Waking Up to Risk

Corporate Responses to HIV/AIDS in the Workplace

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UNITED NATIONS
RESEARCH INSTITUTE
FOR SOCIAL DEVELOPMENT

Joint United Nations Programme on HIV/AIDS

UNAIDS

UNICEF·WFP·UNDP·UNFPA·UNODC
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UNRISD Programme on Technology, Business and Society • Paper Number 12 • October 2003

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Acronyms

AIDS	acquired immunodeficiency syndrome
AMSI	AIDS Management Standard Initiative
ART	antiretroviral therapy
AZT	azidothymidine
BHP	Broken Hill Proprietary Company (Australia)
BSR	Business for Social Responsibility
CEO	chief executive officer
CSR	corporate social responsibility
DFID	Department for International Development (United Kingdom)
GBC	Global Business Coalition on HIV/AIDS
GHI	Global Health Initiative
GRI	Global Reporting Initiative
GSK	GlaxoSmithKline
HIV	human immunodeficiency virus
HR	human resources
ILO	International Labour Organization
IMF	International Monetary Fund
IOE	International Organisation of Employers
ISO	International Organization for Standardization
JSE	Johannesburg Securities Exchange
MSF	Médecins Sans Frontières
MTV	Music Television
NGLS	United Nations Non-Governmental Liaison Service
NGO	non-governmental organization
R&D	research and development
SABCOHA	South African Business Coalition on HIV/AIDS
SAMP	Southern African Migration Project
SHARP	Sasol HIV/AIDS Response Programme
STI	sexually transmitted infection
TB	tuberculosis
TNC	transnational corporation
TRIPS	Trade-Related Aspects of Intellectual Property Rights
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNCTAD	United Nations Conference on Trade and Development
UNDP	United Nations Development Programme
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UNRISD	United Nations Research Institute for Social Development
URL	uniform resource locator
US	United States
VCT	voluntary counselling and testing
WEF	World Economic Forum
WHO	World Health Organization

Acknowledgements

Summary/Résumé/Resumen

Summary

This paper looks at the response of large corporations to one of the most pressing developmental challenges facing countries in the global South today—HIV/AIDS. The paper presents results and analysis from the first global survey of transnational corporations' (TNCs) responses to the pandemic, as well as three surveys of large corporations in Brazil, the Philippines and South Africa, and case studies of selected corporations. The research was conducted by the United Nations Research Institute for Social Development (UNRISD) in partnership with the Joint United Nations Programme on HIV/AIDS (UNAIDS), in response to the request of the United Nations General Assembly Special Session on HIV/AIDS (UNGASS) that data on the response of different sectors of society be generated and analysed.

The main analytical finding from this research is that the corporate sector is just beginning to wake up to the risks posed to business operations by HIV/AIDS and has still to awaken to its wider responsibilities, which arise from its influence over the conditions that encourage HIV/AIDS prevalence and undermine possibilities for mitigating its effects. Dialogue and action on the interface between business and HIV/AIDS has often focused on the business response to HIV/AIDS, rather than on the HIV/AIDS response to business. However, the United Nations Declaration of Commitment on HIV/AIDS recognized that all actors must consider the wider social and economic conditions influencing HIV/AIDS prevalence and impact. Therefore the international policy community on HIV/AIDS must act to ensure more companies are not only "waking up to risk" but also "awakening to responsibility" for socioeconomic conditions that influence people at risk from, or living with, the virus.

The following key findings are discussed in the paper:

- Twenty-one per cent of the 100 largest TNCs reported that they have policies or programmes on HIV/AIDS in the workplace. That is 70 per cent of the respondents, although extrapolating this figure to include the non-respondents would be questionable, as companies without policies would be less likely to respond.

- Thirty-nine per cent of the websites of the 100 largest TNCs mentioned HIV/AIDS, but only 11 per cent had easily identifiable information specifically relating to workplace policies or programmes.

- In South Africa, 60 per cent of the 25 largest corporations reported that they have policies or programmes in the workplace. Eighty-one per cent of the responding companies have HIV/AIDS policies and programmes in their companies at both group and subsidiary level, while 13 per cent are in the process of taking such policies and programmes from their subsidiaries to group level.

- In Brazil, where the impacts of HIV/AIDS are less than South Africa, we find that fewer companies are taking action. Fifty-two per cent of the 25 largest companies reported having a workplace policy or programme on HIV/AIDS. This is 76 per cent of the responding companies. A further 12 per cent said they are developing policies and already have some level of prevention and support activities occurring in the work setting.

- In the Philippines, where HIV/AIDS prevalence is currently low, only 16 per cent of the 25 largest corporations have a workplace policy or programme on HIV/AIDS. This is 25 per cent of responding companies. The majority of respondents stated that they have no reason to have any policies or programmes.

- There is a wide variation in the specific HIV/AIDS prevention and mitigation components of these corporate policies and programmes, and the extent of coverage provided to employees and their dependents.

- Communities, suppliers and subcontractors are rarely covered by policies and programmes, even though most company respondents consider that HIV/AIDS—

and the risks it poses to their workplaces and other business operations—must be tackled beyond the workplace.

- Most companies do not consider how their normal operations and strategies affect poverty, and thus HIV/AIDS. This is despite the UN General Assembly Declaration of Commitment on HIV/AIDS, which emphasized the importance of poverty and unsustainable development for the spread and impact of HIV/AIDS.

The limited scope and scale of corporate action on HIV/AIDS suggests that enthusiasm within the United Nations system, bilateral and multilateral development organizations, and international NGOs, for the voluntary role that business is playing and can play in the fight against HIV/AIDS needs to be tempered with an awareness of the current lack of wholesale and comprehensive engagement on this matter by even the largest companies, and even in the most affected areas, such as South Africa.

However, one possible route forward emerges from the analysis, involving the financial community. The argument is made that HIV/AIDS may pose significant risks to current and future corporate financial performance, so that the financial community should increasingly be interested in whether the companies they invest in are attuned to that risk and managing it accordingly. Moreover, it is argued that this risk cannot be managed effectively by individual corporate action, but requires an economy-wide response. Therefore joint action from the financial community may help institutionalize corporate responses, while sensibly extending the risk management approach to include the risks to economies and societies as a whole.

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Résumé

Cette étude s'intéresse à ce que font les grandes sociétés face à l'un de ces obstacles au développement que les pays du Sud doivent surmonter d'urgence aujourd'hui: le VIH/sida. Elle présente les résultats de la première enquête mondiale menée sur les sociétés transnationales (STN) face à la pandémie, de trois enquêtes portant sur de grandes sociétés au Brésil, aux Philippines et en Afrique du Sud, ainsi que d'études de cas d'entreprises choisies, et analyse l'ensemble de ces données. Les recherches ont été effectuées par l'Institut de recherche des Nations Unies pour le développement social (UNRISD) en partenariat avec le Programme commun des Nations Unies sur le VIH/sida (ONUSIDA) en réponse à l'Assemblée générale des Nations Unies, qui, lors de sa session extraordinaire consacrée au VIH/sida en 2001, avait demandé que soient saisies et analysées les données relatives à la réaction de différents secteurs de la société.

Les entreprises commencent à peine à s'apercevoir du danger que représente le VIH/sida pour leur fonctionnement et n'ont pas encore conscience des responsabilités qui découlent de l'influence qu'elles exercent sur les conditions qui favorisent la prévalence du VIH/sida et empêchent d'en atténuer les effets: sur un plan analytique, tels sont les premiers résultats de cette recherche. Le dialogue et l'action sur l'interface entre entreprises et VIH/sida se sont souvent focalisés sur l'action des entreprises face au VIH/sida, plutôt que sur l'action du VIH/sida sur les entreprises. Pourtant, dans sa Déclaration d'engagement sur le VIH/sida, l'Assemblée générale des Nations Unies a reconnu que tous les acteurs devaient tenir compte des conditions sociales et économiques qui influent sur la prévalence et les effets du VIH/sida. La communauté internationale chargée de donner des orientations générales sur le VIH/sida doit donc faire en sorte que les sociétés soient plus nombreuses à prendre conscience non

seulement du risque mais aussi du fait qu'elles sont responsables des conditions socio-économiques qui se répercutent sur les personnes à risque ou vivant avec le virus.

L'étude aboutit essentiellement aux conclusions suivantes:

- Vingt-et-un pour cent des 100 plus grandes STN ont répondu qu'elles avaient une politique ou des programmes relatifs au VIH/sida sur le lieu de travail, ce qui correspond à 70 pour cent des répondants, bien qu'il soit contestable d'extrapoler en appliquant cette proportion à celles qui n'ont pas répondu, puisque les sociétés sans politique sont sans doute moins enclines à répondre.

- Trente-neuf pour cent des sites Internet des 100 plus grandes STN faisaient mention du VIH/sida, mais 11 pour cent seulement fournissaient des informations précises et facilement repérables sur des politiques ou programmes sur le lieu de travail.

- En Afrique du Sud, 60 pour cent des 25 plus grandes sociétés ont répondu qu'elles avaient une politique ou des programmes sur le lieu de travail. Quatre-vingt-un pour cent des sociétés qui ont répondu ont des politiques ou des programmes relatifs au VIH/sida aux niveaux à la fois du groupe et des filiales, tandis que 13 pour cent sont en train de transposer ces politiques et programmes du niveau des filiales à celui du groupe.

- Au Brésil, où les effets du VIH/sida sont moindres qu'en Afrique du Sud, on constate que les sociétés sont aussi moins nombreuses à agir. Cinquante-deux pour cent des 25 plus grandes sociétés ont répondu qu'elles avaient une politique ou un programme relatifs au VIH/sida sur le lieu de travail, soit 76 pour cent des répondants. Douze autres pour cent ont déclaré être en train d'élaborer une politique et avoir déjà des activités de prévention et de soutien sur le lieu de travail.

- Aux Philippines, où la prévalence du sida est faible actuellement, seuls 16 pour cent des 25 plus grandes entreprises ont une politique ou un programme relatifs au VIH/sida sur le lieu de travail, soit 25 pour cent des répondants. La majorité des répondants ont fait remarquer qu'il n'y avait aucune raison d'avoir des politiques ou des programmes sur ce sujet.

- Les volets de prévention et d'atténuation que comportent les politiques et programmes des sociétés présentent une grande variété; de même, l'étendue de la couverture assurée aux employés et aux personnes qui sont à leur charge varie énormément.

- Les populations locales, les fournisseurs et les sous-traitants sont rarement visés par ces politiques et programmes, bien que, de l'avis de la plupart des répondants, il faille dépasser le cadre du lieu de travail pour lutter contre le VIH/sida et prévenir les dangers qu'il représente pour les postes de travail et d'autres aspects du fonctionnement des entreprises.

- La plupart des sociétés ne tiennent pas compte des effets que leur fonctionnement normal et leurs stratégies peuvent avoir sur la pauvreté, et donc sur le VIH/sida, bien que, dans sa Déclaration d'engagement, l'Assemblée générale des Nations Unies aie insisté sur le rôle joué par la pauvreté et le manque de développement durable dans la propagation et les effets du VIH/sida.

Si le rôle spontané que les entreprises jouent et peuvent jouer dans la lutte contre le VIH/sida suscite l'enthousiasme dans le système des Nations Unies, les organismes de développement bilatéraux et multilatéraux et les ONG internationales, la modestie de l'action engagée par les entreprises sur le VIH/sida laisse à penser qu'il convient de tempérer cet enthousiasme par le constat qu'aujourd'hui, même les plus grandes sociétés, mêmes celles qui sont implantées dans les pays les plus touchés comme l'Afrique du Sud, ne s'engagent pas à fond sur cette question.

Cependant, l'analyse laisse entrevoir une issue possible qui viendrait des milieux financiers. L'argument avancé est le suivant: le VIH/sida peut compromettre sérieusement les résultats financiers présents et futurs des sociétés. Peu à peu, les milieux financiers devraient donc se demander si les sociétés dans lesquelles ils investissent sont en mesure d'affronter ce risque et le gèrent de façon satisfaisante. L'auteur soutient en outre que, pour être convenablement géré, ce risque doit l'être non pas par des sociétés agissant individuellement, mais par toute l'économie. Une action commune des milieux financiers peut donc contribuer à institutionnaliser les réponses des entreprises et amener en toute logique à étendre l'approche de la gestion des risques aux dangers qui menacent l'économie et la société dans son ensemble.

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Resumen

En este documento se examina la respuesta de las grandes empresas ante uno de los desafíos del desarrollo más urgentes que afrontan actualmente los países del hemisferio sur, el VIH/SIDA. Se presentan los resultados y el análisis del primer estudio mundial sobre las formas en que las empresas multinacionales reaccionan ante la pandemia, así como los resultados de tres encuestas a grandes empresas en Brasil, Filipinas y Sudáfrica, y estudios de caso de empresas seleccionadas. Esta investigación fue realizada por el Instituto de las Naciones Unidas para el Desarrollo Social (UNRISD), en colaboración con el Programa Conjunto de las Naciones Unidas sobre el VIH/SIDA (ONUSIDA), como respuesta al llamamiento realizado durante el Período extraordinario de sesiones de la Asamblea General de las Naciones Unidas sobre el VIH/SIDA para que se generaran y analizaran los datos relativos a la respuesta de los diferentes sectores de la sociedad ante esta epidemia.

El principal resultado analítico de esta investigación pone de relieve que el sector empresarial apenas está comenzando a sensibilizarse ante el riesgo que el VIH/SIDA supone para las operaciones comerciales, y que aún deben tomar más conciencia de su gran responsabilidad, surgida de su influencia sobre las condiciones que fomentan la prevalencia del SIDA y reducen las posibilidades para mitigar sus efectos. En muchos casos, el diálogo y las iniciativas que resultan de la relación entre las empresas y el problema del VIH/SIDA se han centrado más en la respuesta de las empresas ante el VIH/SIDA, que en la reacción de la epidemia ante las acciones de las empresas. Sin embargo, la Declaración de Compromiso de las Naciones Unidas en la lucha contra el VIH/SIDA reconoció que todos los actores deben considerar las amplias condiciones económicas y sociales que influyen en la prevalencia y el impacto del VIH/SIDA. Por consiguiente, la comunidad internacional encargada de formular políticas sobre el VIH/SIDA debe actuar para asegurar que más empresas, no sólo "tomen conciencia del riesgo", sino que también "asuman su responsabilidad" respecto de las condiciones socioeconómicas que influyen en las personas en riesgo o infectadas por el virus.

En estas páginas se discuten los siguientes resultados clave:

- El 21 por ciento de las 100 empresas multinacionales más importantes afirmaron haber establecido programas o políticas sobre el VIH/SIDA en el lugar de trabajo. Esto representa el 70 por ciento del total de las empresas que respondieron. Sin embargo, sería discutible extrapolar estos resultados para todas las empresas, incluyendo las que no respondieron, puesto que aquellas que carecen de políticas probablemente no hubieran respondido.

- El 39 por ciento de los sitios Web de las 100 empresas multinacionales más importantes mencionan el VIH/SIDA, aunque sólo el 11 por ciento proporciona información fácilmente identificable que estuviera relacionada específicamente con programas o políticas en el lugar de trabajo.

- En Sudáfrica, el 60 por ciento de las 25 empresas más importantes aseguran haber establecido programas o políticas al respecto en el lugar de trabajo. El 81 por ciento de las empresas que respondieron han integrado programas y políticas sobre el VIH/SIDA en el seno de su empresa, tanto a nivel de grupo como de filiales, mientras que el 13 por ciento están tomando medidas para que tales programas y políticas pasen del nivel de filiales al nivel de grupo.

- En Brasil, donde las repercusiones del VIH/SIDA son menores que en Sudáfrica, el número de empresas que ha tomado medidas al respecto es inferior. El 52 por ciento de las 25 empresas más importantes afirman haber establecido un programa o política en el lugar de trabajo sobre el VIH/SIDA. Esto representa el 76 por ciento de las empresas que respondieron. El 12 por ciento afirma que están formulando políticas y que ya existe cierto nivel de prevención y apoyo en el entorno laboral.

- En Filipinas, donde la prevalencia del VIH/SIDA es actualmente baja, sólo el 16 por ciento de las 25 empresas más importantes han establecido un programa o política sobre el VIH/SIDA. Esto equivale al 25 por ciento de las empresas que respondieron. La mayoría de las empresas que respondieron señalan que no tienen motivos para establecer este tipo de programas o políticas.

- Hay gran variación en los componentes específicos de prevención y mitigación del VIH/SIDA de los programas y políticas empresariales, al igual que en el grado de cobertura que se ofrece a los trabajadores y sus familias.

- Los programas y políticas rara vez contemplan las comunidades, proveedores y subcontratistas, aun cuando la mayoría de las empresas que respondieron consideran que debe hacerse frente el VIH/SIDA—y a los riesgos que plantea en los lugares de trabajo y las operaciones comerciales—más allá del lugar de trabajo.

- La mayoría de las empresas no se dan cuenta cómo sus operaciones y estrategias habituales tienen efecto en la pobreza y, por tanto, en el VIH/SIDA. Esto, a pesar de que la Declaración de Compromiso en la lucha contra el VIH/SIDA de las Naciones Unidas pusiera de relieve la importancia de la pobreza y del desarrollo no sostenible para la propagación y repercusiones del VIH/SIDA.

Las pocas medidas emprendidas por las empresas y su alcance limitado en la lucha contra el VIH/SIDA dan a entender que el sistema de las Naciones Unidas, las organizaciones bilaterales y multilaterales para el desarrollo, y las ONG internacionales; deberán moderar su entusiasmo respecto al papel, que como voluntario, desempeña, y puede desempeñar el sector empresarial en la lucha contra la pandemia; ya que deben reconocer que, por el momento, no existe un compromiso cabal y manifiesto por la cuestión ni siquiera en las grandes empresas y las regiones más afectadas, como es Sudáfrica.

Sin embargo, del análisis surge un posible camino a seguir que contaría con la participación de la comunidad financiera. Se señala que el VIH/SIDA puede suponer una importante amenaza para los resultados financieros de las empresas, tanto actuales como futuros. Por este motivo, la comunidad financiera debería tener un interés creciente en que las empresas en las que ellos invierten tomen conciencia de dicho riesgo y lo manejen debidamente. También se argumenta que este riesgo no puede manejarse efectivamente a través de iniciativas empresariales individuales, sino que requiere de una respuesta a nivel de todos los sectores de la economía. Por consiguiente, la acción conjunta de la comunidad financiera puede contribuir a institucionalizar las respuestas de las empresas, ampliando en gran medida la gestión con enfoque de riesgo, para incluir los riesgos que esta epidemia plantea a las economías y sociedades en su conjunto.

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Introduction

HIV/AIDS is a serious social development concern. More than 40 million people are infected with HIV (UNAIDS/WHO 2002). In many countries, HIV/AIDS is pushing people deeper into poverty as households lose their breadwinners, livelihoods are compromised and savings are consumed by the cost of health care. HIV/AIDS is adding to the strain on national institutions and resources. Social systems that enable people to cope with adversity are being damaged. In the most severely affected settings there is mounting evidence that HIV/AIDS is eroding human security and capacity, undermining economic development and threatening social cohesion.

Inevitably this situation has impacts on business. International organizations have identified how, in some regions, HIV/AIDS is reducing productivity and increasing costs, due to a fall in the supply of labour, the loss of skills and experience, increasing absenteeism, reduced morale, and growing needs for health care and training (ILO 2000; IOE 2002).

Studies have identified particular costs for companies in sub-Saharan Africa (Simon et al. 2000). AngloGold, a subsidiary of Anglo American, has calculated that nearly a quarter of its 90,000 gold and diamond mining workers are infected with HIV, "costing a huge amount a year in absenteeism, early pension payouts and the need to recruit staff to replace those too ill to work". They have estimated that AIDS is costing them up to $6 for every ounce of gold produced (Macalister 2002). Other companies operating in Africa have themselves identified significant direct and indirect costs to business (Ligomeka 2003). There are also longer-term implications, even for companies without significant operations in the global South, as "AIDS threatens the opportunities for companies looking to expand into new middle-income markets such as Brazil, South Africa, China and India" (Plumley et al. 2002:1). Therefore, many companies have "strong economic and social reasons for becoming active in promoting HIV/AIDS prevention both in the workplace and in the community if they are to protect the 'bottom line'" (Faleyimu et al. 2002:1).

