HIV/AIDS MANAGEMENT: SHELL INTERNATIONAL

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INTRODUCTION

The Human Immune deficiency Virus (HIV) has been a recognised entity for 20 years. It leads to the Acquired Immune Deficiency Syndrome (AIDS) for which there is no known cure. HIV infection and AIDS have assumed pandemic proportions in certain regions of the world.

UNAIDS estimates that 1.1% of the world's population is HIV-positive. At the end of 2000, an estimated 36 million people worldwide were HIV positive or suffering from AIDS. In 2000 alone, 5.3 million people were newly infected with HIV, and three million people died of AIDS. More importantly the HIV/AIDS epidemic shows no signs of abating, with the number of cases today being 50% higher than predicted in 1991, the disease is spreading faster than expected.

However, the prevalence of HIV/AIDS is a mere 0.01% in Western Europe/North America compared to over 36% in certain countries in Africa, where it is already having profound effects on economic, social and demographic structures and on cultures. 17% (6.4 million) of those infected with the HIV virus or suffering from full-blown AIDS live in South and Southeast Asia, and 70% percent (25.3 million) live in Sub-Saharan Africa.

Sub-Saharan Africa has the highest HIV prevalence, namely 8.8% of the population. Countries worst hit are Botswana (36%); Zimbabwe and Swaziland (25%) and South Africa (20%). Factors implicated include disruption of family life due to the migrant worker system, widespread illiteracy, high degrees of violence against women due to the disruption in cultural structures and high frustration levels of poverty and rape (A belief has been born that raping a child with 'clean blood' will cure a man who is HIV positive or with AIDS and who therefore has 'bad blood').

More young people are dying from natural causes and more women are dying at a younger age – phenomena contrary to the biological norm. Between 2000 and 2010, 7.9 million people will die in SA and our population will essentially cease to grow (equal numbers will die that are born). It is of course not the numbers that count but the unprecedented human tragedy with which we are faced.

Apart from a humanitarian angle, it is necessary for governments to intervene as the foundations of their societies and economies are being undermined. The vulnerability of populations to HIV/AIDS is also a cause for concern for the private sector.

In view of the size of the HIV/AIDS epidemic in Africa and its foreseen growth in other parts of the world, particularly in South East Asia and Eastern Europe, it is critical to tackle this issue both within and outside a company. Shell realised it had to protect and support their people and retain their skills and experience. Also, it realized it had to help

stakeholders and more generally the societies in which it operates.

A SOCIETAL CASE FOR INTERVENTION

HIV/AIDS affects people in their most productive years through reduced earnings due to illness, care cost demands, higher expenditure on health care, premature death and reduced savings rates and disposable income. .

Societies are dependent on the education sector for its future workers, managers and business leaders. This is a sector acutely impacted by HIV/AIDS due to fewer teachers (in Zambia, 40% of teachers are infected with HIV) and fewer children at school (due to lower household incomes, caring for family members, becoming orphaned and being ill themselves). This over the long term leads to declining economic growth

The economic cost of the epidemic in Africa has been estimated by various organisations such as the World Bank, the US Census bureau, UNAIDS, etc., as well as by private enterprises as follows:

- The World Bank suggests that where the prevalence of HIV exceeds 5%, economic growth will slow down. A 25% fall in GDP is assumed over the next 20 years in some African countries. Some are new markets entries and thus necessitate a revision of projected sales forecasts. Reduced earnings, savings, disposable income, investment and market demand are already evident in many communities. A growing prevalence of HIV/AIDS may act as disincentive to foreign investment and growth of existing businesses.
- 30% reduction in GDP growth in countries with adult HIV/AIDS prevalence rates exceeding 10%.
- By 2010 life expectancy in many countries will decline by 8-30 years due to HIV/AIDS. In South Africa life expectancy is now down to 48 years.
- There is a 67% decrease in average income of a household if there is one infected HIV household member.
- Only 58 % of identified HIV positives are still active.
- 5% of a given workforce will die and 6% will retire from ill health, over an 8-year period.
- There will be severe effects on the talent pipeline, as people with potential schooling, higher education and training potential will die before realizing this potential and making a contribution to society and the economy.
- In Zambia more than 62% of deaths in managers result from AIDS.

