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ISSUES:
Economics –
Private Sector

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P. Fleming

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Joint United Nations Programme on HIV/AIDS

**June 1997**

# UNAIDS AND THE PRIVATE SECTOR: TOGETHER FOR A SAFER WORLD

***The Immediacy of the Situation***

In 1996, over 3 million people became infected with HIV and approximately 1.5 million people died from AIDS. Each day there are nearly 8,500 new infections, including 1000 children, and no country has been spared. Clearly, the worldwide spread of HIV/AIDS makes the epidemic a global issue, affecting all levels and sectors of global society. At the same time, the globalization of business activity has compelled companies to respond to HIV/AIDS globally as well as in their national and local areas of activity. While many companies have made important efforts in terms of their workforce, the key to curbing the AIDS crisis today lies in going beyond the workforce into the communities in which companies are active.

***How Businesses Can Respond to HIV/AIDS Both Within and Outside the Workplace***

The chart below summarizes examples of how companies can expand their reach in targeting HIV/AIDS programmes in their communities:

| DESCRIPTION | RATIONALE |
|---|---|
| *A. Commercial Initiatives*<br><br>Cause-related marketing in association with fundraising and public education events | • Benefits include an improved image as a good corporate citizen in the communities served, as well as the possibility of increased sales |
| *B. Social Investment Initiatives*<br><br>The promotion of health education at the workplace and in communities close to company facilities such as mines, factories, and hotels | • Benefits include a healthier community, including consumers, and a reduced risk to the workforce and productivity |
| *C. Support for Existing Community Programmes*<br><br>Contribution in-kind of goods and services, as well as of financial resources, to NGOs fighting HIV/AIDS at the local, national and international levels | • Benefits include an expression of social responsibility and good corporate citizenship, as well as improved ties to important community groups |

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PRESS RELEASE

Joint United Nations Programme on HIV/AIDS

**Davos, 3 February 1997**

# UNAIDS DIRECTOR CALLS UPON BUSINESS LEADERS TO INITIATE AGGRESSIVE EFFORTS AGAINST AIDS

## -- Session at World Economic Forum in Davos Highlights Impact of AIDS on Global Economy --

In a panel discussion today at the World Economic Forum in Davos, Switzerland, Peter Piot, executive director of the Joint United Nations Programme on HIV/AIDS (UNAIDS), warned of the ruinous effect the worldwide AIDS epidemic could have on the global economy, and called upon the private sector to initiate aggressive efforts to fight AIDS.

In the session, entitled Business in a World of HIV/AIDS, which preceded a plenary address by President Nelson Mandela of South Africa, Peter Piot and his co-panelists Donna Shalala, Secretary of Health and Human Services for the United States, Sir Richard Sykes, Chief Executive Officer of Glaxo Wellcome, and Alan Wright, Chief Executive Officer of Gold Fields of South Africa, discussed the continuing spread of HIV/AIDS, and how corporations have taken action to stem the tide. For example, Levi Strauss is working on a major AIDS education programme for supplier communities in Southeast Asia, and Shell Oil is a funder of Botswana's national HIV/AIDS education campaign.

"It is more than basic humanitarian concerns that should drive the private sector to get involved in the global fight against AIDS. Any company that operates in affected areas, sells its goods to overseas markets, or imports goods from those markets, must take action now to reduce the spread of HIV. Because today, with nearly 23 million people infected, AIDS is increasingly a threat to the global market economy," Dr. Piot said.

In the discussion, Dr. Piot reminded his audience that the AIDS epidemic continues to grow. According to UNAIDS estimates, 3.1 million people worldwide became infected with HIV in 1996, half of whom were women, and 1.5 million people died of AIDS-related illness -- nearly one quarter of the 6.4 million total HIV/AIDS-associated deaths since the start of the epidemic.

In describing how AIDS might affect the world economy, Piot said, "Investing in emerging markets means betting on the chance that they will continue to grow, to make progress." Economists at McGraw-Hill have predicted that by the year 2000, the world economic impact of AIDS could be as high as equivalent to 4 per cent of the GDP of the United States or to the entire economy of India.

Piot explained that in Kenya, economic growth has already slowed down: because of AIDS, it has been estimated that Kenya's GDP will be 15 percent less than it would otherwise have been by the year 2005. But the AIDS epidemic started in Africa fully ten years before HIV was found in Asia. Many of the most promising emerging markets, such as China, India, and Thailand, are therfore likely to replicate the experience of sub-Saharan Africa in a few years' time.

