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Alcoholic Beverage Companies and the HIV Response in Sub-Saharan Africa: A Case Study of HIV Programs at Heineken and SABMiller

HIV continues to have a significant impact on economic development in sub-Saharan Africa. Morbidity and mortality among the region's 26 million HIV-positive people (UNAIDS 2015) affect companies at every operational level: from staffing and training through production and distribution. Alcoholic beverage companies, while facing criticism for the link between their products and HIV, have developed programs to address the disease both within the workplace and in the wider community.

This case study describes the HIV programs developed by Heineken and SAB Miller to address HIV in the sub-Saharan African countries where they operate. Beginning in the 1990s, these programs evolved from a focus on prevention to encompass prevention, care, and treatment for employees and dependents—reflecting concerns about the effect of HIV on the companies' business interests. Subsequently, as an expression of corporate social responsibility or business imperative, both companies developed public-private partnerships to address HIV within communities and partner organizations. Interventions included outreach and prevention activities aimed at farmers and high-risk populations, such as bar patrons and long-distance truck drivers.

The resources of large companies such as Heineken and SABMiller—including strong financial and infrastructure resources and expertise in marketing, product introduction, and supply chain management—suggest significant opportunities for engaging private companies in the global push to address HIV. If the public sector and the alcohol industry work together to address not only the HIV burden but also the negative impacts of alcohol, the potential for curbing the HIV epidemic becomes much greater.

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BACKGROUND

Close to 26 million people (70 percent of those living with HIV globally) were living with HIV in 2014 in sub-Saharan Africa, and the number of new infections was estimated at 1.4 million. Sub-Saharan Africa accounted for 66 percent of the global total of new HIV infections (UNAIDS 2015). Forty-one percent of all people living with HIV in the region were accessing antiretroviral treatment (ART). In the same year, 790,000 people died of AIDS-related causes (UNAIDS 2015).

Despite improved access to ART, HIV is still having important effects on Africa's economic development. The disease affects people in their most productive years, and reduces labor supply by causing long periods of sickness and high mortality. The HIV epidemic has negatively affected the size, productivity, and skill composition of working populations, with many impacts on the productivity of companies (Brink et al. 2007, Dixon et al. 2002; Haacker 2011; Kaiser Family Foundation 2007; Liu et al. 2004).

High HIV-related morbidity and mortality affects costs to companies in many ways. HIV reduces productivity as a result of illness and absenteeism from work, and places an additional burden on other employees. It increases the need for recruitment and training when staff become ill; costs for insurance and pensions following early retirement or death; and costs for health care management and funerals. These accumulated costs, in turn, impinge on the benefits that companies can provide for their workforce. Yet while private companies are often excluded from the HIV response, their strong infrastructure and resources, along with expertise in marketing and distribution (necessary components for any HIV intervention), make businesses potentially significant partners in the global HIV response.

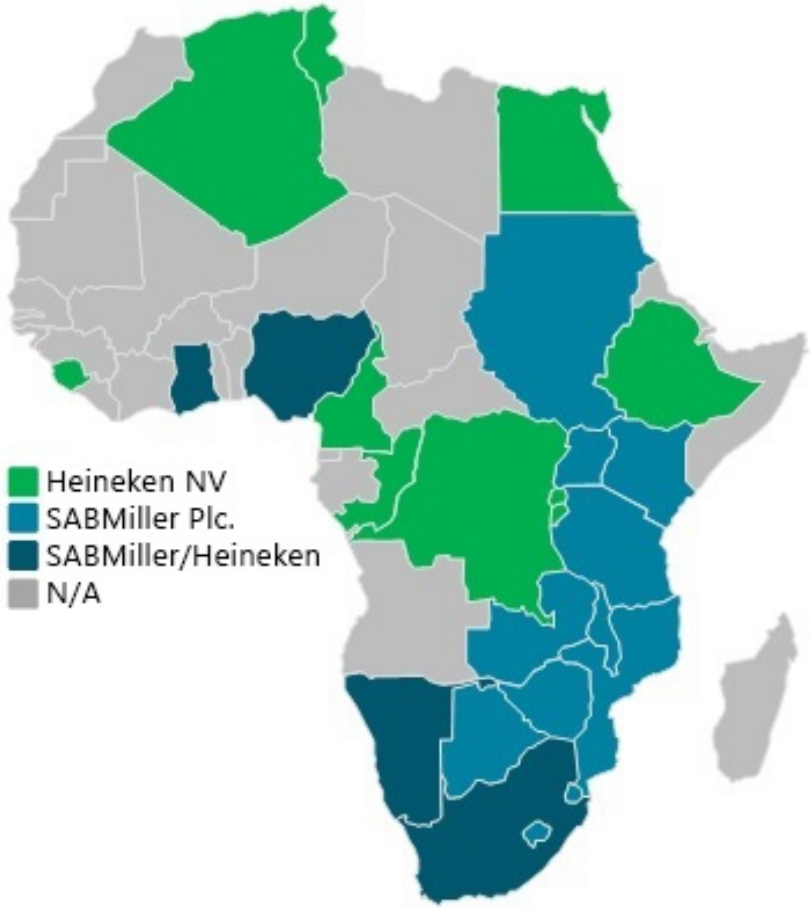
Globally, the potential impact of HIV on business operations and employees' health and wellbeing has led many companies to develop responses to the epidemic, including workplace policies and provision of prevention, treatment, and care services (Bakuwa 2010; Mahajan et al. 2007; Rosen at al. 2007; Van der Borght et al. 2010). Two of the biggest companies in the alcoholic beverage industry, Heineken and SABMiller, have carried out such initiatives to address HIV in sub-Saharan Africa.

