



ASIA PACIFIC
BUSINESS
COALITION
ON AIDS

GUIDE

HOW TO SET UP AND RUN A BUSINESS COALITION TO MANAGE HIV/AIDS



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WHO SHOULD USE THIS HANDBOOK

This Handbook has been developed as a practical guide for anyone interested in creating an entity to manage and coordinate an effective business response to HIV/AIDS in their country or region.

It has been developed by the Asia Pacific Business Coalition on HIV/AIDS based on successful examples of national business coalitions in the Asia Pacific region. However, the principles should apply in any country experiencing an HIV or tuberculosis epidemic or under threat of one.

HOW TO USE THIS HANDBOOK

The Handbook has been designed to be simple to use. As a possible promoter, you will find that using the Handbook to answer key questions will help you develop an appropriate response.

You may be the Chairperson of the entity, a Board Member or the Executive Director. The name of the entity you create is not critical, but for simplicity's sake throughout this Handbook we will use the term most commonly adopted – a *Business Coalition against HIV/AIDS* or in short, “BCA”.

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1

Why should BUSINESS LEADERS CARE ABOUT HIV/AIDS in my country?

THE INCIDENCE AND PROJECTED GROWTH FOR HIV AND AIDS IN YOUR COUNTRY

UNAIDS or your National Department of Health ought to be able to provide you with statistics for your country. As a rough guide, if the HIV prevalence rate exceeds 1% of the adult population then you are probably looking at a generalised epidemic, one that is no longer confined to high risk groups such as sex workers or men who have sex with men, but is being spread through the general community. If this is the case, prevention activity is both urgent and vital.

In cases where prevalence rates are not yet at that level but are rising, it will be cost effective to take action now. This is particularly true in relatively poorer countries without comprehensive public health education and treatment programs.

IMPORTANCE TO THE BUSINESS COMMUNITY

The social and economic costs of HIV/AIDS to the global community are stark and well documented. In the Asia Pacific region alone, around 10 million people could now (2010) be living with HIV/AIDS. The International Labour Organisation estimates that close to 1 million people in the region are unable to work because of AIDS related illnesses. The annual financial loss to the region associated with the disease has been estimated by the Asian Development Bank to be in excess of US\$17.5 billion.

So the business community should respond to HIV not just out of humanitarian concern but for sound economic reasons.

The epidemic has the potential to undermine sustained growth of markets in the region because it strikes at the most economically active age groups - the workforce, people aged from 16 - 49. These costs are not just a concern for public policy makers; they are a matter of serious concern to all businesses trading in the region.

The lead role in fighting diseases like HIV/AIDS is that of a national government. However, there are now many examples from around the world of better outcomes **when the public and private sector work in partnership** to achieve an important development goal. Business can play a vital and cost effective role.





Rod Mitchell CEO of Papua New Guinea Business Against HIV/AIDS (BAHA) and CEO of Nasfund, PNG's largest private superannuation fund. "BAHA has demonstrated the effectiveness of the Private Sector when it strongly enters the HIV/AIDS response as a partner to Government, Faith Based Organisations and other NGOs."

IMPORTANCE TO INDIVIDUAL BUSINESSES

At an individual company level it makes sense to develop an effective prevention response. Looking first at the bottom line, HIV cuts into planned company expenses by increasing costs of employee healthcare, recruitment and training. Companies with employees who become HIV positive are likely to see a reduction in productivity as staff become ill. As prevalence levels rise profits are impacted as expenses increase, service delivery fails to adhere to planned schedules, and customers change their purchasing plans because of the HIV expenses they incur.

CEOs and Senior Managers of successful companies tend to view their workforce as their most important asset.

They are therefore unlikely to be so short sighted as to not want to protect their employees' health.

Leading companies are aware that their responsibility goes beyond producing a satisfactory return for their shareholders to having a positive interaction with the broader community of which they form a part. Companies with active Community Relations programs are also investing in their own long-term prosperity.

IMPORTANCE OF BUSINESS COALITIONS

Business coalitions, by which we mean independent legal entities owned and controlled by a group of individual businesses, have emerged as an ideal platform for multinational, national and local firms to come together to fight the epidemic. They can enable the implementation of effective workplace policies and programs across the private sector, with larger companies that already have good programs acting as role models for other companies. They can also form a platform for effective communication to the broader community and for advocacy.

If properly set up, BCAs develop in to the best mechanism for business to play a role in achieving other important development goals.

ACT NOW NOT LATER

HIV prevalence rates in the Asia Pacific are still low enough for all businesses to maintain healthy workforces and communities. Workplace HIV interventions have been shown to be relatively inexpensive. Contribution to national HIV responses today will provide a greater cost saving in the future. Our region can learn from the experience of businesses in African countries.

‘Don’t make the same mistakes we made in South Africa, we saw this coming but the first reaction of our business was that it wasn’t our problem, that it wasn’t threatening us now, that we’d let the government sort it out’.

BRIAN BRINK, MEDICAL DIRECTOR, ANGLO AMERICAN.



Myanmar business leaders fund this local medical clinic in Lashio.

2

How do I develop a SUSTAINABLE BUSINESS MODEL for a BCA to address HIV/AIDS?

WHY SUSTAINABILITY IS IMPORTANT

The Ultimate Goal of a Business Coalition on HIV/AIDS is the achievement of the Millennium Development Goal;

“To Halt and Reverse the Spread of HIV/AIDS”

In theory then, a BCA should not be a long-term venture. In countries where Government, Civil Society and the Private Sector act in partnership to fight HIV/AIDS one can expect to see a large drop in prevalence rates.

A good example is Thailand, where a business coalition has been active since 1994. A proactive partnership approach to HIV prevention in Thailand has seen HIV prevalence rates drop from 2% in 1997 to close to 1% in 2010.

However, reversing an epidemic like HIV is likely to take a number of years and BCAs therefore need to ensure that they can remain active for a relatively long period. Even when an epidemic is reversed an ongoing maintenance role is useful, particularly as a new generation comes of age.

Finally, successful BCAs have proven to be effective entities to organise a business response to fight other diseases such as TB and Malaria and, perhaps in the future, to achieve other Millennium Development Goals.

HOW TO ACHIEVE SUSTAINABILITY

The single most important goal in achieving sustainability is to fully engage the Private Sector in the decision-making and operations of the BCA from day one. This is particularly important when considering funding.

Our experience has shown that the best results are obtained when 100% of the initial funding is provided by a concerned group of companies, with operations and a workforce in the country, who then form the Governance Board of the BCA.

The founding group will invariably be larger companies that can act as role models. Some may be multinationals with best practice programs. Some, preferably at least half, should be national companies that either have well-developed programs or who are at least willing to invest in them fairly promptly.

As we will describe below, there are various funding options that can work. It can be helpful to have seed capital provided by a donor in the setting up phase and, to a limited extent, beyond.



What differentiates the BCA model is that it is “*by the Private Sector for the Private Sector*”.

This ensures that the BCA is accountable for its results to the very group that stand to directly benefit. This is not to argue that many NGOs involved in HIV prevention and treatment and funded by the big international donors don’t do an excellent job. It is rather that if you duplicate that model then a BCA becomes indistinguishable from an NGO and is less likely to succeed in its specific goals or bring fresh thinking and resources to the problem.

ROLE OF AN INDEPENDENT BOARD

Given our emphasis on “by the Private Sector for the Private Sector” it is not surprising that we stress the need for an independent non-executive board to oversee both the development and governance of the BCA.

Ideally, the Board should be made up of CEOs or senior executives from the major funding corporate sponsors. It might be useful to include other interested business leaders, such as a senior representative from an influential Chamber of Commerce.

The key tasks of the board will be similar to those of a non-executive board in the private sector;

- to agree long term goals and annual objectives;
- to oversee the formulation and implementation of appropriate strategies to achieve the goals and objectives;
- to engage and performance manage an Executive Director/General Manager;
- to agree quantifiable targets within a set timeframe (by way of Key Performance Indicators) and agree an annual financial budget;
- to monitor performance against the Key Performance Indicators and against the annual financial budget;
- to ensure appropriate governance and financial controls are in place.

BOARD COMMITTEES

Given the seniority of board members, once the BCA is established and running they are unlikely to be able to meet very frequently. It might be useful to form board

subcommittees, perhaps a technical committee and a marketing committee, made up of appropriate experts from funding sponsors. As well as allowing the main board to meet less often, this also enables the BCA staff to tap into the expertise of the corporate sponsors and leverage their contacts.

ROLE OF THE CHAIRPERSON

A key success factor is that the Chair of the Board is a well-respected and well-connected member of the national business community.

This person could be, but does not need to be, a CEO of a major sponsor. The success criteria include a strong personal commitment to the goals and objectives of the BCA, private sector experience at a senior level, good relations with Government and, perhaps most importantly, the ability to attract business sponsors and funding to the BCA.

