

Engaging the private sector in the HIV response – three case studies from Zambia

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Image: Peer educator session at Lafarge Cement Factory Chilanga, Lusaka district



STARZ in context

The [Strengthening the AIDS Response Zambia \(STARZ\)](#) programme provided technical support to NAC Zambia from May 2004 until August 2009. This has included support for improved participation of civil society and the private sector in the national multisectoral response to HIV and AIDS. The STARZ programme was funded by the UK's Department for International Development (DFID), with technical assistance supplied by HLSP in partnership with JHU-CCP, HDA and PMTC(Z) Ltd.

Introduction

It has become commonplace to exhort a national multisectoral response to HIV and AIDS, but what does this mean in practice for the private sector in an African country? This paper captures three distinct examples of how the STARZ programme has worked with the National HIV/AIDS/STI/TB Council (NAC) in Zambia, network organisations and private enterprises to help the private sector take responsibility for addressing HIV and AIDS.

The role of the STARZ programme in these initiatives has varied, but has always been catalytic and strategic, rather than that of an implementing agent. The NAC Private Sector Specialist and the STARZ Private Sector Adviser embedded in NAC have promoted new policies, forums and partnerships; devoted resources to commissioning strategic research and dissemination activities; and supplied technical assistance for new materials and guidelines. The common thread has been to focus on specific niches where institutions can be brought together, to form new partnerships that bring out the comparative advantage of each private sector actor involved – be they NGOs, companies, medical services, advocacy groups or instruments of state.

These case studies describe dynamic processes, not finished products. Each has faced problems at times, and each will continue to evolve after the initial impetus of STARZ technical and financial support has ended. Across the three case studies, emerges the STARZ model of flexible strategic support. This in itself is instructive with respect to the challenge of establishing a functional, self-coordinating, private sector contribution to the multisectoral response to HIV and AIDS.

Case study 1: The Zambia Workplace AIDS Partnership (ZWAP)

This case study demonstrates how a group of organisations working with the private sector to implement workplace programmes (WPPs) can join forces to create a self-coordinating group (SCG) thus streamlining their response to combatting HIV in the business sector.

The evolution of ZWAP

ZWAP was set up as a self-coordinating network in 2001 after a group of Zambian NGOs, each providing technical support to companies operating HIV WPPs, decided to join forces to support the Zambian workplace response to HIV and AIDS. The rationale for coming together was that participating partners could pool their knowledge and technical expertise to help companies develop effective HIV workplace strategies. Between them, the partners offered access to a large number of companies in the private sector ranging from big institutions, such as banks, to smaller companies and businesses operating in the informal sector. This gave ZWAP an entry to a diverse and sizeable section of the Zambian private sector.

ZWAP membership

There are currently 10 partners that comprise ZWAP. Nine are NGOs, while one, AWiSA, is a project funded by the German Development Service (DED). ZWAP partners include:

- Afya Mzuri
- Zambia Business Coalition in AIDS (ZBCA)
- Zambia Health Education and Communications Trust (ZHECT)
- AIDS Workplace Programmes in Southern Africa (AWiSA)
- Zambia Action on HIV and AIDS (ZamAction)
- Treatment Advocacy and Literacy Campaign (TALC)
- Zambia AIDS Law Research and Advocacy Network (ZARAN)
- Network of Zambian People Living with HIV/AIDS (NZP+)
- Kara Counselling and Training Trust
- Copperbelt Health Education Project (CHEP)

For the first five years of its existence ZWAP operated as an informal consortium. However, the partners believed that, if ZWAP was registered formally, their combined efforts would have a greater impact. Therefore, in August 2006 the partnership officially registered as an association under the Societies Act. This enabled it to source third-party funding and employ staff.

The partners work with the private sector in different ways. For example, Afya Mzuri and ZHECT each work with between 50 and 100 partner companies helping them to implement WPPs and strategies to mitigate the impact of AIDS on their business. ZamAction works with markets, AWiSA with small and medium enterprises and ZARAN provides legal advice to employees. Meanwhile, Kara provides counselling and testing (CT) for institutions and NZP+ supports people living with HIV. Overall, the network's objectives support government aims to encourage the private sector to coordinate its response to HIV.