The figures can be debated *ad nauseam* but the message is clear: this disease is wiping out large sections of the population with profoundly negative impacts on the economy and society in general. AIDS is more than a disease/medical issue. It has a social core and stopping the spread of it is socially based. The impacts are also social in terms of talent pipeline, impacts on markets, etc.

THE RESPONSE OF THE SOUTH AFRICAN GOVERNMENT TO THE HIV/AIDS PANDEMIC

Public health is the responsibility of a national government. It should control and treat diseases stemming from the environment such as malaria and cholera and diseases stemming from individual behaviours such as sexually transmitted disease and AIDS.

The AIDS pandemic in Sub-Saharan Africa has been likened to a war: it is an onslaught on the integrity of the population, and its economic and political security and affects directly the people who are in their most productive years. In any society, faced with this threat, any clear thinking government will get out the big artillery, dip into slush funds, give it top priority and attack it head-on.

Not so the South African government.

- The government is leaving treatment to the individuals themselves who contract the disease.
- The President has declared publicly that AIDS is not caused by the HIV virus but by poverty. This statement is partially correct in that the disease is spread through ignorance, poor women forced into the sex trade and not having money to access simple prophylactics. It has also been proven that people under stress exhibited a faster progression of viral infection than people not under stress or with positive coping behaviours. The violence, crime, lack of resources, lack or exhaustion of positive coping styles in large parts of the SA society certainly contribute to the spread of the disease. However,
    - Other diseases of poverty such as cholera, TB etc, are tackled head-on by the SA government
    - The statement of the President means that a focus on providing medicine to fight the virus will be absent.
- Anti-retrovirals are very expensive and are manufactured by European and American companies who want to profit from sales. The WHO has pointed out that health disasters allowed the easing of intellectual property rights. The SA government has not used its legal powers and seized this opportunity to get access to cheaper medicines.
- Not even in rape cases will a state-run hospital provide anti-AIDS[1] drugs.
- The Treatment Action Campaign (TAC) are bringing in generic drugs and drugs not protected by patents into the country illegally. The pharmaceutical companies took the government to court for of allowing NGO's to do this.
- The TAC obtaining a court decision that the government is breaching the Constitution by failing to provide medical care. The government is of the opinion

[1] Anti-retroviral treatment (ART) does not kill the HI-virus, it slows down viral replication and raises the CD4 count (a measure of the strength of immunity) which enables the patient to live longer before contracting full-blown AIDS - the syndrome of diseases associated with compromised immunity.

that the drugs are not effective and safe despite international proof that they are.

- At a few pilot areas the government is providing mother-to-child-treatment (MTCT). But only in two years time will there be enough data from these test sites to make a decision regarding general provision of AIDS drugs. The High Court found that the governments cautious pace did not justify the number of children being exposed to the virus – at least 10 children a day contract the virus.
- The government was then again sued for not moving fast enough with providing treatment.
- Some provincial governments - even ANC led provinces – have now broken ranks from the national government and have declared their intention to provide MTCT treatment as a matter of course public hospitals.
- A few pharmaceutical companies have dropped the prices and some offered the government free treatment kits – offers that the government has not taken up. The government still does not purchase these medicines in bulk to negotiate a better price and does not treat HIV-infected patients or people with AIDS.

"Our government is quite foolish, and perhaps even undemocratic to maintain stubborn inflexibility in the face of such enormous public demand for ART. The tradition is for democracies to be responsive to widely held public sentiment, and ART seems hardly worth the political heat at home, and loss of credibility abroad…The government must provide and allow the use of ART, …on the basis of four understandings: first, that the primary purpose is to alleviate individual suffering and prolong individual lives…" [2]

THE BUSINESS CASE

Businesses have been recognising the effect of AIDS on staff and, potentially, on markets.

