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**UTILIZING PUBLIC-PRIVATE PARTNERSHIPS
TO FURTHER THE PREVENTION &
TREATMENT OF HIV/AIDS**

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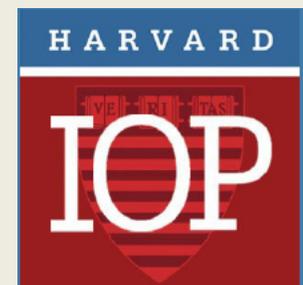
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1. Executive Summary

Public-private partnerships (PPPs) are a collaboration between public and private entities in order to reach a common goal.¹ Through such a partnership, both entities can utilize each others' resources, thereby accomplishing tasks that would not have been possible before. By analyzing the incentives that exist for private entities to invest in this public health crisis, new PPPs can be created to fill in the current gaps. Four types of PPPs currently exist: a) awareness building, b) direct services, c) fundraising, and d) research. Each type of PPP sees a new strategy for addressing HIV/AIDS within the relevant communities.

This brief will examine explicit recommendations for companies to effectively create new PPPs and eliminate HIV/AIDS among their workforce. Then, the various incentives for companies to form PPPs will be introduced, including a cost-benefit analysis of the impact of HIV/AIDS on companies. Finally, case studies on companies with successful or unsuccessful PPPs will be presented alongside their campaigns and interventions as evidence for the recommendations. Through these analyses, we will construct an argument for why PPPs should be created to address HIV/AIDS globally.

2. Policy Recommendations

2.1. Recommendation #1

When companies create campaigns to raise awareness about HIV/AIDS, they must be individualized to the specific community and region. Even within countries, the rural-urban

¹ "HIV-related Public-Private Partnerships and Health Systems Strengthening," *UNAIDS*, July 2009, http://data.unaids.org/pub/report/2009/jc1721_publicprivatepartnerships_en.pdf.

divide creates differences in perception and access to healthcare.² As such, campaigns that would be effective in one region of a country will not be effective in other regions of the country. By identifying the target region and its characteristics, companies can determine the most effective way to reach them. The case studies within the Awareness Building PPPs section from pages 29 - 39 detail different types of campaigns, which can provide an indication of what type of campaign works best for a certain community. Additionally, companies should be aware of their product reputation within a country, otherwise they risk failure. The Heineken-Global Fund case study demonstrates the way a product reputation can cause PPP failure, and the Coca-Cola case study indicates a successful way at avoiding PPP failure.

2.2. Recommendation #2

By establishing connections with local governments, labor unions, and local businesses, companies can effectively implement their HIV/AIDS PPPs. By engaging government leadership and local business partners, relevant business knowledge transfer occurs that is both compatible with the company's expertise and the goals and needs of the community.³ It also strengthens a company's business network via engagement with implementing partners from multiple industries.⁴ In addition, programming becomes more sustainable, as there is a constant transfer of supply-chain knowledge to local partners who can consistently execute operations.⁵ The case

² Marinka Van Der Hoeven, Annamarie Kruger, and Minrie Greeff, "Differences in Health Care Seeking Behaviour between Rural and Urban Communities in South Africa," *International Journal for Equity in Health* 11, no. 1 (2012): 31, doi:10.1186/1475-9276-11-31.

³ Erika Linnander et al., "Process Evaluation of Knowledge Transfer across Industries: Leveraging Coca-Cola's Supply Chain Expertise for Medicine Availability in Tanzania," *PLOS ONE* 12, no. 11 (November 9, 2017), <https://doi.org/10.1371/journal.pone.0186832>.

⁴ Ibid.

⁵ Ibid.

studies within the Direct Services PPPs section, pages 39 - 58, detail successful examples of companies connecting with their communities, and they can serve as a guide for future PPPs.

2.3. Recommendation #3

Companies should conduct an internal audit to determine the exact financial loss that occurs from the presence of HIV/AIDS amongst their employees, as well as to determine the most effective interventions to address this issue. Audits allow for the issues plaguing the company to be determined, and they allow for employees to voice their concerns about the current situation around HIV/AIDS.⁶ De Beers's Botswanan group *Debswana* conducted their own internal audit, and they have been able to effectively change the culture of HIV/AIDS in their workplace and community.⁷ More details about the campaigns and policy changes created from this audit are detailed in the De Beers Case Study section, pages 49 - 54.