Extent of the Alcoholic Beverage Industry

The global alcoholic drinks market is expected to grow from US$1,198.6 billion in 2014 to $1,451.6 billion in 2020. Its growth is mainly driven by increased urbanization and disposable income (P&S Market Research 2015). The industry includes producers, wholesalers and distributors, retailers, and institutions that serve alcohol (hotels, restaurants, convenience stores, bars, or cafes). It relies closely on agricultural products, transportation, manufacturing equipment, and packaging.

Alcoholic beverages can be produced formally or informally (Jernigan 2009). The most commonly consumed alcoholic beverages include beer, wine, spirits, and other beverages (rice wine, fermented drinks made of sorghum, millet, or maize). Global alcohol consumption in 2010 was 6.2 liters per person aged 15 years or older. One-quarter of alcohol consumption is unrecorded (i.e., homemade alcohol), illegally produced, or sold outside normal government controls (WHO 2014). This proportion is significantly higher in certain countries and regions. Globally, 50 percent of total recorded alcohol consumed is in the form of spirits, followed by beer (35%). However, in Africa, beverages based on fermented sorghum, millet, or maize are the most popular alcoholic drinks (52% of recorded alcohol per capita consumption among people aged 15 years and older) (WHO 2014).

Figure 1. Heineken NV and SABMiller PLC as Key Players in African Markets in 2013



Source: Alkhatib, 2014.

While only a few large companies dominate the market, the alcoholic beverage industry is large in scale, intricate, and increasingly international in ownership. According to some critics, the industry generates large revenues, and is politically influential and able to influence and guide many national alcohol control policies. The industry also influences how the media, public, and policymakers think about alcohol, alcohol consumption, and alcohol-related problems (Gilmore 2015, Parry 2014; Babor 2013).

The industry has long been criticized for framing the negative health outcomes of alcohol use in terms of drinkers' behavior, rather than supply of alcohol (Casswell 2013; Bakke and Endal 2010). Yet harmful use of alcohol has been clearly linked to intimate partner violence, risky sexual behaviors, and transmission of HIV and other sexually transmitted infections (STIs) (Tumwesigye 2012; Wilson 2014; Russell 2013; Scott-Sheldon 2013 and 2014; Snowden 2015; Kalichman et al. 2008). In 2012, 6 percent of all global deaths were attributable to alcohol consumption (WHO 2014).

Discussions between the alcoholic beverage industry and policymakers about the harmful effects of alcohol have often been contentious. While some companies have developed social and health programs to address HIV, critics view many of these programs as another form of marketing, pointing to conflicts of interest between these actions and the industry's influence on alcohol policies at national and international levels (Parry 2014; Babor 2013; Brown 2015; Moodie et al. 2013; Yoon & Lam 2013; Casswell 2013).

This case study reviews the role of Heineken and SABMiller, the two largest companies (in terms of market share) in the African alcoholic beverage industry (Figure 1), in addressing the HIV epidemic where they currently work in sub-Saharan Africa. It looks to draw lessons from their experiences.

IMPLEMENTATION

The Strengthening High-Impact Interventions for an AIDS-free Generation (AIDSFree) Prevention Team collaborated with the International Alliance for Responsible Drinking (IARD) to conduct the case study. IARD is a not-for-profit organization funded by some of the world's leading producers of alcohol beverages and committed to promoting responsible drinking and addressing the global public health issue of harmful drinking. The case study was developed through desk reviews and consultations with Heineken and SABMiller officers who were familiar with their company's HIV programs. Through IARD's connections with Heineken and SABMiller, AIDSFree was able to access HIV-related documents from both companies. The team also conducted a comprehensive desk review by scanning journal articles, reports, and other gray (unpublished) literature related to HIV and the alcohol industry, focusing mainly on Heineken and SABMiller and their involvement in HIV in sub-Saharan Africa. The research team carried out phone interviews to collect additional information and ensure that information on the companies' HIV programs was accurate and up to date.

FINDINGS

Heineken

Heineken is an international brewing group based in the Netherlands. The company opened its first brewery in Amsterdam in 1864. It has since extended its operations to several continents, including Africa, and today employs more than 80,000 people in over 70 countries. Its main operating companies (OpCos) in sub-Saharan Africa are located in Burundi, the Democratic Republic of the Congo (DRC), Ethiopia, Rwanda, Sierra Leone, and South Africa. Its net profit in 2014 was over €1.5 billion (approximately US$1.9 billion at the 2014[1] exchange rates); Africa and the Middle East represented 14.7 percent of the total volume of beer produced by Heineken, and its operations generated a group operating profit close to €700 million (about $900 million in 2014) (Heineken 2014). Heineken employs more than 10,000 employees in its African OpCos.

