Living and working with HIV/Aids

SAB MILLER

At SABMiller, our business is about more than brewing beer and producing sparkling and still beverages. To be successful we need to nurture partnerships with our distributors, our customers and our communities as well as being a responsible employer and global citizen.

We address social and environmental issues in tandem with our core business activities and a tangible example is how our HIV/Aids programmes support our operations, particularly in the African countries in which we operate.

This briefing paper presents an overview of our HIV/Aids programmes as at June 2007 with additional information regarding our future plans.

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SABMiller, the company

SABMiller is one of the world's largest brewers with brewing interests or major distribution agreements in over 60 countries across six continents. We produce a portfolio of over 200 brands, six of which are in the world's top 50 beer brands. Last year we brewed 216 million hectolitres of beer and we are also one of the largest bottlers of Coca-Cola products in the world.

Setting the scene

At the 2000 Millennium Summit, the 189 member states of the United Nations agreed eight Millennium Development Goals (MDGs), one of which included halting and beginning to reverse the spread of aids by 2015.

A report – The State of Business and HIV/Aids (2006) – from the Global Business Coalition on HIV/Aids (GBC), provides the stark statistics, six years on from the Millennium Summit and less than 10 years to go to meet the target. It points out that 40 million people live with HIV/Aids including the five million that were newly infected in 2005. The report estimates that 28 million people have been lost from the global workforce as a result of HIV/Aids.

Whilst Africa is the centre and focus of the pandemic (sub-Saharan Africa has 65% of the total cases of HIV), there are concerns that a 'second wave' is occurring in countries which currently have low to mid prevalence rates, including China, India and Russia.

Where HIV/Aids prevalence is high, the disease has significant personal, social and economic impacts. Families, communities and employers are severely affected by the loss of emotional and financial support leading to social breakdown and poverty creation. These levels of devastation are exacerbated by the complexities of stigma, prejudice and ignorance. The GBC report cites that less than 10% of the 40 million people living with the virus know they are infected. Many who are aware are frightened to declare their status, fearing they will be shunned in their family, community and at work.

The GBC report estimates that of the 40 million people living with HIV/Aids, 6.5 million people in low and middle income countries are in urgent need of anti-retroviral treatment (ART) but only one in five of these people have access to ART.

Whilst the statistics and the reality present a 'half empty' view of achieving the Aids MDG, some progress has been made. After a quarter century of this epidemic, the 2006 Global Report published by UNAIDS lists some key milestones in targets committed at a special session of the UN General Assembly in 2001.

On the positive side, the UNAIDS report notes that most countries have a strong foundation on which to build effective political commitment and partner co-ordination. Increase in HIV financial resources, treatment access, behavioural changes and some prevalence declines are reported but these improvements are matched with concerns that HIV prevention programmes are often failing to reach those most at risk, and services to prevent HIV infection in infants and support for children orphaned by Aids are failing.

The Report summarises that 'action overall has been insufficient, with progress uneven within and between countries and regions'. It lists a number of factors which need to be evident for the target of halting and reversing aids to be met. More commitment and leadership, increased financing, programmes addressing stigma and discrimination, a renewed emphasis on HIV prevention services and education, more access to treatment, and availability of prevention and treatment products will all need to work together for real progress to be made against this disease.

SABMiller, with its roots in South Africa, operations in many other African countries and in other countries at risk of higher prevalence rates, has its part to play.

HIV/Aids prevalence rates

Our company and HIV/Aids – a brief history

We produce beer and sparkling and still beverages in nine African countries (where SABMiller companies have day-to-day management control) which have a prevalence rate of HIV/Aids of over 5%. The extent of HIV/Aids in these countries is a fact that businesses can't ignore: the disease is an operational as well as a social and reputational issue. In the most obvious interpretation of sustainability, we cannot rely on a healthy workforce for the future unless we proactively manage the costs and impacts of the disease.

