

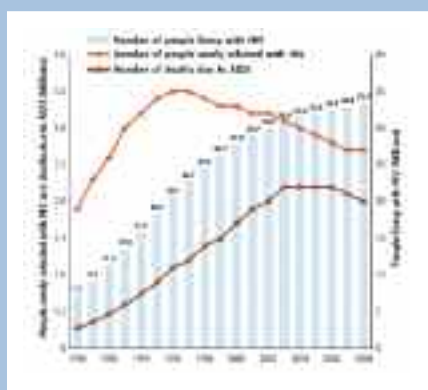


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Target 6a: Halt and begin to reverse the spread of HIV/AIDS by 2015

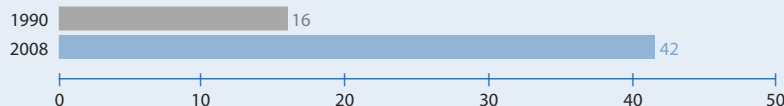
Number of people living with HIV, number of people newly infected with HIV and number of AIDS deaths world-wide, 1990 and 2008 (millions)

► The spread of HIV appears to have stabilized in most regions, and more people are surviving longer.



Target 6b: Achieve, by 2010, universal access to HIV/AIDS treatment

Percentage of deliveries attended by skilled health personnel, in health-care institutions only, in developing regions, 1990 and 2008



► The rate of new HIV infections continues to outstrip the expansion of treatment.

Target 6c: Halt and begin to reverse the incidence of malaria and other major diseases by 2015

Half the world's population is at risk of malaria; an estimated 243 million cases led to nearly 863,000 deaths in 2008, 89% of them in Africa.

Production of insecticide-treated bed nets has soared across Africa, and expanded use of them is protecting communities from malaria.

Tuberculosis is falling in most regions, yet it remains the second leading killer after HIV. In 2008 tuberculosis prevalence was estimated at 11 million and obstructed labour.

SOURCE: UN (2010).

THE PRESENT SITUATION

By 2007 over 4 million people in developing countries were receiving anti-retroviral (ARV) therapy—a 47% increase from 2006. Brazil has a highly successful national AIDS programme that provides the therapy for free. One innovative aspect of the programme has been the production of ARVs by local companies. Since 2001 the pharmaceutical companies Roche, Gilead, Merck, Abbott and Bristol-Myers Squibb have introduced tiered pricing for ARVs in many developing countries.¹³⁹

By 2007 the Global Fund to Fight AIDS, Tuberculosis and Malaria accounted for 18% of international financing for HIV/AIDS programming. Through a public-private partnership, businesses have contributed funds, skills, capabilities, expertise, resources and networks.¹⁴⁰

Insecticide-treated bed nets and essential drugs are effective in controlling malaria. The share of children protected by such nets in sub-Saharan Africa rose from 2% in 2000 to 22% in 2008. In Tanzania A to Z Textiles manufactures 20 million long-lasting anti-malarial bed nets to the poor annually.¹⁴¹

Businesses, especially those in sub-Saharan Africa, have workplace programmes focused on education, prevention, treatment and care around HIV/AIDS and other communicable diseases.

What are the challenges?

- The policy framework in the health sector is often inadequate for effective business. Gaps exist in the regulatory framework, in data availability and in coordination capacity.
- Creating awareness among populations at risk is challenging. Cultural taboos make it difficult for people to talk about infections, particularly about sexually transmitted diseases.
- There is a lack of skilled health-service providers. Training frameworks and facilities are inadequate to meet the demand.



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THE PROMISE OF INCLUSIVE BUSINESS MODELS

MNCs can, for example:

- In their own operations, implement workplace programmes including education, prevention, treatment and care around HIV/AIDS and other communicable diseases; support their suppliers in creating similar programmes.
- As pharmaceutical companies, partner with local governments and international organizations to reduce prices to patients for essential drugs to treat AIDS, malaria, tuberculosis and other major diseases (see also MDG 8).
- Combine their corporate marketing expertise and products with global public-health campaigns.



ANGLOAMERICAN

Large domestic companies can, for example:

- Develop affordable, high-quality products and services for the care and prevention of communicable diseases.
- As part of marketing efforts, raise awareness about the diseases and educate people about prevention.
- In the workplace, create education, prevention, treatment and care programmes for HIV/AIDS and other communicable diseases.
- Discuss with the national government effective measures to combat communicable diseases.



SMEs can, for example:

- Distribute bed nets, condoms and medicine to low-income communities through pharmacies and retail outlets.
- Provide affordable health care in clinics and hospitals.
- Educate staff about preventing communicable diseases, and support them in case of illness.