SABMiller

SABMiller is one of the world's leading alcoholic beverage producers, with more than 200 beer brands and around 70,000 employees in over 75 countries. SABMiller has brewing and beverage operations in 15 African countries, including Botswana, Lesotho, Malawi, Mozambique, South Africa, Swaziland, and Zambia. The company also has presence in 21 additional countries through its associate interest in the Castel Group's African beverage business. In 2014, SABMiller's profit before tax was US$4,823 million, of which its African operations contributed 14 percent (SABMiller 2015). In Africa, SABMiller employs more than 24,000 people and supports over a million jobs across its value chain (the constellation of activities entailed in delivering a product to the consumer, including raw materials, production, marketing, and distribution).

[1] Because of the variations in dollar-euro conversion rates in recent years, subsequent funding will be expressed in euros only.

HIV Policy

Heineken's HIV Policy

The Heineken HIV policy derives from the company's high priority on employee health and safety. Heineken's main focus is preventing occupational accidents and protecting the wellbeing of employees (Heineken 2004). Heineken requires all OpCos in countries with an adult HIV prevalence rate of 1 percent or higher to have an HIV program.

Heineken approaches HIV infection as a chronic disease, and focuses primarily on HIV prevention. For Heineken, a prevention program should lead to behavioral changes, and should include at least information, education, and communication (IEC) activities, voluntary HIV testing services (HTS), management of STIs, and prevention of mother-to-child transmission (PMTCT) of HIV. The company's health support program for HIV-positive employees and their immediate family includes prevention and treatment of opportunistic infections, counseling, and care for people living with HIV and AIDS.

Heineken provides access to ART, including all necessary tests and medications; and additional care if such therapy is not available or is, in the company's view, unaffordable for the employee, and/or there is no access to the proper medical infrastructure. Treatment is offered within the context of existing national medical guidelines, and in accordance with protocols laid down by Heineken International Medical Services (HIMS), which reserves the right to reconsider both the medical organization and the procedures adopted to ensure their compatibility with the HIV policy. Heineken will not offer ART if it cannot guarantee a high quality of services. Heineken staff, their partners, and their dependent children are eligible for treatment. Treatment is paid for even after the individual leaves the company due to reorganizations or retirement.

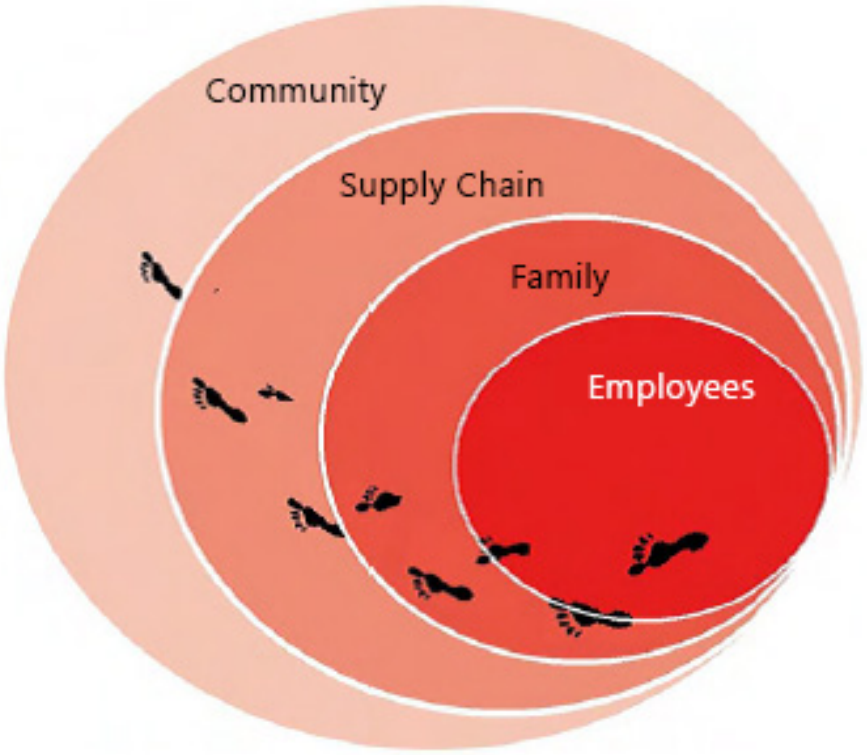
The HIV policy is implemented by local management, and can involve international organizations, local authorities, nongovernmental organizations (NGOs) (e.g., PharmAccess, a Netherlands-based NGO with links to university researchers, dedicated to ensuring sustainable quality for HIV treatment in resource-limited settings), and other local and international companies as partners. Local managers are also asked to consider including the issue of alcohol and HIV as part of their alcohol policies. Every OpCo can establish an advisory committee for prevention, treatment, and care programs. Heineken is also open to sharing its medical and organizational expertise by partnering with local business communities to help initiate similar programs, or by collaborating on effective policies for HIV prevention, treatment, and care. Additionally, Heineken's policy statement stipulates providing assistance to research initiatives on biomedical and psychosocial aspects of HIV prevention and ART. Heineken abstains from proactively publicizing its policy to avoid using it for any "competitive advantage."