SABMiller and HIV/Aids – a synopsis from the early 90s until today
In the early 1990s the issue of HIV/Aids and related concerns became urgent in Africa but at the time the programmes introduced tended to be tactical, consisting mainly of condom dispensing, poster campaigns and educational videos. As HIV/Aids became a pandemic, we realised it presented a significant business risk and therefore we needed to be more strategic about how we could reduce the disease and its impact in our sphere of influence.

In the late 90s, we appointed a full time manager who already had 10 years experience in the HIV/Aids field, to guide the senior team in the development and implementation of a strategy.

In a step-by-step process, the initial requirement was to understand the magnitude of the problem and to understand what the issues were. The first step was to undertake prevalence surveys within SAB Limited (SAB Ltd), the South African brewing operation, and in Amalgamated Beverage Industries (ABI), its soft drinks division. A few years later, surveys were also carried out in all of our African operations. This provided the information required to understand the extent of the disease within these countries and operations. Knowledge, attitude and practices (KAP) surveys were also conducted to gain a deeper understanding of the HIV/Aids environment within our companies and to help us define our strategy for the future.

With the benefit of a greater insight of the impact and challenges facing us in South Africa, SAB Ltd formulated a strategy and policy to address the issue. Our policy was developed in consultation with employee representatives. At the time it exceeded legislative requirements and was considered to be in line with best practice.

The high prevalence rate in other African countries was also of concern and following the success of our initial experience in South Africa, the strategy, policy and programmes were rolled out into operations in 12 other African countries in 2001.

A global issue
More recently we have come to the realisation that HIV/Aids affects us as a global issue, not just an African one. As a global company with operations in 60 countries across six continents, we have a global reputation to manage. We are already extending our programmes to other operations outside Africa. In Honduras, a policy and strategy have been agreed, and we are also conducting wider education and awareness programmes as well as distributing condoms from our clinic to employees. India has already held its first education and awareness programme for the human resources staff. While there is more work to be done to impact the extent of the epidemic in India, it has been a positive start. Also HIV/Aids is emerging as a social issue in countries such as Russia, China and India and we have to be prepared to contribute our expertise to finding solutions to address this disease.

HIV/Aids and alcohol
Given our presence in countries with a high prevalence of HIV/Aids, it is important that through our various programmes we encourage active personal responsibility. Our HIV/Aids peer education programmes, which include safe sex messages, are promoted through events in the workplace, with business partners such as owner lorry drivers, and in wider community projects, including shabeen owners.

There are certain negative patterns of drinking, in particular excessive drinking, that place individuals at higher risk. These patterns are associated with risky behaviours such as driving when intoxicated. They are also associated with behaviour which may lead to unsafe sex, which in turn may increase the risk of HIV infection. Through our responsible drinking programmes, we are committed to help reduce and hopefully eliminate such negative drinking patterns.

HIV/Aids within the sustainable development framework
In 2005 we reappraised the focus and priorities of the work that was being undertaken within our environmental and social programmes and assessed the direction that was being given from the Group to the individual operations. It was recognised that as a growing global company, we need to achieve some consistent standards but also understand the need for flexibility in some countries where cultures and legislation differ.

The review resulted in the identification of 10 sustainable development priorities (they are listed on the 'Our responsibility' pages of our website, www.sabmiller.com). One of the 10 priorities is HIV/Aids.

All of the priorities are currently being embedded in operations around the world. We have also introduced a self-assessment performance management system which will enable our businesses to compare their performance against the 10 priorities with their peers within the group. Currently, for HIV/Aids the goals will be more stringent for the African operations with high prevalence rates than for other areas of the business.

Our HIV/Aids strategy

HIV/Aids affects our business from a number of perspectives but with the appropriate, proactive strategy, the associated costs and impact can be managed and reduced.

To understand the impact of HIV/Aids, we assess the overall business risk relating to the sustainability of the workforce, the impact on consumer spend and operational issues such as absenteeism and productivity.

