

Report on SABMiller's conversation with external stakeholders

Washington DC, USA
Monday 10 March 2008



*HIV and Aids –
Sharing the lessons*



Present

External stakeholders:

Jesús Aguais	AID FOR AIDS, International
Sally Cowal	Population Services International
Sarah Cussen	Woodrow Wilson International Center for Scholars
Jessica Daly	PEPFAR
Jeanne Ellis	Emerging Markets Group
Marketa Evans	Munk Centre for International Studies, University of Toronto
Francoise Girard	Open Society Institute
Thomas Ingvoldstad	Emerging Markets Group
Kate James	Standard Chartered Bank
Rosalind Kainyah	De Beers
Sharon Morganstern	Kreab/Strategy 21
Jane Nelson	Harvard CSR Initiative
Shuma Panse	Global Business Coalition on HIV/AIDS Tuberculosis and Malaria
Wendy Rivera	Embassy of Honduras
British Robinson	PEPFAR
Honorata Sulila-Black	Embassy of Mozambique
John Tedstrom	Global Business Coalition on HIV/AIDS Tuberculosis and Malaria
Shen Xin	Embassy of the People's Republic of China

For SABMiller:

Sue Clark	Corporate Affairs Director
Jenni Gillies	Group HIV Consultant
Hester le Roux	Project Coordinator
Liza Quezada	Manager, CSR (Miller Brewing Co)
Christine Thompson	Policy Issues Manager



Kate James (Standard Chartered) and Jenni Gillies (SABMiller).



John Tedstrom (GBC) with Sue Clark (SABMiller).

Notes to the meeting

Introduction

This stakeholder conversation on HIV and AIDS was the fifth in a series of similar events arranged by SABMiller over the course of the past three years. The aim with the conversations is to provide a platform for dialogue among a wide range of representatives from the company's stakeholder community about an issue of core interest to SABMiller's business. Stakeholder conversations allow for a productive sharing of ideas and a frank exchange of views, and provide SABMiller with a valuable opportunity to hear stakeholder opinions and to respond to those.

The focus at the 10 March 2008 event in Washington was on HIV/AIDS, a key component of the company's Sustainable Development framework. SABMiller operates in some of the countries with the highest HIV prevalence rates in the world and is also increasingly expanding into new markets where prevalence is on the rise. Developing effective and strategic workplace intervention programmes has therefore been an urgent priority for some years, and much has been learnt about what works.

The Washington stakeholder conversation provided an opportunity to share some of these lessons and to consider the scope for transferring learnings from Africa to other regions where the company's presence is growing, such as Latin America. There was a particular focus on the issue of stigma.

Presentations

- **Sue Clark**, Corporate Affairs Director for SABMiller, introduced the company's HIV/AIDS strategy and policy and placed it in the context of its Sustainable Development framework. She described how the company tracks its HIV/AIDS footprint through its various spheres of influence, ranging from employees and their dependents to the supply chain and local communities. Using as an example the company's interventions at ABI, its soft drinks division in South Africa, Sue demonstrated the business case for intervention. She explained how the company measures its performance against clear targets. She also provided examples of some of the most successful interventions in each of the spheres of influence, including its work with small businesses in its supply chain and peer education programmes among truck drivers, taverners and waitresses.
- **Jenni Gillies**, Group HIV Consultant for SABMiller, gave an overview of the company's workplace programme. SABMiller provides free testing and treatment to all employees as well as their dependents, and continues to provide free treatment even after employment ends due to retirement or redundancy. Jenni also provided more information about how the company tackles stigma. SABMiller's workplace intervention programmes contain a strong behaviour change component and a number of tools have been developed specifically to address stigma, including the ACT (Awareness Counselling and Testing) campaign in SAB Ltd and ABI. Jenni shared the film "Leso", about an employee who discovered he was HIV positive and decided, following counselling, to publicly declare his status. The film demonstrates three elements of the approach to stigma: confronting negative perceptions head-on, challenging those perceptions and replacing them with positive associations. The film is aimed at fellow employees and the language can be adapted to suit various audiences, making it a powerful and effective tool.
- **John Tedstrom**, Executive Director of the Global Business Coalition on HIV/AIDS Tuberculosis and Malaria, presented some thoughts on the importance of partnership. Dr Tedstrom reiterated the point that, although much progress has been made in terms of increasing access to treatment, new infections still outpace the numbers of people starting treatment by a significant margin – hence efforts need to be stepped up. More needs to be done to leverage the resources and expertise of the private sector and the focus on prevention needs to be intensified. There are many examples of successful partnerships and co-investment models among GBC members. The network provides an excellent platform for sharing such good practice. Ways now need to be found to scale up individual private sector investment and expand public-private collaboration.
- **Jesús Aguais**, Executive Director of AID FOR AIDS International, focused in his presentation on the situation in Latin America. Prevalence rates in Latin America are generally much lower than in Africa, with around 1.6 million people estimated by UNAIDS to be living with HIV/AIDS in 2007. Smaller, poor countries such as Honduras and Belize tend to have the highest prevalence rates, and while overall rates are relatively low, among specific population groups rates are very high. These include men who have sex with men, sex workers, injecting drug users and mobile populations. Stigma and discrimination are important contributing factors to the risk faced by these groups, along with poverty, gender inequality and mobility. Jesús discussed some of the causes of stigma ranging from misinformation or indeed a complete lack of information about the disease, the casting of moral judgment about the lifestyles of people affected by the disease and fear of AIDS and death, to a lack of awareness about the discriminatory nature of certain behaviours.

