

**Social Responsibility and HIV/AIDS:
The Current State and Prospects for Public/Private Partnerships
Organised by the Geneva Social Observatory
Geneva, 24 February 2005**

Summary

The Geneva Social Observatory convened the first of a series of dialogues to look at how the private sector and the world of work can be better integrated into comprehensive national and global campaigns against HIV/AIDS. Participants were invited from a wide variety of groups with an interest in the campaign against HIV/AIDS - from intergovernmental organizations, donor governments, NGOs, trade unions, private sector associations, and individual companies. The preliminary exchange of views in this first event identified the following areas for further consideration in the roundtable series:

- How to overcome the barriers to involvement of the private sector in funding from the Global Fund (and other sources)
- Dealing with the tensions and mistrust between public and private sectors,
- Dealing with the tensions and mistrust between business and NGOs
- The challenge of networking with SMEs and the informal sector
- The changing dynamics of drug pricing
- The changing dynamics of public/private cooperation in developing a health infrastructure and capacity-building in general
- Applications of best practice in country-specific circumstances
- Engaging the diverse perspectives from international organizations, donors, the private sector, NGOs, trade unions, and host governments for which the Geneva setting is well situated.

Other dates for roundtable sessions are 19 April, 31 May, 19 July, 15 September and 17 November

What follows is a synopsis of the discussion.

The intergovernmental organizations

The intergovernmental organizations first shared how they are conceptualising public/private partnerships:

- The ILO's work was described as being a "rights-based" approach that emphasizes the "human dimension". Working alongside the Global Fund, the ILO has developed what is known as the "co-investment process".
- The WHO, working through the Ministries of Health, is the UN's lead agency for delivering access to treatment. WHO emphasizes its normative expertise, as in defining the standards for ARV treatment.
- Joint WHO/ILO initiatives are focusing on issues related to occupational exposure, including Health Sector Guidelines on HIV/AIDS.
- The Global Fund has augmented the work of intergovernmental organizations like the ILO and the WHO by mobilizing resources for coordinated campaigns against HIV/AIDS, tuberculosis and malaria.

It was noted that multilateral institutions like the WHO and even the ILO and even the Global Fund tend to have good relationships with governments, but that entities from the private sector are often excluded from such relationships. Although the Global Fund reported that 50% of their recipients are non-governmental entities, it was also noted that the Global Fund only works with Country Coordinating Mechanisms, where employers and the private sector typically haven't any voice.

The involvement of small and medium enterprises

A second main concern related to small and medium enterprises (SMEs), for whom a campaign against HIV/AIDS is often perceived to be beyond their means. Other participants suggested that there are programmes for SMEs that are cost-effective. The challenge is to disseminate the information effectively, and to overcome their fears about commitments that could exceed their resources. SMEs need help in calculating the costs of treating their HIV/AIDS-afflicted workers as well as the impact of treatment on a firm's total health costs. They also can benefit from guidance on how to develop a workplace policy and how to build knowledge and awareness of the nature of the disease and the importance of non-discrimination. There is an active private sector in some countries, but in others it is not active.

The role of multinational companies

The discussion then shifted to the role of multinational companies. Companies like Nestlé are experimenting with a de-centralised approach in dealing with the epidemic. Awareness building at the management level emphasizes the importance of fair treatment, confidentiality and non-discrimination. From this base, local managers have considerable discretion to build on the core principles that are reflected in the ILO Code on HIV/AIDS and the World of Work. Critical partners in implementing these kinds of decentralised programmes are strong NGO networks, such as the national Red Cross societies in each of the relevant countries.

Another role for multinational companies is to apply their core competencies to the campaign against HIV/AIDS. The example provided by Nestlé was the substantive design of a food basket calculator based on local foods. This tool has been field-tested in Asia and Africa, and they are looking at ways to develop an extension of the tool for use with HIV/AIDS patients.

In spite of varied initiatives like these, many participants felt that there still wasn't much to show. A recent World Economic Forum study showed that a mere 20% of multinationals were implementing corporate strategies. What was needed to get business more actively involved? Moreover, the vast majority of vulnerable workers are working in the informal sector. Surely any hope for reaching these people would have to involve supply chains and other channels for passing on the experiences of multinational enterprises to SMEs and the informal sector.

The Private Sector and the Infrastructure for Health Care Delivery

Greater consideration also needs to be given to private health care providers. Health care in many developed countries is delivered by public and private entities working together. In some instances, the leadership in the combat against HIV/AIDS has

actually come from private health care providers. Africa, however, is in a different situation because the public sector has not trusted the private sector, and the two sectors have tended not to work together. There is a need for better information about public/private cooperation in delivering health care and a need for greater experimentation in this area.

Large multinationals, especially those in the health field, can and should leverage their knowledge about health care delivery. Training programmes are always important, but Merck has experimented in Botswana with establishing “knowledge centers” to facilitate a broadened the transfer of knowledge and other resources to others. Research is also underway on targeting initiatives through a multinational’s supply chains.

Cooperation is always contingent on the local situation. In some countries, even the prospect of a private initiative would be beyond the capacity of most employers. There are some practices, however, that operate to the mutual benefit of the multinational and the community in which it operates. For example, Anglo-American is subsidizing public health clinics in the communities where Anglo-American has a presence, for the mutual benefit of Anglo-American’s employees and the rest of the communities involved. Coca-Cola is extending its HIV/AIDS programme to the independent bottlers by developing a “charter” option through its Africa Foundation.

Newer horizons

The discussion reaffirmed the need for public and private efforts to focus on building up the health infrastructure. Pharmaceutical firms and others involved in various aspects of health or health care delivery can only contribute to infrastructure development to the extent that there are markets for their products or services. Other kinds of innovative tools are also being looked at through public policy in the regulatory arena or taxation or other kinds of policy initiatives that are seemingly unconnected to the HIV/AIDS campaign and yet have the potential to break open the logjam. Something drastic has to happen to release the capacity bottlenecks in the system. Other factors besides drug prices are currently more important, although there continue to be differential pricing issues and issues relating to research and development and the intellectual property rights of private pharmaceutical companies.

The substantive discussion concluded with a representative from a grassroots organization calling for partners looking to tap into her organisation’s network. The intervention reinforced the general consensus that the potential for partnerships with the private sector should be encouraged in a wide variety of combinations. Certainly, the dilemma of how to improve direct public/private cooperation continued to be a serious issue, especially in Africa, but there was an accelerating array of other kinds of partnering opportunities that could also contribute to a better involvement of the private sector in the campaign against HIV/AIDS.