Relevant interventions are developed to mitigate these risks. Put simply, the interventions are divided into two areas. Existing infections are managed through voluntary counselling and testing, early diagnosis and managed healthcare, which includes free anti-retroviral treatment for employees and their direct dependents. Secondly, new infections are reduced and prevented through effective education programmes which incorporate a behaviour change component.

Prevalence rates
The strategy and policy provides guidelines regarding minimum requirements, structure and implementation, dependent on country/company prevalence rates. We have three prevalence categories – over 5%, between 1 and 5% and under 1%. However, this is not the only measure. Operations are required to assess what is happening with the epidemic in their country as well as the socio-economic determinants which may exist. Countries or companies which have a prevalence rate of over 5% will implement the full programme as listed below.

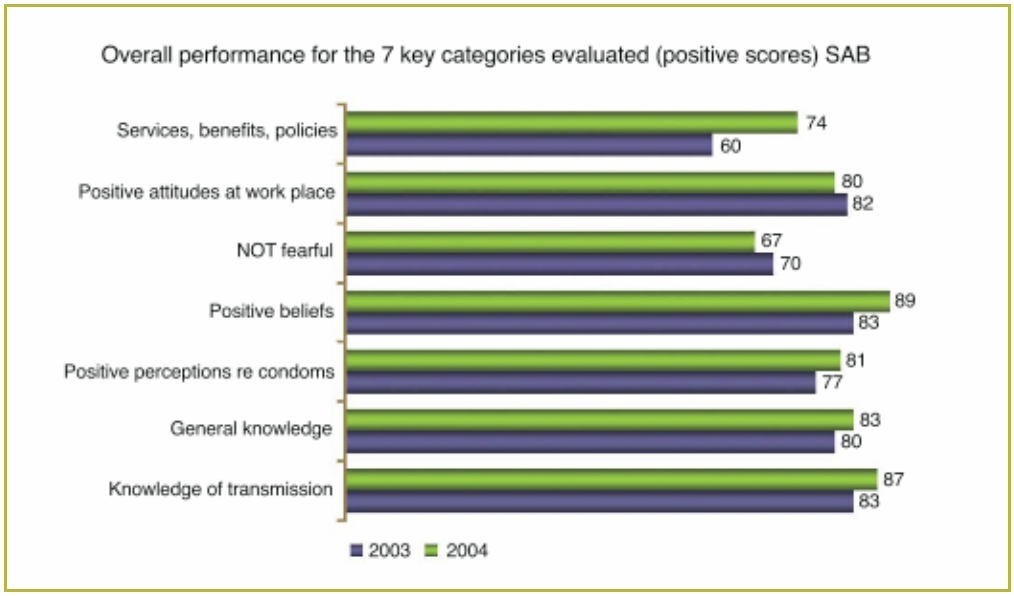
The initial phase in addressing HIV/Aids has been to establish the infrastructure which includes task teams, workshops, education initiatives, counselling and clinical skills, managed healthcare and occupational health programmes. Then the focus moves to monitoring behaviour and attitudes which are measured by the knowledge, attitude and practices (KAP) survey. The aim is to understand and change behaviours and attitudes around condom usage, multiple sex partners, sexually transmitted infections, myths and misconceptions, discrimination, fear and stigma.

Crucial to the effectiveness of all our programmes, is for each operation to establish specific measurable outputs. In this way HIV/Aids has been integrated into the performance management system and we have seen some positive results in managing the costs and operational impacts.

For example, results of the KAP surveys in 2003-4 have led to a confidential testing and treatment support system being rolled out to all our African operations and, since 2004, 80% of our staff in African countries have had an HIV test. Of those who have been assessed as HIV positive, 78% have gone on to managed healthcare programmes. Following the initial testing process, subsequently about half of our employees in these countries have undergone a second test for HIV. Through the KAP survey we are also able to see that our strategy is effective because it is trusted by our staff (83% in 2003 to 94% in 2004).

We intend to repeat the KAP surveys during 2007 and 2008.

For the seven categories evaluated by SAB, six of them showed positive improvements.