- One Zambian refinery spends more on HIV/AIDS related issues than its annual profits.
- Estimates are that in Africa each HIV infected employee costs a company roughly twice the worker's annual salary, due to health care expenditure, pension coverage and funerals, more frequent recruitment and training, productivity reduction, and organisational disruption.
- A major oil company estimates that their average African employee with HIV/AIDS cost them an extra $7.400 per year, including skills loss, productivity loss, absenteeism, and hospitalisation.
- An actuarial evaluation of the impact of HIV on a major South African company predicted a 15% increase in direct payroll costs.

For many businesses in Africa, HIV/AIDS is already severely constraining their ability to compete, while for others the potential risks are significant as HIV/AIDS is an issue that goes to the very core of business practices. The effects are not just evident on a macro-

[2] Ncayiyana, Editorial in SAMJ Vol. 92, No.2 February 2002.

economic level as described above, they are also becoming evident and are anecdotally reported on individual company level

At the individual company level, the impacts of the disease are many:

- Declining productivity is effected through staff being ill and through increased absenteeism - due to illness, the attendance of funerals of relatives and friends who had AIDS, and leaving work regularly to go and care for sick relatives. These absences and also increasing deaths cause increased organisational disruption: morale is severely affected by the loss of colleagues, absences disrupt work activities and mean higher work loads for the remaining workers.
- Compromised occupational safety can be effected through the neuropsychological effects of HIV under certain circumstances and other staff such as first aid workers could become infected through contact with contaminated blood.
- The labour and skills pool turn over more rapidly due to premature retirement/death of staff through AIDS. Transmission of skills and knowledge also becomes more difficult with high levels of staff turnover. HIV/AIDS affects people in their most productive years and there is consequently a reduction in available productive and skilled labour. The skills pool in the community is reduced and the profile of the available labour force changes.
- Increased costs are associated with these dynamics in the labour force: a higher demand for recruitment and training as well as for insurance-related benefits (notably disability income cover, health insurance, pensions and group life cover).

Without a doubt, business will be impacted by the spread of HIV/AIDS. Where a company operates in a country with a high HIV prevalence, it must be assumed that a significant number of employees will then also be HIV-positive. But the way some businesses operate also impacts on the spread of HIV/AIDS amongst its workforce, contractors, their families and the local communities in which it operates.

Work-related factors contribute to the spread of HIV/AIDS such as working conditions requiring employees to be separated from spouses/partners for longer or shorter times - business travellers, shift workers, bulk vehicle drivers, salesmen, offshore and remote-site workers, and (contracted) construction staff in major projects. The last mentioned situation attracts “camp followers” which include professional and situational prostitutes from poverty stricken communities.

Although perhaps contributing indirectly to the spread of the virus, business is also positioned to play a pivotal role in stemming the spread of the disease. As ignorance and denial have been key factors in the spreading of the disease, business, through its marketing and other channels, its extensive reach and influence, and being a major source of information, could assist in pro-active outreach through education and prevention programmes. High levels of awareness and knowledge of HIV/AIDS among the workforce and their families have proved to result in lower HIV prevalence rates. Unfortunately specific evidence of the effectiveness of intervention programmes by business is limited, given the general unwillingness of companies to reveal confidential data.

Be it as it may, businesses need to safeguard also their direct business partners against the impact of HIV/AIDS to remain competitive and to maintain their reputations. These partners include their supplier and service networks, and their customers.

Motives behind business responses have been both philanthropic and business-focused, and the scope has been local, national and international. Responses to the disease have extended to core business operations, business partners, communities, and have included advocacy and leadership roles.

Many companies have initially taken a low-key approach, e.g., providing free condoms in company wash rooms, distributing leaflets, hiring peer educators to teach safe sex practices and healthy living regimes. However *ad hoc* project type approaches need to be replaced with a more systematic approach - based on a sound policy and well thought through guidelines - which also extend to customers, suppliers, and local communities.