ACUMEN FUND

NPOs can, for example:

- Design and implement innovative business models around the provision of medical care and prevention—models that can also create opportunities for entrepreneurship.
- Teach other businesses how to implement effective prevention programmes for their staff, and provide implementation support.



VILLAGEREACH

Anglo American ■ MNC, South Africa

Mining company Anglo American, the largest private-sector employer in South Africa, now has a successful HIV/AIDS programme. The company estimates that 12,000 of its 71,000 workers are HIV-positive. It used to train two people to do each job—in case one of them died. In 2002 Anglo American decided to make ARVs free to all staff. But it found that the greatest obstacles to progress were stigma, fear and distrust. Anglo American told staff that if they were HIV-positive their jobs were still safe. Such job security, combined with effective treatment, made the disease less financially devastating than it once had been. The programme was transformational for the employees and for the company, which worked in partnership with donors, local and national government, civil society, trade unions, other businesses and public and private health-care providers.¹⁴²

Aspen ■ Large domestic company, South Africa

Aspen, a pharmaceutical manufacturer in South Africa, offers affordable ARVs through collaboration with the South African Department of Trade and Industry. The department introduced a Strategic Investment Program (SIP) to encourage Aspen to invest the equivalent of \$28.5 million in a manufacturing facility capable of producing—among other medicines—large amounts of generic ARVs. On the back of that investment, along with other incentives including government tax relief, Aspen secured voluntary licences from multi-national patent holders to produce and distribute ARVs at significantly-reduced prices.¹⁴³

A to Z Textile Mills ■ SME, Tanzania

In Tanzania A to Z Textiles manufactures 20 million long-lasting anti-malarial beds annually. Bed nets impregnated with a long-lasting insecticide are effective for up to five years (instead of the usual six months), with no need for re-treatment.

The venture's success relies on a broad public-private partnership. Sumitomo, a Japanese chemical company, transfers technology and chemicals to A to Z through a loan from Acumen Fund. Exxon Mobil sells resin for the nets to A to Z and donates funds to UNICEF to buy the treated nets for the most vulnerable children. UNICEF and the Global Fund to Fight AIDS, Tuberculosis and Malaria act as buyers of last resort, purchasing all the nets that are not bought through normal market channels. The government promotes bed nets through a national voucher scheme that brings subsidized treated nets to pregnant mothers and to children under five.¹⁴⁴ Production of these nets has risen to 20 million per year while costs continue to fall, and A to Z is now one of Africa's largest employers.¹⁴⁵

VidaGas ■ NPO, Mozambique

Refrigerators, lamps and stoves enable vital health services including vaccinations—and they need fuel to operate. Rural health centres operated by the Mozambique Ministry of Health have relied in the past on dangerous, out-dated and inefficient kerosene. In 2002 Seattle-based VillageReach and its local partner, Mozambique Foundation for Community Development (FDC), established VidaGas to provide the rural health centres with safer propane services. A pilot has provided the fuel to 88 centres serving 1.5 million people in the northern province of Cabo Delgado. To ensure affordability a micro-lending scheme was developed. In 2009 Luxembourg-based Oasis Capital Fund invested \$1.4 million in VidaGas, which now supplies more than 260 remote health centres supporting a population of roughly 5 million.¹⁴⁶



THE SUPPORTING ROLES OF INSTITUTIONS

Policy

Public-private partnership programmes can draw on the resources of private sector partners to improve disease prevention and treatment.

- The Philippines' **Bolstering and Sustaining Proven and Innovative Malaria Control through Corporate-Public Partnership** mobilizes resources from business partners for local malaria-control programmes, including money, health equipment, energy for remote village health centres, and training for community health workers.¹⁴⁷

Policymakers can recognize the private sector's prevention and health-care efforts and integrate these into their planning.

- Company clinics partnered with the **Joint United Nations Programme on HIV/AIDS (UNAIDS)** to roll out HIV treatment. Many—such as **Unilever** in Tanzania and Kenya or the cement-producing **Hima Cement** in Uganda—are part of country proposals to the Global Fund and have been accredited by their countries' health ministries as care and treatment centres, making them part of the national treatment policy.¹⁴⁸



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Research and advocacy

Research-based guidance can help companies design effective programmes to combat HIV/AIDS, malaria and other diseases in the workplace and elsewhere.

- **Family Health International (FHI)** is a global health and development organization using a science-based approach to design health interventions.¹⁴⁹ **FHI, USAID and Impact** published *Workplace HIV/AIDS Programs: An Action Guide for Managers*, which teaches how to develop and implement workplace prevention and care programmes.¹⁵⁰
- The **Global Business Coalition on HIV/AIDS, Tuberculosis and Malaria (GBC)** comprises nearly 200 companies. It supports companies in designing effective action against the three diseases, through both partnerships and joint advocacy. For example, with IFC it published *Taking Action Now: Workplace Programs as Vehicles to Tackle HIV/AIDS, TB and Malaria*.¹⁵¹

Research to find more effective and affordable medicine is also being done, sometimes through joint research platforms.