Until a suitable Chairperson is in place it is unlikely the BCA will develop. The Chairperson would normally appoint the Executive Director/General Manager or at least be comfortable with the candidate.

ESTABLISHING AN APPROPRIATE ENTITY

One of the first tasks of the Board will be to ensure that the BCA is operating in an appropriate corporate entity. This will need to happen before any shares can be issued to members, bank accounts opened or staff hired.

A 'Not for Profit' corporate entity is ideal. For example, under Australian regulation, APBCA is a Not for Profit company limited by guarantee. As such, APBCA does not pay tax on its profits and eventually was able to achieve Direct Gift Recipient status, which means that donors to APBCA can set off donations against their income for tax purposes.

However each country has its own rules and you will probably need to take advice from a reputable law firm – if possible on a pro bono basis! In countries where registration is a slow and complicated procedure you may wish to take advice on what might work as a temporary entity until the final one is ready.

SELECTING A NAME AND LOGO

This is important, as it will help with the growth of awareness of your BCA. The term we are using, Business Coalition on AIDS, with the country name in front of it, was almost uniform from 1994 to 2006 and has the advantage of describing exactly what the organisation does. Recently a preference to include an "H" for HIV and to use "against" rather than "on" has resulted in "BAHA" (Business Against HIV/AIDS) rather than BCA. With successful BCAs likely to be expanding their remit to prevention activity on other diseases such as tuberculosis and malaria, it is possible new names may emerge. Restrictive national rules may not allow you to use your first choice, but if possible the country name, a link to business and a link to AIDS or the three diseases is desirable.

A striking logo is a useful marketing tool. An advertising company, or the marketing department of any large company, should be able to help you here – again preferably on a pro bono basis.



**INDONESIAN
BUSINESS
COALITION ON
AIDS**



**PAPUA NEW GUINEA
BUSINESS COALITION AGAINST
HIV & AIDS**



**BUSINESS
COALITION
ON
AIDS
SINGAPORE**

CHOOSING A FUNDING MODEL

This is a critically important decision for the BCA. Getting it right is not only an essential factor in ensuring long term sustainability but also in determining the nature and ethos of the BCA.

The Objective of a BCA Funding Strategy, Possible Sources of Funding and the Decision Making Process are discussed under Question 3.

SCOPE OF ACTIVITY

Core activity for a BCA should be determined by the Board, bearing in mind;

- the ultimate goal - to halt and reverse the spread of HIV/AIDS and
- the specific sector focus – the workplace.

This means the main activity will be HIV prevention focussed on the workplace. Other activity will depend on such factors as the nature of the epidemic, the adequacy of the government response, NGO (Non Government Organisation) and FBO (Faith Based Organisation) activity and the capability and resources of the private sector.

Possible BCA Programs and Services are discussed under Question 4.

RELATIONS WITH GOVERNMENT AND THE PUBLIC SECTOR

It should by now be clear that we view BCAs as private sector entities. However, an important success factor will be a good working relationship with Government.

HIV/AIDS is a public health issue and usually a National Government will have a robust response to both prevention and treatment described in a National Plan. Where this is the case the role of the BCA should be as a key partner focussing on the implementation of prevention activity in the workplace.

It is important for a BCA to develop a good working relationship with government departments with an interest in HIV/AIDS, usually the Health or Labour Ministries or a specific HIV secretariat, and to share information.

There is a win/win outcome in working in partnership with Government. On the one hand, politicians are usually pleased to know that they have developed private sector partnerships to help achieve important national goals. On the other hand, it is very important for any CEO that their organisation is well regarded by Government and is seen to be playing an active community role.

How to leverage Government partnerships, plus the importance of other key partners such as Civil Society and NGOs and multilateral organisations such as UNAIDS, are discussed under Question 7.

BUSINESS PLANS AND BUDGETS

The Board, or the Executive Director reporting to the Board, should draw up a business plan for the BCA. Ideally, it should take a three-year view supported with a more detailed Annual Plan.

The business plan might start with relevant background data such as the state of the epidemic, current Government and non-Government responses and an outline of the size and structure of the private sector in the country.

It should describe the mission or vision of the BCA and its key goals or objectives. Wherever possible, goals should be quantifiable. The business plan should describe the key strategies and business model the BCA will adopt to achieve its objectives. It will cover areas described later in this manual such as the funding model, programs and services, organisation structure and communications and marketing.

Activity necessary to achieve the strategies should be shown in an Action Plan with each action assigned to a person, given a timeframe and describing a desired outcome. The Key Action Points are often referred to as Key Performance Indicators (KPIs).

The KPIs should be regularly reviewed by the Board at least on a quarterly basis. The Board should sign off an Annual Plan at the start of each new year of operations. After three years, if that is the period chosen, a new Business Plan will need to be formulated.

Example of a Business Plan – Executive Summary Only (written in 2007)

INDONESIAN BUSINESS COALITION ON AIDS

Background

With some 170,000 adults living with HIV in 2005 (UNAIDS, 2006 data) Indonesia is classified as a country with a concentrated HIV epidemic, primarily among its injecting drug users and sex worker populations. As in several other Asian HIV epidemics, injecting drug use and sex work networks overlap in Indonesia. Between one quarter (in Jakarta, Medan and Bandung) and almost one half (in Surabaya) of injecting drug users had unprotected paid sex in the previous year.

In Papua, HIV is now well established in the general population. Over 1% of adults in several villages have been found to be living with HIV. It is these three different escalating HIV epidemic patterns (sex workers, IDUs and Papua) that pose the greatest challenge to Indonesia's efforts in slowing the spread of HIV.

The National AIDS Commission which functions as the multi sector coordinating authority and is responsible for implementing the Indonesian National Plan of Action for HIV/AIDS has called for the development of strong workplace-based HIV prevention and care programs with full involvement of employers' and worker's organisations.

The Indonesian Business Coalition on AIDS (IBCA) responded to this call and took its first steps when a prominent local business leader, Ibu Shinta Kamdani, gave her commitment to Stephen Grant, CEO of APBCA, to be the inaugural Chairperson.

A sustained response requires buy-in from companies currently engaged in good practice as well as the involvement of large domestic and international companies who are yet to pay significant attention to HIV/AIDS as both a corporate social responsibility (CSR) issue and a potentially serious economic threat.

The Indonesia Business Coalition on AIDS will take the lessons learnt from previous efforts to create a coordinated business response and marry these with the strategic advantages of being part of a much larger Asia-Pacific business network to foster a new approach to confronting HIV/AIDS as a business issue.

Goal

To halt and reverse the epidemic of HIV/AIDS in Indonesia by educating formal and informal private sector workers.

Objectives

- 1 To create and develop the Indonesia Business Coalition on AIDS as the key coordinating mechanism to deliver an effective private sector response to HIV in Indonesia.
- 2 To assist employers to develop non-discriminatory workplace policies and to deliver effective, affordable workplace training programs in line with international best practice.
- 3 To develop a sustainable business model for the IBCA. This includes the establishment of an effective board, management team and office infrastructure. It also includes establishing a membership model that both adequately funds IBCA activity and delivers value to member companies. The IBCA will draw its membership from privately owned, state-owned and joint-venture foreign-owned companies with a high level of commitment on addressing HIV as a business issue.
- 4 To act as the secretariat of the APBCA in Indonesia. The tasks associated with this include acting as the chief focal point for HIV/AIDS business programs internationally and domestically; a clearing house for information, training materials, policy development and implementation; the main liaison office between government and employers on HIV/AIDS workplace responses; organizing domestic and regional training programs, events and presentations
- 5 To promote awareness of HIV/AIDS as a workplace issue within the broader corporate social responsibility (CSR) agenda and publicize international and domestic best practice at enterprise level for HIV/AIDS prevention, care and treatment through participation in CSR events, publications, media presentations, participation in trade, human resource and industry promotion.

Expected outcomes

IBCA is expecting the followings outcomes:

- 1) A fully functional BCA funded by the private sector and delivering HIV prevention programs in the workplace.
- 2) A common system in place for access to resources and services for companies to start programs.
- 3) Implementation of the Ministerial Decree (Kepmen-64) by a number of local companies.
- 4) Companies implement the Ministerial Decree and establish a workplace policy.

Staffing

There shall be five full time staff positions:

- Executive Director
- Business Manager
- Program Officer
- Administration X 2

The duties of the Executive Director is the management of the four locally-hired IBCA personnel including the provision of technical support, liaison with companies, donors and partners and reporting to the IBCA Board of Management. The IBCA Executive Director will report to the Board.

Membership Model

Companies opting to be members of the IBCA will have three membership options to choose from:

1. Platinum Membership -

Membership fee: US\$25,000 per year

The Platinum members will form the Board of the IBCA.