In addition to interest in the impact of HIV/AIDS on business activity, we can also consider the current and potential impact of business activity on HIV/AIDS. Some regard certain companies, or systems of production, as partly culpable for the spread of the disease and the lack of societal capacity to cope with it, while others suggest that companies can, and sometimes are, making a valuable contribution to fighting the pandemic. These debates play out in four key areas, relating to the workplace, medical products, philanthropy and political economy, which are explored further in the next sections.

> *Declaration of Commitment*
>
> *Call on the international community, and invite civil society and the private sector to take appropriate measures to help to alleviate the social and economic impact of HIV/AIDS in the most affected developing countries…*
>
> *(UNGASS 2001: paragraph 86)*

Interest in the relation between corporate practices and HIV/AIDS also derives from the growing interest in the social and environmental performance of corporations, often described as corporate social responsibility (CSR) or corporate citizenship, which has led some to focus on the potential role of companies as development actors (Bendell and Young 2003). Partnerships between companies, non-governmental organizations (NGOs) and United Nations (UN) agencies to pursue social development goals have become more common in recent years (Bendell 2000). As HIV/AIDS is one of the key social development challenges the world faces, corporate engagement with this issue is of importance to the CSR and development policy communities. Therefore this research project undertook national studies in three countries that have a reputation for corporate involvement in social development issues: Brazil, the Philippines and South Africa. This was complemented by a global survey of the 100 largest transnational corporations (TNCs), further details of which are discussed below.

This paper is the first publication based on the research, and is structured in 10 main sections. The remainder of this section outlines further the context of the research, with a summary of the issues concerning the relationship between business activity and HIV/AIDS. The second section summarizes the process behind the survey, and how it relates to other research efforts. The third section presents some of the survey findings on the attitudes of corporate management to HIV/AIDS. The existence of corporate policies and programmes on HIV/AIDS in the workplace is discussed in section four. In section five, the content of those policies and programmes is analysed, focusing on prevention, mitigation, scope, implementation, monitoring and reporting. The sixth section briefly covers the external relations of corporations on HIV/AIDS, including advocacy and philanthropy. The opinions of managers on the challenges and opportunities they face in responding to the pandemic are discussed in section seven. The eighth section discusses some of the findings from case studies on the complexities of putting policies into practice. The final two sections synthesize the results, and suggest some important dissemination and follow-up activities. For each section the results of the national studies in Brazil, the Philippines and South Africa are highlighted, with differing emphasis depending on the importance of HIV/AIDS to business in each country.

The research process, and this report, focus particularly on workplace issues, which are a key dimension of the relationship between corporations and HIV/AIDS, but still only one dimension. In the following sections the various aspects of the relationship between corporations and the pandemic are discussed, as well as diverse attitudes on those relations.

Business, HIV/AIDS and the workplace

By the late 1990s the human resource costs of HIV/AIDS were beginning to be considered by businesses (Rosen et al. 2000). As some companies woke up to the financial risks posed by HIV/AIDS, corporate responses brought both criticism and applause.

On one hand, some have suggested that many companies have responded in ways that make it more difficult to prevent infection and mitigate the effects of the disease. Criticisms are made of companies using discriminatory practices, reducing benefits, and outsourcing low skilled jobs in order to avoid costs from HIV/AIDS (Stevens 2002). In sub-Saharan Africa, the private sector has been shown to be systematically shifting the burden of HIV/AIDS onto other stakeholders, particularly governments and households (Rosen and Simon 2003). Common practices include pre-employment screening, reductions in employee benefits, restructured employment contracts and the outsourcing of low skilled jobs. In March 2003, one brewery company in Accra, Ghana, made the news for introducing compulsory HIV/AIDS tests for employees and new recruits, citing as justification the problem of spiralling labour training costs (Mensah 2003). A report from the Boston University School of Public Health reported that between 1997 and 1999 more than two-thirds of large South African employers reduced the level of health care benefits or increased employee contributions (Rosen and Simon 2003).

Others have argued that some businesses are culpable for the spread of HIV through their use of migrant labour in mining or heavy construction projects, creating migrant labour economies (Collins and Rau 2000). The male workers are often away from families and partners for months, and sex workers are common. A paper published by the Southern African Migration Project (SAMP) argued that there had been little research into the relationship between migration and HIV/AIDS prevalence, yet it appears to be a significant factor (Williams et al. 2002).

On the other hand, there are instances of companies responding positively to problems of HIV/AIDS in the workplace. Some suggest that business has a positive contribution to make: the workplace is a key site of education, and many of the risk groups are of working age (Laporte et al. 2002). Moreover, some point to how certain companies have taken the lead on the provision of antiretroviral therapy (ART) drugs to their HIV-positive employees. This has been important as many governments in affected regions, such as sub-Saharan Africa, regard the

drugs as too costly to provide universally. One study suggested that the benefits to companies of investments in treatment and care are likely to exceed the costs (Rosen et al. 2000). In 2002, Anglo American, the London-based mining corporation, became the first TNC to announce it would provide its South African staff with free anti-AIDS drugs (Macalister 2002). In response, Lyndall Stein, of ActionAid, a charity with AIDS projects in southern Africa, commented that "the role of the corporate sector in addressing treatment issues is highly important in a country that has such a devastating epidemic. We hope this initiative will be extended to other countries and will set an example to other companies" (cited in Macalister 2002). Other companies that followed this move include DaimlerChrysler, the car manufacturer, and South African Breweries, the London-listed drinks group.

However, such programmes have been criticized by some. First, questions are raised as to which workers could access treatment. The *Financial Times* reported in October 2002 that Coca-Cola, the international soft drinks company, faced worldwide demonstrations by HIV/AIDS activists campaigning for greater access for its employees in Africa to ART. They accused the company of restricting access to ART to core staff and not doing enough to ensure the wider supply of the drugs to employees of bottling plants in the region: Coca-Cola has about 1,200 employees in Africa, while its 40 bottlers employ about 60,000 people (Lamont and Liu Atlanta 2002). The company acknowledged that responses among its bottlers needed to be accelerated and by the end of September 2002, the Coca-Cola Africa Foundation announced that it was working with the company's African bottlers to expand employee health care benefits for HIV/AIDS, including ART (Coca-Cola 2002). Second, some criticized companies for not providing ART to the dependents of their employees, as well as retired employees (Cauvin 2002). In South Africa, DaimlerChrysler announced in early 2003 that it was widening its existing treatment programme to employees who have been made redundant as well as to dependents (Lourens 2003).

Not all agree on the emphasis on ART. The chief executive of one major mining company argued that the issues are complex and "you do not just throw drugs at the problem". He said 14 per cent of his company's employees were HIV-positive, which was a concern but better than other mining companies, which he said was the result of having few migrant workers: "most employees live in their own homes with their families and that makes a big difference" (cited in Gooding 2002). This raises the question of the balance of investments between preventative measures, such as family housing for migrant workers, and mitigation measures, such as the provision of ART. The migrant issue relates more broadly to the issue of political economy, discussed below.

Business, HIV/AIDS and medical products

Another area of action and contention surrounds the sale of medical products. One issue is discriminatory practices in the sale of health insurance. Only in October 2002 did some insurance firms in the North agree to stop asking applicants whether they had taken an HIV test as a way to find out about sexual history and possible future risk (Carvel 2002). Many insurance firms still exclude HIV/AIDS from health insurance coverage, unless contracted after five years after taking out a health insurance policy.

By far the most high-profile debate has been about the pricing and patenting of AIDS-related drugs. In early 2001, the British development NGO Oxfam launched the Cut the Cost Campaign and challenged the largest pharmaceutical company, GlaxoSmithKline (GSK), to address responsibly the issue of drug pricing. Soon after, the Indian pharmaceutical company Cipla started a trend when it agreed to cut the annual price to Médecins Sans Frontières (MSF) of a year's supply of an AIDS drug cocktail to $350. Before the Bombay-based company dropped the price of its generic three-drug antiretroviral package, the lowest price offered by companies that hold drug patents was around $1,000, while the same AIDS cocktail in the North would cost $10,400. MSF challenged the five pharmaceutical companies involved in the UNAIDS Accelerating Access Initiative to match Cipla's offer, make their prices public, and streamline

the implementation process so that drugs could be delivered faster to patients. One month later the global pharmaceutical company Merck announced that it would immediately cut the price of its HIV/AIDS treatments for patients in developing countries. Other companies soon followed suit, some providing drugs at no charge for certain countries.

Despite these developments, some criticized companies for not giving up the patents for their AIDS-related drugs, and for prosecuting governments that sought to import generic copies of certain drugs. Bristol-Myers Squibb was one of the first companies to announce that it would no longer try to stop generic-drug makers from selling low-cost versions of one of its AIDS-related drugs in Africa. Soon after, a case brought by 39 international pharmaceutical companies to challenge a South African law aimed at easing access to AIDS drugs was dropped after international condemnation. Oxfam Policy Director Justin Forsyth had commented that the "court case demonstrates how powerful drug companies are bullying poor countries just so they can protect their patent rights on life-saving medicines" (cited in Bendell 2001:11).

Despite significant moves by pharmaceutical companies to adjust their pricing and patent protection in order to support the treatment of HIV/AIDS and related illnesses, criticism grew toward the end of 2002, as certain companies lobbied the United States (US) government to block a global deal to provide cheap drugs to financially poor countries. Faced with opposition from all the other 140 members of the World Trade Organization (WTO), the United States refused to relax global patent laws that presently place the price of drugs beyond the reach of most countries in the global South (Bendell and Concannon 2002). Oxfam raised the irony that new money being put into funds to purchase drugs would be swallowed by price rises, spurred by the Trade Related Intellectual Property (TRIPS) Agreement (Oxfam 2002).

Meanwhile, by early 2003, a wave of litigation against major pharmaceutical companies had begun. GSK was being sued in a number of countries for its marketing practices, while Bristol-Myers Squibb was fined for using illegal tactics to suppress generic competitors for its patented drugs (Bendell and Young 2003).

The availability and affordability of medical products is therefore key to understanding corporate responses to HIV/AIDS. However, the survey, and therefore this paper, do not explore this issue in detail, but focus on workplace policies.

Business, HIV/AIDS, philanthropy and advocacy

Since 2001 a number of major companies have been active in promoting AIDS awareness. The president of Music Television (MTV), William Roedy, said that MTV, which can reach one billion people, could raise awareness. *Time* magazine ran a cover story on Africa's HIV/AIDS crisis; and the magazine's "You Can Help" section pointed readers toward the NetAid website so they could donate money to AIDS projects (Bendell 2001).

Corporate philanthropy for AIDS ranges from the local to the global. In March 2003 a group of 20 local restaurants and bars in South Jersey (United States) donated one-third of revenues from one day to local HIV/AIDS organizations (Levine 2003), while Bristol-Myers Squibb, together with its foundation, pledged $100 million in cash and product donations from 2000–2004 to work in collaboration with governments, physicians and NGOs in sub-Saharan Africa, to find sustainable solutions for people suffering from HIV/AIDS (BSR 2002).

Despite these moves, some feel that business has not grasped the importance of philanthropy, particularly on HIV/AIDS issues (Acumen Fund 2001). Others are concerned that what may at first be seen as philanthropy may actually be political manoeuvring. For example, an alliance of NGOs have expressed concern that the Global Fund to Fight AIDS, Tuberculosis and Malaria could serve the interests of the pharmaceutical industry instead of the needs of poor countries. Health Action International, Health Gap Coalition, Act Up-Paris and Oxfam-UK argued that commercial interests should have no place in governing the fund (Bendell 2001).

On a much smaller—and perhaps less political—level, some companies have been created as social enterprises with the aim of providing work for people living with HIV/AIDS. One example is a waste recycling plant in New Delhi established by the Indian Business Trust and an NGO in late 2002 (*Hindustan Times* 2002).

The philanthropic and advocacy activities of business on HIV/AIDS issues are, therefore, quite diverse and often have a direct relationship to prevention and mitigation in the workplace, by the way they influence partners in other sectors. That influence can be positive, helping NGOs and UN agencies to understand the realities and attributes of businesses (Bendell 2000); but it can also be negative, influencing the agendas of such organizations in ways that may undermine their ability to deliver on their mandate (Zammit forthcoming). Partnerships on HIV/AIDS, and health in general, are relatively recent so it is still too soon to determine their full implications, although the issue has been debated in the context of the World Health Organization (Bendell 2001).

Business, HIV/AIDS and political economy

The controversies mentioned above indicate that the relationship between business and HIV/AIDS is a political issue. Political perspectives seem to shape whether people see business primarily as potential saviour or as proven sinner.

On one hand, some suggest that companies should be embraced in the fight against HIV/AIDS because they bring unique skills and capacities. For example, representatives of the Global Business Coalition on HIV/AIDS have argued that "business has key strengths to offer. Traditional skills, unique to the sector, such as logistics and distribution, resource management, communication and marketing can be used effectively to respond creatively to HIV/AIDS in, for example, behavior change campaigns, procurement and distribution of commodities and information materials, and improved management of programs" (Bery and Plumley 2002:1). This suggestion that business is part of the solution is sometimes framed by the increasingly popular view that TNCs can be positive partners for international development (Bendell and Young 2003).

On the other hand, some group together evidence from the negative practices mentioned above about drug patenting and pricing, lobbying trade negotiations, promoting migration and corporate restructuring to reduce exposures to AIDS-related costs as, in sum, indicative of a collision between corporate power and people's health (Booker and Minter 2001; Pollack Petchesky 2003). They suggest that many of these processes are part of globalization and would have occurred in the absence of HIV/AIDS, but they are devastating for the fight against it. The argument is developed further by looking at the relationship between corporations, poverty, inequality and HIV/AIDS, as recognized by the joint statement of member governments embodied in the UN General Assembly Declaration of Commitment on HIV/AIDS (UNGASS 2001).

> ### Declaration of Commitment
>
> *…poverty, underdevelopment and illiteracy are among the principal contributing factors to the spread of HIV/AIDS…HIV/AIDS is compounding poverty and is now reversing or impeding development in many countries and should therefore be addressed in an integrated manner…*
>
> (UNGASS 2001: paragraph 11)

First, we need to consider the relation between health and social inequality. Studies show that populations with a greater income inequality are less healthy, and their members have shorter lives, than populations that are more equitable (Wilkinson 1996). A specialist in public health, Stephen Bezruchka (1999) asserts that "the strongest factor affecting health is the size of the gap between the rich and poor". In poor countries the evidence is that equitable development that focuses on providing for basic needs is the route to improving the population's health (Bezruchka 2000; Chiang 1999). Given this evidence, the data on growing inequality is not

encouraging. Among countries, the gap between the richest and the poorest fifth was 3 to 1 in 1827, rising to 30 to 1 in 1960, to 60 to 1 in 1990, and to 76 to 1 in 1997 (UNDP 1999).

What might be the relationship between TNCs and this growth in inequality? Despite some highly disputed research by the World Bank of a positive relationship between the opening up of economies and economic growth (Dollar and Kraay 2001), a variety of studies have suggested that where there is increased penetration of foreign investment in poor countries greater inequality is often the result, and economic growth has not increased (Braun 1997; Shen and Williamson 1997; Harrison and Hanson 1999; Beyer et al. 1999). Research by UNRISD suggests that active government intervention in shaping the nature of trade and investment is important to reduce poverty, so we can question the social development implications of pressure from TNCs on governments to adopt a liberalizing and privatizing agenda (Mkandawire and Rodríguez 2000; Singh 2000).

Poverty has been identified as a key factor increasing exposure and susceptibility to HIV/AIDS, as well as increasing the likelihood of falling ill due to opportunistic infections (Collins and Rau 2000; UNAIDS/WHO 2002). Increasing inequality, as described above, does not necessarily imply an overall increase in poverty (indicators of which are disputed). The debt crisis has, however, increased the experience of poverty for many people in the South, and in turn increased their susceptibility to HIV/AIDS. One aspect of this is the decline in state capacity to provide health and education. This is enforced by the policies promoted by international financial institutions. Even after debt restructuring, "repayments are 'crowding out' vital public investments in health, education, and other areas. Thirteen of the 26 countries receiving debt relief are still spending more on debt than on public health" (Oxfam 2002:1). Zambia and Malawi have among the highest HIV/AIDS prevalence rates in the world, but Zambia is spending 30 per cent more on debt than on health, and Malawi is spending as much on debt servicing as on health (Oxfam 2002). The real significance of this in the spread of AIDS, rather than just its treatment, is only recently becoming known: poorly resourced health care systems may have been responsible for the rapid spread of HIV/AIDS, via the re-use of needles (Gisselquist et al. 2002). Debt is also important: the type of export-led development pursued in order to generate foreign currency has driven rapid rural-urban migration (Andes 1992). Such disruption to family life is a key risk factor for HIV/AIDS (Munthali 2002; UNAIDS/WHO 2002).

Declaration of Commitment

…external debt and debt-servicing problems have substantially constrained the capacity of many developing countries, as well as countries with economies in transition, to finance the fight against HIV/AIDS…

(UNGASS 2001: paragraph 30)

How does this relate to corporations? In three ways: debt, trade relations and government relations. First, initially a large portion of the debt of developing countries was owed to private banks, who then sold this to the International Monetary Fund (IMF), but not before the banks had received $178 billion out of the global South between 1984 and 1990. Private institutions still own and trade some of this debt, with interest in "emerging market bonds" rebounding somewhat in 2003 (Rehak 2003). Second, one reason why governments have been unable to pay their debts is because of falling prices for key exports (George 1988). This is partly due to overproduction. Governmental efforts to control production during the 1970s were heavily lobbied against by many corporations (Madeley 1999). Another reason is the increasingly monopolistic control of access to markets by corporations, which drive down prices to producers. Market monopolization and overproduction still create problems today, with the International Labour Organization (ILO 2000) calculating that deteriorating terms of trade cost developing countries $2.5 billion a year. Coffee prices fell by 60 per cent during 2000–2001 (Oxfam 2002). Besides the effects on debt servicing, such processes reduce incomes for producers in the global South and thus do not help alleviate poverty, a key factor in HIV/AIDS. The third relationship is more debatable, but arises from the fact that TNCs are the beneficiaries of the privatizing and liberalizing economic policies imposed on Southern governments as part

of debt restructuring programmes—economic policies that have failed to deliver the countries out of debt and often increased poverty. The influence of corporations and their financiers over the political and ideological forces behind the work of the IMF and other financial institutions is seen as a key factor by some (George 1988).

The discussion so far suggests that the relationship between corporations and HIV/AIDS, via their major role in shaping political economy, is not insignificant. That relationship is made even more important as people are caught in a vicious circle: AIDS depresses the productive ability of many societies in Africa, which then impacts on HIV/AIDS.

> The food crisis also threatens to intensify and prolong the epidemic—by reinforcing some of the conditions in which the odds of HIV transmission increase. Bereft of food, people are compelled to adopt survival strategies that might further endanger their lives. Some migrate, often to urban slums where they are likely to live in marginalized circumstances and lack access to education and health facilities (including HIV prevention and care services). Women and children are being forced, as a last resort, to barter sex for jobs, food and other basic essentials. Large numbers of children are leaving school to find work or forage for food. Communities and social networks are breaking down. HIV/AIDS thrives amid such social displacement and disintegration (UNAIDS/WHO 2002:29).

Given the complex interaction of poverty and HIV/AIDS in the context of globalization, some commentators have suggested that, for many people with HIV/AIDS, their suffering is the expression of structural violence (Pollack Petchesky 2003).

We can conclude, therefore, that the relationship between corporations and HIV/AIDS is wide and contested, perhaps more so than acknowledged by some policy makers in the international community. In accordance with the UN General Assembly Declaration of Commitment on HIV/AIDS, dialogue and action on the interface between business and HIV/AIDS needs to be broadened beyond the response of business to HIV/AIDS to also consider the response of HIV/AIDS to business (UNGASS 2001). The international policy community on HIV/AIDS must act to ensure more companies are not only "waking up to risk" but also "awakening to responsibility" for current socioeconomic conditions that influence people at risk from, or living with, the virus.