THE RESPONSE OF SHELL TO THE HIV/AIDS PANDEMIC IN SOUTHERN AFRICA

Considering the dimension of the HIV/AIDS pandemic in Sub-Saharan Africa and the continued reluctance of the South African government to act rationally and comprehensively to address the disease in terms of prevention and treatment, Shell like most other companies have had to take a progressive position to contribute to the fight against the disease. Historically associated with parts of Africa and Asia where the HIV/AIDS is rampant, Shell could not shy away addressing the disease. Clearly Shell cannot address HIV/AIDS alone, or deal with all aspects of the issue even in its own areas of operation. The Group therefore first focusses on pre-empting further negative impact on its own staff and their relatives, then on contractors, suppliers and customers, and finally on the communities in which Shell operates.

Based on in-house and other data, HIV/AIDS is impacting Shell's operations in Africa as employees are dying and have died from AIDS-related illnesses, a number of employees are now living with HIV/AIDS and our customer base has been affected in a similar way.

A Group policy/Standard for HIV/AIDS was developed and guidelines for real practices are being refined to ensure a consistent, optimal approach towards the HIV/AIDS issue across the Group. The development of a policy/standard at Shell was guided by:

- Shell's stated Statement of Global Business Principles and Sustainable Development Principles.
- The Group Commitment and Policy on Health, Safety and the Environment.
- Shell's need to retain its skills and experience.
- The need to retain present and future customers.
- The appeal made by organisations such as the ILO, WHO, UNAIDS.

The standard and extensive consultation indicated that guidelines were needed on the following:

- The minimisation of the spread of the disease (resistance to drugs, fake drugs)
- Health education (for workers, community)
- Managing a serious disease
- Pre-employment medicals and screening
- Sickness and disease at work
- Special risks such as for first aiders, on site
- Victimisation
- Cost calculation and implications
- Monitoring
- Business joint ventures
- Migrant workers/mobile staff
- Local legal guidelines
- The scope of the efforts
- NGO/union partnerships
- Industry associations
- Strategy (when is HIV put into the strategic discussions)
- Communications internal and external
- New management styles
- Considerations in providing free ART/HAART to employees: issues of complying with the treatment regime in the face of side effects, and when on leave; potential discrimination against other groups with chronic life threatening conditions such as hypertension and diabetes who are not receiving free treatment; the extent to which free ART/HAART will be available to spouses, other family members, and the community; costs of non-treatment and direct and indirect costs of treatment.

In general, Shell SA is basing its education and awareness efforts on the following guidelines:

<u>Recruitment, termination of employment and fair discrimination</u>

- HIV/AIDS testing is excluded from pre-placement medical examinations as a criterion for employment with Shell companies; except in circumstances where occupational safety considerations dictate the need for such testing.
- No employee will be dismissed from or pronounced disabled with respect to his/her post on the basis of HIV status alone.

<u>HIV/aids testing</u>

- Voluntary HIV testing is encouraged amongst employees as a means of education and self-management of HIV status.
- Routine HIV testing will not be carried out unless as a method of surveillance of a company's HIV prevalence; but following full consultation and agreement with employees and following the requirements of the Labour Court.
- The results of HIV tests will remain confidential between the employee and his/her health care provider.
- Informed consent and pre-and post-test counselling are mandatory for HIV testing.

<u>Conditions of service and employee benefits</u>

- There will be no difference in conditions of service and employee benefits between HIV negative and HIV positive employees, regardless of whether their HIV is known

or not.
- Where employees require leave to attend funerals of co-workers, family members or friends, such leave will be granted according to normal company benefits and procedures.

Confidentiality
- Where an employee chooses to make known his or her HIV status, this information will remain confidential to those persons with whom he/she has chosen to share this information.