2. Gold Membership -

Membership fee: US\$10,000 per year

3. Silver Membership -

Membership fee: US\$2,500 per year or fee for services delivered

Service Product

IBCA will design a practical module that can be easily adopted by the service providers. Training will initially be provided by NGOs. IBCA secretariat will have agreements with local NGOs and training institutes to provide HIV education. Other partnerships will be created at the provincial level.

The NAC approved standard APBCA training module will be used for the program. IEC materials will be collected from ILO, YKB, KKI, YAI, FHI/ASA and Pt. Freeport.

Monitoring and Evaluation (M & E)

A team from the NAC Monitoring & Evaluation Unit and the Workplace Working Group (includes ILO & UNAIDS) will be used by IBCA for monitoring purpose.

Two-Year Budget

Forecast of income and expenditure for the next 24 months (see page 17).

Action Plans.

Key action points showing who is responsible and in what time frame.



IBCA founding members

It is essential to draw up a Budget at the same time as you write your Business Plan.

Until you have matched the income you expect to receive under your plan to your planned expenditure you have no way of knowing whether your plan is a living document that can drive your activity. Therefore, without an accompanying budget your business plan might be inspiring to read but will be of little use to you in building a successful BCA.

We recommend a dual “top down” market approach and “bottom up” cost approach to drawing up a budget.

The “top down” approach looks at factors such as;

- economic conditions in your country,
- the awareness of HIV as a threat,
- the coverage and efficacy of existing HIV programs,
- the sophistication, resources and independence of the private sector,
- the number, size and concentration of MNCs and large local companies,
- the history of leading local companies evolving from a crude ‘single bottom line’ approach (the next quarter’s profit) to a more sustainable ‘triple bottom line’ approach (profit to shareholders, wellbeing of staff and other key stakeholders and partnership with the communities with which they have a long term relationship).

The “bottom up” approach looks at the objectives and business model and forecasts the likely income to come from;

- different levels of corporate members or sponsors
- training activity
- donors
- any other sources

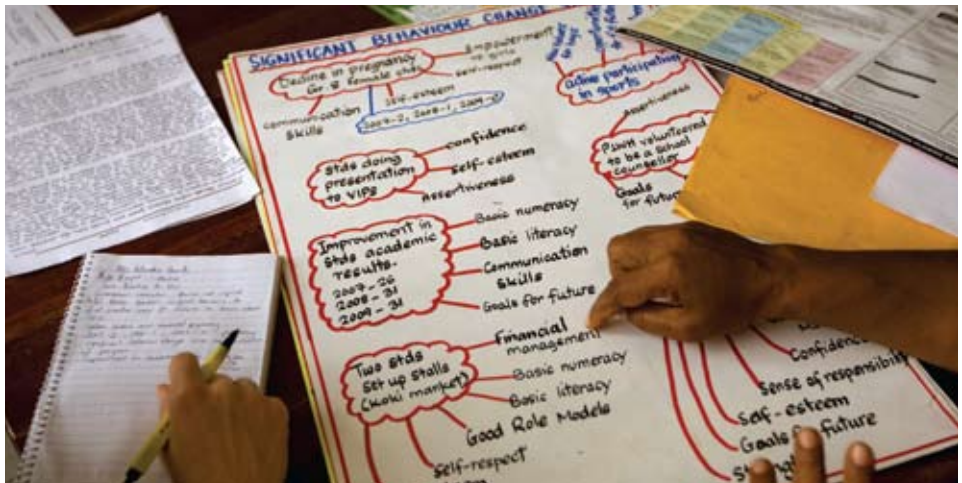
and the resources needed to achieve it, such as;

- staff salaries and travelling
- administration costs
- communication and marketing costs
- policy development – if delivered free of charge
- training delivered to supporters as part of their membership package and, possibly, an allowance for a limited amount of introductory training provided free of charge.
- any shortfall in your training income from training costs.

If your “top down” income figure greatly exceeds your “bottom up” cost figure then you may be charging too much, be too optimistic in your assumptions or underestimating the resources that you will need or training that you will need to subsidise.

If your “bottom up” cost figure exceeds your “top down” income figure, (including any short term grants that you have received in your income figure) then you either need to identify more private sector supporters, raise your prices or make do with less resources.

If your income figure slightly exceeds your cost figure then you are probably about right!



Example of an Annual Budget (2009)

PAPUA NEW GUINEA BUSINESS AGAINST HIV/AIDS (BAHA)

	<i>2008 Budget Kina</i>	<i>2008 Actual Kina</i>	<i>2009 Budget Kina</i>
Income			
Platinum Sponsors	x	x	x
Gold Sponsorships	x	x	x
Membership and Service Fees	x	x	x
Program Fee - AusAID	x	x	x
Sundry Donations	x	x	x
Sales of Merchandise	x	x	x
Interest Received	x	x	x
Total Income	x	x	x
Expenditure			
Staff Wages and Employment Costs	x	x	x
Travel and Accommodation	x	x	x
Marketing and Communications	x	x	x
Training Costs	x	x	x
Telephone and Fax	x	x	x
Office Expenses	x	x	x
Legal and Professional Fees	x	x	x
Insurance	x	x	x
Cost of Goods Sold	x	x	x
Bank Charges	x	x	x
Depreciation of Fixed Assets	x	x	x
Total Expenditure	x	x	x
Operating Surplus	x	x	x
Retained Surplus brought forward	x	x	x
Retained Surplus carried forward	x	x	x

RECRUITING EXECUTIVES

Equally important as having an effective Chairperson is the need to find the right Executive Director (“ED”), sometimes referred to as General Manager, Chief Executive Officer, Country Director or Country Manager.

The ED is responsible to the Board for implementing the Business Plan and achieving all the KPIs.

Experience has shown that to succeed in this role an individual must have;

- proven leadership ability,
- a track record in the private sector, including progressing to at least a middle management role,
- strong interpersonal and communication skills,
- a tertiary qualification,
- a good command of English and
- a passion to spend at least part of their career leading a cause related organisation.

Other skills such as financial numeracy and experience in the health or education sectors are helpful but not essential.

Once the ED is in place then other staff can be recruited. How many will largely depend on the current and projected size of the BCA, the model adopted for delivering training and the strengths of the ED.

In the early days the ED should be prepared, and have the skills, to run the whole show by themselves or with volunteers.

If the ED is not “technical” (e.g. will not write policies and deliver programs and services personally) then, fairly soon, the next recruit should be a Program Manager responsible for the successful delivery of programs and services.

The next recruits are likely to be an administration person to run the office and a communications and marketing person. Initially these roles may be part time or filled by volunteers, perhaps partially funded by an overseas donor such as AusAID.

Often personal contacts of the Chairperson or other Board Members may be ideal recruits for these roles. However, we strongly caution you to avoid handing out jobs to friends and acquaintances, however well meaning these people may be. It is essential that a job specification is drawn up for each role and candidates, preferably more than one, are considered for the roles based on how well their skills and experience match the job specification.

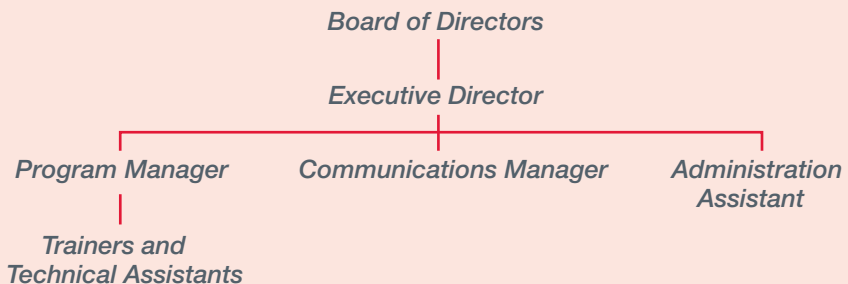
Remuneration levels should not be based on “ex- pat” salaries but should be competitive with equivalent roles in the local private sector. You may be able to pay a slight discount based on the job satisfaction in preventing the spread of a major disease, but the key focus should be getting the right people.



DEVELOPING AN ORGANISATION STRUCTURE

The structure you adopt will depend on the projected size of your BCA and the skills of your key staff members.

Basic Organisation Structure for a BCA



An emerging BCA may not be able to afford all these positions and the ED may have to take on more than one role.

A well-established BCA may have many more people but still divided in to three basic areas;

- Programs and Technical assistance
- Communications, marketing and member services
- Finance and administration

3

How do I develop a **FUNDING STRATEGY** to support a Sustainable Business Model?

OBJECTIVES OF YOUR FUNDING MODEL

The objective of BCA funding strategy is to;

- ensure that the BCA has enough funding in place and promised in the future to cover estimated costs and overheads based on the business plan for at least one year ahead and preferably for two or three years;
- to benefit from the resources and skills of major private sector employers in the country both in terms of cash funding and leveraging core competencies;
- to develop a user pays approach for services delivered. For smaller organisations this may be heavily subsidised but the premise is that services delivered free to companies are often not valued. Where even a modest cost is involved a company is more likely to monitor implementation and outcomes.

