

casestudy

South Africa

Anglo American HIV/AIDS programme

By taking responsibility for the health of its workforce, multinational mining company Anglo American showed that providing healthcare isn't just the right thing to do – it's also a good investment.

Between 1990 and 1998, the prevalence of HIV in South Africa rocketed from less than 1% to more than 22%. In August 2002, Anglo American announced that it was making antiretroviral therapy (ART) available to its entire southern Africa-based workforce. Even the architect of the scheme, Chief Medical Officer Dr Brian Brink, described it as “a leap of faith.”

But by July 2010, it was clear that the benefits of the ART programme far outweighed the costs. Providing ART to one worker for one month cost Anglo \$126 but resulted in savings of \$219.

Testing and treatment

Anglo American's HIV/AIDS programme is based on an ambitious target of three zeroes: zero new infections; zero employees falling sick or dying from AIDS; and zero babies born HIV positive in employees' families. UNAIDS, the Joint United Nations Programme on HIV/AIDS, has now adopted these same targets.

A cornerstone of the programme is voluntary counselling and HIV testing (VCT).

In 2003, less than 10% of southern Africa-based Anglo American staff took advantage of VCT, but by 2010, 94% of employees were checking their status every year. This means Anglo can calculate the prevalence of HIV and the incidence of new infections more accurately than ever before.

As soon as an employee tests HIV positive they can enrol in the HIV Wellness Programme, which provides ongoing counselling and immune-system monitoring. When the monitoring indicates the time is right, they can start receiving ART.

In 2010, about 12,000 employees were HIV positive and about 4,000 of those were receiving ART.

The programme is also available to workers' dependents – a complex exercise, given that many are scattered around southern Africa, often in remote villages with little access to healthcare. About 400 dependents are currently enrolled in the HIV Wellness Programme, and 75% of them are receiving



ART – though estimates indicate that there are still many more in need.

People do drop out of ART, but Anglo is working to improve long-term adherence to treatment. Fewer than 20% of those enrolled dropped out in 2010, compared to more than 40% in 2004.

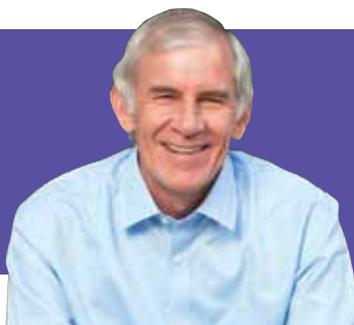
The prevalence of HIV in southern Africa is linked to a rising incidence of tuberculosis (TB). People enrolled in the HIV Wellness Programme are also offered TB prevention therapy, which has reduced AIDS mortality by 50%, and Anglo American also administers a TB control programme based on similar principles to the HIV/AIDS programme.

Healthier communities

For Dr Brink, the programme has demonstrated that HIV can be contained and AIDS can be managed. Yet he is still concerned with the bigger picture.

“the escalating TB epidemic is almost more worrying than the HIV/AIDS epidemic.”

Dr Brian Brink,
Chief Medical Officer, Anglo American



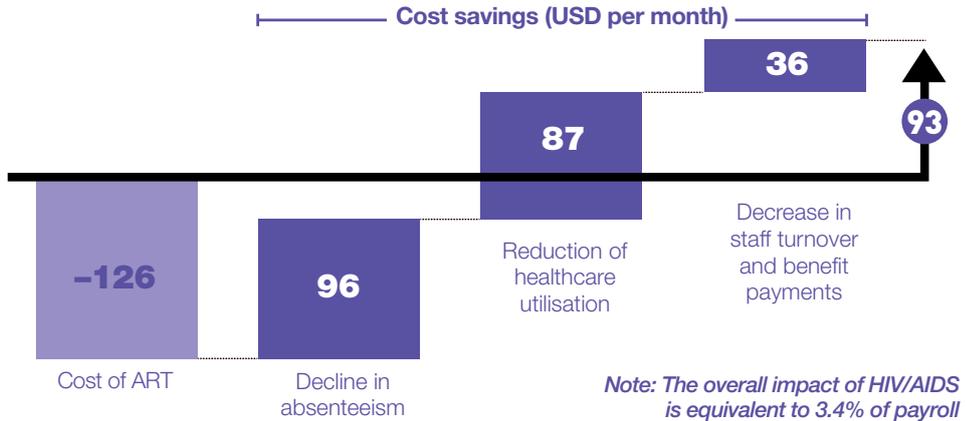
“It is increasingly evident that a standalone response to HIV/AIDS will never succeed unless it is supported by a broad-based strengthening of the health system,” he wrote in a memo.

In 2003 the company launched the Anglo American Community HIV/AIDS Partnership Programme, which supports youth programmes, clinics and other initiatives, and engages in public/private partnerships. These include the building of a community health centre at Lillydale in the Bushbuckridge municipality, Mpumalanga province, and a clinic in Kathu township, Northern Cape province – both of which provide access to life-saving ART.

Anglo is also sponsoring the writing of a business plan to revitalise primary healthcare in four sub-districts of the Eastern Cape, an area that many of its workers and their dependents call home. The plan will set clear targets for improving the basic indicators of health, including HIV/AIDS, TB and maternal and child health.

The broad-based strengthening Dr Brink envisages will require better health information systems, using modern technology to make data accessible even in remote areas. Anglo American’s Thermal Coal business has developed such a system, the HealthSource, which is currently being piloted in two impoverished areas. The Eastern Cape Department of Health has also shown an interest.

Effects of Anti-Retroviral Therapy (ART) at an individual level – The Anglo American experience



Setting an example to industry

Anglo American’s next target is to encourage other companies to follow in its footsteps. Dr Brink wants the private sector to become one of the top ten donors to the Global Fund to Fight AIDS, TB and Malaria.

To start the ball rolling, at the G20 Business Summit in Seoul, Chief Executive of Anglo American Cynthia Carroll pledged £1 million a year to the Fund for the next three years.

The company has demonstrated a clear business case for this sort of investment. “All that is required,” says Dr Brink in a report, “is the leadership and the will to get the job done.”

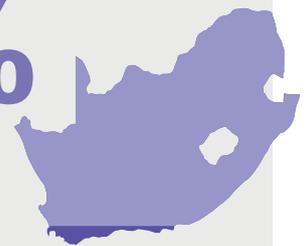


33%

Percentage of the world’s population that is currently infected with the tuberculosis bacillus – it can lie dormant for years, with people only becoming sick when their immune system is weakened

1%

Percentage of tuberculosis infections among Anglo American’s South Africa-based employees in 2010



Find out more

For more information on Anglo American visit www.angloamerican.co.uk

To find out more about the World Coal Association and our work, visit www.worldcoal.org or email info@worldcoal.org