Business initiatives on HIV/AIDS, and the need for research

Recent years have seen elements of the business community mobilize to address issues relating to HIV/AIDS. The leading business initiative is the Global Business Coalition on HIV/AIDS (GBC). Founded in 1997 and expanded significantly after the UN General Assembly Declaration of Commitment on HIV/AIDS in June 2001, the GBC aims to "increase significantly the number of companies committed to tackling AIDS, and to mak[e] business a valued partner in the global efforts against the epidemic".[1] By early 2003 it had over 100 international corporate members, and the GBC's executive director was on secondment from UNAIDS. Since 2002 the GBC has been formalizing ties with national-level business coalitions on HIV/AIDS, of which there are an increasing number. One example of this is the South African Business Coalition on HIV/AIDS (SABCOHA). Across Africa, such coalitions have begun to receive significant government recognition and support (*This Day* 2003b).

Another initiative has been launched by the World Economic Forum (WEF). By early 2003 their Global Health Initiative (GHI) involved over 50 active member companies. The aim of the GHI is to "foster greater private sector engagement in the global battle against HIV/AIDS, tuberculosis (TB) and malaria".[2] An example of their work was the profiling of member

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[1]   See http://www.businessfightsaids.org/about_what.asp.

[2]   See http://www2.weforum.org/site/homepublic.nsf/Content/Global+Health+Initiative/About+the+Global+Health+Initiative.html.

companies' workplace or community projects that target children infected or affected by HIV/AIDS, tuberculosis or malaria, to coincide with World Health Day on 7 April 2003.

Such business-led initiatives are key in promoting private sector awareness of HIV/AIDS. In addition, they have helped to identify and disseminate certain best practices in the corporate sector, and case studies of voluntary responses to HIV/AIDS prepared by corporations are a key output from both the GBC and GHI.

However, given the complex issues described above, what the international community requires is baseline information on the practices of the private sector that relate to HIV/AIDS. While case studies can provide examples of the *sense* (or rationale) for corporate action, other forms of research are required to suggest the *scale* (number and size of companies acting) and *scope* (the types of action) of the corporate response. The need for generating consistent information on company practices has been recognized by the Global Reporting Initiative (GRI), which from 2002 and with almost a million dollars from the Gates Foundation, was developing a reporting protocol to help guide corporate disclosure on matters related to HIV/AIDS. The resulting guidelines were scheduled to be finalized at the end of 2003, but would be voluntary, like other GRI guidelines. Therefore, surveys of corporate practices have been necessary to generate information on the general level and type of response. Previous to this study, various surveys were conducted in different countries, such as Thailand and South Africa (Deloitte and Touche 2003). More than 700 firms based in China took part in a survey, conducted by the Futures Group (funded by the United Kingdom's Department for International Development—DFID) and UNAIDS. The study had an educative function also, urging companies to target HIV prevention and treatment for staff, through role-play activities, free condoms and workplace advisors (*South China Morning Post* 2002).

What was still required was a global baseline survey of the response of TNCs. This paper focuses on the results from that survey, with highlights from Internet research (annex 3), three national surveys and additional case studies.

The Surveys

As described above, reporting on corporate HIV/AIDS policies and programmes is a new phenomenon, as are such policies and programmes themselves (as discussed below). This situation constrained the development of the UNAIDS/UNRISD survey. Existing surveys from Thailand, South Africa and China were reviewed, as was relevant documentation from the ILO and initial outputs from the GRI. Drafts were shared with members of UNAIDS, ILO, GHI, GBC and co-ordinators of the previous surveys. The timeframe for this process was limited, given the need to report to UNGASS, although deadlines were extended to give companies more time to respond.

UNGASS specified that the largest 100 transnational corporations be surveyed. Studying TNCs in particular is relevant because their size, power and presence in developing countries means they are increasingly recognized as having an influence on the development of those countries. A number of particularly large TNCs have also been active in pursuing policies of "corporate social responsibility" (Utting 2002). The sample, however, represents only a small percentage of the total number of TNCs worldwide, estimated at around 64,000 (UNCTAD 2003). In addition, the sample does not provide information on the wider private sector, including domestic industries, small and medium sized enterprises, and the informal sector.

The TNCs were identified from the 2000 UNCTAD list of the world's top 100 non-financial TNCs, ranked by foreign assets (see table IV.1 in UNCTAD 2002). Other indicators of size could have been used, such as number of employees or market capitalization, although the decision was made to use a United Nations list that is updated regularly and is an indicator of the "internationality" of corporate operations (which was deemed important as this study is

focused on impacts in developing countries). Nevertheless, it was not certain that all TNCs surveyed have operations or locations that directly involve them in the HIV/AIDS problem.

Given the high-level nature of the request from UNGASS, the directors of UNRISD and UNAIDS sent the request to participate in this survey to the CEOs of the relevant companies, allowing three months for the completion and return of questionnaires. Companies were promised that the data they might provide would be treated confidentially, but that we would indicate which companies were surveyed and whether they responded positively (see annex 2). Thirty of the 100 transnational corporations replied positively to the survey. The timetable, the need for CEOs to locate the appropriate departments to complete the questionnaire, and the fact that the the questionnaire was available only in English, may have restricted the response rate. Telephone communications with non-respondents indicated that many of those not responding did not have policies or programmes to report.

The newness of this policy area for most TNCs was also indicated by the finding that only 19 per cent of those with policies or programmes had them in place before 1999. The questionnaire therefore played a role in encouraging debate and policy development within some corporations, as illustrated by the following quotes from completed questionnaires:

- "We think that this questionnaire was very useful for our company, and helped us to set up our policies, programs and actions."

- "The questionnaire reached us right in time. It is helpful for the further development of the policy as it raises awareness for certain areas which will have to be taken into consideration."

- "Well worth completing. Provides food for thought on this issue."

- "This survey has provided the opportunity to further discuss HIV/AIDS issues within our company."

All further quotes and statistics in this paper refer to transnational corporations, unless otherwise indicated. The national surveys of the 25 largest companies in Brazil, Philippines and South Africa received a higher response rate, with two-thirds of companies responding.

The Findings

Attitudes of companies to HIV/AIDS

In general, managers of the majority of the 100 largest TNCs do not appear to regard HIV/AIDS as a serious problem for their companies. Figure 1 indicates the views of the boards of the 30 companies that replied to the survey, concerning the current and future threat of HIV/AIDS to their business.

Figure 1: Is HIV/AIDS a problem for your company?

Now

No answer
6.7%

Not a problem
3.3%

An extremely serious problem
13.3%

A minor problem
23.3%

A serious problem
23.3%

A moderate problem
30.0%

In 10 years

No answer
16.7%

An extremely serious problem
6.7%

A serious problem
30.0%

A minor problem
20.0%

A moderate problem
26.7%
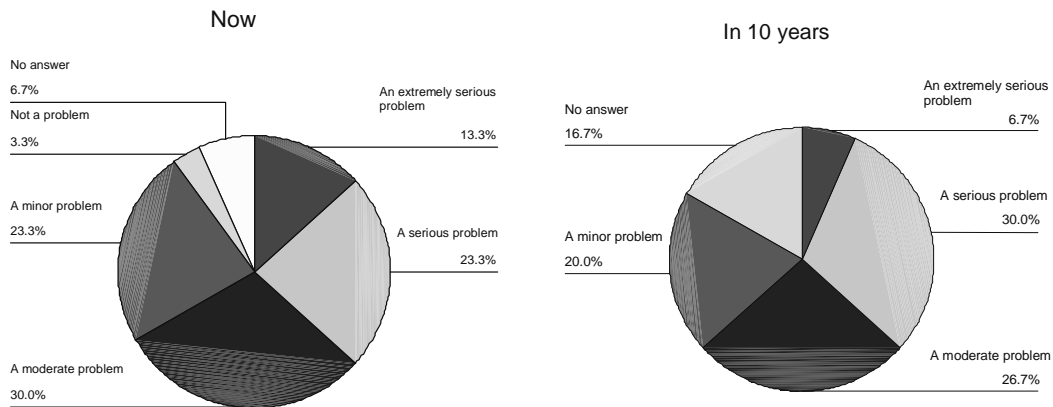
There was a wide range of opinion on this matter, which reflects the different types of companies surveyed, and the differential risks faced depending on what economic activities are involved, and in what regions. Sixty-three per cent of respondents identified regions in the global South where their operations are particularly affected. Of these, 84 per cent mentioned Africa, 36 per cent in Asia and 21 per cent Latin America.

For those that are acting to address the challenge of HIV/AIDS, they do so for a variety of reasons. Figure 2 shows the importance attached to different possible reasons for acting by managers of those companies that do have policies and programmes on HIV/AIDS in the workplace.

Figure 2: Why are you acting on HIV/AIDS?

To manage costs or declining productivity

No answer
19.0%

Most important
14.3%

Unimportant
14.3%

Important
28.6%

Somehow important
23.8%

To be a corporate citizen

No answer
19.0%

Somehow important
9.5%

Most important
47.6%

Important
23.8%

Long-term threat to growth

No answer
19.0%

Most important
33.3%

Unimportant
19.0%

Important
9.5%

Somehow important
19.0%

Leadership from senior management

Most important
9.5%

No answer
19.0%

Important
14.3%

Unimportant
33.3%

Somehow important
23.8%

We must be careful in interpreting the results, because of the contingency of language: in other words, the same phrase can convey a different meaning to different persons. Moreover, some phrases sound more or less aspirational than others, and this can influence responses. For those companies that are acting on HIV/AIDS, the most emphasized reason by managers is to demonstrate their corporation's social responsibility. The second most emphasized reason is managing effects on longer-term economic conditions. This indicates that for many companies the issue of HIV/AIDS is considered a strategic concern for the future, rather than a more immediate problem. However, for some companies the issue is more immediate. The challenge of managing costs and declining productivity was given more weight by those companies involved in labour-intensive heavy industry (including mining, oil and manufacturing), reflecting the particular impact on some companies in these sectors.

The emphasis on corporate citizenship as a rationale for action on HIV/AIDS does not correspond that well with evidence, presented later in this paper, suggesting that corporate action is limited to those prevention and mitigation issues with the most direct and immediate effect on a company's economic performance. The issue, then, is what "corporate citizenship" means to different managers, and whether it suggests acting beyond the management of immediate social and environmental risks and opportunities, to include the use of corporate power for wider and longer-term societal goals.

National studies

In South Africa, where 11.4 per cent of the country's population of two years and older is living with HIV/AIDS, management concern was found to be significantly higher. The boards of three-quarters of responding companies regard the threat to their company as either extremely serious (50 per cent) or serious (25 per cent). None of them consider that it is not a problem. Just under three-quarters consider it will be a similar threat in 10 years, suggesting that they believe it is manageable. Unlike in the transnational survey, the role of senior management was identified as important in leading action.

Brazil has the highest number of HIV/AIDS cases in Latin America. It is estimated that 597,443 individuals (ages 15–49, of both sexes) are infected with HIV, indicating a prevalence of 0.65 per cent. Only 5.9 per cent of the Brazilian respondents consider HIV/AIDS an extremely serious problem now, and 11.8 per cent consider that it will be an extremely serious problem 10 years from now. Thirty-five per cent of the respondents consider HIV/AIDS a serious problem now, and 17.6 per cent consider that it will be a serious problem 10 years from now. Over 23 per cent of respondents consider it a minor problem now, but only 11.8 per cent consider that it will be a minor problem in 2013. When asked to rank the reason for shaping the company's policy, the most highly ranked answer was to act as a responsible corporate citizen, and the second was recognition of the immediate and long-term danger to economic growth posed by HIV/AIDS. This indicates that more immediate impacts are not being felt at this stage.

In the Philippines, where prevalence is much lower than the other two countries, the majority of respondents do not consider HIV/AIDS to be a current problem for their company, nor that it will be in 10 years. For those few companies that are acting on this issue, most indicated that they are doing so in order to be a responsible corporate citizen, and that any actions are part of strategic plans rather than pressing concerns.

Existence of policies and programmes on HIV/AIDS in the workplace

Twenty-one per cent of the 100 largest TNCs reported that they have policies or programmes on HIV/AIDS in the workplace. That is 70 per cent of the respondents, although extrapolating this figure to include the non-respondents would be questionable, as companies without policies would be less likely to respond. Instead, these results were cross-referenced with a review of the companies' websites. Thirty-nine per cent of corporate websites mentioned HIV/AIDS, but only 11 per cent had easily identifiable information specifically relating to workplace policies or programmes (see figure 3 and annex 3 for more information on this website review). It could be

estimated, therefore, that a little more than 21 per cent, but probably less than 39 per cent, of the world's largest TNCs have policies or programmes on HIV/AIDS in the workplace.

This statistic includes both group-wide and subsidiary-level policies and programmes. A problem arose in attempting to identify group-wide policies and programmes, due to the different meaning of that term to different companies. For example, some companies had a group-wide policy to focus on particular operations, such as those in sub-Saharan Africa, while others taking the same approach nevertheless considered this to be a subsidiary, not group, policy. For example, one company said that "programmes and policies are under development to target highest-risk sub-Saharan Africa operations but will have group-wide application when fully implemented", while another replied that "regional/local corporations are legal entities (groups) with their own subsidiaries, who are fully responsible for their respective (regional/local) businesses, including national health and safety programmes. [Because of] the different cultures and environments we are doing business in and due to national legal requirements, there is no common worldwide…policy on HIV/AIDS".

Figure 3: TNC websites and HIV/AIDS policies
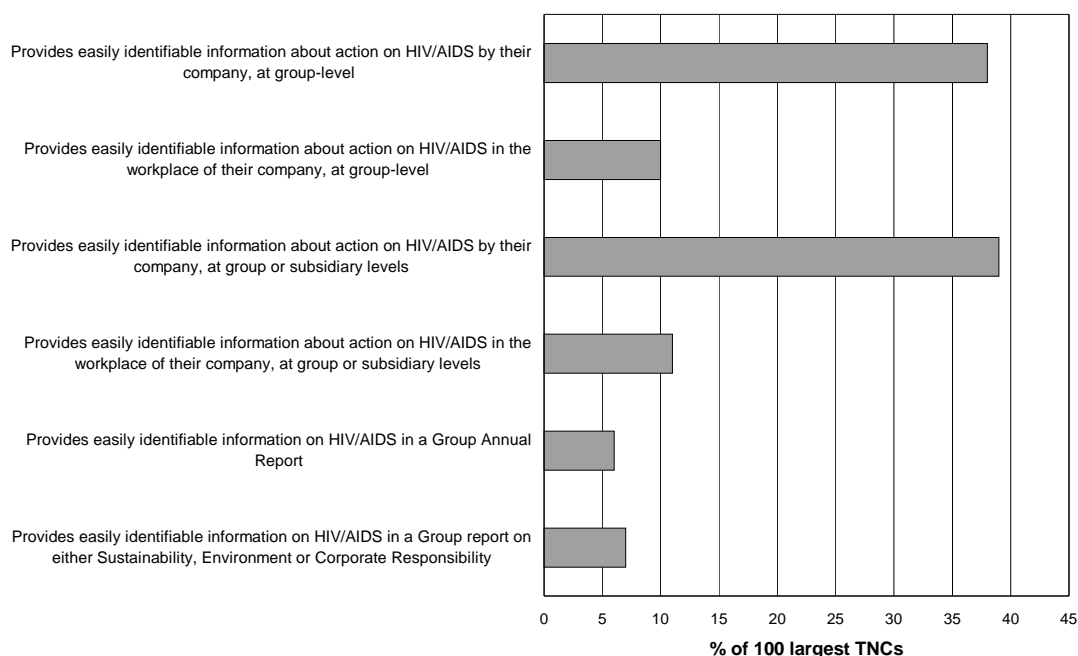
Some companies suggested that their existing policies were applicable and sufficient for HIV/AIDS, so that no specific policy on this matter was required. One company said that "so far HIV/AIDS simply did not emerge as a special issue". Another said that having a specific policy on this seemed discriminatory in itself: "we hesitate to identify employees actively, since so far we do not treat HIV-positives/AIDS patients differently from any other employees with an illness". One company explained their position and then questioned whether it was insufficient. "In our company we are not aware of employees suffering from AIDS or being HIV positive. Considering the number of employees there must be some HIV positive; but although we have an active occupational health management programme in place, HIV/AIDS did not become an issue (do we suffer from a 'blind spot?')."

Some companies that believed their existing policies were sufficient did nevertheless incorporate these into a common position on HIV/AIDS. "Our HIV/AIDS policy combines some elements specific to HIV/AIDS with re-enforcement of our Code of Business Principles. [Some] items…are already existent in our Code and not repeated in separate HIV/AIDS

documentation." One company explained the various areas of existing policy that are relevant to HIV/AIDS. "With respect to employment, our global integrity policy prohibits discrimination on the basis of disability, and the conditions associated with HIV/AIDS would be included under that policy. Similarly, our health benefits plans, where applicable, would cover necessary medical treatment for HIV/AIDS. There are no exclusions or limitations based on the affliction or resulting complications."

To some companies, neither existing policies, nor the existence of various subsidiaries, are reasons for not making HIV/AIDS a specific priority at group-level. "Comprehensive efforts at the global business level could include analysis of the baseline situation, non-discriminatory policies, privacy and security protection, programmatic efforts addressing HIV/AIDS, prevention, education, and awareness, voluntary counselling and testing, support and treatment of employees with AIDS, and monitoring and evaluating interventions over time." However, the fact that companies are dealing with this issue in different ways does suggest that future analysis of the corporate response to HIV/AIDS could involve the analysis of corporate responses to critical illness in general, through various policies and programmes, not necessarily those identified as specific to HIV/AIDS.

Clearly the companies surveyed are involved in quite different sectors and regions, and are thus faced with different levels of exposure to the pandemic. This helps explain some of the diversity of views and actions, although it does not explain it entirely. It seems that a key factor making corporate responses so diverse is the newness of this topic on the agendas of senior management. As mentioned above, only 4 of the 21 respondents with policies or programmes had adopted them before 1999.

The website review also indicates that although a number of companies are doing something on HIV/AIDS (whether this relates to product pricing issues for pharmaceutical companies, or advocacy or philanthropy), the issue of how companies are managing HIV/AIDS in their workplaces is not as high on the agenda. Some managers displayed a lack of knowledge about related issues, one example being a manager of a company with mining operations who did not know what a migrant worker is.

The newness of this issue is also reflected in the answers provided on key aspects of the development of policies and programmes, such as having the policy endorsed by the board, making it publicly available, appointing a committee to oversee its implementation, and involving other stakeholders (figure 4). That the majority of companies with policies sought external consultation in developing them will encourage those who advocate stakeholder consultation in the development of social and environmental policies (Bendell 2000). One company emphasized the importance of this. "Relations with…professional organizations, UNDP, UNAIDS, WHO, ILO and NGOs have been very useful in order to define our policy." External relations are discussed further below.