How ZWAP works

Today, ZWAP is the main coordinator of the design and implementation of private sector WPPs in Zambia. Since it was set up in 2001, its role in the national HIV response has evolved from chiefly procuring information, education and communication (IEC) materials for use in the private sector workplace to include workshops and helping companies initiate care and prevention activities.

ZWAP holds monthly meetings where partners discuss issues affecting the private sector approach to HIV from both a national and partnership perspective. An important function of ZWAP is to coordinate the workplace response to HIV.

This includes identifying, standardising and disseminating relevant information about best practice as well as training and meeting technical needs. All these subjects are discussed at these meetings which are usually attended by the director of each partner organisation. In addition to monthly meetings, a committee may be convened at any time to look at a specific issue or project.

A new chairperson is elected on a rotating basis to oversee the group's work each quarter. Also, since registering as an association in 2006, ZWAP has been able to secure funding to employ a full-time administrator to support the chairperson. Last year, this funding increased, enabling ZWAP to take on a more experienced administrative and technical coordinator to help run the partnership.

In addition to its coordinating function, ZWAP provides a missing link between the private sector and Government by attending relevant meetings, providing technical inputs, materials and resources, and monitoring activities and feeding into the national M&E system.

ZWAP has received regular technical support from the STARZ programme for the last three years. This has included helping ZWAP facilitate annual conferences on WPP good practices and compiling these for the good practice series following the consultation process. More recently, STARZ has supported the development of a package of IEC materials for the workplace.

Recent achievements, future challenges

One of ZWAP's biggest achievements to date has been securing two significant streams of funding to support its work: from DED and the European Development Fund (EDF). This funding has, among other things, enabled the network to start building up permanent staff, set up an office and develop useful IEC materials.

The first stream of funding came from DED in 2007 after the donor was alerted to ZWAP's work through one of the partners, AWiSA. DED agreed to fund a salary for a full-time administrator to make the SCG more efficient. ZWAP received a subsequent round of funding for the administrator in 2008, but in 2009 DED has agreed to increase this funding after ZWAP put in a proposal to employ a more highly-skilled administrative and technical coordinator. The newly-created role will take on more responsibility and will coordinate meetings, organise workshops, administer finances and work on future funding avenues. ZWAP also hopes to employ a junior technical advisor for one year to support the new role.

In addition to the funding from DED, ZWAP secured a one year grant of €85,000 in 2008 from the EDF after responding to a call for proposals in the local Zambian press. To be considered for the funding, ZWAP had to demonstrate how WPPs could help create an enabling environment for private sector led economic growth. Its proposal was successful, and illustrates how an SCG can mobilise resources to successfully procure funding for future development.

The EDF funding has contributed to a number of activities, including a Worlds AIDS Day event in December 2008, four mainstreaming workshops for WPP focal persons, a best practice consultancy and setting up an office. Some of the funds will also be used to print a comprehensive pack of IEC materials aimed at different employee levels, which is designed to encourage take-up of CT in the workplace.

Over the next 12 to 18 months, ZWAP hopes to streamline its operating structure by identifying and focusing on partner strengths, and bringing these to the fore. Most NGOs and organisations that work with HIV WPPs currently offer technical assistance in different areas ranging from CT to ART. Instead, ZWAP plans to explore a multi-partner input approach where each partner has a clearly defined role in the group and focuses on one area. It is hoped this will enhance the network's overall proposition, ensure more efficient use of resources, and strengthen its role in the national HIV response.

Case study 2: public-private partnership to expand ART services

This case study illustrates how the public and private sectors can combine human and financial resources to strengthen the provision of ART services throughout Zambia.

How the public-private partnership was formed

The public-private partnership (PPP) for HIV and AIDS treatment in Zambia first took shape when representatives from the private sector met with NAC and the MOH in August 2006 to discuss ways to improve access to ART and other HIV-related services. ARVs had recently been made available for free in Zambia, but the problem the MOH now faced was how to distribute the drugs efficiently, and monitor their consumption and effects. At that time, some 280,000 people were estimated to be in need of ART in Zambia, but only 67,000 were on treatment, including around 3,000 children.

The MOH is struggling with an acute human resources shortage and does not have the health professionals to bridge the treatment gap. Recognising that it could not tackle the problem alone, the Government looked to foster a partnership with the private sector that would harness the latter's broad reach and resources for the roll-out of ART services across the country. At the same time, the private sector accepted that it had an important role to play in supplementing Government efforts to reduce the burden of HIV on the health sector and so was a willing participant. NAC held the view that by working together the public and private sectors could tackle a common problem in keeping with principles outlined in the Three Ones and the National AIDS Strategic Framework (NASF).