Other than our belief that all or most of a BCAs funding should derive from the private sector, there is not one particular model that fits all circumstances.



Meeting of the Board of Governors, Mandalay, Myanmar.

BASIC CLASSIFICATIONS OF FUNDING SOURCES

Members or Sponsors	companies who pay an annual fee in exchange for a range of benefits. This is likely to include a small group of key or top level supporters or (e.g. “Platinum”) and one or more subsidiary levels of supporters (e.g. “Gold” or “Silver”)
Clients or Customers	companies who pay fees for BCA services delivered
Members In Kind	quantifiable services provided free of charge from Companies (e.g. Office Space, IT, Legal, Audit and Accountancy, Travel and Staff)
Donors	bilateral or multilateral agencies (e.g. UNAIDS, USAID) or philanthropic organisations (e.g. Gates Foundation)
Sales	sales of products to companies or the public (e.g. condoms, merchandise produced by PLWHAs or donated by companies or designed and sourced to promote HIV awareness)
Regional BCAs	in the Asia Pacific, this could involve limited funding from APBCA.

Any model will need to access one or more of the above sources.

WHO TO APPROACH FOR FUNDING

Experience has shown that the best outcome is likely to be achieved when funds are raised by a group of enlightened companies, with a workforce in the country, which can then act as best practice role models. These companies could be known as “Founding”, “Platinum” or “Diamond” members or sponsors but let us call these companies “Key Supporters”.

Large, high profile companies are most likely to be your Key Supporters. A number of multinational companies (“MNCs”), particularly those with operations in Africa, have already developed best practice approaches and, if they have a workforce engaged in your country, may well be willing to support your BCA.



You should aim to have at least half your Key Supporters as large local companies, not only to achieve a mix, but also to encourage other local companies to understand that this is an important national issue and that it will be positive for their company's image to be involved in an effective, best practice prevention program.

Industry sectors are not critical, other than you should not have too many from one sector.

HOW TO IDENTIFY POSSIBLE KEY SUPPORTERS?

APBCA has contacts with a number of best practice MNCs and will provide some leads for you.

Ideally the Chairperson or a Board Member will have personal contacts that can be leveraged.

Once you have one or two Key Supporters, an introduction from them to other companies will be very powerful.

If you are fortunate, you may be able to identify companies that are already promoting their own prevention activities and would be pleased to encourage others.

Chambers of Commerce and Industry Associations can provide you with names and, depending on their clout with the business community, may be able to identify suitable candidates and help you pitch to them.

In some countries, agencies like the ILO and UNAIDS may have good contacts with the private sector and may also be able to identify suitable candidates.

Finally, you can do it the hard way. Find out from the Internet or from trade directories the major employers in each industry sector and make an appointment to go see them.

DETERMINING HOW MUCH TO ASK FOR

You will need to take a ‘top down’ market approach and a ‘bottom up’ cost approach, as described in the earlier section on Business Plans and Budgets, to arrive at the right answer.

Obviously the fewer Key Supporters you have the more each one will need to provide. So, if you need a minimum of \$100,000, you could in theory raise this all from one Key Supporter or from ten Key Supporters each giving you \$10,000. In practice you would probably look to recruit at least three Key Supporters. Any more than ten would probably dilute the benefits and be unmanageable.

When you and your board have determined an appropriate amount you should test this with potential supporters.

Preferably, you should seek a three-year commitment from Key Supporters. Companies that are willing to support you will understand the need to build in some sustainability.

Finally, don’t forget that “in kind” contributions from Supporters that cover costs that you would otherwise had to incur (e.g. office space or travel) are as good as cash.



As an illustration the funding models adopted by three BCAs that APBCA helped to establish are set out below.

PAPUA NEW GUINEA - 2008

Source	Annual Contribution
Private Sector Members	89%
• Platinum Members	50%
• Gold Members	29%
• Ordinary Members or Fees for Service	4%
• Other in Kind	6%
Sales	1%
APBCA	3%
AusAID – specific program funds	7%
Total	100%
Total raised - approximately US\$700,000	

INDONESIA - 2008

Source	Annual Contribution
Private Sector Members	90%
• Founding (Platinum) Members	58%
• Gold Members	14%
• Ordinary Members or Fees	8%
• In Kind (say)	10%
APBCA	10%
Total	100%
Total raised - approximately US\$300,000	



CAMBODIA - 2008

Source

Annual Contribution

Private Sector Members	60%
• Founding Members	50%
• Fees for Service	5%
• In Kind	5%
APBCA	20%
Donors (UNAIDS, CARE)	20%
Total	100%

Total raised - approximately US\$100,000

In 2008, the Papua New Guinea and Indonesia BCAs, in countries which both have a dynamic private sector, raised virtually all their funding from businesses based in the country. This was also true of Myanmar, Singapore and Sri Lanka. Cambodia and Vietnam, which have a less developed private sector, relied partially on donor funding. Thailand is a special case having originally been private sector funded but as it matured it developed a program to reach small and medium companies funded by the Global Fund on AIDS, TB and Malaria (see ASO Thailand page 28).



BENEFITS YOU CAN OFFER POTENTIAL KEY SUPPORTERS

Depending on your model, benefits you could offer potential Key Supporters include;

- The economic and social benefits of **educating and protecting their workforce** by access to the latest best practice in HIV workplace policy and programs.
- **National and international recognition** as best practice role models promoted through press coverage and case studies and websites.
- A **seat on the Board** and a role in determining the strategic direction and key performance indicators of the BCA.
- Policy development and “Train the Trainer” **activity provided free of charge by the BCA.**
- Recognition by stakeholders such as staff, customers, government and NGOs as being a company that takes its **community and social responsibilities seriously.**
- BCAs can assist companies to **monitor and evaluate the effectiveness** of their HIV/AIDS programs.

WAYS TO “CLOSE THE DEAL”

Personal contacts will be the key tool to securing meetings with CEOs or Senior Manager from prospective Key Supporters. At the **meeting** you should be well prepared to sell the benefits of why the company should become a Key Supporter.



You should also have prepared a professional looking **proposal** to leave behind that clearly describes the options open to the Company, the commitment you are looking for and the benefits offered.

Ideally you will receive **commitments**, preferably followed up in writing, from a sufficient number of Key Supporters in the establishment phase.

At the start of the process it can a good idea to arrange a lunch or dinner at some future point, say six months ahead, to celebrate the **launch of the BCA** and thank Key Supporters, who by that point may also be the Board Members. As well as key role for your Chairperson, it would be good to secure the attendance of your Prime Minister and/or other key ministers, the head of any national AIDS body and some high profile celebrities such as entertainment or sports personalities and senior diplomats. You should also ensure the media are well represented.

Having a date for the launch will help add some urgency to the decision making process which might otherwise sit for many months in an “in-tray”. It also provides an opportunity to invite CEOs of companies that have shown a lot of interest but are yet to make a commitment or of companies you have been unable to reach.

ATTRACTING “SECONDARY SUPPORTERS”

Your “top down” market planning approach and your activity in recruiting key sponsors should have helped you identify a group of companies that might support the BCA as members or sponsors but at a reduced level. These companies could be known as “Gold” or “Silver” members or sponsors but let us call these companies “Secondary Supporters”.

The Secondary Supporters are also likely to be MNCs with local operations or large local companies. They will provide a lower annual contribution than the Key Supporters, say between 33% and 50% of the Key Supporters contribution. In return they will receive fewer benefits than the Key Supporters, perhaps the free training but a lower level of promotion and no seat on the BCA Board.

Your “bottom up” budget planning approach will tell you the minimum number of Secondary Supporters that you need. However, having too many is never likely to be a problem as even when all your running costs are covered more funds will enable you to increase the amount of subsidised services you can offer to smaller companies.

DOING BUSINESS WITH THE CORPORATE SECTOR

Once your initial Key and Secondary Supporters are in place you need to decide how you will do business with other companies.

For larger companies, your aim should be at least to cover the costs of providing the workplace programs and services. There are two ways in which this can be achieved. You can create a third level of annual membership, perhaps based on the total number of employees, which on average should cover the costs of delivery. Alternatively, you can just invoice these companies as customers for the programs and services provided by the BCA.



Ceremony for award winning companies that have achieved the ASO Certification.

ASO Thailand

An innovative accreditation model

History

The AIDS-response Standard Organisation (ASO) concept was developed and initiated by the Thailand Business Coalition on AIDS (TBCA) in 2005 to promote high quality standardised HIV workplace programs. The ASO program is a partnership between TBCA, the Thai Government Ministries of Labour and Public Health, the International Labour Organisation (ILO) and 32 non-government organisations concerned with HIV and the workplace. This partnership has contributed to the training of 400,000 employees in Thailand.