The costs of HIV policy are usually borne by the enterprise, and in some cases national programs may provide part of the medication. If personal contribution is required from patients receiving ART, local management is advised to set these contributions at a reasonable level in relation to disposable income. Costs of developing programs, materials, training, and supervision of medical staff are charged to Heineken Head Office. Local implementation of the HIV program, including the cost of any medication, is charged to local OpCos, unless the management of a national umbrella organization or multi-market organization decides to carry the costs.

SABMiller's HIV Policy

SABMiller has operations in countries with the highest HIV prevalence in the world, including Lesotho, South Africa, Swaziland, and Uganda. This has warranted a workplace HIV policy to enable SABMiller to address the epidemic's impact on its workforce and operations.

Figure 2. Populations Targeted by SABMiller's HIV Interventions



Source: SABMiller, 2012.

SABMiller's HIV program began in the 1990s with prevention activities, mainly IEC activities, training of peer educators to influence positive health behaviors, and condom distribution. In the late 1990s, as the HIV epidemic became a major threat to its business, SABMiller appointed a full-time manager to guide the company in developing and implementing an HIV strategy. SABMiller also organized prevalence surveys, first within the South African brewing operation, South African Breweries Limited (SAB Ltd), and later in other African operations. Surveys on knowledge, attitudes, and practices (KAP surveys) were also conducted, to provide an educational assessment of employees and to help design the company's strategy. An HIV policy was later developed in consultation with employee representatives; this was rolled out in 2001 in 12 other African countries (SABMiller 2007).

In 2009, SABMiller issued a position paper which was updated in 2012 (SABMiller 2012). The paper represented aspirations rather than binding commitments because of associated uncertainties and risks.

SABMiller's aspirations encompass:

- Implementing education programs at several levels: for employees and their dependents, supply chain partners, and communities (Figure 2)
- Making treatment and care accessible for all HIV-positive employees where care is not available
- Encouraging employees and dependents to undergo annual voluntary testing
- Extending same benefits to farmers, truck drivers, and hospitality workers who are part of the company's supply chain
- Ensuring that the company measures and addresses gender equality

- Reducing stigma and prejudice
- Understanding and sharing knowledge and best practices about HIV
- Engaging in sustainable multi-stakeholder partnerships to build capacity and participate in the global response to HIV.

The company also commits to working with organizations, other alcoholic beverage producers, NGOs, and communities to address alcohol abuse that could lead to irresponsible sexual behavior and HIV infection.

Evolution of HIV Interventions

Heineken's HIV Intervention Activities

Heineken established its own company-operated clinical facilities in sub-Saharan Africa in 1989 to provide higher-quality care to employees in its OpCos. Clinical staff received on- and off-site training, including training in HIV care; physicians received refresher training every two years (Clevenbergh 2006).

In 1998 Heineken started implementing HIV prevention activities (IEC materials on HIV prevention, training, and management of STIs, and condom distribution), including HIV testing and PMTCT. The prevention program was embedded within a healthy lifestyle program, to avoid any direct linkages between its products and HIV. Despite improved quality of care in Heineken operating companies, mortality among workers and family members remained a great concern; half of employee deaths were considered to be HIV-related (Van der Borght 2011).

With the advent of the 1998 Accelerated Access Initiative (AAI), in which pharmaceutical companies promised important price reductions for antiretroviral drugs (ARVs) and development of generic formulations, Heineken decided to provide ART to HIV-seropositive workers, in partnership with PharmAccess Foundation. PharmAccess was responsible for on-site training, drug supply, and quality control for clinicians and laboratory personnel of OpCos.

The decision to embark on ART was made in early 2000, despite a cost-benefit analysis showing that at the time, the cost of HIV treatment would be higher than the resulting benefits. Heineken's main argument for committing to ART provision was that offering treatment at AAI's discounted prices was affordable, consuming 3 percent of the annual profit in Africa based on the worst-case scenario presented by Heineken's department of Health Affairs (Van der Borght 2011).

In July 2001, Heineken International and its OpCos in several African countries began offering ART among the medical benefits for employees and their dependents. The ART program was implemented in phases: in Burundi and Rwanda in 2001, Congo Brazzaville and DRC in 2002, Nigeria in 2003, and Sierra Leone in 2004. Overall, the ART program was gradually rolled out at 14 OPCOs in 6 countries. The company reviews HIV-positive cases through a bimonthly teleconference (including OPCO physicians, a PharmAccess specialist in HIV medicine, a PharmAccess biologist, and the medical advisor of Heineken International Health Affairs), established to discuss clinical, laboratory, and paramedical investigations of patients under highly active antiretroviral treatment (HAART).

The total target population across all Heineken OpCos from 2001 to 2008 was around 30,000, including 10,332 adults. The HTS program identified 531 cases of HIV infection among employees and dependents; of these, 273 had started HAART by mid-2008 (Van der Borght 2009; 2010).