Management of infected employees
- Known HIV positive employees will be managed on a fit-to-work basis.
- These employees will be expected to produce the same outputs as their non-HIV positive colleagues.
- Where an employee is unable to work because of HIV-related illness, that employee will receive absenteeism benefits according to legal requirements and company policy.
- If an HIV positive employee is permanently too ill to work, normal disability management and benefit procedures will apply.
- As HIV is not transmitted person-to-person in normal workplace circumstances, fellow-employees of an HIV positive person are expected to continue normal working relationships with that person.

Occupational health and safety
- Shell health care workers (including first aid workers) will be trained in management of patients with blood-borne pathogens (including HIV and Hepatitis B).
- Health care workers will be given all the facilities and equipment to implement universal precautions against transmission of blood-borne diseases, and will treat every patient as a potential carrier of blood-borne disease.

Provision of health care, education and counselling support to employees with HIV/aids and other life threatening diseases
- Where a Shell company provides health care and counselling, these services will include HIV-positive persons and those with AIDS or HIV-related disease.
- Provision of ART/HAART to employees will be decided at Shell operating company level, based on benefit, sustainability and cost of such a programme in local context.
- Shell companies will make on-going HIV/AIDS information and education programmes accessible to all their employees. Where appropriate, these programmes can be extended to employees' dependents, and communities.

Treatment and care of employees living with HIV/aids
- *Supportive treatment and counselling*

Where in-house/on-site treatment facilities exist, these should continue supportive treatment of undercurrent HIV-related disease at present levels. Shell companies should, where possible, influence health insurance schemes to likewise continue supportive treatment.

Prophylactic drug treatment for Shell Health Care Personnel who are being exposed to HIV should be part of the HSE-MS of the Health Care facility.
Where prophylactic drug treatment to prevent mother-to-child HIV transmission is in place, this should be continued.
In-house and contracted Employee Assistance programmes should continue to provide supportive counselling for HIV positive persons, or the 'worried well' who are concerned that they may be HIV positive. This counselling extends to pre- and post-test counselling. Where voluntary testing programmes are in place, the operating company should ensure that there are adequate counselling resources.

- *Criteria and considerations for treatment*

  Medical criteria including: CD4 cell count, viral load and clinical manifestations of HIV-related disease contribute to a decision to commence ART/HAART treatment
  The following are also included in such a decision:
  - Likely compliance with medication (determined by, inter alia, the patient's understanding of the disease, the effects of treatment and the side-effects)
  - Resources to monitor and manage the treatment and its effects
  - Compliance during the employee/patient's leave periods, away from the treatment facility
  - Change in work location with the danger of discontinuation of treatment
  - The emergence of multi-drug resistance in cases of poor compliance; leading to a community problem.

- S*exually transmitted disease treatment*

Prompt treatment of sexually transmitted disease markedly reduces the risk of HIV transmission to or from a sexual partner. Shell employees and their sexual partners should be encouraged to seek treatment promptly should they contract sexually transmitted disease(s).

<u>Sustainable development approach</u>

- The Health Impact Assessment of new projects or shutdown of present facilities must take HIV/AIDS into account
- All present operations in areas with significant HIV prevalence should have a continuous in-house HIV prevention programme in place. The programme may be sourced from government, NGO, community or in-house resources. It should, however, have visible input from Shell.
- Shell should actively seek co-operation with other business entities (within and outside of the petroleum industry) in combating HIV/AIDS. This includes awareness campaigns, funding research into effective means of reducing high-risk sexual behaviour, encouraging or funding sexually transmitted disease treatment programmes and consideration of affordable ART/HAART treatment for employees, their dependents, and communities.