2.4. Recommendation #4

Companies should provide employee benefits, such as subsidizing HIV/AIDS medications, in order to minimize financial loss from HIV/AIDS. By providing employees with improved services and medications, companies see economic benefits from a healthy and productive working population.⁸ Therefore, in order to stay economically competitive, companies should work to determine the best benefits to provide to their employees and

⁶ Tony Barnett, Tsetsele Fantan, Bekezela Mbakile, and Alan Whiteside, "The private sector responds to the epidemic: Debswana - a global benchmark," *UNAIDS*, September 2002, http://data.unaids.org/publications/irc-pub02/jc769-debswana_en.pdf.

⁷ Ibid.

⁸ Harsha Thirumurthy, Omar Galarraga, Bruce Larson, and Sydney Rosen, "HIV Treatment Produces Economic Returns Through Increased Work And Education, And Warrants Continued US Support," *Health Affairs* 31, no. 7 (July 2012): 1470-7, doi: 10.1377/hlthaff.2012.0217.

communities. These benefits are further detailed in the Economic Incentives for Private Companies section, pages 6 - 16.

3. Economic Incentives for Private Companies

3.1. Short Term Incentives

Higher levels of donor funding are undercutting the current fee-for-service model utilized by many private corporations attempting to combat the HIV/AIDS epidemic. Given that little public funding currently goes to private companies, the current method utilized by NGOs and governments to give aid directly to those in need reduces the number of households willing to pay out of pocket for private services and medications, pushing private companies out of the effort against HIV/AIDS.⁹ This crowding out effect reduces the innovation and efficiency-enhancing effect of private sector contributions, and it reduces the impact of each dollar spent.¹⁰

To combat this crowding out effect, organizations ought to spend in a way that leverages the resources the private sector has to offer instead of in a way that opposes for-profit businesses. For example, the Down Referral System in South Africa helps to stabilize patients at public health clinics or hospitals, and then they are down-referred to a privately owned clinic for further treatment.¹¹ The services and medications offered at the private clinics are paid for by the government, as is training for workers, salaries, and patient education.¹² Overall, studies have

⁹ Sara Sulzbach, Susna De, and Wenjuan Wang, "The private sector role in HIV/AIDS in the context of an expanded global response: expenditure trends in five sub-Saharan African countries," *Health Policy Plan* 26, no. 1 supplement, (July 1, 2011): i72-i84, <https://www.ncbi.nlm.nih.gov/pubmed/21729920>.

¹⁰ Ibid.

¹¹ John Sargent et al., "Private sector involvement in HIV service provision," *USAID*, last modified December 2009, https://www.jsi.com/JSIInternet/Inc/Common/_download_pub.cfm?id=11211&lid=3.

¹² Ibid.

shown the program to have a patient retention rate of 97.3% and a viral load suppression rate of 96%.¹³

Another potential mechanism for preventing private services and clinics from being pushed out is to increase patient ability to pay for healthcare by expanding insurance coverage to cover HIV/AIDS related expenses. In response to a declining international focus from governmental organizations on the HIV/AIDS epidemic, it is more politically feasible to focus on increasing healthcare coverage instead of more targeted approaches to fighting the disease.¹⁴ This increase also serves as a viable mechanism to encourage private corporations to remain in the fight against HIV/AIDS. As healthcare coverage directs payment to the treatment provider, low-income individuals are still able to purchase from private healthcare companies, avoiding the loss of revenue that comes when private clinics lose clients.¹⁵

3.2. Long Term Incentives

When considering the incentive for the private sector to participate in PPPs, it is important to consider the long term benefits for the nation as well. Citizen health plays a crucial role in the development of a country, as healthier populations with longer lifespans tend to be more productive and dedicate more of their wealth to savings.¹⁶ Although ART for HIV/AIDS has restored life expectancy for individuals living with HIV/AIDS to near normal levels, the disease is still tremendously costly.¹⁷ From 2000-2015, the global aggregate sum spent on

¹³ Sargent et al., “Private sector involvement in HIV service provision.”

¹⁴ Gorik Ooms and Krista Kruja, “The Integration of the Global HIV/AIDS Response into Universal Health Coverage: Desirable, Perhaps Possible, but Far from Easy,” *Globalization and Health* 15, no. 1 (2019), <https://doi.org/10.1186/s12992-019-0487-5>.

¹⁵ Ibid.

¹⁶ “Health and Development,” World Health Organization, last modified December 9, 2010, <https://www.who.int/hdp/en/>.