More recent data show that between January and September 2015, a total of 9,525 employees and dependents were tested for HIV, and the prevalence was 0.2 percent. As of September 2015, 470 employees and dependents across all Heineken African OpCos were HIV-positive; 90 percent of these were already on ART across 21 OPCO-run treatment centers.[2] The Heineken ART program aspires to achieve a company goal that parallels the 90-90-90 targets set by the Joint United Nations Programme on HIV/AIDS.[3]

Heineken Africa Foundation: In 2007, because the health issues (including HIV) of communities where OpCos were located had become an important part of the corporate agenda, Heineken set up the Heineken Africa Foundation (HAF). HAF is an independent legal entity, which administers a €10-million company-funded endowment (Cranenburgh and Arenas et al. 2013).

Requests for HAF project funding can be initiated by employees of local Heineken OpCos in sub-Saharan Africa or by HAF Advisory Board Members. The support of the general manager of the local OpCo is required; however, the final decision is made by HAF trustees. The funding per project averages between €50,000 and €75,000 per annum, for a maximum of three years.

Health projects must:

- Directly lead to health improvements among communities living near a Heineken OpCo
- Include a partnership between the Heineken OpCo and a government or NGO agency
- Guarantee a sustainable follow-up or clear conclusion
- Achieve a positive impact in the vicinity of the Heineken operation.

Since its inception, HAF has supported HIV projects in several countries, working with such supply chain partners as farmers and truck drivers. Examples of projects follow.

Nigeria

The PharmAccess African Studies to Evaluate [antiretroviral drug] Resistance (PASER) Study in Nigeria (Hamers 2012): With Heineken funding in 2011 (€333,208), Nigeria joined a collaborative network of 15 clinics, laboratories, and research institutions from six African countries in a project to monitor emerging HIV drug resistance. The PASER program consists of five components: HIV drug resistance monitoring; HIV drug resistance surveillance; quality insurance laboratory network; clinical observational database; and training of health professionals. The Nigerian PASER was based at the Lagos University Teaching Hospital.

Equipment purchases: In 2012, Heineken supported the purchase of two dialysis machines (€83,000) for the Lagos State University Teaching Hospital to provide access to dialysis for stigmatized patients with HIV and hepatitis.

[2] Source: phone interview.
[3] By 2020, 90 percent of all employees and dependents living with HIV will know their HIV status; 90 percent of all those living with HIV will receive sustained ART; and 90 percent of all those receiving ART will have durable undetectable viral load.

Democratic Republic of Congo

The 2011 "Bonnes routes" project: This €150,000 project supported two road wellness clinics in Lukala and Bukavu in Northern DRC. These clinics offer prevention and treatment services to more than 25,000 employees of transportation companies and community members each year. The project was a partnership between two NGOs, DRC government, and business partners including Heineken. It connected the DRC to two important networks of roadside wellness centers from the port of Mombasa, Kenya to Bukavu in eastern DRC, and from the Copper Belts of southeastern DRC to the port of Durban, South Africa.

Teachers Against Sexual Abuse: This €96,065 project, initiated in 2012 in the cities of Kinshasa and Matadi, trained 320 teachers in eight schools on the prevention of HIV, sexual violence and abuse, and early pregnancy.

South Africa

Project King's Hope: This €81,895 project, launched in 2011 and run by the King's Hope Development Foundation in South Africa, facilitated access to palliative care for HIV patients from an underserved and impoverished community in the Gauteng Province. The availability of transportation for ART patients, and training and hiring of palliative care nurses and community workers, facilitated retention in the continuum of care and improved health outcomes.

Home-based care: In 2013, HAF supported two additional projects. One provided home-based care services to HIV and tuberculosis patients in five townships within the Ekurhuleni Municipality (€30,000). The second project (€176,551) supported the non-profit organization Christ Centred Counseling to offer free counseling and capacity building (e.g., training HIV home carers to recognize signs of depression) to impoverished communities.

Burundi

HIV management: In 2012, Heineken supported the implementation of a project (€200,000) to manage HIV in 68 organizations in Burundi. The project's main activities were training peer educators, developing IEC tools, distributing male and female condoms, and promoting development and implementation of HIV policies for participating organizations.

SABMiller's HIV Intervention Activities

SABMiller's program activities are designed to mitigate HIV risks, and fall into two categories: 1) HTS, early diagnosis, care, and treatment, including free ART for employees and their direct dependents; and 2) primary prevention through HTS, information, education, and communication, and behavioral change interventions.

Guidelines specifying minimum requirements, structure, and implementation of HIV activities are developed based on country HIV prevalence, in three categories: greater than 5 percent; between 1 and 5 percent; and under 1 percent. Countries or companies with a prevalence rate of 5 percent would implement the full program.

The infrastructure for initiating HIV interventions includes establishing task teams, organizing workshops, providing training on counseling skills, and ensuring availability of local programs providing managed health care and occupational health program. SABMiller wants to create an environment of non-discrimination to address stigma, myths, and misconceptions (e.g., about modes of transmission). The HIV program is a component of SABMiller's performance management system (tied to the larger strategic and business process), and has led to positive results on cost management and operational activities.

The company uses the sustainability assessment matrix (SAM) to measure HIV performance. SAM is a self-assessment process used by individual operations to assess their performance and establish new targets based on the company's overall strategy. For example, the amount of data required of individual operations is linked to their HIV prevalence. Operations in countries with a prevalence rate of more than 5 percent must provide full data on the number of employees tested, percentage of HIV-positive individuals, percentage on ART or in wellness programs, ratio of peer educators to employees, and number of spouses or dependents in managed health care programs. Each operation is required to provide information on its policies, monitoring, reporting goals, and target settings (SABMiller 2007).