One of the priorities identified at the 2006 meeting was the need to write memorandums of understanding (MOU) between the partners to outline the various contributions, roles and responsibilities of each. The MOUs, which were drafted by NAC, provided a framework for the PPP to expand ART services in Zambia. In total, five draft MOUs were written to reflect the various category types under the proposed PPP. Each partnership included the MOH and a section of the private sector, such as for-profit medical clinics and hospitals run by private practitioners, and not-for-profit employer-based services at both a clinic and hospital level. It was decided by the MOH that the PPP would initially be piloted in the not-for-profit sub-sector and later extended to the for-profit sector.

Stakeholders also agreed at the meeting that private institutions seeking access to free ARVs would first need to be accredited by the Medical Council of Zambia. When an institution received the all clear, it would then be eligible to sign an appropriate MOU with the MOH and pave the way to free ARVs. By signing a MOU, a private institution would be agreeing to meet a number of standards, including adhering to a newly-established national code of best practice in the clinical management of HIV-related illnesses. Private sector partners would also be required to comply with new patient data and drugs logistics management systems, and attend skills updates and other recommended training courses.

Progress so far

Despite some initial teething problems with the accreditation process, around three quarters of the private institutions identified as partners have since been accredited by the Medical Council of Zambia. The Government and private sector are also in the process of incorporating a new monitoring system called SmartCare to help it keep track of individual patient data. This should help the Government monitor ARV use more efficiently. Training sessions for this have been organised by Comprehensive HIV and AIDS Management Programme (CHAMP). Meanwhile, earlier training courses on ART management for doctors were conducted by Afya Mzuri.

However, as yet, no MOUs have been signed between the Government and the private sector. Stakeholders need to kick-start the partnership by signing the MOU if a sustainable ARV distribution system is to be created. Another hurdle the partnership faces is the costs of administering ART services. Although for-profit clinics and hospitals have agreed to administer free government ARVs, these organisations will continue to charge for dispensing the free drugs and for clinical consultations. The costs of diagnostic and laboratory services will also need to be met by the patient. Dialogue between partners continues, but a solution needs to be found as soon as possible if private clinics and hospitals are to play their role in helping Government meet tough ART targets.

Mobile health unit model

A PPP model that is proving successful in extending ART and other HIV services in rural areas is the mobile health unit (MHU). The model has been pioneered by the Global Development Alliance (GDA), a PPP between the Zambian private sector, United States Government (USG) and the MOH, since June 2007. Three GDA members, Dunavant Zambia Ltd, Mkushi Farmers' Association and First Quantum Minerals Ltd, currently operate MHUs, which provide HIV-related services to underserved populations in three rural districts: Katete, Mkushi and Solwezi. These companies have opted to operate MHUs because they believe that extending health services to rural populations can have a positive impact on their workforce.

The partnership is based on the private sector and the MOH, via the district health office, pooling resources to fill a gap in health care services in rural areas. Under the overall supervision of the district director of health, the district health office contributes items such as medical equipment, ART drugs and CT kits for the MHUs, while the private sector operators provide staff, vehicles and pay for staff training.

Each unit is designed to be self-sufficient and is run by a team of three or four multi-functional staff. This allows the MHU to take its services almost anywhere. The units each visit around eight sites every fortnight on a pre-determined route agreed by the rural health centres and communities within the district. At these sites, the MHUs offer services such as CT, ART referral and prevention of mother to child transmission (PMTCT) of HIV. Technical assistance is provided by local NGO CHAMP, which helps ensure best practice is established as the MHUs evolve. This PPP model has assisted the MOH to develop mobile ART management guidelines. These will help to scale-up similar services in other rural communities as part of Government plans to roll-out ART to underserved areas.

From 2009, the GDA plans to increase the number of MHUs it operates to broaden its geographical reach and serve a wider section of the rural community. This should accelerate the attainment of national goals to make HIV-related services more widely available. It also plans to expand the services provided by the MHUs to include screening and treatment for malaria. Recently, a research study was undertaken by CHAMP (funded via STARZ) to evaluate the MHUs.