Life threatening diseases policy
Our life threatening diseases policy (which applies to our African operations, except Ghana, and also to our operation in Honduras), aims to provide consistent guidelines for managers. These guidelines are intended to ensure confidentiality and the fair and consistent treatment of employees, inform employees of their rights and benefits and provide an education framework.

Employees who have a life threatening disease are treated with sensitivity and compassion. We endeavour to create a supportive environment within which employees who are HIV positive are able to divulge their HIV status and receive the necessary support. Information regarding the medical condition of employees is kept strictly confidential at all times.

The policy is communicated to all employees via the intranet, publications and materials and face-to-face meetings. We measure and monitor communication and understanding through an annual audit and the KAP surveys.

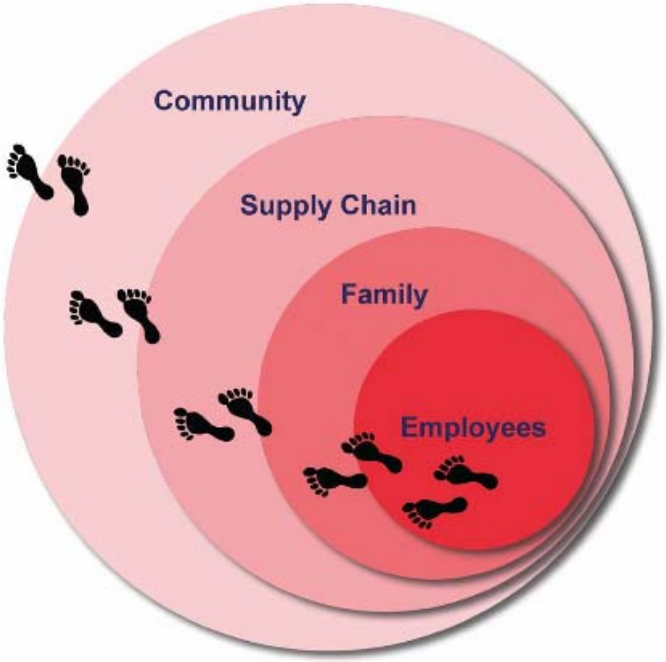
Management of the strategy
Management of HIV/Aids within the company has been most successful in those operations where the strategy is integrated into the broader business strategy and forms part of the Board goals.

We have partnerships with external service providers for specific and relevant expertise in areas such as managed healthcare. This enables us to provide quality care and ensure that confidentiality is maintained. We have relationships with a number of trade unions and our approach is to involve them in all aspects of our HIV/Aids strategy development and implementation.

HIV/Aids, our employees and their families

The strategy, policy and programmes have evolved as more KAP surveys are conducted and more experience gained. Initially the focus was purely on employees and their immediate families but it was also recognised that we had a contribution to make in the local communities where we operate. Looking at our business and HIV/Aids even more holistically, we decided to incorporate our suppliers within the strategy, understanding that we have a much wider HIV/Aids footprint than just employees.

Our HIV/Aids footprint and sphere of influence



From an internal perspective there are several facets to our programmes. Education is one of them. The workshops and information campaigns are not just a practical treatise on what HIV/Aids is, how you become HIV positive and the effects of the disease. They also deal head on with the issue of fear and stigma and the myths and misconceptions that have arisen from gossip and possibly from malice. Our aim is to have an environment of non-discrimination where people feel comfortable about their status and have the knowledge to know that if they are HIV positive, we can provide the appropriate support. Unfortunately many people still believe that HIV is a death sentence.

One of the most powerful experiences was when one of our employees openly declared his HIV positive status and agreed to be trained in education and counselling skills. At his request, he transferred to the HR department as a full time educator and counsellor and he has since had a major influence in combating fear and stigma among his colleagues. Since then, at least another dozen people have had the courage to follow in his footsteps and have openly divulged their status. We support these people to become peer educators as they have more credibility to change behaviours and attitudes.