- The **Medicine for Malaria Venture (MMV)** enables product-development partnerships around anti-malarial drugs.¹⁵²
- The **Pool for Open Innovation against Neglected Tropical Diseases**, established in February 2009 by GlaxoSmithKline (GSK) and Alnylam Pharmaceuticals, has since been joined by MIT. It seeks to stimulate innovative and efficient drug discovery and development by providing public access to intellectual property and scientific know-how for neglected tropical disease research.¹⁵³

Advocacy platforms exist for all three major diseases under MDG 8. These platforms enable members to collaborate and be more effective—both operationally and politically—than they would through individual action. All platforms comprise members from the public, civil society, the private sector and multi-lateral institutions.

- The **Stop TB Partnership** was established in 2001 by WHO and comprises hundreds of partners, many of them from the private sector.¹⁵⁴
- The **Roll Back Malaria (RBM) Partnership** is made up of more than 500 partners.¹⁵⁵
- The **Global Alliance for Vaccines and Immunization (GAVI)**, launched in 2000, also comprises hundreds of partners.¹⁵⁶
- **UNAIDS**—the joint UN programme that coordinates the HIV/AIDS responses of 10 UN agencies and the World Bank—in 2004 launched the *Global Coalition on Women and AIDS*, committed to strengthening AIDS treatment programmes for women and girls.¹⁵⁷



Financing

Special funds are available to finance businesses' health interventions on communicable diseases.

- The **Global Fund to Fight AIDS, Tuberculosis and Malaria**, an international financing institution, has so far committed \$19.3 billion to support large-scale prevention, treatment and care programmes against the three diseases in 144 countries.¹⁵⁸ Providing a quarter of all international financing for AIDS, two-thirds for tuberculosis and three-quarters for malaria, the Fund represents a global public-private partnership between governments, civil society, the private sector and affected communities.
- The **Acumen Fund** is a non-profit global venture fund using entrepreneurial approaches to reduce global poverty. As part of its health and water portfolios it supports initiatives to fight the major diseases affecting the most vulnerable populations, such as A to Z Textile Mills (see case example in this chapter).

Medical research has huge costs, and private medical research is guided by return expectations. New financing systems are being developed to create incentives to study diseases often neglected by research.

- An **Advance Market Commitment (AMC)** is a contract guaranteeing a viable market should a vaccine or other medicine for neglected diseases be successfully developed. Under the commitment the market for the vaccine or medicine would be comparable in size and certainty to the market for medicine in rich countries. In 2007 five countries (Canada, Italy, Norway, Russia, the United Kingdom) and the Bill and Melinda Gates Foundation

ARNE OVE BERGO/DAGSAVISEN/UNDP



committed \$1.5 billion to launch the first AMC. It targets pneumococcal disease, a major cause of pneumonia and meningitis that kills 1.6 million people annually.¹⁵⁹

- The **Medicines Patent Pool Initiative**, established by UNITAID, aims to reduce the price of existing ARVs and stimulate the production of newer first- and second-line ARVs by increasing the number of generic producers. The pool will also help fill the gap for 'missing essential ARVs', such as fixed-dose combinations of newer products and special formulations for children.¹⁶⁰



Capabilities

The complexity and inter-relation of global health issues require contributions from many partners with health-care delivery capabilities.

- **Population Services International (PSI)**—a leading global health organization with programmes targeting malaria, child survival, HIV/AIDS and reproductive health—often works with private companies. For instance, PSI collaborates with the Female Health Company, which produces and distributes the female condom to increase access to it in developing countries.¹⁶¹
- **FHI**, with funding from **GSK's African Malaria Partnership Program**, is implementing a programme to build the capacity of community health workers, improve knowledge and awareness of malaria and encourage preventive and health-seeking behaviour. FHI's local partners are the community-based Mission of Hope for Society Foundation and Search for Rural Development.
- **UNAIDS and the Mexican hotel industry** partner to promote the development of sustainable long-term HIV workplace policies and programmes in hotels. Aimed at both guests and staff, the initiative will raise awareness of HIV prevention and discourage discrimination against people living with HIV. UNAIDS partner IMPULSO—a network of experts—provided capacity building.
- The **World Food Program (WFP)** partnered with **TNT** to improve the health and well-being of transport workers, establishing wellness centres for truck drivers. Outreach workers and clinicians offer health services including condoms, HIV prevention information and malaria treatment. The North Star Alliance continues this program, with additional partners.



UNDP BURKINA FASO