Figure 4: Policy development stages
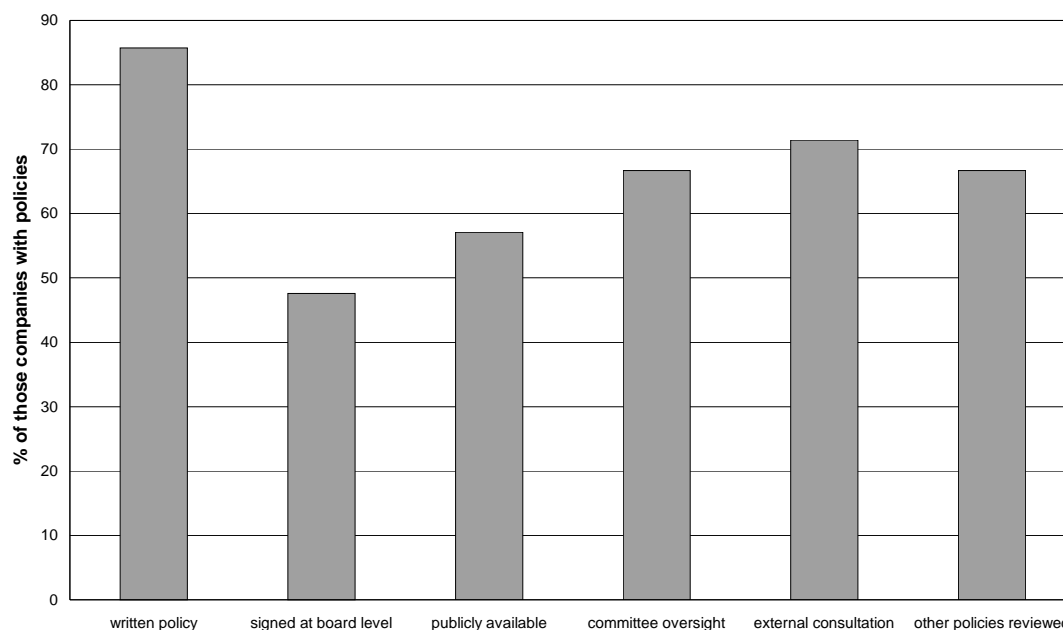
Commentators within the business community have argued that "companies can successfully implement comprehensive Voluntary and Confidential Testing…prevention and care programs" (Plumley and Mistry 2002:1). Therefore, the fact that just 21 per cent of the world's 100 largest TNCs reported to a United Nations study the existence of workplace policies or programmes on HIV/AIDS will disappoint some who work on this issue. It raises three questions. First, if HIV/AIDS does pose financial downside risk to companies in various sectors and regions, then sound management should involve some assessment of the risk to their own company, and subsequent action to address any downside risk then identified. Therefore, shareholding institutions may question whether the radars of corporate boards to societal trends are working properly. Second, those who suggest that the private sector is an essential partner in the fight against HIV/AIDS will have to balance the enthusiasm that arises from examples of positive engagement and action with the general level of non-engagement and non-action on this issue suggested by this study. In considering this, a third question arises. How does the nature of the company, particularly its activities and its geographical location, determine its exposure to risks arising from HIV/AIDS and the appropriateness of general analyses of the private sector as a whole?

National studies

A SABCOHA survey of business response found that only 22 per cent of companies with over 500 employees had conducted anonymous HIV testing—the only sure way of understanding direct risk from HIV (Deloitte and Touche Human Capital Corporation 2002). And a September 2002 survey undertaken by Sanlam, among a different group of respondents, showed that 46 per cent of the companies had no AIDS policy (Rusconi 2002). According to yet another survey, half of the companies reported a formal HIV/AIDS policy (Deloitte and Touche 2003).

The results from this research in South Africa are more encouraging. Over four-fifths of the respondents (81.25 per cent) have HIV/AIDS policies and programmes in their companies at both group and subsidiary level. This is 60 per cent of the 25 largest corporations that were surveyed. Two companies (12.5 per cent of respondents) are in the process of taking such policies and programmes from their subsidiaries to group level, and 6.25 per cent (one company) is developing policies and programmes in certain of its subsidiaries. None of the respondents indicated that there was no reason to establish any specific HIV/AIDS policies or programmes in their companies. All of the companies with policies (100 per cent of the total) indicated that they have a

written AIDS policy. Fourteen of the 15 respondents (93.3 per cent of the total) have had their policies signed by the board. One company did not answer this question (6.7 per cent). Ten of the 15 respondents (66.7 per cent of the total) make their policies publicly available. Although only one company indicated that it did not make its policy publicly available (6.7 per cent), four other companies did not answer this question (26.7 per cent).

In Brazil, where the impacts of HIV/AIDS are less than South Africa, we find that fewer companies are acting on this. Fifty-two per cent of the 25 largest companies reported having a workplace policy or programme on HIV/AIDS at both group level and in subsidiaries. This is 76 per cent of the responding companies. Two more companies (11.8 per cent) reported that they are in the process of developing official policies, even though they have some level of prevention and support activities occurring in the work setting. Another 11.8 per cent said that they do not believe they currently have reason to establish any specific HIV/AIDS policy or programme.

As mentioned earlier, the results of this survey indicate that the majority of the business community in the Philippines is not concerned about HIV/AIDS; very few companies with policies on this matter were found. Only 16 per cent of the largest 25 corporations (25 per cent of responding companies) have a workplace policy or programme on HIV/AIDS, and the majority stated they have no reason to have any policies or programmes. One company suggested that "there is no need to create a specific policy unless the law…requires [compliance]", and another said they had never heard of an HIV/AIDS policy. One manager wrote that HIV/AIDS was a sickness that "arises from vices". Despite low prevalence levels at the moment, such apathy and prejudice towards the disease will concern some, as UNAIDS has stated that "the window of opportunity for bringing the HIV/AIDS epidemic under control is narrowing rapidly in Asia" (UNAIDS/WHO 2002:9). On the positive side, a number of companies found the questionnaire useful, and were embarking on this issue.

Content of policies and programmes on HIV/AIDS in the workplace

The data requested by UNGASS about the nature of responses from companies was expanded by the research team and organized into two key categories: HIV/AIDS prevention; and HIV/AIDS mitigation. In addition, the content of corporate policies was investigated in light of the code developed by the UN agency responsible for labour standards—the ILO.

Coverage of provisions in the ILO code

The ILO's Global Programme on HIV/AIDS was launched in November 2000. Part of its work has been to develop a code to help secure conditions of decent work and social protection in the face of the pandemic. The code contains fundamental principles for policy development and practical guidelines from which concrete responses can be developed in the following areas:

- prevention of HIV/AIDS;
- management and mitigation of the impact of HIV/AIDS on the world of work;
- care and support of workers infected and affected by HIV/AIDS; and
- elimination of stigma and discrimination on the basis of real or perceived HIV status.

The code is becoming recognized in various countries, as indicated by a discussion of its usefulness in the Nigerian media, in early 2003 (*This Day* 2003a).

The majority of companies with HIV/AIDS policies or programmes did indicate that they address the provisions outlined by the ILO code (figure 5).

**Figure 5: Companies addressing provisions of the
ILO Code of Practice on HIV/AIDS and the World of Work**
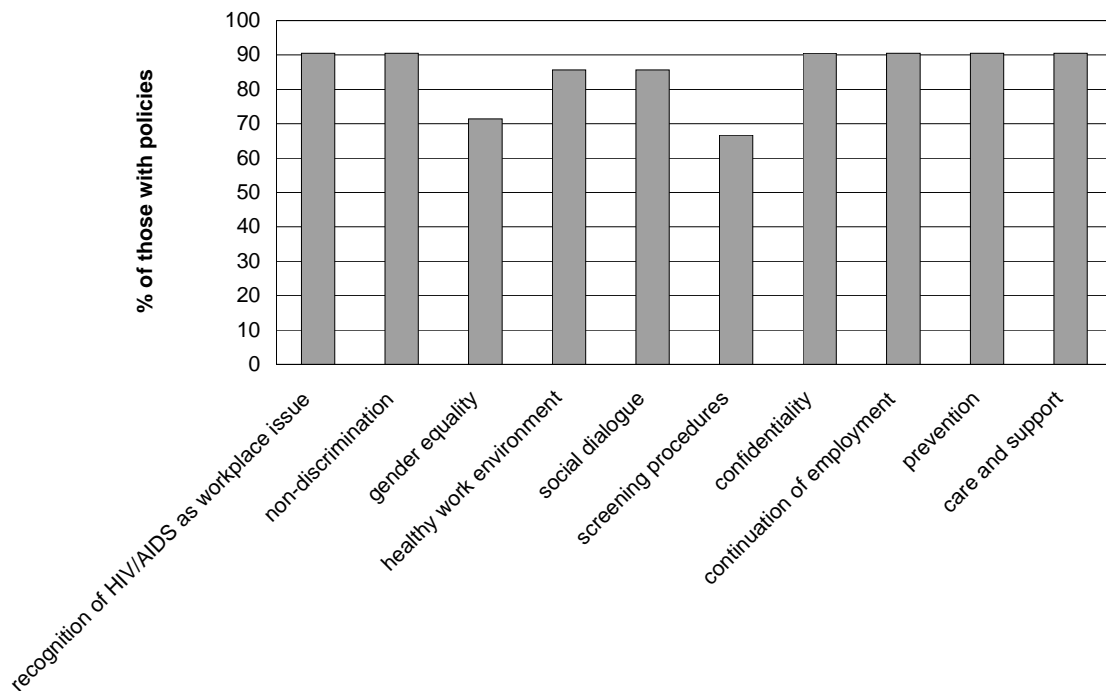
Declaration of Commitment

*…gender equality and the empowerment of women are fundamental elements
in the reduction of the vulnerability of women and girls to HIV/AIDS…*

(UNGASS 2001: paragraph 14)

The issue of gender equality was not seen to be as important as other issues, which may be cause for further study and action, and in retrospect is an area that the survey could have investigated further. The provision of the code on screening procedures was also not addressed as much as other provisions. However, given the answers to subsequent questions relating to discrimination and mitigation, we could assume that some managers misunderstood this provision and did not consult the code before answering. This may apply to the answers to other provisions, as prior knowledge or studying of the code (which was provided) would have been required to answer this question appropriately. This possibility is supported by the discrepancy between 90 per cent scores for many issues in the ILO code, and lower percentages for more specific questions on mitigation and prevention that are covered by the same provisions in the ILO code. Therefore further research on the integration of the ILO code into corporate responses to HIV/AIDS is required before making any conclusion on this.

Thirty-eight per cent of companies with policies have integrated codes other than (additionally to, or instead of) the ILO code. These include regional codes developed by business, government and civil society, particularly in sub-Saharan Africa. This is an indicator of the comprehensiveness of the policies and programmes adopted, although study of the codes would be required.

National studies
In South Africa, all respondents bar one address all the policy areas specified in the ILO code with the exception of one issue, this being "screening to exclude from work processes": 60 per cent of respondents (nine out of 15) responded in the affirmative. As discussed above, it is

uncertain whether this issue was understood by respondents, and further research on how companies integrate the ILO code is required. Of the six companies that mentioned integrating other codes into their policies, five companies cited integration of their policies with South African legal codes and guidelines, especially the Nedlac/Department of Labour's Code of Good Practice.

In Brazil, each provision of the ILO code is covered by over 70 per cent of the companies who have policies or programmes. The same problem was found with the principle on screening. Those companies with policies in the Philippines also covered most aspects of the code, with social dialogue and screening not as well covered. However, with only four companies having policies, it is not appropriate to draw conclusions.

Prevention measures covered by policies and programmes

There are a variety of prevention measures that companies can use, which are detailed in annex 1. Their use by those companies with policies and programmes is indicated in figure 6.

Educational activities score most highly, with over 90 per cent of those companies with policies undertaking such activity. One company explained:

> We have also begun to investigate educational efforts and programmes designed to counsel employees as well as their families on matters that affect their health. Specifically, we are considering an outreach effort for our employees in the areas of concern, with HIV/AIDS awareness as a component. While we have no evidence of significant numbers of HIV/AIDS cases among our workers, we think HIV/AIDS education is of great value to our employees and their families.

Peer education has been identified as a particularly effective awareness-raising technique, with Eskom being identified in South Africa as a pioneer of this (Bennett 2002). Such forms of education were mentioned by a number of companies.

The discrepancy between the educational activity of condom promotion and the actual provision of condoms can be understood in two ways. First, provision is more costly. Second, provision is not something that is necessarily appropriate as a global or even national policy for a company. Instead, ensuring they are available and affordable, or determining whether cost is in any way a barrier to their usage—and if it is, providing them for free—would be one appropriate approach to this issue at the group level.

This is why other questions in this section of the survey used the language "ensure availability of free or affordable…" before inquiring about facilities—for voluntary counselling and testing (VCT), for example. However, the exact understanding of this use of language will have differed from company to company, so further dialogue with respondents and subsequent definition of terms, perhaps as a guide to any further surveys, will be helpful.

Declaration of Commitment

…stigma, silence, discrimination and denial, as well as a lack of confidentiality, undermine prevention, care and treatment efforts and increase the impact of the epidemic on individuals, families, communities and nations and must also be addressed.

(UNGASS 2001: paragraph 13)

Nevertheless, the fact that basic issues such as condom promotion and VCT are not included in all corporate policies and programmes will surprise some. Some companies do take this seriously, though, with one Ghanaian mining company reported as including condoms in payslips (Safo 2003).

Figure 6: Prevention measures included in policies
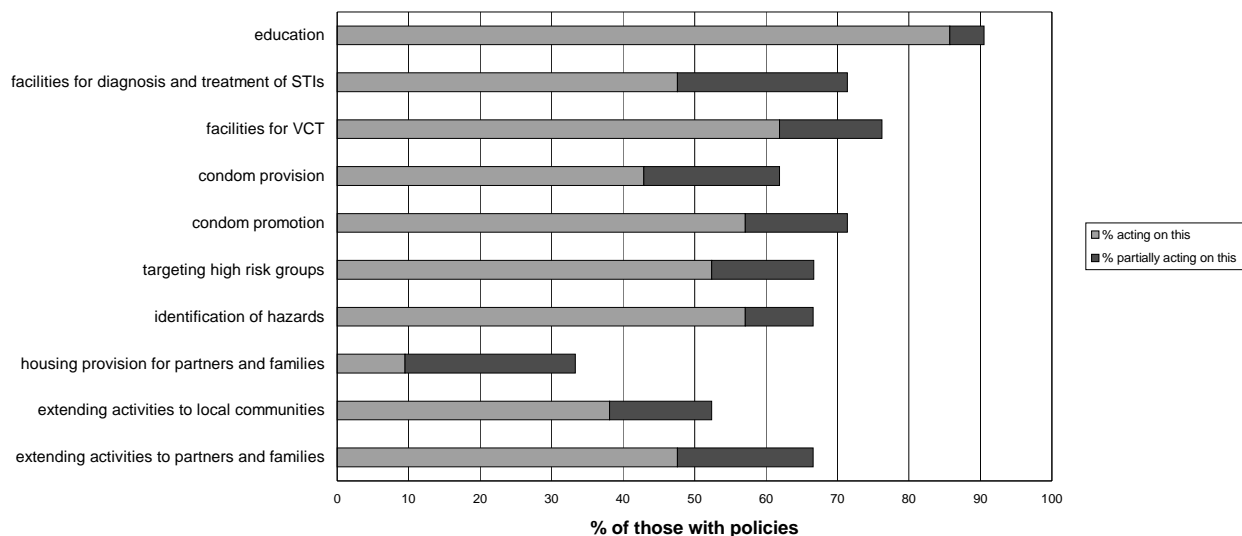
The lowest-scoring preventative measure was the provision of housing to the partners and families of employees. This is not a relevant concern for many companies, but should be for those involved in heavy industries that utilize significant migrant labour. Previous research suggests that there are few intervention programmes, even on a small scale, which specifically attempt to reduce transmission among migrants and their rural or urban partners (Williams et al. 2002). Our case studies indicate that some companies have adopted a housing policy that is supportive of safer sexual contact. That a number of companies involved in mining and oil industries in developing countries do not address this issue will disappoint some who consider this an important yet costly preventative measure.

Although the majority of respondents do not extend their preventative measures fully to partners, families and local communities, the fact that some do will encourage many who have been highlighting the importance of business moving beyond the workplace in tackling the pandemic. That almost 70 per cent of company policies do extend, in some way, preventative measures to partners and families, when not so long ago few companies did so, may add to this encouragement.

Over half the companies with policies said they employ other measures of prevention. Awareness raising was mentioned by nine companies and additional health care measures by eight companies. One company mentioned intervention to stop mother-to-child transmission, and another mentioned activities to reduce exposure to risks outside the workplace. Another company focused on creating capacity for preventative actions, including "identification and training of local AIDS committees, identification and training of AIDS peer counselors, and access to community based support groups".

National studies
The companies in South Africa cover these provisions more comprehensively than the TNCs. However, there are some parallels in relative emphasis on different measures. While the vast majority of the respondents comply with the *internal* or *workplace-oriented* AIDS policy requirements of condom promotion and provision, VCT, diagnosis and treatment of STIs, education and work-related safety, when it comes to the *external* policy issues (such as extending the policies to include partners, families and local communities, as well as housing for migrant workers' families) the level of compliance is drastically reduced. For instance, while all respondents (barring the one that did not answer the question) provide AIDS education to

employees, none provide housing for migrant workers' partners and families and only a minority (40 per cent) *partially* meet this provision.

In Brazil, less than half of those companies with policies or programmes promote or provide condoms, or target high-risk groups. Education features strongly, as it does in South Africa and the Philippines. Although 75 per cent of those companies with policies in the Philippines provide education on HIV/AIDS issues, the other prevention measures are not well covered, which also casts doubt on the reported integration of the ILO code, mentioned above.
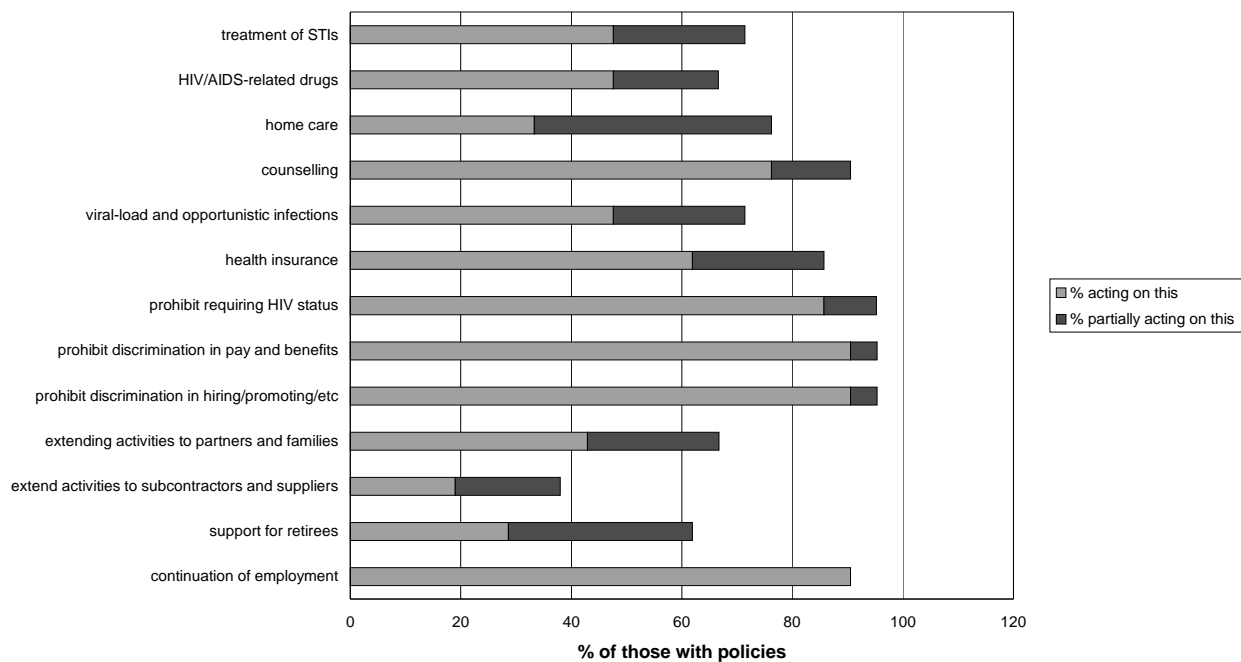
Mitigation measures covered by policies and programmes

There are a variety of mitigation measures that companies can use, which are detailed in annex 1. Their actual use by those companies with policies and programmes is indicated in figure 7.

Measures to prohibit discrimination were most common, along with measures to help those with HIV/AIDS continue employment. As in the previous section, companies were asked whether they "ensure availability of free or affordable" mitigation services. The exact understanding of this use of language will have differed from company to company. Some companies said that they "facilitate" access to services but could "not ensure availability where such services do not exist". Facilitating access to mitigation services such as home care, counselling and HIV/AIDS-related drugs is important, although ensuring that facilities exist is a more comprehensive approach. A number of those companies that indicated that their policies or programmes partially cover different mitigation measures were facilitating rather than ensuring access.