¹⁷ Annamarya Scaccia and Robin Madell, “Facts About HIV: Life Expectancy and Long-Term Outlook,” *Healthline*, April 27, 2018, <https://www.healthline.com/health/hiv-aids/life-expectancy>.

HIV/AIDS was approximately \$562 billion USD.¹⁸ Without the presence of a fatal, infectious disease, the World Health Organization projects an increase in GDP and consumption, as a result of increased ability to enjoy goods and services as well as increased income to purchase these goods.¹⁹ In 2002, HIV/AIDS limited economic growth by 2-4% per year across 41 African countries.²⁰ Models from the University of Oxford project a continuous decrease in the growth rate of GDP through 2040 if no intervention is taken.²¹ These models also suggest that an entirely government-driven approach funded by increased tax revenues could cause crowding out, evidenced by lesser growth in employment of private capital.²²

As illustrated by the stagnation of many African economies in the early 2000s, the prevalence of such a crippling disease can be detrimental to a nation's economy, and by proxy, to companies' success.²³ The economic status of the public sector and the private sector are intertwined. National development correlates to better infrastructure for industry, which leads to a more sustainable business environment for companies.²⁴ Infectious disease hampers the government's ability to provide access to quality education, which then leads to a decrease in human capital, a necessary component for the private sector's longevity.²⁵ If the public sector lessens its healthcare expenditures, it then has the possibility to alleviate private sector taxes and

¹⁸ Global Burden of Disease Health Financing Collaborator Network, "Spending on Health and HIV/AIDS: Domestic Health Spending and Development Assistance in 188 Countries, 1995–2015," *The Lancet* 391, no. 10132 (May 5, 2018), [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)30698-6/fulltext#seccestitle10](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30698-6/fulltext#seccestitle10).

¹⁹ "Economic Burden of Disease," World Health Organization, accessed on October 16, 2019, <https://www.who.int/choice/economicburden/en/>.

²⁰ Simon Dixon, Scott McDonald, and Jennifer Roberts, "The Impact of HIV and AIDS on Africa's Economic Development," *BMJ* 324, no. 7331 (2002): 232–34, <https://doi.org/10.1136/bmj.324.7331.232>.

²¹ Judith Kabajulizi and Mthuli Ncube, "The Economy-Wide Impact of HIV/AIDS and the Funding Dilemma in Africa," *EcoMod2015* 8563 (September 2015), <https://ideas.repec.org/p/ekd/008007/8563.html>.

²² *Ibid.*

²³ Dixon, McDonald, and Roberts, "The Impact of HIV and AIDS on Africa's Economic Development."

²⁴ Abdesslam Boutayeb, "The Impact of Infectious Diseases on the Development of Africa," *Handbook of Disease Burdens and Quality of Life Measures* (2010): 1171–88, https://doi.org/10.1007/978-0-387-78665-0_66.

²⁵ Boutayeb, "The Impact of Infectious Diseases on the Development of Africa."

increase wages, thus cycling back to an increase in consumption and long term benefits for private and public sectors.²⁶

Unfortunately, investment in PPPs has been low among low-income countries in the International Development Association (IDA), peaking at roughly \$15 billion USD in 2012, whereas non-IDA countries invested \$120 billion USD that same year.²⁷ While some ventures were profitable for ten years afterwards, many companies partaking in PPPs reported a negative return on investment after the decade.²⁸ Many attribute the failure of the PPPs to severe cost underestimation, which consequently spurred renegotiations and legal hindrances.²⁹ These renegotiations amplify already high legal preparation costs of the partnership.³⁰ It is also important to note that there were significant issues with the private sector's wealth distribution following the conclusion of these PPPs due to lowered employees within the private companies, which would create problems in countries where inequality runs rampant.³¹ Many services introduced by partnerships are inaccessible to the impoverished due to the lack of effective regulation surrounding these services, raising questions of the true development impact of these ventures.³²

Regardless, research conducted on telecommunications- and infrastructure-based PPPs in the energy and transportation sector demonstrates that these types of PPPs play an important role in the development of a country.³³ More research should be conducted on health-focused PPPs

²⁶ Alan J. Auerbach, "Measuring the Effects of Corporate Tax Cuts," *Journal of Economic Perspectives* 32, no. 4 (2018): 97–120, <https://doi.org/10.1257/jep.32.4.97>.

²⁷ James Leigland, "Public-Private Partnerships in Developing Countries: The Emerging Evidence-Based Critique," *The World Bank Research Observer* 33, no. 1 (January 2018): 103–34, <https://doi.org/10.1093/wbro/lkx008>.