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*World Economic Forum, Davos, Switzerland 1997*

UNAIDS was invited to present a discussion on Business in a World of HIV/AIDS at this year's session of the World Economic Forum which took place from 30 January to 4 February in the Swiss mountain resort of Davos.

The World Economic Forum is today the foremost international membership organization integrating leaders from business, government and academia into a partnership committed to improving the state of the world. It is an independent, impartial and not-for-profit foundation. Since 1971, the World Economic Forum has acted as a bridgebuilder between business and government. This interface creates new opportunities for business and economic development and in defining solutions to global issues.

We presented two sessions: an afternoon panel discussion with Peter Piot, Donna Shalala, Secretary of Health and Human Services of the United States, and two business leaders: Sir Richard Sykes, CEO, Glaxo Wellcome and Alan Wright, CEO, Gold Fields of South Africa.

The plenary discussion featured President Nelson Mandela with brief comments by Peter Piot and Sir Richard Sykes. President Mandela was introduced by the President of the World Economic Forum, Professor Klaus Schwab. Around 2,000 of the most important business and political leaders and media leaders of the world were in attendance and there was live TV coverage by CNN and many other networks (BBC, NBC, etc.).

President Mandela told the session that his country has used the vision which fueled its struggle for freedom to launch a new struggle against AIDS. He called on the world's business people to make it a global effort and help create a "partnership for health and prosperity."

Mandela, who came to the Forum from South Africa for one day just to deliver the message, said the AIDS pandemic is getting worse at a rate that makes a collective global effort imperative. "When the history of our time is written, it will record the collective efforts of societies responding to a threat that has put in the balance the future of whole nations," he said. "Future generations will judge us on the adequacy of our response."

In praising the global community's endorsement of a structure to support an expanded response, President Mandela said, "the Joint United Nations Programme, UNAIDS, recognises that, in the longer term, it will be community development, employment and wealth creation, literacy programmes, promotion of equality between men and women and the protection of human rights which will address the underlying conditions and the consequences" (of HIV/AIDS).

Peter Piot underscored the importance of united effort with statistics. Over three million more people worldwide became infected with HIV during the past year, half of them women and another 1.5 million people died of AIDS—one quarter of the total mortality of a disease which has been raging for 15 years and which is clearly claiming more lives each year. Peter said "I am here to tell you that it is more than basic humanitarian concerns that should drive the private sector to get involved in the global fight against AIDS." It is in the enlightened self interest of business to take action because with 22 million people infected, AIDS is a threat to the global market economy. Economists have predicted by the year 2000, the world economic impact of AIDS could be as high as 4% of the GDP of the United States, or the entire economy of India.

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HEADER OF PROCEEDING PAGE

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*Headlines from Headquarters:*
*A special report to PCB Members*
*6 February 1997*

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# Facsimile

To: All Participants of the AIDSCAP Lessons Learned Forum, October 1997 (see list below)

Fax No: (see list below)

42987

Pages: 5 (including cover)

From: Werasit Sittitrai, PSR

Date: 7 November 1997

Dear Participants,

As discussed at the above-mentioned Forum, please find attached two documents entitled the "Essential elements for inclusion in a UNAIDS Best Practice case study" and "Development of guidelines for the identification of Best Practices". I hope you will find this material useful.

Please do not hesitate to contact Mr J.J. Divino (until 30 January 1998) or Ms E. Benomar (as of 2 February 1998) for additional information. Both can be reached by e-mail (divinoj@unaids.org or benomare@unaids.org) or fax 41 22 791 4165.

With best regards,

Yours sincerely,

for Werasit Sittitrai
Coordinator
Department of Policy, Strategy and Research

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# Essential elements for inclusion in a UNAIDS *Best Practice* case study

Description of project or activity constituting a best practice:

- area of best practice (which subject file(s) of the UNAIDS Best Practice Collection are most relevant to the project?)
- who carried out the project (including main collaborators)?
- time frame (when did the project start and finish?)
- where (geographical location(s)) was the project carried out?
- what target population(s) were involved?
- how was the project implemented - methodology, process, activities?
- who provided the funding and other resources?
- objectives of the project
- evaluation methodology and results
- tangible outcomes (e.g. increased condom use, improved STD clinics)

Description of how well the project did or did not meet each of the following *Best Practice* guidelines:

- relevance
- efficiency
- effectiveness/impact
- ethical soundness
- sustainability (if the project is not "old enough" to determine sustainability, then projected sustainability should be discussed.
- Replicability/use as a model

Lessons learnt - what the reader should take from the case study:

- concise summary of lessons learnt about the elements that were critical to the project's over success (or reasons for specific failures)
- specific examples, e.g. government policy support was essential for moving from stage 2 to stage 3 of the project, the key to reaching the target audience was peer outreach
- conclusions about replicability/adaptability of the project to other communities/countries

Format:

- between 4000 and 10,000 words
- hard copy in manuscript style (double spaced)
- on diskette - Word 6.0 compatible

# DRAFT
# UNAIDS Department of Policy, Strategy & Research
# Development of guidelines for the identification of *Best Practices*

## 1. Background

As the main advocate for global action on HIV/AIDS, UNAIDS has, among its mandates the responsibility:
***To identify, develop and advocate international best practice.*** *(ref. UNAIDS/PCB(3)/96.3, May '96; WORKPLAN FOR UNAIDS, medium term objective No. 4).*

- *What is meant by best practice in the UNAIDS context?*
  *International best practice: identifying, developing and advocating HIV/AIDS-related principles, policies, strategies and activities that, according to collective experience from around the world, are recognized to be technically, ethically and strategically sound.* **(UNAIDS Strategic Plan 1996-2000).**

  It is proposed further that in the UNAIDS context, *collective experience* be based on the extent to which these practices are considered to be *relevant, efficient, effective, sustainable, ethically sound and replicable* (see below). These core guidelines will be applied and modified through further consultation and application in countries.

  It is important to note that in the use of the word "best" the intention is to provide information on good and effective responses to the epidemic at the time they are documented. This is done with the understanding that there is always room for improvement and that "best" should not be taken as perfection. This is one reason for the use of the term 'guidelines' rather than 'criteria' as well as the issue that diversity of situation and purpose makes stringent criteria difficult if not impossible to successfully apply in a global manner in the identification of best practice.

- *What is the purpose for identifying best practice? How will it be used?*
  In order to rapidly learn from and apply the experience already gained from practice, and to disseminate it further through advocacy and networking , providing technical assistance as needed for adaptation to local needs. This process of linking best practice to further enhance policy, strategy and research is putting knowledge to work through experience exchange. (This has monitoring and evaluation implications).

- *Why are guidelines (or criteria) needed for the identification of best practice?*
  To provide some standardised basis for their identification by UNAIDS staff and partners.

- *What is the gap that these guidelines would address?*
  In general, such guidelines have not been identified and systematically used by the major development organisations concerned with the dissemination of key lessons learned, even though they are felt to be desirable and needed. Therefore, it would be an important opportunity for addressing this need consultatively with UNAIDS partners at global, regional and local levels. In regard to the flexibility or level of rigidity of the guidelines, it should be noted that where a project/programme is found to be weak according to the guidelines would create in itself an opportunity to strengthen that project/programme - this is often true for the guideslines concerning *efficiency* and *effectiveness* due to lack of predetermined indicators. As noted previously, the goal is not to identify 'perfection', but to provide information on good and effective responses to the epidemic.

- *Who is the target audience for these guidelines for best practice?*
  Initially UNAIDS staff. However, it will be critical to get input and refinement of these guidelines not only from within the organisation but particularly from partners, through consultation and through their use by cosponsors, national government staff, NGOs as well as partners in the community.

- *What are some considerations in the application of these guidelines?*
  The difficulty with preparing such a list of generic guidelines is the underlying assumption that subject, context and organisational specificity may often determine the definition and choice of guidelines (criteria). It is further encouraged that these guidelines be enhanced per subject area to better meet the needs of that particular area of interest.

## 2. Proposed guidelines for identification of best practices

As a step in the process of identification, documentation and dissemination of best practice examples, an initial set of six core guidelines *(relevance, efficiency, effectiveness, sustainability, ethical soundness, and replicability)*, are proposed to assist in the identification of best practices. These guidelines are also used to measures the success of intervention programmes. For UNAIDS, ***relevance*** is a critical guideline for consideration, since this is what would determine if the practices under consideration fit the organisation's mandate and strategies. The *Efficiency* of some practices under consideration may not always meet desired standards (e.g., some pilot research activities may be cost intensive), but it is an important guideline to flag for monitoring the ongoing application to scale, of such practices. Supplementary guidelines specific to the context of the project would be appropriate to add to the core set of six.