What is surprising is that over 60 per cent of those companies with policies do cover the provision of ART, at least partially. It was only in August 2002 that the first company announced it would offer free ART to thousands of HIV-positive workers, so there seems to have been movement on this issue (Finch 2002). The actual delivery of these ART programmes is still only beginning, even for the companies that adopted the policy in 2002. Moreover, many companies are looking to the Global Fund to co-sponsor the roll-out of such programmes, especially to the dependents and communities of employees.

Figure 7: Mitigation measures included in policies

This reflects how the extension of mitigation measures to families and retirees is still limited, even among those companies with policies or programmes on HIV/AIDS. A number of companies indicated that this depends on the situation in different countries, where the health insurance they purchase for their employees differs in its coverage of family members. Moreover, "some medical plans exclude coverage for HIV/AIDS based local insurance company practices".

A very low percentage of corporate HIV/AIDS policies extend to subcontractors and suppliers. It is understandable that companies focus on their own operations before engaging suppliers and subcontractors. However, given criticisms that companies are reducing their exposure to HIV/AIDS-related financial risks by increasing subcontracting, there will be calls for more action in this area, particularly where companies are the sole client of certain subcontractors and suppliers. Seven companies said they take other mitigation measures, although these were variants on the ones already covered in the survey.

National studies
In South Africa, respondents' HIV/AIDS policies are generally very strong on prohibiting discrimination against employees who may be HIV positive, as well as in the provision of free counselling and treatment of STIs. Helping people to stay in work if ill is required by law, and so all companies include this provision. However, respondents' policies are not as forthcoming when it comes to the provision of more complex and perhaps more costly treatments for employees. Furthermore, in general most respondents do not provide support to HIV/AIDS employees in retirement or to their families or partners, and only one respondent extends its policies fully to subcontractors and suppliers. Therefore there are strong parallels with the results of the global survey and the results from the Brazilian study. In the Philippines even those companies with policies do not all prevent discrimination, nor a number of other key mitigation measures, indicating the limited response in that country at present.

Attitudes on how to tackle HIV/AIDS
The limited extension of both prevention and mitigation measures to families, communities, subcontractors and suppliers will disappoint some, both within and outside the private sector.

The GBC has argued that "the business response to AIDS cannot be limited to the workplace" (Plumley et al. 2002:3). They say that "with AIDS threatening the future economic prosperity of a nation, it is…in businesses own interests that the societies in which they operate are also successfully reversing the spread and impact of AIDS" (Plumley et al. 2002:3). Despite the limited action on this issue, the GBC's analysis is shared by many managers. One wrote:

> Our internal programs cannot be effective in isolation and there is a critical need for further support to programs in adjacent local communities. Our business populations are dynamic, both in terms of daily people movement (work/home) and also in employees joining and leaving the business. Working with governments and major donors to ensure delivery of parallel programs to the community (both educational and for treatment) we consider critical to our making real progress.

Figure 8 indicates that the majority of those with policies do share this belief that HIV/AIDS must be tackled beyond the workplace. There is a fall in agreement as the catchment increases from families to communities to subcontractors. Comparing these results with actual extension of policies and programmes beyond the workplace indicates the difference between understanding of the problem and action. This is illustrated by the fact that more respondents indicated that "all of society" must be included in their approach, than indicated that (the much smaller part of society made up of) subcontractors and suppliers must be included. In reality only 19 per cent said they work with subcontractors or suppliers on these issues. It is also shown by the fact that some companies who suggested that HIV/AIDS must be tackled beyond the workplace also indicated that it was impractical for them to extend their measures beyond the workplace. This disjuncture illustrates the dilemma facing companies, as on their own, their efforts will not address either the problem they face, or that faced by wider society.

Figure 8: Attitudes on tackling HIV/AIDS
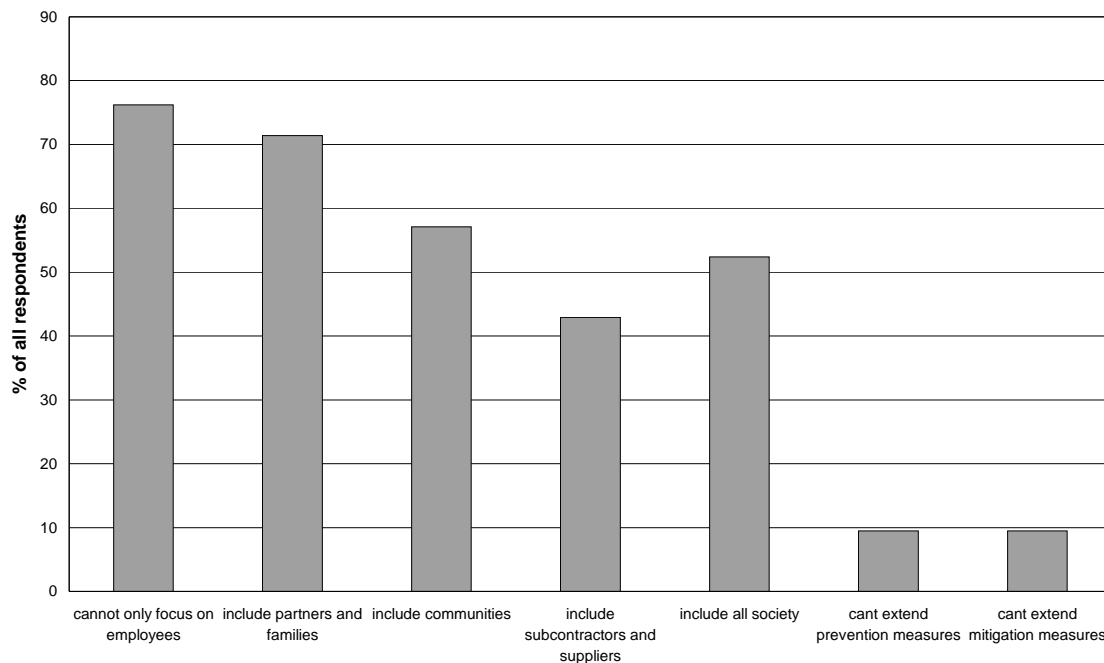
The extent of corporate engagement with these broader issues is currently limited: most are still asleep to their wider responsibilities. Only 24 per cent of company policies recognize poverty as a causal factor in HIV/AIDS. Moreover, less than 10 per cent assess how their policies and practices affect poverty issues. Given the impact of poverty on HIV prevalence and AIDS mortality, and the influence of corporations on this situation as discussed in the section on

political economy, the lack of engagement by corporations on this issue is not encouraging. Various core corporate functions, such as marketing, procurement, tax management and political lobbying, do influence the political economy environment that helps determine levels of illiteracy, migration, malnutrition, women's economic insecurity, and poor educational and health facilities. Therefore more action on this area should be expected and encouraged.

National studies

Responses from South African companies paralleled those of the TNCS, as indicated in figure 9. The responses of Brazilian companies had a similar emphasis on extending coverage to partners and families, and the aspiration of addressing the whole of society, but with some considering it impractical for companies to extend their coverage beyond the workplace. Most companies in the Philippines did not provide answers on this issue, indicating their lack of action.

Figure 9: Attitudes of South African companies on tackling HIV/AIDS

Total Numbers of companies who felt that statement reflected company policy

☐ Cannot address the costs & risk to business from HIV/AIDS in the workplace by focusing only on employees

▨ … partners & / families of employees must also be considered

▦ … communities of employees must also be considered

▥ … employees of subcontractors & suppliers must also be considered

▩ … whole of society must be considered

⊠ It is impractical for a company to extend HIV/AIDS prevention measures beyond its own employees

▦ It is impractical for a company to extend HIV/AIDS health care & support beyond its own employees

Policy implementation activity

The human resources (HR), and health and safety departments of the TNCs are most involved in the implementation of policies and programmes on HIV/AIDS in the workplace. This is encouraging to the extent that these departments are focused on internal delivery, rather than external appearance. Corporate social responsibility, public relations and external affairs departments are also involved in policy implementation. The fact that less than 100 per cent of HR departments are involved may surprise some, however, as will the fact that some companies indicated that none of the departments mentioned were tasked with policy implementation (figure 10).

Figure 10: Departments working on HIV/AIDS-related issues
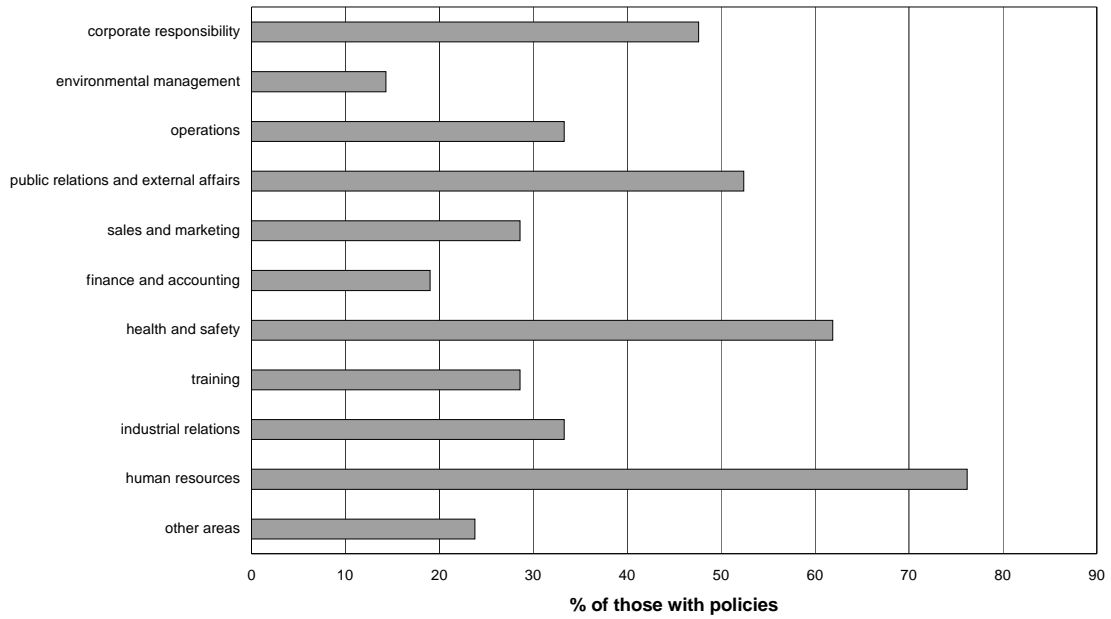
The implementation activities employed by these departments are indicated in figure 11. The percentages are quite low, which again illustrates the newness of this policy area, as companies work out how to implement their new commitments. One company said "we are currently reviewing all the [policy implementation] issues [you mention]—it is likely that our efforts will increase". The fact that only one-third of companies have allocated specific budgets for work on HIV/AIDS does, however, raise questions about the substantiveness of corporate commitments.

Figure 11: Policy implementation activities
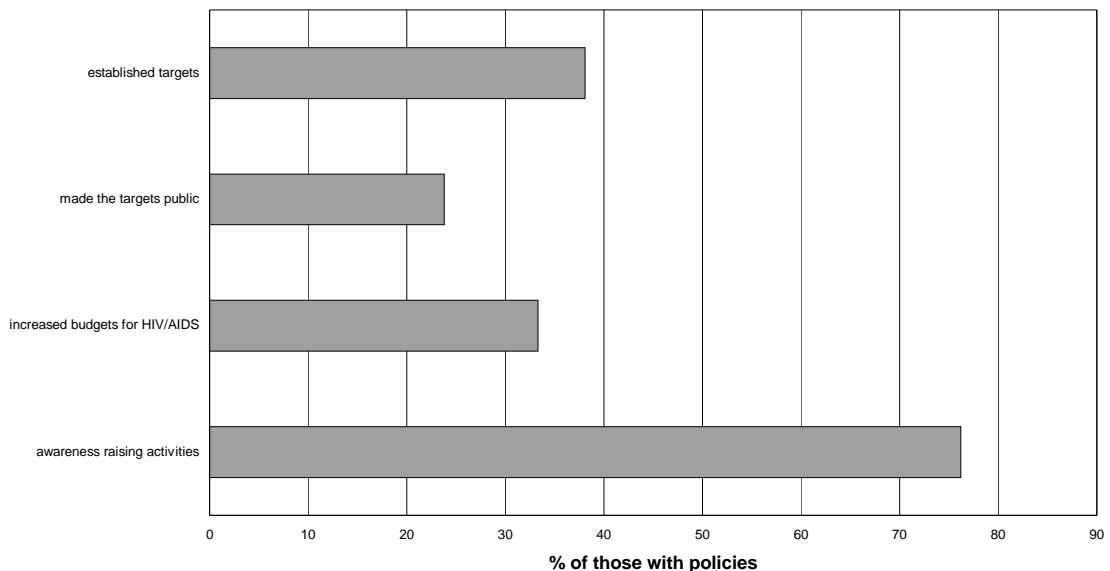
The majority of companies with policies have undertaken various activities to raise awareness about their policies (figure 12).

Figure 12: Types of awareness-raising activities
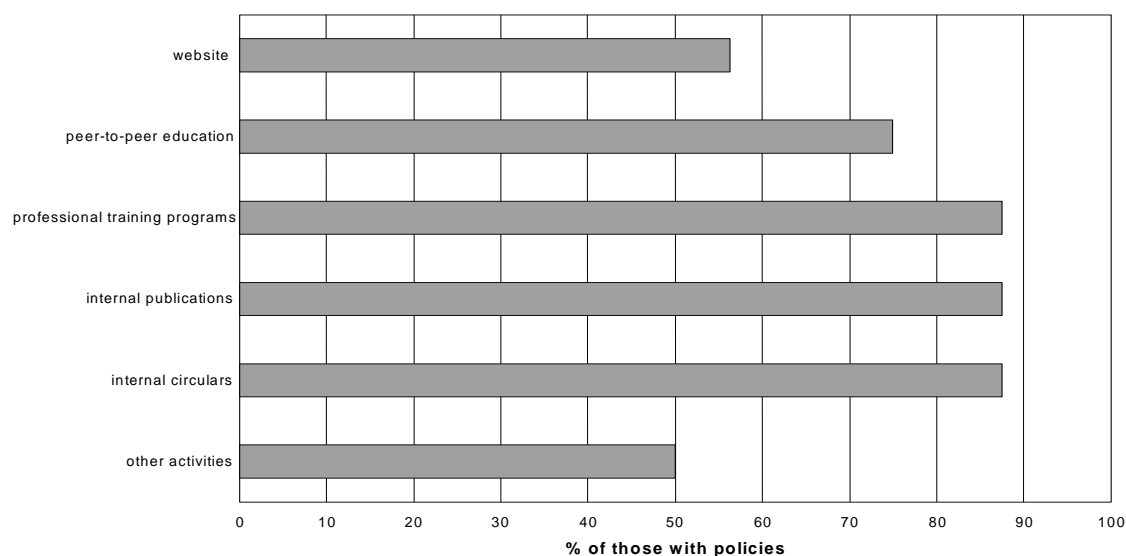
National studies

In South Africa, 80 per cent of respondents (12 out of 15 companies) issue internal circulars. The same amount use internal publications, professional training programmes, and peer education programmes. Fifty-three per cent have established targets relating to HIV/AIDS prevention and mitigation, yet of these companies that do set targets, only 22.2 per cent make them public.

A key difference with the TNC survey, and the other country surveys, is that a substantial 73.3 per cent of respondents (11 companies) in South Africa have introduced significant increases in budgets specifically to support HIV/AIDS prevention. For example, in Brazil, only 12 per cent of the 17 responding companies had made increased budget allocations to deal with HIV/AIDS. Companies in the Philippines reported less activity on implementation in general, although two of the four companies with policies have made budget allocations.

Monitoring and reporting

As would be expected for newly adopted policies and programmes, the monitoring and reporting activities on HIV/AIDS are, for most companies that responded, still being developed. Despite this, two-thirds of companies with policies and programmes are already monitoring their work (figure 13). One company explained their approach as follows. "Each CEO of [our group] companies will report on the status and impact of implementation of the Group Guideline as part of their summary reports to the apex of our organization. Overall compliance will be verified by independent auditors commissioned at Group level."

Using independent auditors remains unusual, as is the publication of reports on performance (figure 13). Just under half of those TNCs with policies or programmes support the development of a common reporting framework for HIV/AIDS, and over half do so in South Africa. This will provide moderate encouragement for the GRI HIV/AIDS reporting initiative, which is currently focusing on South Africa. One TNC explained in more detail that they support "efforts to improve the understanding and treatment of HIV/AIDS. If a reasonable international framework for reporting on HIV/AIDS policies and programmes would assist in that effort, then [we] would be supportive".

One important aspect of policy monitoring is benchmarking progress against others' experiences. A number of companies mentioned seeking advice in this matter from various organizations. One company explained: "we have developed a comprehensive programme that

we have had reviewed independently by others in the field of HIV/AIDS. These include international NGOs, Centers for Disease Control and Prevention, the Global Business Council on HIV and AIDS, as well as UNAIDS".

Despite the current emphasis on risk management, the number of companies "doing the math" is currently low. This includes generating statistics on prevalence of HIV/AIDS in the workforce, the cost of HIV/AIDS for the business and the cost of current and planned interventions, and research on the impact of policies and programmes on these figures. Less than a third of companies are acting on all these areas.

Figure 13: Policy monitoring and reporting activities
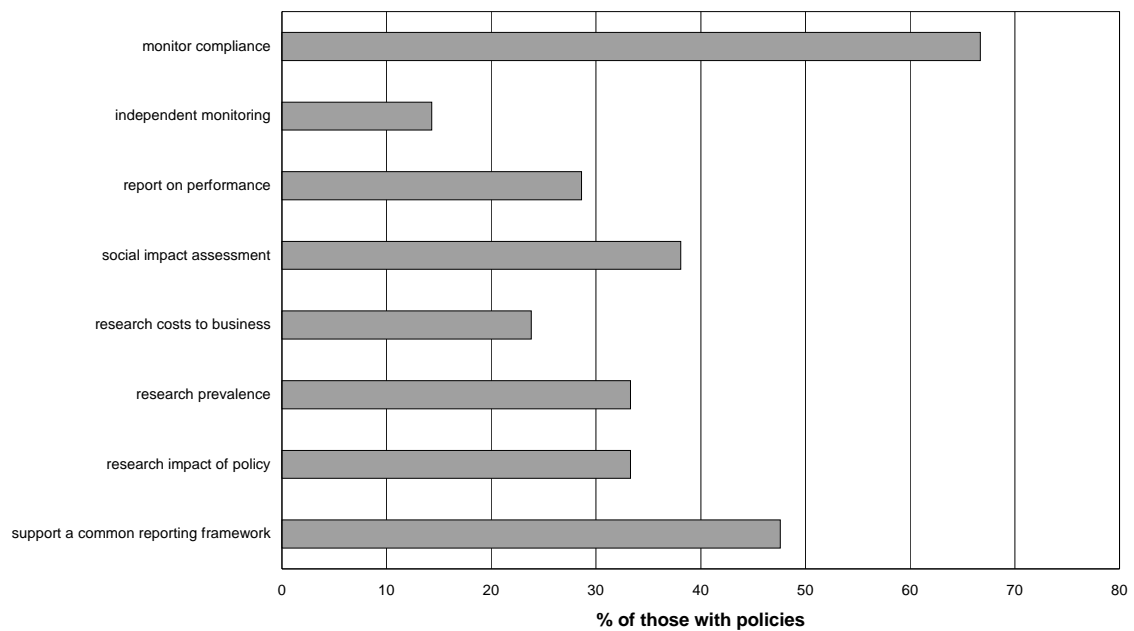
Companies have different views on the question of prevalence measurement. One company said that "over half our South African workforce has been tested for HIV via the full spectrum blood test method. Also, almost two-thirds of our workforce has received one-on-one counselling on the issue. Based on current statistics, HIV infection rate is below 6 per cent". Another indicated that their workforce prevalence rate in 2002 was 8.4 per cent for all locations in South Africa and 1.2 per cent for Botswana. However, other companies said they did not think it appropriate to seek such data. "Since the company's employees are not obliged to inform us if they are infected with HIV, we cannot provide any information on whether, and if so how many, employees…are HIV-positive or suffering from AIDS."