²⁸ *Ibid.*

²⁹ *Ibid.*

³⁰ *Ibid.*

³¹ *Ibid.*

³² *Ibid.*

³³ Leigland, "Public-Private Partnerships in Developing Countries: The Emerging Evidence-Based Critique," 103–34.

before drawing conclusions, though, since these PPPs are distinct from other varieties. As competitive markets have dominated the global economic landscape, healthcare has increasingly been viewed as a means to profit rather than purely as aid.³⁴ While this may be less favorable to the consumer, the healthcare industry has witnessed increases in year over year earnings, and hospital operating margins are at their highest in decades.³⁵ It is likely that the increased commodification of emerging medical technologies will continue to produce more profitable outcomes for the private sector. ART is projected to have profits up to \$6.1 billion USD worldwide from 2017-2021, so companies can see a benefit from providing these services when subsidized through PPPs.³⁶

3.3. Cost-Benefit Analysis

Although HIV/AIDS has enormous economic consequences for private sector corporations, managers consistently rank the disease as a low priority for the company, and only 38% of companies report discussing the potential impacts of the disease.^{37 38} It is important to highlight the economic costs of such a devastating disease to inform executives about the financial benefits of addressing HIV/AIDS in their workforce and to stimulate conversation

³⁴ Ellery Chih-Han Huang et al., “Public Trust in Physicians—Health Care Commodification as a Possible Deteriorating Factor: Cross-Sectional Analysis of 23 Countries,” *INQUIRY: The Journal of Health Care Organization, Provision, and Financing* 55 (2018), <https://doi.org/10.1177/0046958018759174>.

³⁵ Emily Gee and Ethan Gurwitz, “Provider Consolidation Drives Up Health Care Costs,” *Center for American Progress*, December 5, 2018, <https://www.americanprogress.org/issues/healthcare/reports/2018/12/05/461780/provider-consolidation-drives-health-care-costs/>.

³⁶ Jake Schneider and Darrell M. West, “How Profitable Are HIV Drugs?” *Brookings*, April 16, 2018, <https://www.brookings.edu/blog/techtank/2018/04/16/how-profitable-are-hiv-drugs/>.

³⁷ Sydney Rosen, Frank Feeley, Patrick Connelly, and Jonathon Simon, “The Private Sector and HIV/AIDS in Africa: taking stock of 6 years of applied research,” *AIDS Journal* 21 (June 2007), https://journals.lww.com/aidsonline/fulltext/2007/06003/The_private_sector_and_HIV_AIDS_in_Africa_taking.7.aspx.

³⁸ *Ibid.*

about how to best combat HIV/AIDS. The cost of HIV/AIDS is typically divided into two categories: direct and indirect costs. Direct costs are the expenses derived directly from a company's resources directed towards treatment of HIV/AIDS or compensation for workers, whereas indirect costs are estimated costs in loss of productivity, sick leave, and other less easily quantified expenses.

3.3.1. Direct Costs

In terms of direct costs, HIV/AIDS treatment depends on the severity of the ailment, but can cost up to \$300,000-500,000 USD per worker for a life expectancy of 16-24 if the disease is treated in its later stages.³⁹ ART tends to comprise the bulk of this cost at roughly 73%, with newer ARTs, such as fuzeon, costing \$3,000 USD per month of treatment without insurance.^{40 41} Recruitment and training of new employees is also considered a direct cost, and it should be factored into the cost benefit analysis. A complete discussion of recruitment costs is included alongside the cost of the learning curve on pages 12 - 13. Death compensation and disability compensation can also cost companies \$1,800 - \$2,800 USD per worker, depending on the company's specific stipulations.⁴² HIV/AIDS also places a financial burden on the public sector.

³⁹ Yazdan Yazdenpanah et al., "Lifetime Costs of HIV Treatment in France during the Era of Highly Active Antiretroviral Treatment," *Antiviral Therapy* 7, no. 4 (Dec 2002): 257-66, <https://www.ncbi.nlm.nih.gov/pubmed/12553480>.

⁴⁰ B. H. Thiers, "The Lifetime Cost of Current Human Immunodeficiency Virus Care in the United States," *Yearbook of Dermatology and Dermatologic Surgery* (2007): 152-53, [https://doi.org/10.1016/s0093-3619\(08\)70445-3](https://doi.org/10.1016/s0093-3619(08)70445-3).