SABMiller's confidential testing and treatment support, initiated after a 2003/2004 KAP survey showed that in 2004, 80 percent of SABMiller African staff knew their HIV status. Of those who tested positive, 78 percent joined the managed health care program (which includes healthy lifestyle, health management, and ART when necessary). The initial program was re-energized via an intensive internal marketing communication (awareness, counseling, and testing, or ACT) led by management and staff representatives. The new initiative encouraged all staff to find out their HIV status and addressed confidentiality concerns. In each country, the program included providers for the treatment of employees, their spouses, and dependents; and free ARVs. Eighty percent of employees participated in the ACT campaign in all African operations in countries with a prevalence of over 5 percent; and subsequently half of these employees have retested. The target set for companies to achieve the maximum (level 5) rating on the SAM is to have more than 95 percent of employees participate in the ACT program annually, and more than 95 percent of HIV-positive employees on managed health care. The program has provided ARV access to approximately 120,000 individuals.

As with Heineken, SABMiller's HIV strategy, policy, and programs initially focused on employees and their dependents, and later were extended to include suppliers and communities in which the company operates. Examples of the company's community initiatives follow.

Uganda

Community health partnership: In 2009, Nile Breweries, a SABMiller subsidiary, extended its HIV program to local communities as a formal corporate social investment project expected to run for an indefinite period. Nile Breweries partnered with the Uganda Ministry of Health, a local NGO (Health Initiatives for the Private Sector), and a local health care organization to implement the project. Nile Breweries provided drugs, a qualified doctor, and nurses to a fully equipped and government-accredited clinic in Njeru. More than 400 people from the local community were tested during the project launch. Nile breweries also trained 290 sorghum and barley farmers as peer health educators, who reached 4,000 of their fellow farmers with HIV information.

South Africa

Training and HIV care support: SABMiller invested 10 percent of corporate social investment project funding in HIV intervention activities supporting capacity building for health care providers. It also partnered with an organization, Lifeworks, to provide comprehensive care and support to orphans and vulnerable children in Johannesburg.

Prevention for supply chain partners: SABMiller extended its prevention activities to members of its supply chain, which includes truck drivers, bar workers, and small-scale farmers in several sub-Saharan African countries. Between 2005 and 2006, it held a workshop on HIV for 450 SAB Ltd owner-drivers in South Africa. Participants received a full training kit, including an audiotape to be used in their trucks, a training manual, a chart on STIs, and an information booklet. Drivers were encouraged to share the information with their crews.

Harm reduction: SAB's registration trade license from the Department of Trade and Industry requires the establishment of programs that help to reduce alcohol harm and abuse. In 2008, SAB partnered with a local non-profit organization, Men for Development in South Africa, to pilot the Tavern Intervention Program for Men. The program used interactive sessions addressing responsible alcohol consumption, HIV, gender-based violence, and children's rights. It was scaled up countrywide in 2009 to reach 3,146 men from rural, peri-urban, and urban areas of South Africa. To ensure the program's success, SAB collaborated with key stakeholders including South African Police Services, Community Policing Forums, Community Patrol Units, local and provincial governments, liquor trader associations, and community development workers. An evaluation of the program in 2011 showed a positive impact, demonstrating improved participant knowledge about HIV and the negative effects of alcohol abuse and violence against women. It also showed a shift in attitudes toward greater support for HIV prevention, responsible drinking, and acceptable social behavior. The program is currently under review.

Condom availability: The South African Business Coalition on HIV, the National Department of Health, and SAB Ltd also partnered to address an urgent need for condom distribution and re-supply of condom dispensers at non-traditional outlets. The collaboration, supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria (Matzopoulos 2012) but denounced by some public health experts, began as a public-private partnership called Project Promote. This initiative uses SABMiller Africa's extensive distribution infrastructure to provide free government-issued condoms to taverns and bars along with beer deliveries. The program was piloted in South Africa in 2010, and operates through all beverage depots in South Africa, with the potential of delivering 169 million condoms in South Africa annually. SABMiller also captures data for the National Department of Health in support of the National Strategic Plan on HIV and AIDS, which includes condom distribution as a critical element of prevention initiatives.

This initiative has been rolled out in South Africa, Lesotho and Swaziland, and will be scaled up over the next four years to include all countries where SABMiller operates in sub-Saharan Africa by 2019. This initiative supports the UNAIDS 2016–2021 Strategy, including the goal of providing access to HIV combination prevention services to 90 percent of key populations. National Departments of Health in many countries throughout sub-Saharan Africa acknowledge that they do not have the resources to deliver condoms to places where people socialize, and other places where they are needed. This initiative has been extremely successful and is sustainable, since it uses SABMiller Africa's core competence of distributing its products to taverns and bars. Once fully rolled out, this program could contribute significantly to a decrease in the rate of new infections.