There are also regular campaigns to maintain the topic's high profile. We have organised campaigns to support Condom Week as well as Women's Day. In the latter campaign we gave a gift to employees (mainly men) for their partners which also included information on HIV/Aids and encouraged contact with, and access to, voluntary counselling and testing and treatment where necessary. A mother to child transmission prevention programme in one of our operations treated 30 HIV positive pregnant women and none of the babies were born HIV positive.

In 2004 we relaunched our VCT (voluntary counselling and testing) programme in our African operations with the more action orientated acronym of ACT (awareness, counselling and testing). Organised via an intensive internal marketing communication, the ACT programme was led by management and staff representatives. It encouraged all staff to participate and to take personal responsibility by finding out their status and specifically addressed concerns around confidentiality. The programme also included the provision of a one-service provider of treatment for employees, their spouses and dependents, including free anti-retrovirals and wider healthcare.

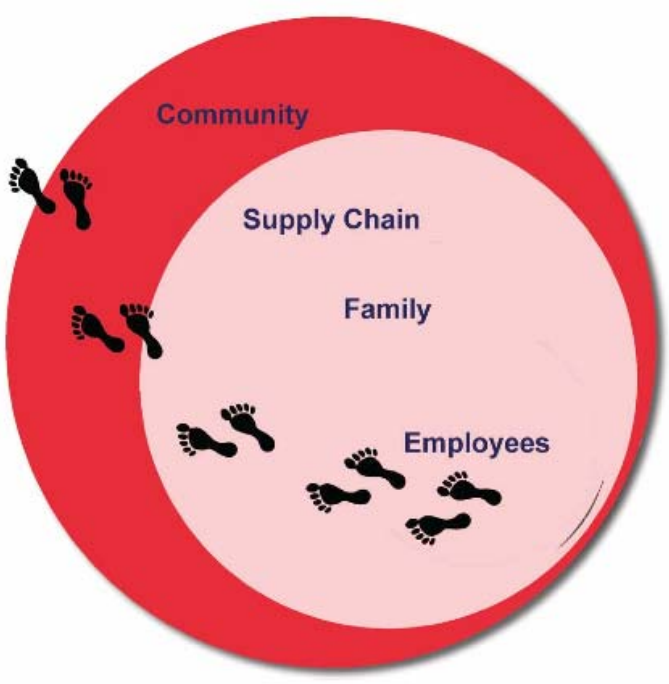
The main benefit was that people were registering for treatment at an earlier stage of infection so they could maintain a better standard of health. They were more enlightened and felt more in control of their lives. Eighty percent of employees participated in the ACT campaign in all African operations where the prevalence rate is over 5% and subsequently about half of our employees in these countries have retested. Of concern is the low number of HIV positive spouses and dependents who are registered for treatment. This is because some HIV positive employees who are on the programme are too scared to tell their spouses about their HIV positive status. Another concern is the small number of employees who have tested positive but have not registered for various reasons. Next year we will be focusing on these issues.

HIV is no longer a death sentence

A decade or so ago HIV meant failing health and a grim death. With the wider availability of prescription drugs, immune modulators, better nutrition and lifestyle management, life expectancy is much greater with people being able to live and work as normal. Our challenge, though, is to encourage people to test and to register for treatment programmes if they are HIV positive. This may seem simple but sometimes ignorance, misconceptions, fear and prejudice are barriers to more positive action.

HIV/Aids and communities in which we operate

A combination of our growing expertise in HIV/Aids alongside the knowledge that we need to interact with our local communities, resulted in community activities which have gone beyond working with our employees and their families.



George Compound is an unplanned, high-density residential area in Lusaka. Zambian Breweries organised a free VCT event there in 2005, motivated by the desire of employees who wanted their community to have access to the same information and treatment they receive from Zambian Breweries.

The event was organised in partnership with the Centre for Infectious Diseases and a support group called Living Positive. Free VCT was offered to the 1,500 people who attended the event which was pre-advertised. Fifty-five trained Zambian Breweries employees provided counselling. After the event, employee testing rates rose to 80%, an unexpected benefit of the community event.