⁴¹ "How Much Does HIV/AIDS Treatment Cost?" *CostHelper*, September 4, 2019, <https://health.costhelper.com/hiv-aids.html>.

⁴² Elliot Marseille, Joseph Saba, Sowedi Muyingo, and James G. Kahn, "The costs and benefits of private sector provision of treatment to HIV-infected employees in Kampala, Uganda," *AIDS Journal* 20, no. 6 (April 4th, 2006): 907-14, <https://www.ncbi.nlm.nih.gov/pubmed/16549976>.

For example, the U.S. federal government spent \$11.6 billion USD on combating the disease in 2005.⁴³

3.3.2. Indirect Costs

Indirect costs are segmented into three major causal factors: absenteeism, productivity loss, and learning curve of new employment. Absenteeism is the result of ill employees taking sick leave, removing them from the day-to-day process of production and decreasing their average output.⁴⁴ In the last year of employment, ill employees working for large, Sub-Saharan African private corporations take anywhere between 11 and 68 more days of sick leave than an HIV-negative employee prior to leaving the company due to the impact of HIV/AIDS.⁴⁵ In the penultimate year of employment, absenteeism ranges from 5 to 36 days.⁴⁶ These data reflect a 66% to 87% increase in absenteeism over the standard, non-ill worker.⁴⁷ Sick leave has a direct effect on productivity and may be the result of absenteeism or the individual's weakened capacity to work.^{48,49} In the final year of employment, percent decrease in output per ill individual, or productivity loss, ranges between 17% - 23%; in the penultimate year, output takes a hit between 8% and 17%.⁵⁰ Even outside of Sub-Saharan Africa, these productivity costs are

⁴³ Thiers, "The Lifetime Cost of Current Human Immunodeficiency Virus Care in the United States."

⁴⁴ Marseille, Saba, Muyingo, and Kahn, "The costs and benefits of private sector provision of treatment to HIV-infected employees in Kampala, Uganda."

⁴⁵ Sydney Rosen, Jeffrey R. Vincent, William MacLeod, Matthew Fox, Donald M. Thea, and Jonathon L. Simon, "The cost of HIV/AIDS to businesses in southern Africa," *AIDS Journal* 18, no. 2 (January 23, 2004): 317-324, https://journals.lww.com/aidsonline/Fulltext/2004/01230/The_cost_of_HIV_AIDS_to_businesses_in_southern.23.aspx.

⁴⁶ Rosen, Feeley, Connelly, and Simon, "The Private Sector and HIV/AIDS in Africa: taking stock of 6 years of applied research."

⁴⁷ Marseille, Saba, Muyingo, and Kahn, "The costs and benefits of private sector provision of treatment to HIV-infected employees in Kampala, Uganda."

⁴⁸ Marseille, Saba, Muyingo, and Kahn, "The costs and benefits of private sector provision of treatment to HIV-infected employees in Kampala, Uganda."

⁴⁹ Rosen, Feeley, Connelly, and Simon, "The Private Sector and HIV/AIDS in Africa: taking stock of 6 years of applied research."

⁵⁰ Ibid.

high. A Canadian study found that HIV/AIDS mortality resulted in annual costs of \$500,000 USD to the nation, as well as any future production yield.⁵¹ The learning curve of new employment is the final segment of the indirect cost calculation. When ill employees can no longer work, either due to weakness or death, recruits must be obtained and trained to replace those workers.⁵² This learning curve results in a loss that can be represented in terms of months of output lost, with between 1.5 and 3 months of productivity lost, equivalent to a reduction in individual output of around 45%.⁵³

The above types of costs, direct and indirect, are usually summed up in two calculations: the AIDS tax and cost as a multiple.⁵⁴ The AIDS tax reflects what percent of total company compensation to employees is lost to AIDS. In reality, the AIDS tax for Sub-Saharan African private sector companies usually falls between 2% and 4%, and can be as high as an 11% increase in labor costs.^{55,56} Cost can also be manifested as a multiple of an individual's compensation. For example, a multiple of 1 would indicate that companies are losing as much money on an ill employee as they are paying that employee. The multiple for the Sub-Saharan African private sector falls between .7 and 4.7, with an average of just about 2 times an individual's salary.⁵⁷

3.3.3. Benefits and Combating Costs of HIV/AIDS

⁵¹ C. Daniel Mullins, George Whitelaw, Jesse L. Cooke, and Eduard J. Beck, "Indirect Cost of HIV Infection in England," *Clinical Therapeutics* 22, no. 11 (2000): 1333–45, [https://doi.org/10.1016/s0149-2918\(00\)83030-1](https://doi.org/10.1016/s0149-2918(00)83030-1).