Operating Model

ASO works on a points system where the activities of the workplace program are graded according to the contribution made to the overall program effort. The most points a company can receive is 100. There are three levels of program:

- Silver: 60 points
- Gold: 70 points
- Platinum: 85 points

To achieve gold or silver accreditation, the company must have an HIV workplace policy that protects staff confidentiality and provides guidelines on assistance to employees with HIV/AIDS. The company would also need to provide training and support community involvement in the HIV program to achieve gold accreditation. To achieve the highest possible accreditation platinum, tuberculosis education and training would need to be integrated into the HIV workplace program.

To ensure the company HIV/TB program complies with ASO standards, the program is audited by TBCA. If the company does not meet the assessment criteria, TBCA works with the company to achieve the desired accreditation level. ASO accreditation remains valid for 1 year.

ASO Process

Initially the ASO process begins with a letter from the Ministry of Labour inviting the company to join the program. If the company is interested in participating, a meeting will be held between the Ministry of Labour, TBCA and the company. If the company decides to join the program, TBCA will conduct a company assessment survey to understand the business and its particular needs.

Following the company assessment, TBCA will conduct HIV/TB training for human resource managers, company trainers and employees, depending on the company's needs. Nine months later, TBCA will conduct a second company assessment and provide a final score for the program. The program score is sent to the Ministry of Labour for certification and if the program meets the criteria, the company will be invited to receive their accreditation in a public award ceremony with other companies.

Benefits of ASO

When a company decides to become an ASO accredited company, they can be assured they are receiving a high quality training product that is recognised by the Thai government, the ILO and in the near future, ISO 26000. TBCA is working with the National Accreditation Council of Thailand so that ASO will be recognised as part of ISO 26000, the standard for corporate social responsibility. Amongst the other benefits of ASO are:

- A 10% reduction on Group Life Insurance programs for accredited companies;
- Reduces costs associated with termination of staff, recruitment and re-training;
- Recognition by government and other leading private sector companies and international organisations;
- Employees enjoy greater morale, pride in their company and a sense of loyalty;
- Enables the company to stay abreast of latest innovation in standards of excellence.

The HIV Epidemic in Thailand

Thailand was one of the first countries in the Asia-Pacific region to experience a generalised HIV epidemic. Throughout the 1980's, the response from leaders and the public was generally based on fear and ignorance. However new leadership in the 1990's resulted in a review of government policy with astounding success.

HIV prevalence in Thailand halved from 2% in 1997 to close to 1% in 2010 (UNAIDS, 2010).

4

What PROGRAMS AND SERVICES should the BCA offer?

The key activity for all BCAs is the delivery of programs and services that focus on HIV/AIDS prevention in the workplace. This should always include workplace policy development and training.

WORKPLACE POLICY DEVELOPMENT

A core service for BCAs is to offer to their supporters and customers best practice HIV/AIDS workplace policy development. These policies will cover essentials such as non-discrimination of HIV positive people in the workplace and the need to educate all staff on how to avoid HIV/AIDS.

Often these policies reflect national legislation already in place. As an effective business response to HIV prevention cannot be mounted without companies having an effective HIV workplace policy, we put this activity as the first priority.

Policies will need to be tailored to suit particular industries and the size and scope of the company. Some large companies, particularly MNCs, may already have best practice policies in place. These companies will usually be happy for their policies to act as the industry standard. Some companies will have policies that need to be improved and many others, even large companies, are likely to have no policy at all.

BCAs will need the technical expertise to help companies either check their existing policies or to write a policy. The BCA will need a system to ensure that periodically policies are checked and updated.

WORKPLACE EDUCATION AND TRAINING

The other core service that all BCAs should offer is on site education and training of staff on how to avoid HIV/AIDS. Current best practice has described by APBCA in the Toolkit for an HIV Smart Workplace.



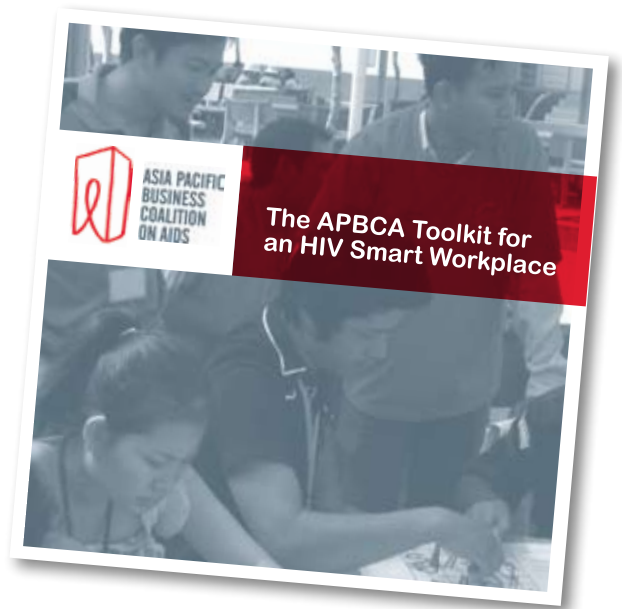
Workers from a Phnom Penh garment factory taking part in an APBCA workplace training program.

APBCA TOOLKIT FOR AN HIV SMART WORKPLACE

The APBCA Toolkit is a set of instructions, resources, tools and ideas used by the network and its member companies to develop and implement best practice HIV/AIDS programs for the workplace.

The Toolkit program focuses on providing management, usually HR staff, with the knowledge and skills to lead the delivery of the company HIV program. It is supported by the local BCA. After completing the Toolkit one-day train-the-trainer course, the participants experience a passion and energy to be “agents for change” in the company and ensure critical information about where to access a HIV test and treatment is made available to their colleagues.

In addition to the Toolkit training program, companies have access to technical advice from the local BCA and APBCA regarding policy development, staff education and program monitoring and evaluation.



COMMUNICATION AND ADVOCACY

All BCAs should offer their supporters and the wider business community basic information on issues such as HIV prevention activity, where to get tested, where to find treatment, current legislation and profiles of best practice company role models.

Communication, marketing and advocacy are discussed more fully under Question 6.

CONDOM DISTRIBUTION

BCAs should be able to access condoms via a donor either free or at a subsidised price. The condoms then can then be distributed to member companies to make available to their workforce. This might be via vending machines or free distribution bins.



PNG BAHA Red Boxes

12,000-13,000 condoms are distributed free to the public per week from the Red Box located outside the BAHA office. Red Boxes are located across PNG.



Thailand Condom Vending Machines and TBCA Branded Condoms



Myanmar Transport Sector Project

MBCA provides transport workers with free condoms, health education and awareness services at trucking stops along the Muse-Lashio-Mandalay Highway.



PNG BAHA Branded Condoms

PEOPLE LIVING WITH HIV/AIDS (PLWHA) OPPORTUNITIES - TRAINING OR PRODUCTS

Inevitably the number of people living with HIV/AIDS is going to grow. In spite of our best efforts to combat ignorance and prejudice in the workplace, there will be a number of skilled and talented people who face difficulties finding work because they are HIV positive.

However, this creates a great opportunity for BCAs to train PLWHA to deliver BCA programs and services. As well as creating job opportunities, the impact of having HIV positive people involved in workplace training, particularly if they are happy to talk about their own experience, can be very powerful.



Skills Building Capacity Training For PLWHA in the Workplace, Menara Peninsula, Jakarta.

The APBCA/APN+ Training Program for People Living with HIV/AIDS (PLWHA)

Anyone who has participated in one of the network's standard 3-hour HIV education programs and has heard the story of a person living with HIV first-hand understands the power this story has to transform attitudes. Surveys conducted with participants in the 3-hour HIV program regularly show that this training results in a breakdown of stigma and negative perceptions of people living with HIV. Interacting with a person who is openly HIV positive and hearing their story is critical to this shift.

The APBCA/APN+ Training Program aims to assist HIV positive people improve their communication and presentation techniques. After completing the training, the participants will have increased their skills and confidence to present their story in a clear and structured manner in front of an audience. If they have the aptitude they may then progress to become trainers.



Thailand Outreach Program – Conference Bags

TBCA contacted a PLWHA group near Chiang Mai and gave the HIV positive workers a contract to produce 20,000 bags for the 2003 AIDS conference, which was held in Bangkok. The profits from this contract enabled the workers to upscale their factory where they now take local and international orders to produce apparel. This is an excellent example of BCAs working with local PLWHA groups to create sustainable employment opportunities.

HIV “HELPLINES”



PNG BAHA HIV Info Line is sponsored by Digicell and receives 300 calls per day.