Some companies intend to check prevalence rates every year as a means of measuring the impact of their activities. However, for most companies it will be a few years before they can determine how their policies and programmes are affecting HIV/AIDS. One company explained that "at this stage it is too early to discern any material impact on our business in South Africa. We continue to monitor both through our own resources and industry wide organizations [and] programmes".

One other area of corporate research covered by the survey was "social impact assessment", where companies would attempt to ascertain the impact of opening or expanding a particular operation on HIV/AIDS prevalence in the area. This is important if companies are to ensure that HIV/AIDS policies and programmes are not add-ons to business-as-usual, but effective in eliminating any possible negative impact from very the existence of their operations—

something of particular significance to heavy industries. Almost 40 per cent indicated that they acted on this, although the nature of this activity needs further investigation. One company said "societal impacts are considered, but our facilities impact on HIV is generally negligible, in fact new facilities would likely increase wealth and improve ability to for individuals to access health care".

National studies

Given the longer involvement by South African business in HIV/AIDS issues than in many other parts of the world, companies reported doing more on monitoring and reporting their activities in this area. Of those that do monitor their compliance, half report publicly. However, only slightly more than a quarter of respondents use *independent* monitors, which suggests that many companies may be sensitive to having their progress evaluated by independent parties.

They are also more advanced in putting costs on the impact of HIV/AIDS. Almost three-quarters of the 15 companies (73.3 per cent, or 11 companies) have conducted studies regarding the cost impact of HIV/AIDS on their business, while 20 per cent (three companies) have not.

In Brazil, although half the companies said they conducted internal monitoring, all other key monitoring and reporting provisions described above were implemented by less than half of those with policies. Only one company had requested independent monitoring. Only one company in the Philippines that has a policy on HIV/AIDS acted on any of the monitoring and reporting steps described in this section.

External relations

If business cannot tackle its HIV/AIDS-related risks by focusing only on employees, then relations with other groups in society—in the delivery of workplace programmes as well as wider activities—are important. Various commentators have emphasized the importance of collaboration. The role of employers' organizations has been discussed in the African media (Ligomeka 2003), while the GBC has emphasized that "partnerships with government and civil society have enhanced the effectiveness of company programs. The involvement of employees early in the process is crucial" (Plumley and Mistry 2002:1).

There is, however, limited information on collaborative programmes as "this is a relatively new and undocumented field" (Plumley et al. 2002:9). Figure 14 indicates something of the level and type of collaboration between business and other organizations.

Of those companies with HIV/AIDS policies or programmes, 52.4 per cent support partner organizations for the delivery of these. This is important, due to the attitude of some employees to their place of work. Research has found that access to HIV/AIDS services in the workplace is often hampered by the fear of stigma and discrimination. Therefore working with NGOs to provide services to employees and their family members has been advised (Esu-Willams et al. 2002). That over half of all respondents work with governments on HIV/AIDS issues will encourage those concerned about a lack of commitment from the public sector on HIV/AIDS. The fact that very few companies work with international trade unions on this issue may disappoint those, such as the ILO, who advocate the importance of social dialogue.

Figure 14: Organizations that companies collaborate with on HIV/AIDS
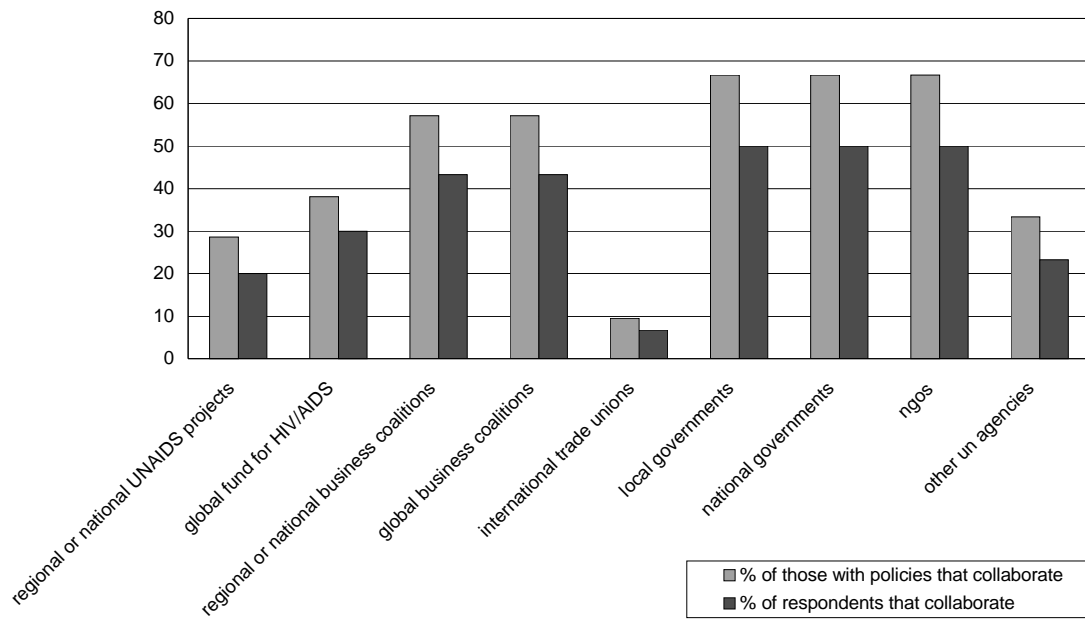
Some commentators are sceptical of the increasing emphasis on partnerships, as this may detract from the need to devise (inter-)governmental policy agendas with the sole purpose of social development, rather than private profit (Zammit forthcoming). The GBC explains that "business motivations for collaboration are complex, including corporate reputation, risk-management and a longer-term commitment to the establishment of prosperous markets—as well as short term commercial goals" (Plumley et al. 2002:9). The appropriate role for partnerships in the tackling of HIV/AIDS therefore requires further consideration.

Advocacy and advertising

Forty per cent of all respondents, not just those with policies, say they have engaged in advocacy or advertising on HIV/AIDS issues. "Our businesses will contribute to campaigns in the communities in a variety of ways, principally in raising awareness, including sponsorship of radio programmes", said one. Companies are engaging in advocacy at all levels (figure 15), suggesting that HIV/AIDS is no longer an issue that companies feel uncomfortable about including in their public relations.

Figure 15: Levels of advocacy and advertising
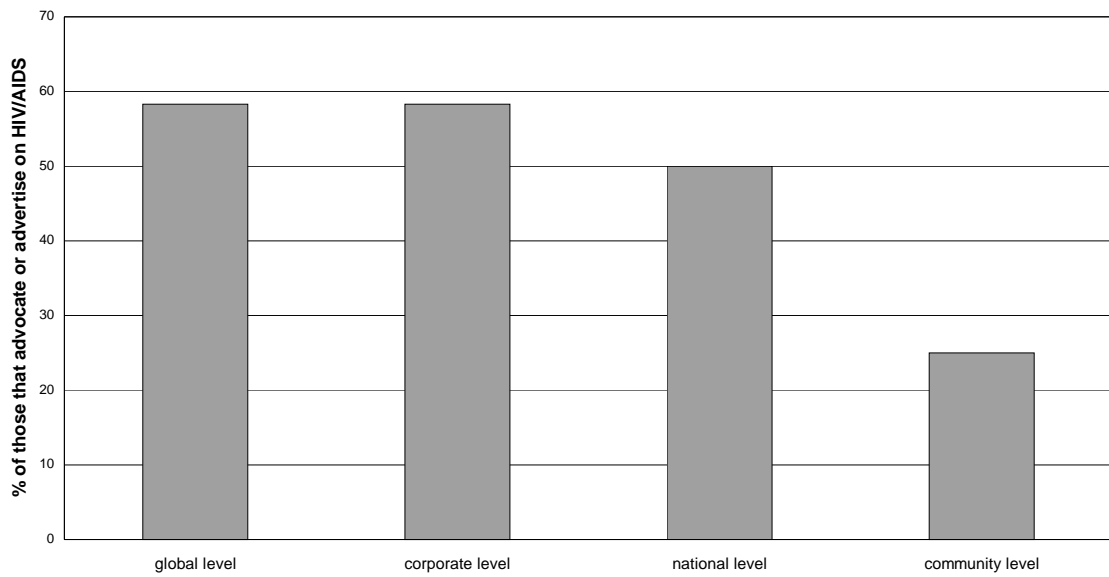
AIDS-related causes supported

Sixty-seven per cent of all respondents said they had donated money to AIDS-related causes. As discussed in the introduction, this philanthropy is varied. One company described "the donation of home care kits in Zimbabwe, an awareness and treatment campaign in poor areas of Nairobi, [and] the establishment of homes for orphans in South Africa", while another indicated large donations to global initiatives to accelerate access to AIDS-related drugs, or advocacy projects. Some of the types of activities supported are shown in figure 16.

Figure 16: AIDS-related causes supported financially
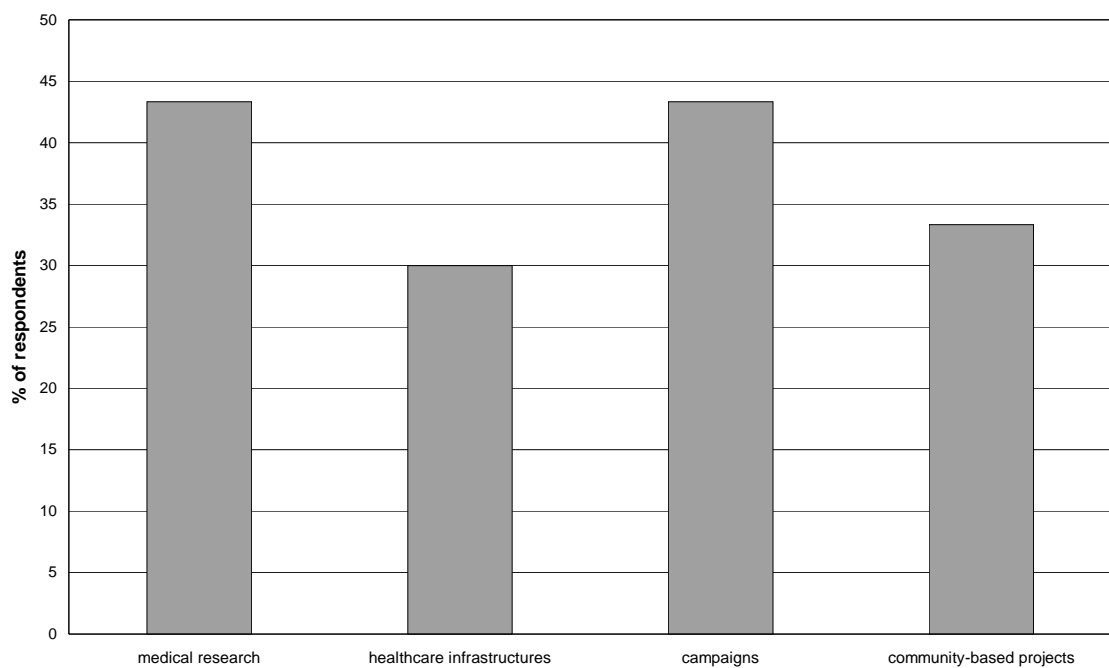
Challenges and opportunities

Over half of the respondents identified barriers to acting on HIV/AIDS in the workplace. A number of companies mentioned "health infrastructure challenges across Africa", problems with "access to and availability of drugs" and two cited "import regulations" for various medical products as being problems. A few companies mentioned the lack of political will from certain governments as having been a key barrier. "The HIV/AIDS debate, particularly in South Africa, has been somewhat fraught with political agendas leading to a difficult environment within which to create and maintain an awareness and prevention campaign. In some respects this environment has now eased." Figure 17 summarizes the responses.
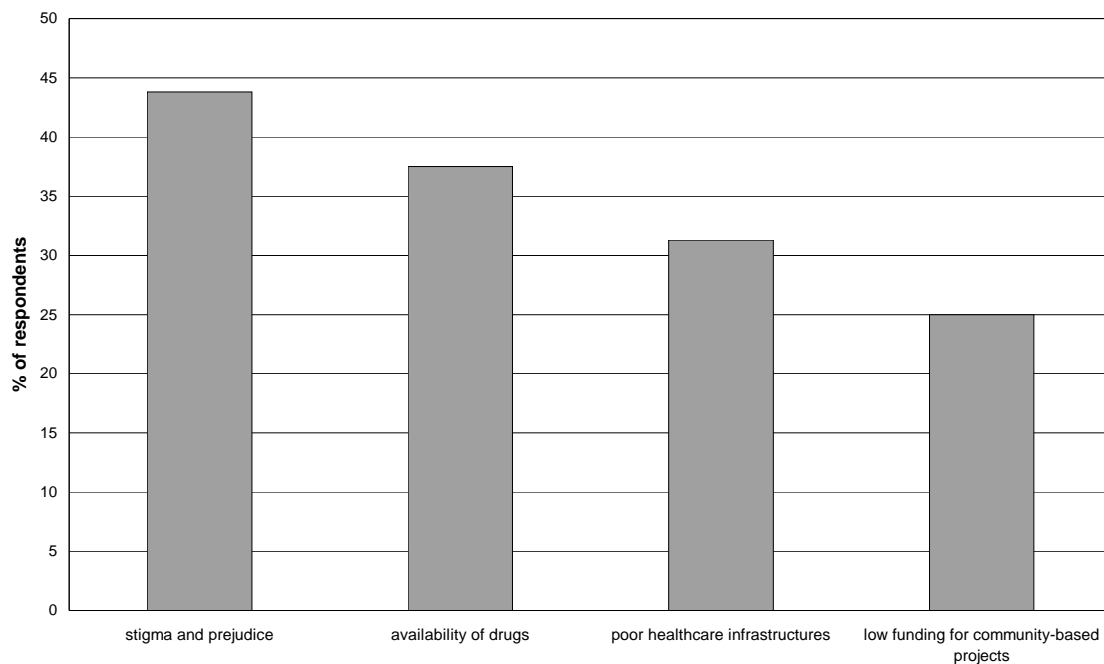
Figure 17: Key barriers faced

Companies were also asked to comment on how other stakeholders have helped, or could help, them in responding to HIV/AIDS. Half of the respondents shared their opinions. Various comments were made about NGOs. One said that "NGOs have made a vital contribution, both in stimulating progress and providing training, for example in peer group education and counselling". Others stressed their advocacy role. "Stakeholders can help by advocating for relaxed regulations on importing AIDS drugs, encouraging public-private sector partnerships on building a health infrastructure and training of personnel." Another argued that "NGOs and stakeholders can play a role in communicating the lack of health care infrastructure in developing countries, the requirement for engagement in diseases of the developing world (not solely focus on HIV/AIDS), the unwillingness or inability of governments to implement HIV/AIDS education, prevention and treatment initiatives".

There was some concern that NGOs were often critical rather than supportive of corporate responses. One company wrote that "the pharmaceutical industry is frequently positioned as the source of the problem for lack of policy and treatment implementation at national/country level. … Key stakeholders [could]…convey [our] considerable response to HIV/AIDS, including our commitment to R&D, preferential pricing and community partnerships and address the many misconceptions of minimal support and commitment". However, others indicated that their experience of NGOs had changed in a positive way. "We believe the recent spirit of multi-sector collaboration and partnership with well-defined roles and responsibilities is essential to achieve a sustained impact on the HIV/AIDS crisis."

Companies had some comments on governments, also. "Leadership is critical in addressing HIV/AIDS, and where there is national leadership on the issue it is very supportive of internal programmes and our community work." Another said that governments should "assist by applying for reduced drug costs through the Accelerated Access Initiative". One company emphasized the importance of ensuring that their efforts to help people in developing countries would not adversely affect their profit margins in developed country markets. "Acceptance and agreement by developed country governments that match the commitment by the United Kingdom government to not use lower prices in developing countries as benchmarks for prices in developed countries would be another step forward."

National studies

Even the global TNC study indicated that the role of government in South Africa has been particularly controversial. Despite many South African companies listing helpful measures taken by their government, 57 per cent (eight out of 14 companies) cited government or political leadership as a barrier to acting effectively against HIV/AIDS. These results seem to suggest that government's role in acting against the epidemic is perceived as somewhat ambivalent: in some cases, it is perceived to be helpful; in others, it becomes a barrier. Forty-three per cent of respondents (six out of 14) cited secrecy, mistrust and/or an unwillingness to share information as a major barrier, while over one-quarter of respondents (28.5 per cent or four companies) cited "stigmatization" and a further 21 per cent (three companies) cited "ignorance" as barriers. Surveyed companies in Brazil did not provide useful information on challenges and opportunities. Meanwhile, the limited prevalence of HIV/AIDS and the very low level of response from the corporate sector in the Philippines means that there was little experience of the implementation of policies or programmes from which companies could share ideas on this topic.

Beyond Surveys: Policies in Practice

The information obtained from surveys is limited in a number of ways. One limitation was described earlier as the contingency of language. The distance between surveyor and surveyed means that different understandings of issues and survey questions cannot be identified and unpacked. Surveys also reduce complex and interrelated phenomena into proscribed options, which can close down rather than open up issues. As corporate action and influence on HIV/AIDS in the workplace is still a recent subject of academic analysis, it is helpful to triangulate surveys with other forms of research that are more exploratory, and even more collaborative and transformative. A variety of organizations have conducted, facilitated or published case studies of corporate action on HIV/AIDS.[3] For this research, UNRISD also conducted case studies of particular companies in each of the countries considered. They included Petrobras, Nestlé and Banco Itaú in Brazil, De Beers, Anglo American Corporation and Sasol in South Africa, and Pilipinas Shell Corporation, Philippine Airlines and Toyota Motor Philippines Corporation in the Philippines. In this section a few highlights from these studies are presented to illustrate the expanded view provided by additional methods to surveys.

The case studies illustrate that some companies have gone much further in their response to HIV/AIDS than indicated in the surveys, and started their work on HIV/AIDS before governments began acting. In Brazil, each of the companies studied began working on HIV/AIDS in the mid- to late-1980s. Even before the Brazilian Ministry of Health began to offer free access to ART, Petrobras was offering employees access to treatment through overseas purchase of medications (AZT at the time) and the provision of extra insurance plans to those who needed them. Moreover, given the lack of national drug capacity at the time, in 1989 the company signed an agreement with the Federal University of Rio de Janeiro, through the

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3   These are available from websites such as http://www.businessfightsaids.org, http://www.weforum.org and http://www.iblf.org.

University Foundation José Bonifácio, under which $599,000 was used to set up laboratory facilities for HIV research and complementary HIV/AIDS services.

Petrobras has had reason to be particularly active, as the largest oil company in the country, with a staff in Brazil of 33,000 and an additional 60,000 subcontracted, 88.5 per cent of whom are male. A large percentage of this workforce lives at oil prospecting platforms and refineries, being away from their homes, families and communities of origin, so that they are particularly vulnerable to many health conditions including HIV/AIDS, and alcohol and drug abuse. In addition to treatment-related work, Petrobras has attempted to respond positively to the employee accommodation issue. Employees who wish to take their partner and family members with them are offered support for housing. Partners and other family members are not allowed to accompany employees that work at the platforms due to limited space and living quarters, but these employees are given special leaves to be with their family members.

The experience in Brazil suggests that companies can act in the absence of political action, when they realize the threats posed by the pandemic. This is confirmed by the case studies of South African companies. Business-government relations on HIV/AIDS issues in that country were particularly poor until very recently.