Nile Breweries, our Ugandan subsidiary, also took the decision to extend its HIV/Aids programme to local communities. This is now identified as a formal corporate social investment project and it is expected to run indefinitely. Nile Breweries' partners included the Ugandan Ministry of Health, an NGO and a healthcare organisation. Nearly 400 people from the local Njeru community were tested on the day of the launch of a community initiative. Nile Breweries supplied a fully-equipped, government-accredited clinic with drugs, a qualified doctor and nurses.

Nile Breweries has held further local community events and has been encouraged by the even greater numbers of local people attending each time.

As well as holding specific HIV/Aids local community VCT events, individual operations are encouraged to include HIV/Aids elements in existing corporate social investment programmes. Our CSI priority has three main themes and one of them is HIV/Aids, so many projects around the world are supported separately. For example, SAB in South Africa will invest 10% of CSI

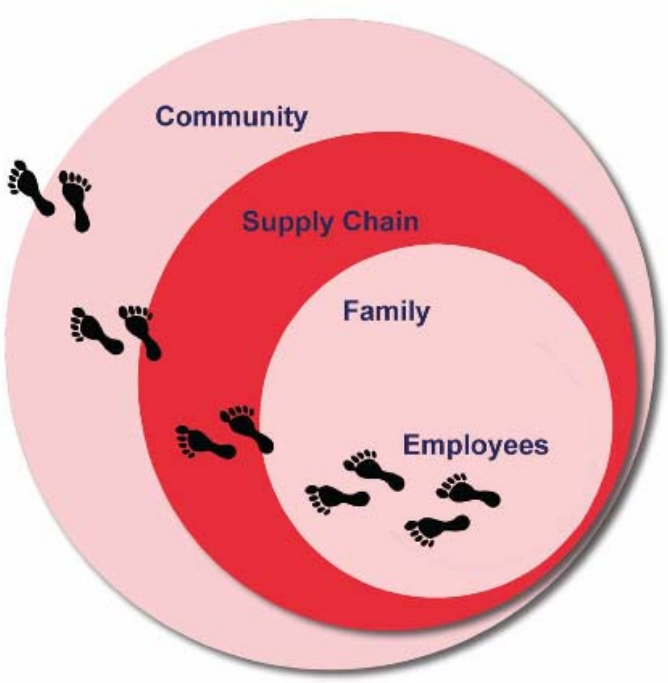
project funding into HIV/Aids, specifically on interventions which assist with capacity building of healthcare providers.

Miller in the USA is involved in Grassroots Soccer which is an international non-profit organisation dedicated to training Africa's strongest role models, professional soccer players, to teach African children and teenagers about HIV/Aids prevention. Miller also has a wide reaching community aid programme which includes HIV/Aids of one of the five main categories of organisations receiving grants.

As another example of our HIV/Aids and CSI priorities working together, we partner an organisation, Lifeworks, which provides comprehensive care and support to orphans and vulnerable children in a community adjacent to one of our breweries in Johannesburg.

HIV/Aids and our supply chain

The HIV/Aids priority, as part of the SABMiller sustainable development framework, states that 'we need to contribute to the reduction of HIV/Aids within our sphere of influence'. We have long proven that our employee and family initiatives have a positive impact on both incidence of HIV and behaviour and attitudes, and our community events show promise. But our 'sphere of influence' extends to the supply chain and this is a relatively new area where some of our tried and tested activities are being trialled.



Owner driver training
A four-hour interactive workshop on HIV/Aids was rolled out to SAB Ltd's 450 owner drivers during 2005-2006 in South Africa. These drivers are in charge of managing their crews and also managing the HIV situation in terms of discrimination, confidentiality, victimisation and stigma, understanding the legal implications as well as the incapacity process. In addition, having undergone the workshop, the owner drivers are more likely to look at their own behaviour and those closest to them.

The delegates receive a full training kit including an audio tape to be used in their trucks, a training manual, STI (sexually transmitted infections) chart, information booklet as well as free condoms. The owner drivers are encouraged to share the information with their crew and to give copies of the tapes to the crew so they can be shared with their families.