BCAs can consider setting up an HIV helpline where people can make an anonymous telephone call to find information or get help. This useful service can become costly to operate and so is best activated in partnership with a corporate sponsor. A telecoms company is ideal as it can provide the telephone lines and perhaps also support one or more operatives.

VOLUNTARY CONFIDENTIAL COUNSELLING AND TESTING (VCCT)

An HIV test should be performed by an appropriately trained person and only be performed after pre-test information and counselling and have been given to the individual and if, after receiving that information, the individual freely agrees to the test.

All BCAs should provide information as to the location of VCCT sites in their country. In countries where VCCT is not readily available this may be offered to their staff by large employers.

SPECIFIC INDUSTRY FOCUS

The APBCA Toolkit can be modified to focus on employees in a specific industry.



SMART HOTELS PROGRAM

Cambodia Smart Hotels Program

Two of Cambodia's leading hoteliers, Raffles and Hotel De La Paix led a program aimed at engaging the hotel and tourism industry in HIV prevention programs.

Cambodia has faced the enormous challenge of addressing what was the region's most serious HIV epidemic; in 1997 HIV affected 3.1% of Cambodians. Government HIV policies and support from the international community have contributed to a significant reduction in the national prevalence, which is now approximately 0.9%.

HIV education and a Condom Use Program significantly contributed to reducing new infections. While this has been an outstanding achievement, experience in Australia and Thailand show that it requires sustained and innovative policies to continue reducing the rate of new infections.

Cambodia's rapidly developing tourism industry attracts thousands of employment seekers hoping to find work in the hotels or on construction sites and sex workers that have been forced out of brothels due to new government legislation.

By educating the employees of the rapidly growing tourism sector, critical prevention information will continue to be disseminated to those most at risk.

TREATMENT ASSISTANCE

HIV/AIDS cannot yet be cured. However People Living with HIV can be treated with antiretroviral therapy (ART), which can enable them to lead full and productive lives. In countries where ART is not readily available through the national health system, some large employers have supplemented their prevention and VCCT programs with the provision of ART.

OTML Treatment Program

The Ok Tedi Mine Limited (OTML) is a major producer of copper concentrate for the world smelting market. Located in the remote north of Papua New Guinea's (PNG) Western Province in the Star Mountains, OTML extracts and exports copper, gold and silver concentrate to markets in Europe and the Asia-Pacific region.

OTML is a leader in the PNG business community on HIV and health issues, and is delivering high quality services to its employees, and the citizens of Western Province. The company has set up a clinic, which provides a range of health services including confidential HIV testing and counselling to OTML employees and the wider community, a service otherwise unavailable in this remote region. The company's HIV/AIDS program began in 2003 and gained strength in 2006 with the adoption of the OTML HIV/AIDS Charter.

After five years of delivering its HIV Program, OTML is sharing best practice in HIV and health through its platinum membership of the PNG Business Coalition on HIV/AIDS (BAHA) and its relationship with Asia Pacific Business Coalition on AIDS (APBCA).



TUBERCULOSIS (TB) AND MALARIA

If TB or malaria is a problem in your country then the BCA may wish to develop workplace prevention and treatment strategies to tackle these diseases.

Expanding BCA activity to tackle other diseases is discussed under Question 8.

COMMUNITY PROGRAMS AND HUMANITARIAN ASSISTANCE

A BCA should focus on HIV/AIDS in the workplace and then possibly TB and malaria. However, BCAs can also usefully work with the local private sector to address the impact of HIV/AIDS in the broader community. In an emergency situation, a fully developed BCA with an active group of private sector supporters is ideally placed to provide humanitarian support by accessing the resources and core skills of its member companies.

ANZ/BAHA Education Awards

The ANZ/BAHA Education Awards inspires teachers to find creative ways for children to learn about HIV/AIDS in addition to the Government curriculum currently offered in schools. Cash prizes are awarded to the teachers who develop the most innovative and exciting HIV/AIDS education programs. Schools have reported a significant change in student behaviour since the implementation of the program as well as an improvement in academic results.



Koki Primary School teacher Rose Hagua – ANZ BAHA Education Awards Winner 2008

Freeport IBCA Papua Chapter

In Indonesia's Papua province, HIV infection levels are 15 times higher than the national average (UNAIDS, 2010). Papua has by far the highest prevalence of HIV/AIDS in Indonesia at 3.6% (Provincial AIDS Commissions, August 2010).

The Indonesian Business Coalition on AIDS (IBCA) established the Papua Chapter in partnership with PT Freeport Indonesia (PTFI) in November 2010 in an effort to manage HIV/AIDS in the workplace. PTFI is one of IBCA's founding members and has made a commitment to ensuring best practice in HIV/AIDS workplace policy and education. PTFI also has an extensive community program which includes providing education and access to treatment to 'at risk' groups in the vicinity of its operations.



MBCA and Cyclone Nargis

The Myanmar Business Coalition on AIDS (MBCA), established in 2003, has been highly effective in promoting and leading a private sector response to HIV/AIDS in Myanmar. Its executive director and many of its staff are qualified clinicians.

With widespread poverty and isolation affecting the majority of people in Myanmar the impact of a natural disaster can be catastrophic. The scale of devastation caused by Cyclone Nargis in 2008 required that NGOs support relief efforts.

MBCA was able to use its expertise in counselling, healthcare education and care to assist survivors with post traumatic stress counselling and general health and sanitation issues.

Additionally, MBCA's member companies and business supporters are providing materials and workers to help rebuild schools and houses in badly impacted villages.



5

How PROGRAMS AND SERVICES should be delivered?

BCA staff should have the skills and capability to help companies develop workplace policies and organise and monitor HIV workplace training. Your Program Manager should be able to deliver workplace programs personally and, depending on your model, perhaps also the Executive Director.

A key decision for your BCA will be whether to contract training delivery to independent organisations, recruit or develop your own trainers or a combination of both. The right answer will be different for each country.

USING INDEPENDENT ORGANISATIONS

There are likely to be a number of organisations, probably all NGOs, with experience in the delivery of HIV education and training in the workplace. If your BCA Program Manager is satisfied that one or more of them have suitably experienced staff and can deliver the APBCA Toolkit, or a product of similar quality, there is no reason not to use them. The Program Manager, or other BCA staff, should accompany them at first to ensure quality.

You will need to negotiate a delivery price with the NGO that you can recoup from your members either as part of a Supporter's membership package or on an individual fee for service basis. You will probably obtain a better price from the NGO if you are able to offer them a minimum number of training sessions per week or month. This option has the advantage of not requiring any upfront investment in training staff but is likely to be a more expensive delivery channel particularly if, as hoped, training activity starts to grow rapidly.



USING YOUR OWN STAFF

It is advisable that the Program Manager delivers initial training programs. As activity grows more training staff could be recruited. This will have the advantage of making quality control easier to manage and is likely to be better value for the BCA. However it does require a commitment to providing salary and benefits to new BCA employees.

You would be more likely to pick this option if you believed your BCA had the potential to rapidly scale up training activity. It is possible a combination of NGO and BCA staff might be your best option.

DEVELOPING A PRICE LIST

When discussing products and services with companies you will need to have a price list. You will also need to price services so that you can forecast BCA income as part of the budgeting process.

Factors to consider include;

- the cost of training based on what you have negotiated with the NGOs or by calculating recovery costs for your BCA staff (i.e. if you are paying a trainer \$1000 per month and you plan to have them deliver at least 50 hours of training a month, your recovery cost will be \$20 per hour or, say, \$150 for a full day session if only involving one trainer).
- any extra loading to cover other costs or to build a small surplus.
- what you believe companies will pay.

Beware that if you decide to price services below cost this could end up causing you serious financial problems as activity grows.

However, once your BCA has matured to the point that it is mainly delivering programs to small companies you may then need to consider subsidising the cost of delivery via the participation of an international donor such as the Global Fund (**see Question 7**).



6

What **COMMUNICATION, MARKETING AND ADVOCACY** activity should the BCA undertake?

Along with securing private sector funding and delivering programs and services, the other core activity for a BCA is communication, marketing and advocacy by which we mean;

- providing private sector managers and employees all they need to know about HIV and how best to respond to it.
- marketing the benefits of supporting your BCA to prospective supporters or customers.
- sharing information with organisations engaged in fighting HIV and lobbying Government and others for effective legislation, prevention programs and provision of treatment.

If resources allow, the BCA will have a Marketing and Communications Manager on staff with some relevant practical experience.

WEBSITE

Given the growing dominance of the web, particularly to the business community, developing a website should be a priority for your BCA.

The website can

- profile the BCA and describe its activities and people,
- publicise the BCA's Key Supporters and demonstrate best practice by way of case studies and news stories,
- describe the epidemic and the need for action,
- provide useful information on prevention, testing and treatment,
- include a media and photography library,
- describe the benefits to employers of supporting the BCA and using its programs and services

You may find that a local advertising or design company will develop the site for you at a special rate. To be effective you will need to devote some resources to keeping the information on your website current. This should not be too difficult if the website has been built to allow a BCA employee easy access to update the site.