Case studies allow more information to be collected on the sense of corporate responses to HIV/AIDS, if not the scale and scope. Survey results from the Philippines, combined with its low HIV/AIDS prevalence rates, might suggest that corporate action or inaction in that country is not as important as in other parts of the world. However, from the case studies we see that strategic risk management considerations indicate a strong business case for pre-emptive action. Pilipinas Shell has estimated that the annual cost of one employee with HIV/AIDS who subsequently leaves company service ranges from $16,000 (in the case of a support staff) to $57,000 (in the case of a senior executive). In the case of medical retirement the one-time exit costs based on medical redundancy (or death) plus lost training and recruitment investments ranges from $280,000 to $390,000 in the case of a senior executive and from $17,000 to $31,000 in the case of a support staff. This compares with the management's estimated total cost of running the company's critical illness programme: about $5 per employee per year. This sum covers the costs of manpower, overheads, VCT, training and advocacy expense items of the programme, which suggests that the benefits of having a company HIV/AIDS programme more than offset the cost of investment, even in a low-prevalence country such as the Philippines. Combined with the survey data on the extremely limited response of the corporate sector in the Philippines, this suggests that many companies are not as proficient at risk management as they might be, which could interest the investment community.

One caveat to the data obtained from surveys is that they rely on self-reporting, and therefore convey the impression of reality understood by the person filling out the survey—or even the impression they wish to give the researcher. Similar problems arise for other research methods, such as interviews and focus groups. One way of managing this issue is to cross-reference data gained from self-reporting, with information from other people with an interest in the subject matter. In the case studies, the researchers approached trade union leaders, activists and people living with HIV/AIDS, to gain a greater insight into corporate practices. This identified a number of areas where reported practices might not correspond with reality. One example is from Brazil. Even though most of the companies that have an official HIV/AIDS policy reported that it is a written policy, and publicly known and disseminated, it was very difficult to obtain a copy of such a policy even when a request was made. Moreover, if it was not requested, it was never offered to outside visitors or consultants. The level of public availability can thus be questioned.

The case studies also helped confirm and expand on some of the issues arising from the surveys. One issue concerns the relevance of a specific HIV/AIDS policy as opposed to a broader policy on critical illness. Philippine Airlines places HIV/AIDS together with other "life-threatening illnesses, such as cancer, heart disease". In Brazil, after years of acting on

HIV/AIDS issues, Petrobras has reframed its work as part of its overall health promotion policy which includes other health concerns that affect its employees, such as high blood pressure and diabetes, and social health conditions such as alcohol and drug abuse. Another issue relates to monitoring and evaluation. The surveys found little activity in this area, while case studies from Brazil showed that even those corporations that have been engaged in HIV/AIDS prevention and treatment for the past 20 years do not have a monitoring and evaluation system for this within the corporation, nor have they established minimum prevention targets or evaluated the impact of the programme.

Another finding from the survey was the often limited scope of corporate policies, in the sense that they do not all address suppliers, subcontractors and communities, nor their influence on society's ability to respond to the pandemic. Interviews with HIV/AIDS activists confirmed a concern about the limited scope. Daniel de Souza is an activist and HIV/AIDS consultant for mobilization of the private sector for national AIDS prevention campaigns in Brazil. He suggests that several enterprises and corporations only apply an HIV/AIDS prevention and care policy for workers when the non-application of the policy will bring about losses to the company. In his view, what's missing is a clear perception by businesspersons of their social responsibilities, ethics and citizenship obligations that the corporations have with the workers.[4]

The case studies from South Africa suggest that companies there are responding to the issues de Souza cited in the Brazilian context. They indicate that some companies have learned that they cannot tackle the risks to their business posed by HIV/AIDS by only focusing on the workplace. For example, the initial HIV prevention programmes within the Anglo American Corporation during the 1980s, along with most prevention initiatives in both the private and public sectors, were conducted according to a biomedical model, with efforts being focused on medical facilities within the workplace. HIV/AIDS is now seen as an issue requiring commitment from diverse stakeholders, and initiatives have to reach the communities from which workers originate. Thus HIV/AIDS prevention programmes have moved, first, from the clinic to workplace, with on-site education and training of all levels of personnel, and second, into the surrounding communities where youth in schools as well as high-risk populations, such as sex workers, have become a particular focus. Moreover, Anglo American now recognizes the broader socioeconomic context that must be tackled if HIV/AIDS risks are to be managed.

The company also now recognizes that widespread poverty, social mobility and unstable living conditions exacerbate the pandemic. It has moved to reduce its influence on creating migrant labour, and to examine its contribution to poverty alleviation and social development. In addition, the company now recognizes that a major challenge to HIV/AIDS prevention in Africa is the low status of women. Whereas Anglo American has previously engaged in philanthropic activities, now social development concerns have become more connected to its HIV/AIDS management.

In Brazil, Daniel de Souza suggests, this awakening to the broader social development context for HIV/AIDS is beginning to be understood by some companies.

> The growth of the private economic power and the weakening of the public power has made it clear that if the private sector (corporations) don't do their part, the state will not be able to attend to everything. What's the use for a corporation to produce if you won't have a market for consumption? More and more corporations are investing on the education and technical capacity building of lower-income segments of the population because they have realized that there is no way to pretend not to see this.[5]

The fact that companies are increasingly learning how to respond to HIV/AIDS suggests that researchers have a role to play in helping facilitate, document and disseminate that learning,

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[4]   Interview by Maria Cristina Pimenta, March 2003, Rio de Janiero.

[5]   Interview by Maria Cristina Pimenta, March 2003, Rio de Janiero.

through the use of collaborative action-research approaches. Such research will complement evaluations of the scale and scope of corporate action and influence on HIV/AIDS that are attempted through surveys.

This research will also help us to avoid the problem of self-reporting, where managers' perceptions of their actions might be more positive than those of other stakeholders. This is important as publicly expressed policies do not always correspond with the realities experienced by others involved in a company. The South African company, Sasol, for example, has been through an important learning process in this regard. The company is a diversified fuel, chemical and related manufacturing and marketing company with a total staff of 30,000 worldwide. Recently it has taken considerable strides to resource and co-ordinate its response to HIV/AIDS and to reduce the gap between stated policy and practice. Such efforts follow in the wake of research that raised questions about the level of response (Dickinson 2002). This inquiry suggested that Sasol's response had been under-resourced, unco-ordinated, and localized in nature. Implementation was uneven across business units within the company, and across different programme aspects. The report concluded that programme aspects were often implemented on the basis that they were relatively easy to undertake (for example, AIDS awareness programmes that could amount to promotion of World AIDS Day once a year) and because they enabled the business unit to report that "something was being done". More difficult programme aspects (such as STI treatment) were less likely to be implemented for a number of reasons, including the resources involved and the need for such programmes to be supported, and therefore co-ordinated, by a number of disciplines within the company if they were to be successful. The study also noted that there was little monitoring of programmes or strategies to respond to the impact of HIV/AIDS on the business. Despite assertion that an atmosphere of openness, disclosure, and acceptance had been created in many business units this was not, in fact, found to be the case. This was illustrated by the fact that only 5–10 per cent of infected people who were eligible for the company's HIV/AIDS disease management programme had come forward and participated in it. This finding was valuable in highlighting what UNRISD's research colleagues in South Africa described as the "structures of discrimination" that operated below the company's public policy. These structures of discrimination included the overlooking of suspected HIV-positive employees by supervisors for training and promotion.

From 2002, the company launched a more integrated approach, called Sasol HIV/AIDS Response Programme or SHARP (an acronym which also forms a slang greeting commonly used by blacks in South Africa: *Sharp!*). This resulted from a number of factors that included internal pressure from the company's AIDS Forum, the release of the critical research, and wider public pressures that senior management, in particular, understood required a response. The company hired a consulting firm to implement SHARP, providing it with significant funding. The new programme includes a number of resource-intensive measures. The company has committed itself to providing antiretroviral drugs to employees without medical aid, intends to investigate donor funding for the spouses of such employees, and beyond this to consider partnerships, possibly with government, donors and other employers, for provision beyond employees and spouses.

By contrast (and with some exceptions), the view of community representatives and of unions is that the company should be directly responsible for antiretroviral drugs (and other health concerns) for all its employees and their immediate families, and that the role of donors and other partnerships should start at this point, with a view to extending provision further into the community. The unions also emphasize that these problems arise from the absence of comprehensive medical insurance for employees and their spouses. While the unions will not oppose a benefit offered by management to its members, by homing in on one health issue that the company has come to regard as a priority and selectively dealing with this, in line with operational concerns, the company may well, as one union official put it, "be playing with fire". Therefore corporate responses to HIV/AIDS raise questions about industrial relations and the rights and welfare of employees more generally. These issues are not going to be resolved easily

and are part of a much wider problem and extensive debate as to where to draw the boundaries of responsibility between state and companies in responding to HIV/AIDS.

Conclusions: From "Waking up to Risk", to "Awakening to Responsibility"

The GBC has claimed that "despite the leadership of a few visionary business people, the business sector has been extremely slow to respond to HIV/AIDS" but that "in the face of the unparalleled threat AIDS poses to economic prosperity, the attitudes and activities of the sector are now changing" (Plumley et al. 2002:2). Although there is evidence of swift movement in South Africa, the other national studies, and particularly the global survey, lend weight to the GBC's assertion, as only 21 per cent of the 100 largest TNCs were able to report to the United Nations that they had policies or programmes on HIV/AIDS in the workplace. The alarm bells are only just being heard, and the private sector only just beginning to wake up to the risks posed by HIV/AIDS. It is still early: whereas many companies, including a number who did not respond to this survey, have published case studies of projects on HIV/AIDS, this does not substitute for a comprehensive policy and programme co-ordinated at group level and incorporating all the key provisions identified by the world's authoritative body on labour practices — the ILO.

This raises two issues. The first relates to the financial management of corporations. Some companies have calculated the financial impact of HIV/AIDS on their business to be significant. Some companies have demonstrated the ability to implement policies and programmes on HIV/AIDS in response to this financial risk. Given these facts, even if many companies may not face such immediate financial risks, through not operating in seriously affected sectors or regions, it can be expected that all well-managed global corporations will have systems in place to judge their particular exposure to HIV/AIDS-related risks. Institutional shareholders and government industry departments may therefore consider asking more questions of corporate management on this issue. If this happens, then surely more companies will begin to wake up to the risks from HIV/AIDS.

The second issue relates to how the international community can and should respond to the challenge of HIV/AIDS. Enthusiasm within the United Nations system, bilateral and multilateral development organizations, and international NGOs, for the voluntary role that business is playing and can play in the fight against HIV/AIDS needs to be tempered with an awareness of the current lack of wholesale and comprehensive engagement by even the largest companies on this matter, and even in the most affected areas, such as South Africa. As the GBC suggests, "the attitudes and activities of the sector are now changing" (Plumley et al. 2002:2), but there is still a long way to go. What this research suggests is that not only do more companies need to wake up to the risks posed by HIV/AIDS, but they also need to be encouraged and perhaps even directed, to awaken to their responsibility for influencing the conditions within which governments, communities and households respond to HIV/AIDS. Therefore, approaches that go beyond voluntary initiatives for critical illnesses such as HIV/AIDS need to be considered by governments.

The urgency of these issues depends on which region of the global South we are considering. But if there is inaction, they may become more urgent in all regions.

This study raises other questions about how we should assess the corporate response to HIV/AIDS. Despite its clear importance, is it appropriate that HIV/AIDS be singled out as a specific corporate policy issue? To what extent does focusing on HIV/AIDS give a misleading impression of what companies are or are not doing on matters that relate to HIV/AIDS? Some companies and other organizations prefer to consider their policies and practices in relation to "critical illness" more generally, not HIV/AIDS specifically. Some companies may be acting on

various HIV/AIDS-related issues without having a specific HIV/AIDS policy. Various issues covered by this survey could and should apply not just to HIV/AIDS but to other diseases that affect as many people around the world, such as malaria, tuberculosis (of course linked to HIV/AIDS) and cancer. Even basic problems such as diarrhoea and hunger still cause high numbers of deaths in the global South—what are the implications of focusing on corporate responsibility for HIV/AIDS, rather than health in general?

The importance of the existence of a *group-wide* company policy also needs further consideration as a measure of corporate activity on HIV/AIDS, as well as what can be expected of such a policy. Although the prevalence and impact of HIV/AIDS differs regionally, this research has shown that you can inquire about the corporate response in different regions within a common format. In addition, this research demonstrates that it is possible to have a group-wide policy, yet different companies interpret this in different ways. For example, some focus on workplace issues, others on product and market issues; some have a group policy to deal with this only in specific regions, while others attempt a more global approach. Some suggestions on what a group-wide policy should include are discussed below.

The survey suggests that where corporations are responding to HIV/AIDS in a progressive manner, rather than merely reducing their exposure to the financial risks associated with it, their actions are limited in five key areas. First, only infrequently is the full range of issues specified by the ILO for incorporation in a workplace policy or programme actually properly integrated. More work on promoting awareness and understanding of the ILO's Code of Practice on HIV/AIDS and the World of Work would thus be useful, but this poses a number of capacity challenges.

The second limitation revealed by this research is that interventions aimed at combating HIV/AIDS in the workplace are often restricted to that workplace, rather than extended to communities, subcontractors and suppliers. Third, and related to this, broader impacts on political economy and their relationship to HIV/AIDS via impacts on poverty and inequality are rarely considered. Fourth, companies often focus on managing risk once risk has already been created. For example, few conduct social impact assessments before opening operations, or act to reduce or moderate any migration associated with their activities. These limitations to the corporate response suggest that most companies are not awake to their wider responsibilities, which arise from their influence over those conditions that encourage HIV/AIDS prevalence and undermine possibilities for mitigating its effects.

The relationship between business and HIV/AIDS should not only be understood as the response of business to HIV/AIDS, but also the response of HIV/AIDS to the activities of business. The importance of this broader view is emphasized by the UN General Assembly Declaration of Commitment on HIV/AIDS, which recognizes that all actors should consider the wider social and economic conditions influencing HIV/AIDS prevalence and impact (UNGASS 2001). Therefore the international policy community on HIV/AIDS must act to ensure that more companies are not only waking up to the risk posed by HIV/AIDS, but also awakening to their responsibility for the current socioeconomic conditions that influence people at risk from, or living with, the virus. Such an awakening could be achieved even within a risk management approach to corporate action, if both the corporate and financial sectors came to understand that the risks to business posed by HIV/AIDS cannot be addressed without broad-based action to promote sustainable development, and thus prioritize action accordingly (an issue discussed below).

Declaration of Commitment

…some negative economic, social, cultural, political, financial and legal factors are hampering awareness, education, prevention, care, treatment and support efforts…

(UNGASS 2001: paragraph 21)

This relates to a fifth limitation of current responses, which is that most companies do not yet report appropriate data for investors and regulators to make informed decisions about the impact of HIV/AIDS. This issue has been taken up by GRI. In response to the draft guidelines (GRI 2003), an accountancy body in South Africa noted that companies would not be willing to report on prevalence rates, as this might adversely impact their share price. This suggests that voluntary reporting will face obstacles, and that regulatory intervention may be needed. In 2003 the Johannesburg Securities Exchange (JSE) moved to adopt a listing requirement for companies to report on HIV/AIDS, although debates remained over whether this should be limited to a broad discussion in the "financial review" rather than the reporting of figures on prevalence and costs (Temkin 2003). Perhaps the UN Global Compact, which began engaging with HIV/AIDS during 2003, could help support a global reporting framework on these issues.

The JSE and GRI approaches are founded on the understanding that HIV/AIDS poses a significant threat to financial performance, and that managing it well will be good for business. However, from a social development perspective, this approach may be limited, as financial costs can—and are—being managed in ways that externalize them onto society. Other commentators have noted that transferring costs to governments, to households and, to a lesser extent, to other companies is a rational response by profit-maximizing businesses, and it should be expected (Simon et al. 2000). The companies that are acting on HIV/AIDS in socially beneficial ways face a prisoner's dilemma, a first-mover disadvantage. Whereas voluntary business-led initiatives such as the GBC, GHI and the GRI HIV/AIDS project are crucial in increasing private sector involvement and helping to define what is currently best practice by corporations, there are barriers to socially beneficial corporate responses to the pandemic. Therefore a dialogue is required about additional means of encouraging and enforcing socially beneficial positive responses from corporations.

Such a dialogue will need to consider the prisoner's dilemma that also faces the governments of countries particularly affected by HIV/AIDS. This arises from the problem that if a government regulates to ensure that businesses do not externalize the costs of HIV/AIDS, and adopt progressive policies, then these added costs may put some existing companies out of business and also reduce inward investment as foreign investors seek other countries to invest in (Simon et al. 2000). What is the answer? It appears that we need to address this problem multilaterally. We must address the issue of the lack of capacity of all governments in the global South to tackle public well-being issues such as HIV/AIDS. That problem is systemic, involving the power relations that Southern governments experience when facing global private finance, TNCs, international financial institutions, and Northern governments. WHO and UNAIDS have already called upon all actors to assess "the impact of policy adjustments—including agricultural, trade and macroeconomic interventions—on food security prospects and communities' capacities to avoid or cope with crises such as the HIV/AIDS epidemic" (UNAIDS/WHO 2002:29). If "genuine, widespread improvements in health and quality of life will take structural changes in the distribution of income and wealth" (Bezruchka 1999), then we need to re-assess the role of public-private partnerships, and the implications for what we consider to be corporate responsibility. Not to do so would fail to deliver on the commitment made by governments at the United Nations to address the fundamental conditions for the spread and impact of HIV/AIDS (UNGASS 2001).

The GBC has argued that "AIDS is no longer just a niche issue for companies wishing to demonstrate corporate leadership to a particular group important to their business. It is one of the defining global issues that will affect market development and the performance of individual companies over the next half century" (Plumley et al. 2002:2). If this is so, corporations should demonstrate their responsibility by engaging in the wider context for HIV/AIDS, and supporting more systemic changes in the global economy that will enhance the ability of households, communities and governments not to succumb to the pandemic.

Unfortunately, raising such issues does not always help inspire voluntary action. Despite the UN General Assembly Declaration of Commitment (UNGASS 2001), by 2003 the debate about

business and HIV/AIDS in the international policy community was often limited to encouraging business to help in their workplaces, rather than looking at broader corporate practices and implications for the capacity of governments, households and civil society to protect themselves. Unfortunately some in the corporate sector do not understand or even reject the importance of asking such questions, so those organizations and individuals that raise critical and systemic issues may be marginalized in policy-making processes. There was an element of this in the response of some companies and some business-led initiatives to this survey, which may have adversely affected the level of response. The existence of an ideology that makes some people averse to considering systemic problems at the risk of alienating current or potential partners threatens to suffocate incisive analysis and effective action. This ideology masquerades as a form of professionalism, but needs to be identified and unpacked if the international community is to progress.

Nevertheless, this research has produced some data that support a preliminary assessment of what corporate policies on critical illnesses such as HIV/AIDS should cover. At a minimum, a group-level corporate policy should aim to ensure that all subsidiaries and group companies go through a process of assessing:

- the current and potential impact of critical illnesses such as HIV/AIDS on their workforce, customer base, and stakeholder relations, as well as their financial performance;

- whether their current policies, programmes and practices on various issues such as occupational health, human resources, industrial relations, marketing and external relations are compatible with best practice guidelines on critical illnesses such as HIV/AIDS and, therefore,
    - what additional prevention measures they can take to reduce exposure to critical illness vectors such as HIV infection—rather than just reducing their immediate exposure to additional costs;
    - what additional mitigation measures they can take to manage and reduce the impact of critical illnesses, such as AIDS—rather than just reducing their immediate exposure to additional costs;

- how their normal course of business, including all functions such as tax management, lobbying and strategy, affect critical illnesses such as HIV/AIDS through impacts on poverty and inequality, and the capacity of governments;

- how they might adjust their strategy, policy and practice to improve their contribution to poverty and inequality reduction and the capacity of governments;

- how they are supporting or undermining a sector-wide response to the direct and indirect causes of critical illnesses such as HIV/AIDS, particularly factors influencing the capacity of non-private actors to address this; and

- whether they have appropriate monitoring, evaluation and reporting processes in place for their policies, programmes and practices that may affect critical illnesses such as HIV/AIDS.