CHALLENGES TO COMPANY-BASED HIV RESPONSES

Both companies' ART initiatives faced numerous administrative, logistical, and regulatory challenges. In addition to transportation hurdles and delays or shortfalls in drug availability, Heineken reported:

- ***Complex procurement of ARVs:*** According to Heineken OpCos, the large pharmaceutical companies participating in AAI insisted on having country-specific agreements, instead of a single contract for all sub-Saharan countries.
- ***Government policy:*** In some cases, national policies favored the public sector, and excluded Heineken OpCos (as private-sector entities) from access to discounted ARVs through the AAI. Not all countries agreed to let OpCos purchase discounted ARVS through government channels when they were already available locally. In fact, some government officials have argued that employer-sponsored HAART programs would not be equitable, because they

would benefit those with paid employment, rather than the unemployed or the poor, who would be less able to pay.

- ***Complex pricing:*** The AAI discount varied by product and company, and prices fluctuated between 77 percent and 93 percent of the standard price.
- ***Complex customs practices:*** Local Heineken OpCos had to clear pharmaceutical products at customs, and if they were not yet registered in the country, they had to seek temporary import permits. Newer ARVs were difficult to import, since most were not registered.
- ***Stigma:*** Both Heineken's and SABMiller's HIV programs encountered major challenges in terms of stigma, prejudice, and myths associated with HIV, which threatened programmatic success. A 2004 qualitative survey carried out in one of Heineken's OpCos in Rwanda showed that at the beginning of the HTS and HAART program, stigma and mistrust were barriers for HTS uptake; this was amplified by a Heineken retrenchment program that coincided with the launch of the treatment program. However, the survey showed that the strategy of using people living with HIV (including their personal testimonies) and peers in IEC activities, along with enhanced access to treatment, helped to reduce these barriers.

  Stigma also affected uptake of testing services. SABMiller found that disclosure of HIV status to a spouse or partner was negligible. Only a small proportion (e.g., 25 percent in South Africa) of partners of HIV-positive employees joined the HIV program. The low HTS uptake among spouses was mostly due to fear and stigma and nondisclosure by HIV-positive employees. However, uptake varied by location; for example, in Uganda, 90 percent of partners of HIV-positive staff were on managed health care.
- ***Staff shortages:*** At the onset of the program, the shortage of doctors experienced in HIV care and treatment also posed major problems.
- ***Logistical problems:*** Availability of supplies was not reliable. During SABMiller's Project Promote, ongoing national and provincial stock shortages led to inconsistent stock deliveries, which affected the monthly supply of condoms to depots.

LESSONS LEARNED

All partners in Heineken's and SABMiller's HIV activities strongly endorsed the importance of public-private partnerships. There was evidence of an ongoing change in expectations of what each partner could contribute to the partnership. For example, partner organizations no longer considered SABMiller as a funder, but also as a strategic partner with relevant technical expertise and valuable experience (financial contribution; implementation of Global Fund grants; provider of goods and services; public advocacy and contribution to good governance) (SABMiller 2009).

Both Heineken and SABMiller have used the lessons learned during their African experience to address the emerging HIV epidemic in their operations in Asia, South America, and Eastern Europe. In 2006, SABMiller began identifying at-risk operations in other countries including China, Honduras, India, and Russia to determine how its experiences in Africa may benefit these operations. Their experiences also yielded other important lessons:

- ***Addressing HIV through company strategies:*** The workplace is an accessible and effective way to reach some groups at high risk of HIV infection. Thus, private companies can be key partners in the delivery of health services, not only to employees but also to the wider community.
- ***Leveraging corporate resources to address HIV:*** For Heineken, employees' health and survival are critical operational factors. Heineken's and SABMiller's workplace-based HIV prevention and treatment programs have enabled several thousand employees and dependents to learn their status, and have reduced morbidity and mortality among those living with HIV. Strengths of Heineken's HIV workplace program include its medical infrastructure, which has the capacity to provide HIV prevention services and offer HAART to its employees, and the company's financial resources, which are sufficient to support its HIV activities. The Heineken program also benefited from a strong partnership with PharmAccess and HIV public health experts who were very familiar with implementing new interventions in sub-Saharan Africa.
- ***Addressing private-sector hurdles for ARV access:*** The AAI was a public sector- and country-led process, which afforded limited access to ARVs by the private sector, including Heineken OpCos. At the time when AAI was announced, the price of ARVs was an important hurdle for Heineken and other African employers. Allowing Heineken, and the private sector in general, to access ARVS through AAI would have helped to expand access for patients in sub-Saharan Africa.
- ***Standardizing AAI procedures:*** It became obvious to Heineken OpCos that a network of local AAI offices in Africa was needed to facilitate ordering, clearance, and bulk procurement of ARVs. During the early phase of ART introduction, some government procedures impeded access to ARVs. Heineken recommended that governments waive taxes on ARVs; simplify and harmonize the drug registration process; and certify private clinicians to enable private companies and non-profit organizations to provide ART.
- ***Addressing HIV early:*** The important lesson from SABMiller's HIV program was the need to move proactively when prevalence levels were low and there were opportunities to influence the course of the epidemic. SABMiller also learned that addressing HIV requires mobilization of many resources, including human resources, proactive support, and involvement of managers and supervisors, as well as participation by employees, to ensure a comprehensive approach. The use of peer educators was critical to promoting positive health behaviors and informing employees adequately and supporting occupational health practitioners to implement the program.
- ***Incorporating regular updates:*** Prevention and treatment messages have to be continuously reinforced and updated. New employees must be informed about the disease and the company's HIV program and its benefits.
- ***Ensuring appropriate program management and procedures:*** An inclusive team (human resources department, managers, employee representatives, peer educators, and occupational health practitioners) is necessary for a successful workplace program. Of equal importance are clear and consistent policies to ensure uptake; employees have to feel comfortable that their HIV status remains confidential and that they will receive continuous support from management if their HIV test returns positive.