⁵² Rosen, Feeley, Connelly, and Simon, "The Private Sector and HIV/AIDS in Africa: taking stock of 6 years of applied research."

⁵³ Ibid.

⁵⁴ Ibid.

⁵⁵ Rosen, Vincent, MacLeod, Fox, Thea, and Simon, "The cost of HIV/AIDS to businesses in southern Africa."

⁵⁶ Rosen, Feeley, Connelly, and Simon, "The Private Sector and HIV/AIDS in Africa: taking stock of 6 years of applied research."

⁵⁷ Rosen, Feeley, Connelly, and Simon, "The Private Sector and HIV/AIDS in Africa: taking stock of 6 years of applied research."

To counter these costs, corporations can choose to partake in PPPs, in which the company and the public sector benefit from addressing these expenses. In the Dominican Republic and Gabon, mass media efforts to combat HIV/AIDS and promote safer sexual practices ranged from \$0.06 to \$0.32 USD per capita, while person to person contact to promote safer sex and condom use ranged from \$0.47 to \$3.73 USD per capita.⁵⁸ There is also a significant time cost to participating in these PPPs, as the average length of a PPP is three years, which means that a corporation will have to sacrifice valuable time and resources to partake in these partnerships.⁵⁹ In terms of HIV/AIDS treatments, it is estimated that, on average, a sub-Saharan African company must spend around \$2,600 USD per person per year for treatment.⁶⁰ ART accounts for about \$1,600 USD of this sum, while other “incremental medical care costs” account for the other \$1,020 USD.⁶¹

While there are costs to these efforts, these methods have directly measurable benefits. In terms of productivity loss, treatments like ART add about 5 years of quality employment to a worker’s lifetime, staving off replacement and recruiting costs.⁶² In terms of quantified monetary benefit, private sector companies experience an estimated return on investment of between \$2,000 and \$10,000 USD per treated person per year, with the variation resulting from skill levels.⁶³ Even investing as little as one third of the recommended amount can create positive

⁵⁸ N. Soderlund, J. Lavis, J. Broomberg, and A. Mills, “The Costs of HIV Prevention Strategies in Developing Countries,” *Bull World Health Organization* 71, no. 5 (1993): 595-604, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2393468/>.

⁵⁹ George Ingram and Julie Biau, “A Data Picture of USAID Public - Private Partnerships: 2001 - 2014,” *Brookings Institution*, October 10, 2014, <https://www.brookings.edu/research/a-data-picture-of-usaid-public-private-partnerships-2001-2014/>.

⁶⁰ Marseille, Saba, Muyingo, and Kahn, “The costs and benefits of private sector provision of treatment to HIV-infected employees in Kampala, Uganda.”

⁶¹ *Ibid.*

⁶² Rosen, Feeley, Connelly, and Simon, “The Private Sector and HIV/AIDS in Africa: taking stock of 6 years of applied research.”

⁶³ *Ibid.*

change. A June 2007 study found that spending \$360 USD on medical care costs per patient per year yields positive financial returns.⁶⁴ Treating employees can also cut company costs due to HIV/AIDS by up to 30%.⁶⁵ It is important to note that the treatments for HIV/AIDS are highly effective, too. Decreasing HIV/AIDS mortality by 85%, ART's success rate proves that investing in the treatment is not a mis-allocation of funds; rather, it is an investment in a proven, effective method of combating HIV/AIDS.⁶⁶

3.3.4. Conclusion

Although there are costs to participating in a PPP, a thorough cost benefit analysis shows how ignoring HIV/AIDS in the employee population is more costly than addressing the issue directly. Indirect and direct costs accumulate to cripple a corporation's gains, and the benefits from decreasing HIV/AIDS prevalence are measurable on a private and public scale. Companies and nations save millions, if not billions of dollars when HIV/AIDS prevention and awareness is of high priority. It is important to note that the findings discussed tend to be amplified for larger companies, and thus, the size of a company should also be considered when applying the aforementioned conclusions.⁶⁷

4. Humanitarian Incentives for Private Companies

⁶⁴ Ibid.

⁶⁵ Ibid.

⁶⁶ Marseille, Saba, Muyingo, and Kahn, "The costs and benefits of private sector provision of treatment to HIV-infected employees in Kampala, Uganda."

