peer educators are left behind and they are critical.
- What is SABCOHA doing about Peer Educators? We need SANAC to help us push Peer Educators.
- Peer educators are key because they engage with people.
- We must know our target audience – we have professionals and non-professionals – we must bridge the gap between the two.
- There needs to be a name change from peer educators to wellness advocates.

Lauren Woodburn

- We need to change language and talk about health and wellness champions
- We need a direct line of education – they must be well informed and well educated and give them the right message
- No matter how business wants to get it right, the only way we can make the change required is to regulate it and that will make sure all understand the value of it.

Marlon Burgess

- People don't acknowledge upfront what has been accomplished and this is important.

- If you look at what SA has achieved is a good place to start, to encourage people to continue – start with what has been achieved.
- Regulatory suggestions are key – a lot can be done to support improvements.
- Interaction with communities – what can the private sector do to support communities.
- Peer educators and community based workers need to be strengthened.

12. Last thoughts

The consultation was closed with some last thoughts from Connie Kganaka (SANAC) and Dr Lesego Rametsi (SABCOHA)

Connie Kganaka raised the issue that strategic engagement is critical from the Private Sector, beyond just focusing on the beneficiaries. She raised critical questions and asked delegates to think about how the Private Sector can be involved in structures and strategy to strengthen the national response to HIV, TB and STIs.

Private sector has a wealth of experience in structures which can make the NSP work, where some commitment can be made by Private Sector e.g. where they have skills in finance etc. this can be valuable to drive the response.

Connie Kganaka reiterated that we need to look at a more inclusive NSP and find more strategies to bring it closer to the community. We need to find ways to communicate the NSP to the broader community.

Dr Lesego Rametsi wrapped up some pertinent points from what the groups presented. Lesego noted that a lot has been done in the Private Sector to date, through early detection programs and insurance for employees. She noted that a lot still needs to be done in communities. She noted that we really have to tap into innovation especially for Key populations. If we can drive the 90-90-90 we can win.

She said we have to think of innovation, particularly social media and use of technology. To grow the relationship between the Private Sector and Government, we need to recognise this deficit and work towards repairing it. She noted that we have to tap into existing technical expertise.

We must enhance Private-Public-Partnerships. We need to grow accountability and M&E – mining has done a lot.

We must have the moral imperative to do the right thing, there should not be a stick in the hand. There is a lot of work to be done with SMMEs and we need to think out of the box strategies.

Lastly she is looking forward to building sustainable relationships.

She thanked everyone for their attendance and positive engagement.