DISCUSSION

Globally, the HIV epidemic has had significant negative impacts on businesses at every operational level, yet their strong infrastructure also makes businesses potentially powerful partners in the regional or global HIV response. This case study presents the responses developed by the alcoholic beverage companies Heineken and SABMiller to address HIV within their African business communities. Both companies have contributed to the HIV response, not only within their operating companies or subsidiaries, but also at community and national levels, by partnering with governments, NGOs, and international organizations.

HIV Strategies

Both Heineken and SABMiller developed strategies and programs to address HIV. The strategies used by both companies to roll out their HIV interventions (including community prevention projects) reflect their focus on activities close to their own business interests, and therefore of direct benefit to their business operations, including employees and supply chain partners. These first targeted prevention, and then, given the high prevalence of HIV among employees, expanded to include ART for employees and dependents. The move garnered much attention, since many governments in the companies' operating areas were struggling to develop and implement national ART programs.

Both Heineken and SABMiller later extended HIV interventions to encompass communities in their business areas, as well as business or supply chain partners, mainly as an articulation of corporate social responsibility and/or business imperative. These programs focused on prevention rather than ART provision. Both Heineken and SABMiller have the financial resources to address all aspects of HIV programs, but lack the human resources to do so. Thus, like many corporations, both companies engaged in public-private partnerships in these broader HIV activities. Heineken's partnership with PharmAccess helped the company to contribute to scientific literature regarding its workplace programs.

Both companies leveraged their partnerships to train peer educators, strengthen the ART skills of their medical officers, and reach at-risk or mobile populations, such as patrons of taverns and long-distance truck drivers. Skills and lessons learned from these activities strengthened both companies' capacity to address HIV internally, as well as their ability to leverage the resources of other partners.

Communities have welcomed the companies' prevention activities. However, the programs have also received criticism, especially those that target youth without clearly addressing the role of alcohol in the HIV epidemic. In some cases, the alcohol industry has been accused of using corporate social responsibility as a new marketing tool (EUCAM 2009; Yoon 2013). This remains a complex issue: both companies have committed to addressing harmful alcohol use in their sustainable development goals, yet their business entails providing a potentially harmful substance that is nonetheless in continuous demand.

The partnerships and interventions faced other barriers as well. The widespread exclusion of the private sector from the early HIV response (including ARV discounts through the AAI) restricted the number of people who could have accessed ART through the private sector. Other challenges reflected shortfalls within the national health care system; SABMiller's joint condom distribution program suffered despite the company's strong retail and distribution network, because of national stock shortages.

Study Limitations

Although the team reviewed documents shared by both companies along with information gathered from a literature review, this case study has limitations. AIDSFree was not able to administer a questionnaire to collect information on HIV programs from every Heineken and SABMiller operating company in sub-Saharan Africa. The project only consulted with one SABMiller consultant and one officer from the South African operations, who provided information on their program; while information on Heineken's early HIV activities have been documented in peer-reviewed publications and compiled in one medical dissertation. The case study did not capture projects that might have empowered communities by building their life skills or providing them with income-generating activities or school fees as HIV structural interventions. The research team was unable to get information on SABMiller funding mechanisms for HIV programs and could not obtain an indication from either company of funds spent on or committed to date for all HIV activities in sub-Saharan Africa.

CONCLUSION

An AIDS-free generation will only be achieved through a truly multisectoral approach that leverages all available resources, including those of the private sector. The alcoholic beverage industry has expertise, resources, and skills that could support implementation of innovative approaches and adoption of resources that could help to address HIV. This case study shows that both Heineken and SABMiller have made important contributions to the HIV response by working through public-private partnerships to implement HIV prevention, treatment, and care services for their employees, and also by extending their activities to communities and business partners.

The alcoholic beverage industry possesses financial resources and skills in marketing, product launches, supply chain and project management, and public relations—attributes that position these companies to serve as partners in the global HIV response. With an ever-growing market, especially in developing countries—where consumers tend to switch from traditional brews when their incomes increase—the industry is poised to consolidate its profits in sub-Saharan Africa.

With HIV programming increasing in complexity and donor funding decreasing, the involvement of the private sector becomes critical. Key partners are essential to ensure that products and services reach populations who need them the most. If the public sector and the alcohol industry work together to address not only the HIV burden, but also the negative impact of alcohol, the potential for mitigating the HIV epidemic becomes much greater. At this juncture in the global HIV response—given the ambitious targets for achieving control of the HIV epidemic in the not-so-distant future—it would be a mistake not to fully explore and exploit opportunities for working more collaboratively with sub-Saharan Africa's alcoholic beverage industry.

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