- ***Relevance:*** *What is the relevance of this practice for HIV/AIDS prevention and control?*
  (The following are some key questions for the assessment of relevance – this list is illustrative; additional questions should be added following field testing)
  Does this effort contribute to the goals and objectives of the organization in the proximal future?
  Does this effort contribute to the slowing or control of the epidemic?
  Is there an analysis of the context for appropriateness to national/ local priorities for HIV/AIDS?
  Are the strategies culturally relevant?
  Are the strategies technically sound?
  Are the strategies operationally feasible for the capacities of the organization and partners?
  Is the approach and partnership innovative?
  Can the characteristics be generalised (used or applied in a general manner)?

- ***Sustainability:*** *Is the practice sustainable? (In the broad sense of sustainability including financial, political, social, programmatic, etc.)*
  (The following are some key questions for assessment of sustainability – this list is illustrative; additional questions should be added following field testing)
  Was national capacity of individuals and/or institutions utilised and enhanced?
  Were linkages established/ strengthened with local and national systems and policies?
  To what extent was there local ownership of the issues? *(Local ownership refers to qualitative indicators or measurements on how the community feels about the project...do they feel that it is their own project? At what level? Is there understanding and acceptance within the community? Is there pride and self-esteem derived from the success of the project? Is there involvement in the project?)*
  Are the resulting changes sustainable (e.g., behaviour changes)?
  To what extent was there commitment of local resources? Is it increasing over time?
  Is there (will there be) wider application towards further policy, interventions and/or research?
  As sustainability has many stages over time, have there been any identifiable trends? (trend analysis)

- ***Ethical Soundness:***
  (The following are some key questions for assessment of ethical soundness – this list is illustrative; additional questions should be added following field testing)
  Is the well-being/beneficence of those affected being considered?
  Are potential equity issues among the population(s) being addressed? (e.g., fair and equal treatment, equal access)
  Are the strategies ethically sound and acceptable? (e.g., How acceptable are the implementation methodologies to those who will be studied?)
  Do the strategies/modalities of the project abide by the laws of the country?
  Are respect for persons, i.e., their right to make their own choices and decisions about their bodies, personal integrity and actions, taken into account?
  Have the strategies/modalities of the project been reviewed by an ethical review committee (relevant for research projects)?
  Are systems for maintaining the confidentiality of participants in place?
  Do the participants understand the procedures involved and have they provided informed consent?
  Are there processes in place to provide adequate feedback to participants?
  Are there processes in place to provide the community adequate relevant feedback on the project?
  If special needs arose, were procedures in place to provide information on necessary services?

- ***Replicability/use as a model:***
  (The following are some key questions for assessment of replicability – this list is illustrative; additional questions should be added following field testing)
  How easily could this project/programme or activity be duplicated in another location?
  Are there elements that are strongly culturally specific that would need adaptation or that could not be adapted to another situation?
  How well could it be used as a 'generic' model for others to follow? What 'essential elements for success' can be identified as guidelines for future projects/implementations?
  How easily could it be expanded? What would be needed to do so?

- ***Efficiency:*** *Was the implementation of the practice managed efficiently?*
  (The following are some key questions for the assessment of efficiency – this list is illustrative; additional questions should be added following field testing)
  Were the resources (human, material, financial) provided and used in a timely and cost efficient manner?
  Did the management of the process include a monitoring/self evaluation component?
  Were actions by partners coordinated efficiently?

- ***Effectiveness/Impact:*** *Were the stated objectives achieved?*
  (The following are some key questions for assessment of effectiveness – this list is illustrative; additional questions should be added following field testing)
  To what extent were objectives met with respect to:
  outputs (products and services)?
  *{OUTPUTS: are the tangible products resulting from activities.}*
  outcomes (changes in knowledge, attitude, practice, capacity building)?
  *{OUTCOMES: Realistic outcomes in terms of resulting situation expected at the end of 2 years.}*
  sufficient coverage (the percentage the target population reached by these efforts) and implications for expansion of coverage?
  impact (changes in health status, morbidity and mortality)?

## 3. Pilot application of these guidelines, specific to UNAIDS

In consultation with PSR, prepare a plan for a phased application of these guidelines, the implications for best practice identification processes and the monitoring and evaluation of their application towards strengthening the linkage between policy and advocacy with strategy and research.