⁶⁷ Rosen, Feeley, Connelly, and Simon, "The Private Sector and HIV/AIDS in Africa: taking stock of 6 years of applied research."

The historic and modern precedent for private sector philanthropic investments can be seen in Andrew Carnegie, who was committed to the ideals of philanthropy.⁶⁸ Carnegie wrote about these ideals in his essay *The Gospel of Wealth*, where he praises capitalism for its ability to drive progress while recognizing the great social and economic inequalities introduced by such a system.⁶⁹ He recognizes the system is unfair, but that it is the responsibility of the wealthy to invest excess wealth to address these natural inequalities.⁷⁰

However, the role of businesses in philanthropic endeavors has changed in recent decades. While fundraising and donating has often been the main way for companies to become involved in such efforts, recently there has been an uptick in the number of companies becoming directly involved in humanitarian efforts.⁷¹ When most companies are faced with the decision of whether or not to invest in a humanitarian project, the driving factors behind their decision are brand image, reduction of future crisis risk, employee motivation, an increase in knowledge, and a desire to act ethically.⁷² Today, most companies choose to invest in such efforts as a way to build up the company's reputation and establish themselves as a corporate citizen.⁷³ These efforts become more important as consumer consciousness to brands and their global footprint continues to expand, encouraging businesses to establish a positive public rapport.⁷⁴ In fact, a report by Weber Shandwick found that 60% of a company's market value can be derived from its

⁶⁸ "Philanthropy of Andrew Carnegie," Columbia University Libraries, accessed October 7, 2019, <https://library.columbia.edu/libraries/rbml/units/carnegie/andrew.html>.

⁶⁹ Andrew Carnegie, "The Gospel of Wealth," *Carnegie Corporation of New York*, accessed October 7, 2019, <https://www.carnegie.org/about/our-history/gospelofwealth/>.

⁷⁰ Ibid.

⁷¹ Andrea Binder and Jan Martin Witte, "Business Engagement in Humanitarian Relief: Key Trends and Policy Implications," *Humanitarian Policy Group*, June 2007, <https://www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/375.pdf>.

⁷² Binder and Witte, "Business Engagement in Humanitarian Relief: Key Trends and Policy Implications."

⁷³ Ibid.

⁷⁴ Ibid.

reputation.⁷⁵ By focusing on creating a positive reputation through these humanitarian projects, new customers feel inclined to support a company that contributes to salient causes, the existing customer base can be strengthened, different businesses and organizations are keen to build a relationship, and access to new markets can materialize.⁷⁶

As this modern phenomenon of humanitarian engagement evolves, so too do the end results. Recently, the International Committee of the Red Cross (ICRC) has begun recruiting humanitarian help from businesses in Nigeria to introduce help to areas that do not typically see private sector investments.⁷⁷ The goal of the ICRC is to connect businesses to projects that will be profitable investments, so that these projects can be completed efficiently and effectively by these profit-driven companies.⁷⁸ Tony Elumelu, an Nigerian entrepreneur already funding ICRC projects, urges companies to also participate and to think of it as an investment, not aid.⁷⁹ This emphasizes the fact that profit-driven companies can still find profitable humanitarian investments that helps the targeted group while providing a financial boost to the company. A study found that consumers viewed a company more favorably if they were associated with a positive cause, and consumers also value spending more on the cause itself than company advertisements about their actions.⁸⁰ Additionally, these investments help to develop commercial

⁷⁵ “The Company behind the Brand: in Reputation We Trust,” Weber Shandwick, accessed October 7, 2019, https://www.webershandwick.com/uploads/news/files/InRepWeTrust_ExecutiveSummary.pdf.

⁷⁶ “The Business Case: A Study of Private Sector Engagement in Humanitarian Action,” The United Nations Office for the Coordination of Humanitarian Affairs, last modified November 2017, <https://www.unocha.org/sites/unocha/files/PSS-BusinessCase-FINAL.PDF>.

⁷⁷ Libby George, “Red Cross to Create Private Investment Platforms for Humanitarian Work,” *Reuters*, September 12, 2019, <https://www.reuters.com/article/nigeria-aid-idUSL5N263569>.