A few examples of Shell HIV/AIDS initiatives globally<u>:</u>

- Many companies, especially in South Africa, engage in preventive HIV/AIDS programmes covering employees, and reaching out to various degrees to employee families, and the communities. A concentric circle model was applied, with the greatest effort focused on people under Shell's direct responsibilities, namely employees and families, followed by assistance to local communities, contractors and suppliers and finally the wider society.
- Shell was amongst the first in industry to issue Aids Employment Guidelines (1993), which need to be updated, and has a LTDP.
- Shell has made its scenario planning expertise available to UNAIDS to build HIV/AIDS scenarios for Africa under their sponsorship with the involvement of all relevant stakeholders (governments, businesses, NGOs, academics, communities, etc.) and facilitate the development of agreed policies and action plans.
- In one country MTCT is given to pregnant women prior to childbirth to prevent virus transmission from mother to child during birth.
- In the East Africa Hub an "Africa Education Campaign" (poster and leaflets) has been conducted with UNAIDS.
- A programme was developed in Thailand in 1997 to communicate HIV/AIDS information to petrol pump attendants, pump administration staff and pump owners and managers, through a training programme developed with the Thai Business Coalition on AIDS. The goal is for employees to inform peer groups.

Shell operations in SA are attacking the pandemic by identifying specific target groups and then following a programme of measure/monitor, prevent and mitigate.

Monitor:

Shell SA has a goal to determine the prevalence of HIV infection of staff in 2002 in order to calculate the potential payroll and other impacts on the company as well as the potential treatment costs. Having done this, a recommendation to management can be made regarding ART treatment.

Prevent:

Education programmes (for staff and communities), which could reduce numbers of new HIV cases and prolong the lives of HIV-infected staff and their relatives include:

For staff:

- Workplace condom distribution
- Preparation for anonymous prevalence study
- Know your own status campaign in order for employees to know whether they are HIV-positive in order for them to adapt their life styles accordingly
- Education and awareness programmes

For the community:

- Mobile STD clinics at filling stations on major arterials
- Participation in SA Oil Industry initiatives:
  - Transport contractor programme
  - Forecourt attendant education programme

HIV/AIDS Education programmes for 2002.

Objective	Activity plan	Time frame	Cost
Target group: Shell staff peer educators To put in place a (on-site) peer education programme to maintain HIV/AIDS education and "caring community"[3] initiatives.	1. Train peer educators, representative of all Cluster and/or CoM. 2. Maintain a peer educator support "line"[4] to ensure sustainability of the education programme. *(see footnote)* 3. Re-fresher training to be conducted annually. 4. Include peer educators' HIV/AIDS tasks as annual target. (performance appraisal)	1. Training completed by June 2002. 2. Support "line" accessibility June 2002. 3. Re-fresher training – ongoing i.e. annually.	Scenario 1: Peer educators trained by local NGO's, however difficult to ensure same standard and consistency iro training outcome. (minimal cost) Scenario 2: Peer educators trained by external consultant, consistency and same standard (support) ensured. (R50 000)

[3] "Caring Community" – To strive towards a workplace environment where HIV/AIDS matters will be discussed openly, disclosure be encouraged and the necessary support (care) provided by staff/colleagues and managers. HIV/AIDS is treated as a manageable disease, without any stigma or secrecy. In line with scenario 3.

[4] Peer Educator Support Line – It entails an accessible communication medium, whereby information, discussion and support (guidance) could be offered to all peer educators. The internal HIV/AIDS website (discussion forum) creates an opportunity for such debate. A support line is crucial for sustainability of any peer educator based education programme.

Target group: Shell staff To ensure increased HIV/AIDS knowledge amongst staff, regarding 3 identified areas, i.e: · Know your own status (advantages). · Benefits of early disclosure. · Creating a "caring workplace community".	1. Peer educators implement staff (face to face) training sessions during 2002. 2. The training sessions entail an interactive, two hour discussion on the three identified areas of training. Peer educators will assess each group's current knowledge base and address issues from such level. A structured training manual will assist to ensure consistency regarding training objectives.	June 2002 – December 2002 (each staff member to attend one session - annually)	Internal cost investigated: · Traveling · Training material · Time off Development of a training manual.
Target group: managers To ensure that managers are equipped with the necessary knowledge & skills to effectively deal with the implications of HIV/AIDS in the workplace.	Implement managerial training programmes on: · Incapacity management & referral of staff to ICAS (counselling & support). Guidelines to be included as a module in the CFP. · HIV/AIDS 3 hour workshops – primary aim is to equip managers in skills regarding dealing with disclosure, support, discrimination, creating a "caring workplace community". Clarify policy & procedural aspects iro HIV/AIDS	CFP – April 2002 and ongoing. Training sessions: Sept/Oct/Nov 2002 & ongoing.	Cost to be investigated.