NEWSLETTERS

You should consider sending a regular newsletter, perhaps quarterly or bi-monthly, to your supporters, members and other key contacts. The newsletter should feature the activity of the BCA and other related activity but must be presented in such a way that it is of interest to the target audience.

The newsletter should also be available online via email and your website. Given the growth of Internet penetration in the corporate sector the trend is for electronic communication to replace paper-based communication.

BOOKLETS AND DVDS

A BCA can both provide a useful service and raise its profile by producing information booklets or DVDs on HIV and related topics or on its own services.

IBCA DVD (July 2009)

In 2009 in collaboration with a local media company, the Indonesia Business Coalition on AIDS created a short film to use at member briefings, media briefings, public service announcements and for general educational purposes. The film is a direct and targeted call to action produced in four segments.

The first section features messages from the CEOs of IBCA's Founding Members in both Bahasa and English. They talk naturally and convincingly about why HIV/AIDS is a concern to them, why their businesses have taken action to combat it and how business can play an active role in the national HIV prevention program.

The other three segments address different audiences with messages from Human Resource Managers, Occupational Health and Safety Officers and employees.



MEDIA CAMPAIGNS

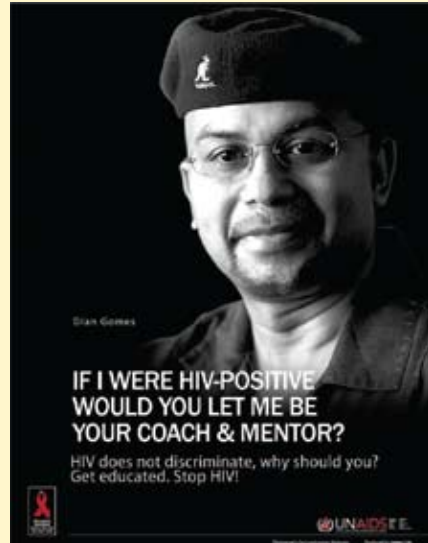
A BCA can both further raise its profile and those of its Key Supporters and also publicise the epidemic and the need for action by means of a planned media campaign. This is most likely to be a public relations (PR) campaign where the BCA aims to have stories and news items appear in the press and on television and radio on a regular basis. The BCA will need to access resources in order to achieve this aim; including good contacts, access to research and the ability to write interesting press releases and articles.

In rare cases it might make sense to advertise the work of the BCA. However, this is only likely to be affordable if the media space is donated or heavily discounted.

When considering PR or advertising the BCA should aim to leverage its contacts in the Communications Sector and also the marketing expertise of its Key Supporters.

SRI LANKA CAMPAIGN

The Sri Lankan Business Coalition on HIV/AIDS (LBCH) commissioned an advertising campaign featuring high profile and respected Sri Lankan personalities who are supporting the LBCH anti-discrimination message; *"HIV does not discriminate, why should you? Get educated. Stop HIV!"* Posters were distributed to all 47 LBCH members for display around their workplace. On December 1st 2008, LBCH held a press conference where the personalities featured in the campaign spoke to the media for World AIDS Day.



SINGAPORE CAMPAIGN

The Singapore Business Coalition on HIV/AIDS (BCAS) ran a campaign which featured a series of images using the red and white tape as a focal point, linking to stigma and discrimination against people living with HIV/AIDS. The message on the ad reads *"All it takes is just one night"*. The ads were targeted at the business community as Singapore is a major global business hub with frequent movement of many travelers in and out of the country, back into the region.



CONFERENCES

Speaking at conferences can be a highly cost effective way to profile the BCA, its Key Supporters and the need for a business response to HIV/AIDS.

BCAs need to be familiar with major conferences on the calendar. If the BCA is successful in getting itself on the agenda it will need to ensure it makes a professional and interesting presentation. The preparation and time invested may be significant, therefore the BCA should only consider conferences where there is evidence that it will;

- be well organised and promoted,
- include some sought after speakers,
- attract a business audience.

This last point is very important. There is no advantage to a BCA to tell NGOs, health workers and academics that they need to respond to HIV. They already know. The BCA should therefore focus on conferences that will attract a high proportion of decision makers from the corporate world.

WORLD AIDS DAY

World AIDS Day on 1st December provides an opportunity to profile the BCA, its Key Supporters and the need for a business response to HIV/AIDS.

PNG BAHA World AIDS Day Program

The PNG Coalition manages to galvanise the entire PNG business community with its World AIDS Day (WAD) program. Activities include;

- The “BAHA Wear Red” campaign where employees dress in red clothing to show their commitment to HIV/AIDS awareness, prevention and non-discrimination
- Major office and civic buildings, including Parliament House, draped in red ribbons
- T-Shirts promoting the event
- “World AIDS Week Workbook” and games such as “Dicey Sex”; “Empowering Snakes and Ladders”; “Know Your STIs” and the “Condom Olympics” to educate employees about HIV/AIDS
- A special stamp issue in collaboration with POST PNG and the National AIDS Council, encouraging communities to express their views on HIV/AIDS through creative expression. Nine finalists had their art works portrayed on national stamps.



IBCA World AIDS Day Program

The Indonesian Business Coalition on AIDS also runs an extensive WAD program. Activities include;

- Limited edition T-shirt with the slogan “I Care” designed by one of Indonesia’s top fashion designers sold in select department stores throughout December.
- Over 1000 workers from member organisations to participate in an AIDS Walk & Bike organised by the Department of Youth and Sport. Walkers positioned under an IBCA banner at the starting point then marched under their company’s own banners wearing the IBCA T-shirt, personalised with the logo of their company.
- As part of National Condom Week IBCA sponsored a student essay competition titled Safe Sex, Saves Lives. The competition encouraged students to think about innovative ways in which to promote the message of safe sex amongst young people and how best to tackle the growing rate of infection within their communities. The winners of the best three essays were given the opportunity to implement their proposal.



GOVERNMENT COMMITTEES

A key advocacy objective for a BCA is to encourage the national government to mount an effective response to the threat of HIV.

Much of the marketing activity described above should help achieve this objective. It will be useful also for the BCA to be part of any national or provisional body established by the Government to plan and monitor the national response to the epidemic. These bodies or committees will often also include key NGO representatives. Maintaining an effective presence on these committees will enable the BCA to better;

- understand national priorities,
- represent a private sector point of view,
- coordinate public and private sector activity,
- advocate for an effective Government response.

BCAs should explore sharing data with Government departments and, if appropriate, pooling resources on big projects.

One committee a BCA should always look to be part of is the national **Country Coordinating Mechanism (CCM)** of the Global Fund. The CCM is the key channel for Global Fund finance in a country and the BCA can play an active role both to ascertain how private sector skills and resources can be utilised in Global Fund projects and with a view to the private sector implementing appropriate projects as, in Global Fund terminology, a Principal Recipient (PR).

7

How do I find PARTNERS that can help me?

A number of organisations may be able to provide assistance. This will vary from country to country, but here are some suggestions.

GOVERNMENT

HIV/AIDS is a public health issue and usually a national government will have a robust response to both prevention and treatment described in a national plan. Where this is the case the role of the BCA should be as a key partner focussing on the implementation of prevention activity in the workplace.

It is important for a BCA to develop a good working relationship with government departments with an interest in HIV/AIDS, usually Health or Labour or a specific HIV Secretariat, and to share information. Hopefully the Chairperson or another Board Member will be able to organise a meeting to brief the appropriate Minister and senior public servant. If not UNAIDS may be able to assist, see below.

There is a win/win outcome in working in partnership with Government. On the one hand, politicians are usually pleased to know that they have developed private sector partnerships to help achieve important national goals. On the other hand, it is very important for any CEO that their organisation is well regarded by Government and is seen to be playing an active community role.

UNAIDS

UNAIDS is the sponsor of the UN's HIV response and coordinates the response at both the global and country level. Its activities include gathering data, epidemiology updates and mobilising resources.

At the country level, UNAIDS is usually keen to see a private sector BCA be successfully established and should be able to provide technical assistance, (often in monitoring and evaluation), information on key "at risk" industries, advocacy materials and pamphlets.

In some countries, the local UNAIDS leadership may be able to provide political leverage and contacts, introductions to key business people and limited amounts of seed capital. It may also be able to introduce you to a bi-lateral donor that has an interest in providing support to a BCA.

It is a good idea to keep UNAIDS up to date with your progress.

INTERNATIONAL LABOUR ORGANISATION (ILO)

Although UNAIDS coordinates UN activity, in some countries it will be useful to have a direct relationship with another UN body, the ILO. The focus of the ILO is of course very much on the workplace and it produced guidelines for workplace training that still form the basis for best practice material, including the APBCA Toolkit.

GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA

The Geneva based Global Fund, as its name suggests, funds programs to fight the three Millennium Goal diseases, AIDS, TB and malaria. The Fund supports programs that reflect national ownership and operates through a specially convened national committee, known as a Country Coordinating Mechanism (CCM), made up of government, NGO and, increasingly, private sector stakeholder entities.

Once your BCA is established it will be useful if you are invited to join the CCM. At the country level funds are channelled via a Principal Recipient (PR), and then sub recipients, for program delivery.

The Fund would like to see more private sector involvement at both CCM and PR levels. Banks and major Accounting Firms have acted as PRs, so it is possible one of your Key Supporters already has Global Fund experience.

Recently the Fund has opened a separate window called “Dual Tracked Financing” which was developed to enable non - government players to run a program funded by the Global Fund separately from the main government funded activity.



Investing in our future

The Global Fund
To Fight AIDS, Tuberculosis and Malaria



UNAIDS
JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS

UNHCR
UNICEF
WFP
UNDP
UNFPA
UNODC
ILO
UNESCO
WHO
WORLD BANK



NGOS

There are two basic categories of NGOs;

- Service delivery NGOs, often delivering services for or in parallel to government
- Activist NGOs, who work to engage government and the public on key issues

Some service delivery NGOs deliver HIV Workplace Training. As we discussed under Question 4, if the quality and price is appropriate a BCA may wish to subcontract some or all of its training work to these NGOs.

Given the program focus of the BCAs, they are less likely to have relationships with activist NGOs other than as part of a joint platform to advocate for a Government response to HIV by, for example, legislating to make workplace discrimination illegal or providing free access to ART or to seek action on related social issues such as combating violence against women or the provision of safe injecting rooms for Intravenous Drug Users.

REGIONAL BCAS

In recent years a number of regional business coalitions have been formed to provide assistance to national BCAs in their region. These include the Pan-Africa Business Coalition, the Pan-Caribbean Business Coalition, the AIDS Business Coalition in the Arab Region and, the producers of this manual, the Asia Pacific Business Coalition on AIDS.

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Are there **OTHER DISEASES** the **BCA** can address?

It is usually wise when establishing a BCA to keep focused on core activity bearing in mind the;

- ultimate goal - to halt and reverse the spread of HIV/AIDS and
- specific sector focus – the workplace.

However, once a BCA is successfully established and funded it may be appropriate for it to expand its remit to prevention activity to other diseases, particularly the two other global pandemics identified in Millennium Goal 6, tuberculosis and malaria.



TBCA's ASO-TB Program

The AIDS Standard-Response Organisation (ASO) program has proven to be an effective mechanism for broad and consistent engagement of Thailand's business community in HIV workplace initiatives. Due to the success of ASO, TBCA has extended its successful to include tuberculosis workplace prevention programs.

The ASO programs are a partnership between the Department of Labour Protection and Welfare, the Department of Disease Control and TBCA. The programs focus on HIV and TB education and prevention measures, reducing discriminatory practices and providing support and care for HIV/TB positive employees so they may continue to participate in the workforce.

TB is a serious concern for the Thai private sector for two reasons: Thailand is listed in the top 20 countries with the world's highest TB burden and because the disease mainly affects working age people. TB interrupts workflow, lowers productivity and raises both direct costs related to treatment and care and indirect costs such as the replacement and retraining of workers. Without effective treatment, employees' who are ill with TB will not be able to work.

Thailand showed excellent leadership in the response to HIV/AIDS in the 1990's. TBCA and its Thai government partners aim to utilize the same successful strategies to TB workplace prevention and awareness initiatives through ASO-TB.



How do I Monitor and Evaluate the PERFORMANCE of the BCA?

Every organisation should monitor its activities and evaluate their effectiveness. This is important for a BCA to;

- ensure it makes best use of scarce resources,
- enable the Board to manage the performance of the Executive Director and the Executive Director to manage the performance of BCA staff,
- gather evidence to present to members and other funders that their money is being well spent.

KEY PERFORMANCE INDICATORS

The Board of every BCA should set output targets, often referred to as Key Performance Indicators or KPIs, for all key areas of activity and then monitor actual results against the KPIs either monthly or quarterly.

The PNG Business Coalition has developed an extensive suite of KPIs, which are actively monitored by the Chief Executive and the Board. As new areas of activity are undertaken, new KPIs are agreed and monitored.

PNG BAHA

Monthly Report on result against Key Performance Indicators.

	Month - Actual	Month - KPI	YTD - Actual	Month - KPI
1. POLICY DEVELOPMENT				
Port Moresby Office				
New policies approved				
Policies in review				
Policies in audit				
Ice breaker meetings				
Executive briefings				
Lae Office				
New policies approved				
Policies in review				
Ice breaker meetings				
Executive briefings				

2. TRAINING & SUPPORT ACTIVITIES				
Port Moresby Office				
Workplace trainers trained				
Trainers certified				
Policy awareness sessions				
Red buckets established				
New training material developed				
Policy implementation support				
Monitoring reports				
Lae Office				
Workplace trainers trained				
Trainers certified				
Policy awareness sessions				
Policy implementation support				
Monitoring reports				
3. MARKETING & COMMUNICATIONS				
Newsletters				
Promotion & media campaigns				
Website updates				
Other information material				
New BAHA logo users				
Monitoring reports				
4. TELEPHONE INFO LINE				
Total calls				
a. Female callers				
b. Male callers				
c. Callers from urban locations				
d. Callers from rural locations				
e. Unknown location				
Monitoring reports				
Website/Database data collation				
Promotions				

5. EDUCATION AWARDS				
Design meetings				
Promotions in media				
Applications received				
Applications processed				
Awards given				
6. OPERATIONS AND ADMINISTRATION				
Finance report				
Asset register/update				
Resource/Consumables				
Inventory monitoring				
Member/Sponsors invoiced				
BAHA offices up and running				
Performance development reviews				
Condom monitoring				
Operations monitoring report				



MEASURING BEHAVIOURAL CHANGE

As BCAs grow in size and sophistication they may wish to consider measuring the impact of their activities by looking at behavioural change in their target audience, the workforce. It is costly to do this effectively and a BCA may first wish to engage the help of a member company with market research capability or, possibly, the local UNAIDS or ILO office.

It might be useful to run a survey for a large employer containing a few simple questions to determine the level of awareness of HIV and how you can contract it. The same survey could be run one year later, after the entire workforce had attended workplace training sessions, to determine the level of increase in awareness of key HIV issues.



A number of companies could be surveyed to understand the impact of the introduction of workplace policies with anti-discrimination clauses. Companies large enough to have a Human Resources department all to be able to report;

- Annual turnover of staff as a percentage of workforce
- Retention - number of HIV+ workers returning to work
- Annual training cost compared to previous years
- Reduction in perception of discrimination or stigma by HIV+ employees
- Number of workers willing to report HIV+ status to HR - over x time period
- Number of employees using company referrals to VCCT
- Annual number of retirements as a percentage of the workforce (AIDS patients tend to retire to claim super when their illness progresses)
- Process of disclosure of HIV status to management – ease, confidentiality
- Number of companies distributing condoms and number of condoms distributed over one year period
- Issues reported to management or via a confidential help line and change in type of issue (e.g. number of women reporting domestic violence/abuse/rape to management).





ABOUT THE AUTHORS

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Stephen Grant has been CEO of the Asia Pacific Business Coalition on AIDS (APBCA) since it was set up in 2006. He manages the day to day operations and has particularly focused on the establishment of new business coalitions.

Prior to joining APBCA, Stephen spent five years as CEO of the Victorian Transport Accident Commission, a world leader in both no fault insurance and social marketing. Prior to that, Stephen held a number of leadership roles in the private sector, including London based Managing Director of global retailer, Laura Ashley.

Stephen is also currently the Chair of the Alfred, one of Australia's leading hospitals, and a Director of the Brotherhood of St Lawrence, an innovative Australian charity. In the past, has held board positions with major textile, design and professional service businesses.



Amanda Allen-Toland

Amanda Allen-Toland has spent ten years working in international development focusing on the health and HIV sectors with periods living in Papua New Guinea, Thailand and Cambodia. Since 2006, Amanda has been the program manager for APBCA, which involves designing HIV, STI and tuberculosis education programs and supporting the BCA network to deliver best practice HIV/TB workplace services.

Prior to joining APBCA, Amanda worked with the Thailand Business Coalition on AIDS during which time she designed HIV management strategies for the private sector and provided technical advice on managing HIV in mobile populations in the Mekong Region.

Previously, Amanda has worked at the Australian Agency for International Development (AusAID) as a policy analyst on issues including Australia-UN relations, Australia's International HIV Strategy and Papua New Guinea health programs.



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