Taverner training
SAB Ltd's Newlands Brewery in South Africa ran a pilot project to train taverners as peer educators. Our partner in this project was the Planned Parent Association.

The 10 day course was attended by 190 taverners and the two day course attended by a further 20. Taverners received a resource kit which included training manuals, free condoms and education material for distribution.

Support is provided so that taverners can hold monthly workshops to track their activities. Problems and barriers are reported back to the partner organisation so that they can be addressed.

Working with small scale farmers
Small-scale farmers are crucial to the process of providing us with raw materials. Peer educators on the SAB Ltd's Hop Farms are given time during working hours to provide education for contractors on the farms as well as other small scale farmers in the area.

We are also working with non-governmental organisation, Business PART, in 2007 to facilitate a project with 60 small-scale farmers, 60 truck drivers and 60 waitresses in Uganda. These volunteers are being trained as peer educators to give them skills to educate their colleagues, families and friends. Business PART is carrying out an initial KAP survey which will inform the education intervention. VCT is encouraged and provided together with treatment by our clinic which has support and funding from USAID. The peer educators will assist in motivating people in the community to be tested.

A major focus of these programmes is to influence behaviour and attitudes ensuring that once they have the information, they can identify their own needs and the benefits that will accrue with change of lifestyle, behaviour and attitudes.

Measuring our HIV/Aids performance

The 10-priority sustainable development framework is supported by SAM, the sustainability assessment matrix. SAM is a self-assessment process through which individual operations can assess their performance and establish future targets which form part of the strategic and business performance processes.

For HIV/Aids the individual companies state their prevalence rate and dependent on this factor is the amount of data that has to be supplied. For operations which have a prevalence rate of more than 5%, full data on numbers of employees tested, percentage who are HIV positive, on wellness programmes or on anti-retrovirals are required as well as number of employees to peer educators and number of spouses and dependents on managed healthcare programmes.

Each operation is also required to provide information on their policies, monitoring, reporting, goals and target setting.

Working with our global stakeholders

Through the transparency priority which is 'the need to be transparent in reporting our progress on our sustainable development priorities', we have committed to engage with our stakeholders, particularly governments, non government organisations, academics and other businesses and industry bodies.

We are a member of the Global Business Coalition on HIV/Aids and have also collaborated with the GBC and the Global Health Initiative instigated by the World Economic Forum. We believe involvement with these organisations has been beneficial to all parties by sharing experiences and best practice. For us it has been a valuable learning process.

The Global Health Initiative identified several of our programmes as having a beneficial impact on SMEs, including our taverner training and owner-driver workshops.

We are also working with the Global Business Coalition African operation and nine other large member companies on a project which has discussed and debated stigma within HIV/Aids. The result is a document which will be endorsed and published by the GBC and used to assist SMEs and other organisations to address stigma and prejudice.

We have also been asked to present our experiences at the Botswana Business Coalition (at which 70 local and multinational companies were represented) which was another opportunity to share our work.

Putting our case in Europe

At the European level we have been part of a series of meetings with Members of the European Parliament and of the EU-Africa Business Forum to discuss HIV/Aids and its relevance to the EU in the context of our sustainable development strategy. Many people we met were unaware of our work and were impressed with the lead we are taking on this issue.

In 2005 we held a HIV/Aids workshop in conjunction with the Chatham House Africa Programme. Feedback and insights from this workshop have contributed to the development of our HIV/Aids programmes, particularly with regard to dealing with this issue outside the work environment. As a result we have committed ourselves to rolling out these skills building workshops in Africa.

Our involvement with EU stakeholders is an indication of how the HIV/Aids issue has moved from being an African 'problem' to being a disease which impacts the whole world, particularly for multinationals such as ourselves which have employees and supply chains across several continents.