Case study 3: The cost benefit analysis of HIV workplace programmes in Zambia study

This case study illustrates how strategic information arising from one piece of research can be used in several ways to encourage take-up and monitoring of WPPs thus supporting Government goals outlined in the NASF.

Background to study

HIV WPPs have become increasingly commonplace in the private sector in Zambia. Companies recognise that HIV and AIDS can impact employee productivity through sickness and even death as well as increase recruitment and training costs, and are setting up programmes to counteract these risks. Management at companies operating schemes also believe that having a WPP in place offers workers security and can make them happier in their job, boosting employee morale, health and, ultimately, productivity.

Despite this, there exists little empirical evidence either in Zambia or worldwide to show whether or not WPPs provide tangible financial benefits for companies. Company management might be able to offer anecdotal evidence that suggests their programme is having a positive effect on workers. For example, executives might note a decline in the number of employees taking sick leave or leaving the company. But few can say confidently if the programme is saving their company money.

It is this lack of hard evidence that prompted the undertaking of the cost benefit analysis study. The study aimed to plug a gap in the information and research available on WPPs by ascertaining whether the financial benefits of a scheme outweigh the costs of running it. The study, which was conducted under the auspices of NGO CHAMP, with financial and technical support from NAC and the STARZ programme, also looked at the impact of WPPs on temporary employees, and employee and community attitudes to programmes. The study was the first piece of research to provide a company-wide assessment of WPPs that draws on both financial and psychological aspects of WPPs.

Scope and findings

The study set out to answer the question, 'What are the costs and benefits of HIV WPPs in Zambia when viewed across several companies?'

Data for the study was gathered from eight companies in the mining and agribusiness sectors over the course of two months in May and June of 2007. Together, these companies form the Zambia HIV/AIDS GDA. All eight companies, which range in size from 350 to 10,000 employees, already had a WPP in place, but some programmes had been in place longer than others. Five of the companies analysed for the study were mining companies based primarily in Copperbelt, while the remaining three were agricultural institutions located around the country.

The research and results were divided into three main sections:

- a cost benefit analysis of the WPPs,
- employee and community perceptions of the programmes,
- and, the programmes' impact on temporary employees.

Probably the most striking finding from the study was that seven out of the eight companies that took part enjoyed financial benefits thanks to their WPP. It was calculated that these benefits equated to US\$47 per employee in 2006, the year for which data was collected. When averaged across all eight companies, the financial benefits of running a programme outweighed the costs of that programme three times. This was largely because the programmes resulted in lower employee turnover, smaller medical bills and better staff productivity.

The study also illustrated that companies with newer schemes reaped fewer financial benefits than companies which had been running a programme for some time. The only company included in the study that did not save money due to its WPP had set up a programme only recently.

Another key finding showed that extending programmes to include non-permanent employees and the surrounding community also reduces the financial impact of HIV and AIDS on a business. Meanwhile, the researchers discovered that knowledge and other benefits of WPPs, such as condoms and CT, had spread to the surrounding community. As a result, programmes were largely perceived positively by workers, their dependents and the community.

Study repercussions

The cost benefit analysis study is a useful example of how a piece of research can be used to provide valuable IEC materials for different audiences. In this case, the benefits outlined initially in a detailed report on the study were then used to produce an advocacy booklet aimed at middle management, a technical paper targeted at programme designers, health advisers and development specialists, and a management tool that can be used by companies to monitor and evaluate their WPPs.

The advocacy paper was written in a style accessible to middle management and resource persons working in small to medium businesses, and was designed to encourage the implementation of WPPs. In contrast, the technical paper provides a more challenging, detailed approach to the research and underlines some of the issues the researchers encountered when conducting the study. It is hoped the technical paper will stimulate readers to undertake similar cost-benefit studies both in Zambia and abroad.

Meanwhile, a data management tool was created in response to the research finding that many companies were struggling to monitor programme data effectively. The tool, which enables companies to record the costs and benefits of their WPP, aims to help companies maintain more accurate programme data. This should allow them to build programme costs into future business projections. The tool is not sector or size specific and, in theory, could be rolled out to different sized companies across both the private and public sectors in Zambia. Longer-term, this could assist with the monitoring and evaluation of HIV programmes and produce useful statistics in areas such as attrition rates as well as improve current interventions.