These are the first steps in a management systems approach, which does not specify exactly what remediating actions should be taken or the performance levels that should be achieved: these will need to be developed over time. It is even possible that a management standard on critical illness could be developed by a body such as the International Organization for Standardization (ISO), perhaps following in the footsteps of the AIDS Management Standard Initiative (AMSI) in South Africa. Nevertheless, this standard would need to incorporate specific provisions on the materiality of information and on reporting requirements, and would need to be backed by regulation if it was not to fall into the voluntarism trap described above. An initial aim could be for such a standard to be a requirement for listing on stock markets around the world. Even so, this would be just one of a number of activities that would need to be considered in order to establish and promote the sense, increase the scale and broaden the scope of positive corporate responses to the pandemic.

The discussion here has parallels with recent developments in thinking on corporate social responsibility and corporate citizenship more generally. By 2003 over 10 years of experience with new forms of voluntary initiatives between business and NGOs aimed at improving corporate contributions to sustainable development were leading some participants and commentators to question their efficacy in the absence of more systemic change (Utting 2002; Bendell and Young 2003). Therefore new forms of corporate citizenship, involving support for a better regulatory environment that sustains human rights, development and the environment have been advocated (Bendell 2000; Zadek 2001), and by the end of 2002 think-tanks, NGOs and companies involved in corporate citizenship were therefore beginning to turn their attention to the political activities of companies (Bendell and Concannon 2002). The analysis in this paper may thus find some support among the leading figures in the corporate citizenship community.

Future Research and Action: Waking Up to Finance

The findings presented in this paper suggest that there are a number of areas where more research is required. Questions of social dialogue and gender were not looked at closely in this research. Previous research by UNRISD has demonstrated that gender relations are a key cultural influence on risks of HIV/AIDS (Sisask 2003), an issue also recognized in the UN General Assembly Declaration of Commitment (UNGASS 2001). Therefore further investigation on the effect of corporate policy and practice on gender relations would be important (Shah et al. 2002). Moreover, both the ILO and the UN General Assembly Declaration of Commitment mention these issues as key to action on HIV/AIDS in the workplace (UNGASS 2001).

Continued use of surveys also needs to be located within the context of other research methods, such as interviews with key stakeholder groups. This is important, as commitment and action for engaging with HIV/AIDS in the workplace cannot be understood only through quantitative measures; they also require qualitative consideration of power, cultural patterns and processes of change.

In addition to this analysis of the broad scale and scope of the relationship between corporations and HIV/AIDS, there are areas where more targeted research is required. First, given their growing importance, the international community needs to research the various possible methodologies for the monitoring and evaluation of multi-sectoral partnerships on HIV/AIDS, and then begin employing such methods to guide future policy decisions on partnerships. Second, further investigation of the business case for HIV/AIDS management is required, so that companies can ascertain the business case for acting. Such research should not replicate the experience of previous research on the business case for corporate social responsibility, which has often been conducted by consultancies and other agencies with a vested interest in making a particular argument. Instead, this research needs to help inform all actors about the nature and extent of any business case, so that voluntary action can be promoted where logical, and regulatory innovations adopted when required. Third, this relates to the need to research the limits of voluntary corporate action on HIV/AIDS and possible regulatory innovations.

These research areas may help us to determine how to scale up the response of corporations in the face of the possible financial pitfalls of voluntary action and the limited will and capacity of governments to regulate. A key blind spot for the international community on HIV/AIDS has been the role of the financial sector. In South Africa, investors have been pushing for disclosure on this matter (Finch 2002). Meanwhile, financial institutions in the United Kingdom, and other countries, have combined to exert pressure on companies they invest in to take climate change more seriously. They realize that climate change issues must be tackled by all economic actors, not just the famous few with high-profile corporate brands. HIV/AIDS also poses a threat to entire economies in certain regions of the world, and like climate change, companies acting alone will not make a sufficient impact on the threat to those economies. Financial analysts

require more information on the business case for HIV/AIDS management, and must develop their own policy toward the issues. This could lead to a common position statement, where they could require more action from companies on HIV/AIDS. It is this type of effort that is needed to institutionalize action on HIV/AIDS within the economy. Further research on the financial sector and HIV/AIDS is therefore required, which could help explore the potential for engaging the financial sector on the issue of HIV/AIDS and, possibly, institutionalizing action on HIV/AIDS across the economy. By bringing the financial sector into the international community working on HIV/AIDS, it may be possible to extend the scope of corporate risk management so that business activity becomes more supportive of addressing the political economy dimensions of the current health crisis facing humanity.

Declaration of Commitment

Foster stronger collaboration and the development of innovative partnerships between the public and private sectors, and by 2003 establish and strengthen mechanisms that involve the private sector and civil society partners and people living with HIV/AIDS and vulnerable groups in the fight against HIV/AIDS…

(UNGASS 2001: paragraph 46)

Annex 1 — Categories and Data for Figures

Categories and data for figure 3 (policies mentioned on TNC websites)

TNC website provides…	Percentage
Easily identifiable information about action on HIV/AIDS by their company, at group-level	38
Easily identifiable information about action on HIV/AIDS in the workplace of their company, at group-level	10
Easily identifiable information about action on HIV/AIDS by their company, at group or subsidiary levels	39
Easily identifiable information about action on HIV/AIDS in the workplace of their company, at group or subsidiary levels	11
Easily identifiable information on HIV/AIDS in a group annual report	6
Easily identifiable information on HIV/AIDS in a group report on sustainability, environment or corporate responsibility	7

Categories and data for figure 4 (policy development stages)

Stage of policy process	Percentage of those with policies
Written policy exists	85.7
Policy signed at board level	47.6
Policy is publicly available	57.1
Committee exists to oversee policy implementation, monitoring and review	66.7
External consultation in development of policy	71.4
Existing policies and programmes on occupational health and safety, equal opportunities, benefits, housing and pensions, etc., have been reviewed in the context of HIV/AIDS	66.7

Categories and data for figure 5 (companies addressing provisions of the ILO Code of Practice on HIV/AIDS and the World of Work)

Provisions in the ILO Code of Practice on HIV/AIDS and the World of Work addressed in company policies or programmes	Percentage of those with policies
Recognition of HIV/AIDS as workplace issue	90.5
Non-discrimination	90.5
Gender equality	71.4
Healthy work environment	85.7
Social dialogue	85.7
Screening for purposes of exclusion from work or work processes	66.7
Confidentiality	90.5
Continuation of employment relationship	90.5
Prevention	90.5
Care and support	90.5

Categories and data for figure 6 (prevention measures included in policies)

Prevention measures	Percentage of those with policies	
	Acting on this	Partially acting on this
Condom promotion	57.1	14.3
Condom provision	42.9	19
Ensuring affordable or free facilities for voluntary, confidential, anonymous HIV testing, with personal access to results and counseling	61.9	14.3
Ensuring affordable or free facilities for diagnosis and treatment of STIs	47.6	23.8
Education on HIV/AIDS issues	85.7	4.8
Identification of specific work-related transmission hazards and adoption of safeguards	57.1	9.5
Targeting programmes at high-risk groups within company	52.4	14.3
Extending activities on all the issues above to include partners and families	47.6	19
Extending activities on all the issues above to include local communities	38.1	14.3
Housing provision for the partners and families of itinerant or migrant workers	9.5	23.8

Categories and data for figure 7 (mitigation measures included in policies)

Mitigation measures	Percentage of those with policies	
	Acting on this	Partially acting on this
Prohibit discrimination on the basis of real or perceived HIV/AIDS status when hiring, promoting, transferring or training staff	90.5	4.8
Prohibit discrimination on the basis of real or perceived HIV/AIDS status when allocating pay or benefits	90.5	4.8
Prohibit requiring HIV status from prospective or current employees, unless in circumstances specified in Chapter 8 of the ILO Code	85.7	9.5
Provide health insurance for all employees, which covers HIV/AIDS treatment	61.9	23.8
Ensure the availability of affordable or free facilities for viral-load tests and treatments for opportunistic infections	47.6	23.8
Ensure the availability of affordable or free counselling programmes	76.2	14.3
Ensure the availability of affordable or free home care	33.3	42.9
Ensure the availability of affordable or free HIV/AIDS-related drugs	47.6	19
Ensure the availability of affordable or free facilities for the treatment of STIs	47.6	23.8
Ensure the previous six provisions also include employees' partners and families	42.9	23.8
Help employees with HIV-related illnesses to continue in appropriate work while medically able	90.5	- 0 -
Continue support for employees who retire due to AIDS-related ill health	28.6	33.3
Extend HIV/AIDS work to subcontractors and dedicated suppliers (i.e., where the responding company is the exclusive client)	19	19

Categories and data for figure 8 (attitudes on tackling HIV/AIDS)

Attitude to addressing HIV/AIDS	Percentage of all respondents
We cannot address the costs and risks to business from HIV/AIDS in the workplace by focusing only on our employees	76.2
The partners and/or families of employees must also be considered	71.4
The communities of employees must also be considered	57.1
The employees of subcontractors and suppliers must also be considered	42.9
The whole of society must be considered	52.4
It is impractical for a company to extend HIV/AIDS prevention measures beyond its own employees	9.5
It is impractical for a company to extend HIV/AIDS health care and support beyond its own employees	9.5

Categories and data for figure 10
(departments working on HIV/AIDS-related issues)

Departments working on HIV/AIDS	Percentage of those with policies
Human resources	76.2
Industrial relations	33.3
Training	28.6
Health and safety	61.9
Finance and accounting	19
Sales and marketing	28.6
Public relations and external affairs	52.4
Operations	33.3
Environmental management	14.3
Corporate responsibility	47.6
Other areas	23.8

Categories and data for figure 11
(policy implementation activities)

Policy implementation, monitoring and reporting	Percentage of those with policies
Awareness-raising activities	76.2
Significant increases in budgets specifically to support HIV/AIDS prevention	33.3
Established targets related to HIV/AIDS prevention and mitigation	38.1
Made the targets public	23.8

**Categories and data for figure 12
(types of awareness-raising activities)**

Types of awareness-raising activities	Percentage of those with policies
Internal circulars	87.5
Internal publications	87.5
Professional training programmes	87.5
Peer-to-peer education	75
Website	56.3
Other activities	50

Categories and data for figure 13 (policy monitoring and reporting activities)

Monitoring and reporting measures	Percentage of those with policies
Carry out studies on the prevalence of HIV in workforce and associated communities	33.3
Carry out studies on the cost to business from HIV/AIDS	23.8
When expanding or opening new operations, conduct a "social impact" assessment (including the impact the operation will have on HIV/AIDS prevalence rates in the area)	38.1
Internally monitor compliance with policy	66.7
Order independent monitoring of policy	14.3
Publicly report on compliance and performance	28.6
Monitor the impact of HIV/AIDS policy and programme on business	33.3
Support the development of an international framework for reporting on HIV/AIDS policies and programmes	47.6

Categories and data for figure 14
(organizations that companies collaborate with on HIV/AIDS)

Collaboration	Percentage of those with policies that collaborate	Percentage of respondents that collaborate
Regional or national UNAIDS projects	28.6	20
Global fund for HIV/AIDS	38.1	30
Regional or national business coalitions	57.1	43.3
Global business coalitions	57.1	43.3
International trade union secretariats	9.5	6.7
Local governments	66.7	50
National governments	66.7	50
NGOs	66.7	50
Other UN agencies	33.3	23.3

Categories and data for figure 15
(levels of advocacy and advertising)

Level of corporate advocacy	Percentage of respondents
Global level	58.3
Corporate level	58.3
National level	50
Community level	25

Categories and data for figure 16
(AIDS-related causes supported financially)

Causes supported financially	Percentage of respondents
Medical research	43
Health care infrastructures	30
Campaigns	43
Community-based projects	33

Categories and data for figure 17 (key barriers faced)

Barriers	Percentage of those that identified barrier
Stigma and prejudice	43.8
Availability of drugs	37.5
Poor health care infrastructures	31.3
Low funding for community-based projects	25

Annex 2 — Surveyed and Responding Companies

TNCs

The survey was sent to the following companies—the world's top 100 non-financial TNCs, ranked by foreign assets, as identified by UNCTAD (2002).

ABB, AES Corporation, AkzoNobel, Alcan, Alcatel, Anglo American, Astrazeneca, Aventis, BASF, Bayer, BMW, BP, Bridgestone, British American Tobacco, Cable & Wireless, Cadbury-Schweppes, Canon, Carnival, Carrefour, Cemex, ChevronTexaco, Coca-Cola, Compagnie De Saint-Gobain, Conoco, DaimlerChrysler, Danone, Deutsche Post, Diageo, Dow Chemical, E.On, Electrolux, Eni, Ericsson, ExxonMobil, Fiat, Ford Motor, Fujitsu, General Electric, General Motors, GlaxoSmithKline, Hewlett-Packard, Hitachi, Honda Motor, Hutchison Whampoa, IBM, Interbrew, Itochu, Japan Tobacco, Johnson & Johnson, L'Air Liquide, LG Electronics, Marubeni, Matsushita Electric Industrial, McDonald's, Merck & Co, Michelin, Mitsubishi Motors, Mitsui & Company, Motorola, Nestlé, News Corporation, Nissan Motor, Nissho Iwai, Norsk Hydro Asa, Pearson, Petróleos de Venezuela, Petronas, Peugeot, Pfizer, Philip Morris, Philips Electronics, Procter & Gamble, Renault, Repsol YPF, Rio Tinto, Robert Bosch, Roche, Royal Ahold, Royal Dutch/Shell, RWE, SBC Communications, Siemens, Sony, Stora Enso Oys, Suez, Sumitomo, Telefónica, Texas Utilities Company (TXU), Thomson, TotalFinaElf, Toyota Motor, Unilever, Usinor, Verizon Communications, Vivendi Universal, Vodafone, Volkswagen, Volvo, Wal-Mart Stores, WPP Group.

The following 30 TNCs responded positively to the questionnaire.

AkzoNobel, Alcan, Aventis, BASF, Bayer, BMW, BP, ChevronTexaco, Coca-Cola, DaimlerChrysler, ExxonMobil, Ford Motor, General Electric, GlaxoSmithKlein, Hewlett-Packard, Hitachi, Itochu, Marubeni, Merck & Co., Norsk Hydro Asa, Petronas, Pfizer, Renault, Repsol YPF, Royal Dutch/Shell, Siemens, TotalFinaElf, Unilever, Vodaphone, Volvo.

Brazil

The survey was sent to the following companies, the 25 largest in Brazil based on a composite of employees and turnover.

AMBEV—Companhia de Bebidas das Américas, Bradesco, Caixa Econômica Federal, Cia Brasileira de Petróleo Ipiranga, COMLURB, Companhia do Metropolitano de São Paulo—METRO, Companhia Vale do Rio Doce, Construtora Odebrecht S.A., CSN—Companhia Siderúrgica Nacional, CST—Companhia Siderúrgica de Tubarão (Espírito Santo), Empresa Brasileira de Correios e Telégrafos, FURNAS Centrais Elétricas, General Motors, Grupo Pão de Açúcar, Itaú, Nestlé, Perdigão Agroindustria, Petrobras, SADIA, Santista Têxtil, São Paulo Alpargatas S.A., UNIBANCO, USIMINAS—Usinas Siderúrgicas de Minas Gerais, VARIG—Viação Aérea Rio Grandense, Volkswagen do Brasil.

The following 17 companies completed the questionnaire.

AMBEV—Companhia de Bebidas das Américas, Caixa Econômica Federal, Cia Brasileira de Petróleo Ipiranga, Companhia do Metropolitano de São Paulo—METRO, Companhia Vale do Rio Doce, CST—Companhia Siderúrgica de Tubarão (Espírito Santo), Empresa Brasileira de Correios e Telégrafos, FURNAS Centrais Elétricas, Itaú, Nestlé, Perdigão Agroindustria, Petrobras, Santista Têxtil, São Paulo Alpargatas S.A., USIMINAS—Usinas Siderúrgicas de Minas Gerais, VARIG—Viação Aérea Rio Grandense, Volkswagen do Brasil.

Philippines

The survey was sent to the following companies, the 25 largest in the Philippines based on a composite of employees and turnover.

Acer, Ayala Corporation, Bank of the Philippine Islands, Caltex Corporation, Coca-Cola Bottlers Philippines Inc., Equitable Banking, Fortune Tobacco Incorporated, Fujitsu, Globe Telecom, Lopez Group, Manila Electric Corporation, Mercury Drug Corporation, Metropolitan Banking Corporation, National Food Authority, National Power Corporation, Nestlé Philippines, Petron Corporation, Philippine Airlines, Philippine Long Distance Corporation, Philippine National Bank, Pilipinas Shell Corporation, San Miguel Corporation, Semiconductors Philippines Inc., Texas Instruments, Zuellig.

The following 16 companies completed the questionnaire.

Acer, Ayala Corporation, Coca-Cola Bottlers Philippines Inc., Fortune Tobacco Incorporated, Fujitsu, Lopez Group, National Food Authority, National Power Corporation, Petron Corporation, Philippine Airlines, Philippine Long Distance Corporation, Philippine National Bank, Pilipinas Shell Corporation, San Miguel Corporation, Semiconductors Philippines Inc., Zuellig.

South Africa

The survey was sent to the following companies, the 25 largest in South Africa in 2001 based on number of employees.

Amalgamated Banks of South Africa (ABSA), Anglo American, Anglo Platinum, AngloGold, Aveng (Grinaker), BarloWorld (Barworld), Bidvest, Billiton, De Beers, Durban Roodepoort Deep (Durban Deep), Firstrand, Gold Fields, Harmony, Illovo Sugar, Impala Platinum (Implats), Imperial, Iscor, Lonmin Platinum (Lonmin), Old Mutual, Pick 'n Pay, Rebserv, Sasol, Shoprite, South African Breweries (SAB), Standard Bank Investment Corporation (SBIC).

The following 16 companies completed the questionnaire.

Amalgamated Banks of South Africa (ABSA), Anglo Platinum, Aveng (Grinaker), BarloWorld (Barworld), Bidvest, De Beers, Durban Roodepoort Deep (Durban Deep), Gold Fields, Impala Platinum (Implats), Iscor, Lonmin Platinum (Lonmin), Old Mutual, Pick 'n Pay, Sasol, South African Breweries (SAB), Standard Bank Investment Corporation (SBIC).

Annex 3 — The Methodology of the Website Research

A study of online corporate transparency on HIV/AIDS activities was conducted for the world's top 100 non-financial TNCs, ranked by foreign assets, as identified by UNCTAD (2002). Provision of information about HIV/AIDS activities on corporate websites is considered to be one indicator of corporate responsiveness to the pandemic. The group-level website for each of the TNCs was identified and then examined for English-language information on HIV/AIDS (which does restrict the significance, as a small number of the companies have limited information in English). The examination of these corporate websites was intended to generate an impression of the ease of access to information, as well as the relevance of that information.

The website's search function was located, and then "AIDS" was entered as the search term. The top 10 results from the search were looked at for an occurrence of any information indicating the company was doing something on HIV/AIDS at group level. If not, then the results were examined for any information indicating a subsidiary was doing something on HIV/AIDS (this indicator is compromised by the research team not having a complete knowledge of all companies' subsidiaries). After this, the results were examined for any information indicating the company was doing something specifically on HIV/AIDS in the workplace at group level, and if not, whether there was information indicating a subsidiary was doing something on HIV/AIDS in the workplace. The results were also examined to see if the company mentioned HIV/AIDS either in the annual report, or in a specific social, sustainability, or health and safety report.

A second search was conducted for those companies where no information was found in a report, using the search terms "AIDS" and "report". Again, the top 10 results were examined.

A third search was conducted on a well-known search engine for those company websites that did not have search functions, with the URL of the company being specified, and the above steps being taken.

A fourth search was conducted using this well-known search engine for those companies where no information was found on group-level workplace policies. This included the name of the company and the phrase "workplace policy on HIV" (both terms required, no URL specified); if there were no results, the phrase was replaced with "aids workplace policy" and other permutations. Again, the top 10 results were examined to see if they provided information as described above.

The results were tabulated and are presented in figure 3.

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