Notes to the meeting

Discussion

During the discussion which followed the formal presentations, comments focused primarily on the issues of partnership and addressing stigma.

On partnership:

- The importance of public-private partnership was broadly endorsed, although reservations were expressed about the sustainability of some of the current models of cooperation which rely on companies mainly as providers of funds. Several commentators suggested the need to move beyond purely operational partnerships structured around contractual programme delivery to a new level of collaboration. Many felt it was time to look “beyond the cheque book” to more sustainable ways of working together. The debate needs to become more sophisticated with more of a focus on how the core competencies of the private sector can be leveraged to scale up existing successful but generally small-scale interventions.
- There was some discussion of what this would mean in practice and which kinds of core competencies might be leveraged in this way. SABMiller provided the example of using in-house brand marketing expertise to successfully reposition and rebrand their voluntary counselling and testing programme (the ACT campaign). However there seemed to be no clear mutual understanding about the specific core competencies that companies can offer in this context and how these could be leveraged. This is an area that requires further exploration and research. It was noted that there is growing interest among academics in this area of productive collaboration and new models of partnership.
- Several participants however stressed the fact that, despite these concerns, operational partnerships remain extremely valuable and many are achieving enormously positive results. Companies were urged to continue to actively pursue partnerships not only between business and governments and/or civil society, but also with other businesses.
- Some expressed frustration about the fact that companies are not doing more to leverage their access and visibility by engaging proactively in advocacy around sensitive issues (such as needle exchange programmes or initiatives aimed at sex workers and men who have sex with men). In response it was pointed out that this would represent a significant business risk which many boards and shareholders would not be prepared to take on, particularly in lower-prevalence countries where the issue would not be so visible on the national agenda. There is a clear role for business associations here as they are able to engage in collective advocacy on a slightly more anonymous basis with less exposure for individual companies.
- The point was also made that companies need to establish some credibility before they could be effective advocates, and the way to create this credibility and generate trust is through good workplace intervention programmes. There is therefore still a need to maintain the business focus on effective intervention via the workplace.
- There was a widely held view that companies need to become engaged at a higher level of intervention. Instead of focusing only on education and awareness-raising among employees and occasionally their dependents – or, in some of the best cases, providing testing and access to treatment – companies need to strive for making an impact at the level of regional or even national health systems, for example through capacity building programmes. In failing states or those emerging from conflict, health systems tend to be particularly weak or even non-existing, creating an even more urgent need for non-state actors such as business to step in.
- This is an ambitious objective and one that raises complex questions about the role of the private sector in weak or resource-constrained states where health systems are unable to cope with the enormous demands associated with high prevalence environments. Nevertheless some companies are already moving beyond workplace programmes and reaching out into wider stakeholder communities, with encouraging results. SABMiller quoted the example of the capacity and skills building workshops it has been running in Uganda, Zambia, Zimbabwe and Tanzania. These have been attended by representatives from government, NGOs, SABMiller’s supply chain and other corporates active in these countries. At the workshops SABMiller shares all of its HIV/AIDS methodologies and practices and provides participants with a toolkit containing all the HIV/AIDS materials and tools developed and used by the company. This includes the company’s in-house behaviour change model incorporating the rebranded ACT testing campaign and the “Lesos” DVD.

Notes to the meeting

On stigma:

- Stigma is one of the most significant barriers in Africa to people accessing VCT and treatment. This is evident from SABMiller's uptake numbers for VCT and treatment, available free of charge to all employees and their dependents: whilst high numbers of HIV positive employees are registered on the managed health care programme, the numbers of potentially HIV positive spouses registered are much lower. This suggests that stigma is preventing many HIV positive employees from disclosing their status to spouses and encouraging them to seek testing and treatment as well; or preventing even those spouses who do know their partner's status from coming forward to be tested and/or treated.
- Several participants confirmed the point made by Jesús Aguais that stigma is also an important factor contributing to the risk of HIV infection in Latin America and the failure of people who live with HIV and AIDS to seek treatment. The most at-risk populations in Latin American countries also tend to be those most affected by stigma. Men who have sex with men are particularly affected by this due to the machismo culture and pervasive moral views.
- One of the most important learnings from Africa is that HIV/AIDS policies should contain a strong behaviour change component which should actively target the subject of stigma through focused education.

Outcomes and next steps

We hope that key points raised during the Washington stakeholder conversation will continue to inform participants' policy discussions and partnership programme development. Encouraging signs were already seen at a number of follow-up meetings.

For its part, SABMiller intends to:

1. Continue its programme of capacity and skills building workshops, expanding their reach beyond Africa to some of the company's new markets where HIV/AIDS is a growing problem. Over the next 12 months workshops will be held in India, Russia and Latin America.
2. Apply key learnings from the company's experience in Africa to development of workplace programmes in new markets. Specifically, addressing stigma will continue to be a high priority and all programmes will contain a strong behaviour change element aimed at confronting and reducing stigma.
3. Use the GBC's scenario development methods to engage in a scenario planning exercise focused on Russia and Latin America, to identify a number of possible outcomes and design an effective corporate response to each of these.



Sally Cowal (PSI), Jessica Daly and British Robinson (both PEPFAR).



Rosalind Kainyah (De Beers) and Jane Nelson (Harvard CSR Initiative).