What we have learned

As anticipated, implementing our programmes has not provided quick wins. It is a long-term, continuous and repetitious process. The most important lesson is that we need to act proactively when prevalence levels are still low and there is an opportunity to influence the path of the epidemic.

Our work in Africa has provided us with important learnings which have added value to our efforts in other parts of the world. We have learned that stigma and prejudice are major challenges and need to be approached head on and addressed from the onset of the implementation of an HIV intervention. Dealing with the practical issues as well as the stigma of voluntary counselling and testing, treatment and managed healthcare may be time consuming and require considerable investment, but they also have significant cost benefits for the company.

Also the psychological and emotional aspects – including counselling – have to be dealt with sensitively, whereas the treatment and care require more direct clinical skills. An additional challenge is that there is a shortage of experienced doctors in the treatment of a very complex disease.

We have learned that dealing with HIV/Aids requires a broad range of resources. It requires HR skills, proactive support and involvement from managers and supervisors, participation of employee representatives to ensure a rounded approach rather than a top down one, utilisation of educators to inform in an influencing way and task teams and occupational health practitioners to implement programmes. We know that the input of all these resources cannot be invested just in occasional one-off initiatives. The messages have to be continually reinforced and refreshed. Additionally, new staff have to be engaged in the understanding of all aspects of the disease as well as the benefits provided by the company such as VCT and treatment.

Employees have to feel comfortable that their HIV/Aids status is completely confidential. Overall there must be readily available clear information to dispel some of the myths - the main one being that HIV/Aids is an automatic death sentence.

Through our experiences, mainly in African countries, and our interaction with global stakeholders, we believe we have a solid foundation to embark on programmes in other ‘at risk’ countries where we have operations.

Looking to the future

Over the past few years, our experiences and the programmes we have conducted have given us some cause to be proud of our reputation in this field. However, the growing prevalence of HIV/Aids across the world means that we need to be even more effective.

We still have much work to do to make people more aware about the realities of the disease and what can be done to prevent HIV/Aids and help those who are HIV positive to live normally. We need to press people continually to understand that they are responsible for their own health and for their families' well being. Our statistics on testing and treatment of employees are excellent in some countries but could be better in others. However, we need to find more ways of improving the figures for our employees' spouses and dependents which remain unsatisfactory and a major concern.

One reason for the poor testing and treatment figures with spouses is the fear, stigma and prejudice attached to HIV/Aids. In the current environment, there is still a reluctance from some people to come forward as for many, HIV/Aids is shameful. While this disease remains an enigma, while myths and misconceptions combine to hide the truth that HIV/Aids can be managed and contained, we will continue to work with our employees, their families, their local communities and our supply chain on a multi-faceted programme that provides the facts, the knowledge and the treatment required to reverse the current prevalence.

We will continue to work with all our African operations and even more closely with those who have a high HIV/Aids prevalence rate. In these operations we can test various programmes and their efficacy before rolling them out to other companies. We will continue to implement programmes throughout our sphere of influence, that is, involving employees, their families, our communities and our suppliers.

We are just at the beginning of assessing the potential impact of HIV/Aids in other countries where we have operations. The prevalence rate in countries such as Russia, China and India may not be so high compared to places like South Africa, but the sheer numbers of the population make them a priority. It has been suggested that there are more people with HIV/Aids in India, for example, than in South Africa, which is why we have already started implementing education and awareness programmes with our operations there. We are also researching and understanding how our businesses would be affected if the prevalence rate should increase.

Jenni Gillies
Group HIV/Aids Manager

Jenni Gillies co-ordinates the HIV/Aids strategy and implementation for SABMiller. Over the past 15 years she has worked exclusively in the field of HIV/Aids and has extensive expertise with the focus on developing and implementing best practice strategies to manage and reduce the cost and impact of HIV/Aids in the workplace.
Jenni has in-depth knowledge in the transference of difficult concepts relating to HIV/Aids education which has been invaluable in her research in the psychosocial determinants of behaviour and attitude. The focus of her work has been to examine education methodologies which result in behaviour and attitude change to develop effective education models.

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