Objective	Activity plan	Time frame	Cost
Target group: Southern Africa staff 1. To enhance general staff awareness regarding current HIV/AIDS matters.	General HIV/AIDS information send to staff through various communication media: (posters/pamphlets/bulletins) iro: · School Aids Week (September) · Red Ribbon Month (November) · To increase HIV/AIDS awareness iro International Aids Day. (Events at all regions) · STD/Condom week. (Feb)	· September 2002 · November 2002 · 1 December 2002 · February 2003	Total: R70 000-00.

2. To ensure 60% participation in the "Know your own status" campaign.	Implement - in preparation of the implementation of the "Know your own status campaign" – one hour staff sessions facilitated by people living with HIV/AIDS.	November 2002 (Red Ribbon month)	R40 000-00

All of the above programmes/initiatives will be supported by the following overall HIV/AIDS communication strategy:

Communication objectives:	Communication media:	Frequency:
1. Ongoing communication to staff about current HIV/AIDS matters, Shell's involvement/commitment towards addressing HIV/AIDS and creating a "caring workplace community".	o Condom dispenser messages. o Nutshell –articles o CHESS newsletter – dedicated HIV/AIDS side column. o Cluster/Subsidiary newsletters. o HIV/AIDS website. o Pamphlets/posters as per various events.	o Bi-monthly change of message. o Monthly Nutshell articles o Bi-monthly CHESS newsletter. o Monthly subsidiary newsletters o Website – April 2002
2. Communication to LTO/OPT/CMD iro progress and initiatives.	o Monthly briefings on progress to CX. CX to inform various forums.	

Mitigate:

For staff:

- Training and Information for management (ongoing)
- Availability of Counselling services (ongoing)
- Disability management briefings to divisions
- AIDS website

For community

- Magazine inserts/contributions
- Financial support for Nazareth House for AIDS orphans
- Sponsor a message on bulk vehicles for drivers
- Financial support for the SAMSA/UNESCO AIDS/Human Rights workshop for youth from sub-Saharan Africa (February)

CONCLUSION

HIV/AIDS the disease and the pace by which it is being transmitted is having impacts on societies and economies that had never been imagined. When the providers of public health do not act adequately to combat a disease, private companies sometimes have to not only respond but take the lead. The only way an individual company can really address the impacts of the disease is through scenario planning and development of business cases, clear policies and guidelines and most importantly practical, hands-on interventions.

What is needed for a company to respond with some success to HIV/AIDS are the following:

1. Committed leadership and understanding the disease and impacts at all levels of the workforce, by developing a business case for addressing HIV/AIDS. Consider the human resource implications of HIV/AIDS initiatives.
2. Initiatives that match the company's core business skills and technical expertise.
3. Engage in a multi-pronged approach to ensure real effectiveness, to go beyond the workplace and also to address issues within the local community.
4. Undertake a consultative approach including staff living with HIV/AIDS, to ensure that initiatives are appropriately directed and to allow for prioritisation.
5. Enter into partnerships with NGOs, governmental and intergovernmental organisations to access the necessary HIV/AIDS expertise and knowledge.
6. Involve the use of peer educators/leaders from the target groups in the dissemination of information.
7. Undertake continual monitoring, and review the effectiveness of HIV/AIDS initiatives, with a willingness to adapt the programmes accordingly.

In no way perfect and complete, Shell's approach above, and activities so far in Southern Africa, will provide life-saving information to prevent contracting the disease and to prolonging the lives of people living with HIV. This will not just reduce staff, market and bottom line impacts but will contribute to long term community sustainability in a context where official governance is incapable of connecting the environmental, societal and economic dots.

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