⁷⁸ *Ibid.*

⁷⁹ *Ibid.*

⁸⁰ Yeosun Yoon, Zeynep Gurhan-Canli, and Norbert Schwarz, “The Effect of Corporate Social Responsibility (CSR) Activities on Companies with Bad Reputations,” *Journal of Consumer Psychology* 16, no. 4 (January 25, 2008): 377-90, https://doi.org/10.1207/s15327663jcp1604_9.

opportunities by accessing and testing new markets and build new relationships with other businesses, international organizations and governments, which further build on future profits.⁸¹

5. Ethical Concerns When Working with Private Companies

In considering the potential benefits of a private-public sector collaboration in responding to the HIV/AIDS crisis, it is essential to acknowledge a history of exploitation within the private sector. Historically, multinational companies have illegally exploited natural resources across Africa, arming warlords, harming laborers, and even perpetuating conflict and instability.⁸² A notable example is detailed in the Report of the Panel of Experts on the Illegal Exploitation of Natural Resources and Other Forms of Wealth of Democratic Republic of Congo. This UN Security Council report, published in April 2001, notes that various resources in the Democratic Republic of Congo (DRC) were illegally exploited by the Rwandan Patriotic Front in exchange for arms or financial resources from the private sector.⁸³

Another more recent example of the exploitation seen in the private sector is seen in Apple's involvement in the cobalt mines in the DRC. In 2018, Apple was in talks to source cobalt, a crucial material in its batteries, directly from the miners.⁸⁴ While Apple did not specify which mines they were in talks with, the bulk of their cobalt comes from areas of the DRC where human rights abuses commonly occur, such as child labor.⁸⁵ Apple should be aware of these

⁸¹ "The Business Case: A Study of Private Sector Engagement in Humanitarian Action."

⁸² "Multinational Enterprises in Situations of Violent Conflict and Widespread Human Rights Abuses," *OECD*, 2002, https://www.oecd.org/countries/myanmar/WP-2002_1.pdf.

⁸³ Kassem, "Final report of the Panel of Experts on the Illegal Exploitation of Natural Resources and Other Forms of Wealth of the Democratic Republic of the Congo."

⁸⁴ Jack Farhy and Mark Gurman, "Apple in Talks to Buy Cobalt Directly From Miners," *Bloomberg*, February 21, 2018, <https://www.bloomberg.com/news/articles/2018-02-21/apple-is-said-to-negotiate-buying-cobalt-direct-from-miners>.

⁸⁵ Kotie Geldenhuys, "Eating a chocolate/using your cellphone? You might unknowingly be guilty of supporting child labour" *Servamus Community-Based Safety and Security Magazine* 112, no. 5 (May 2019): 14-8, <https://journals.co.za/content/journal/10520/EJC-156f12634a>.

issues and understand the negative reputation associated with human rights abuses, as well as understand their large demand for cobalt creates an ideal environment for these abuses.

Another notable such example was recently uncovered in South Africa, where the Department of Labor revealed exploitation of workers by security companies, which were not complying with labor laws, such as providing payslips and annual bonuses.⁸⁶ The Department of Labor has promised to implement programs to increase compliance.⁸⁷ This suggests that oversight programs were not in place to begin with. In fostering public-private sector partnerships, it is important that systems of oversight be put into place to avoid instances, like this, of blatant exploitation.

Some specific challenges relating to private sector exploitation in the realm of HIV/AIDS involve the steep costs of HIV/AIDS prevention and treatment, which renders these drugs inaccessible to low income populations. For instance, the cost of daraprim, an important drug for treating infections in HIV patients, is a major obstacle to access.⁸⁸ Currently, these costs reach \$800 USD for a single pill, forcing patients to resort to less-tested alternative medications.⁸⁹ The perpetuation of this injustice highlights a dire lack of interventions by overseers in the private sector. In September 2015, after the steep price increase from \$13.50 USD per pill to \$750 USD per pill, representatives of Turing Pharmaceuticals communicated to the public that they were looking to innovate and discover new medications.⁹⁰ However, this statement contradicted the fact that the scientific community was content with the current drug's efficacy and management

⁸⁶ "Mpumalanga Security Companies Exploit Guards, Labour Dept Finds," *The Citizen*, August 29, 2019, citizen.co.za/news/south-africa/general/2172991/mpumalanga-security-companies-exploit-guards-labour-dept-finds/.

⁸⁷ Ibid.

⁸⁸ "Daraprim Prices Still an Obstacle for Patients," *Healio*, March 26, 2018, www.healio.com/infectious-disease/hiv-aids/news/online/%7B90a0d411-0033-4269-ba41-89986411071d%7D/daraprim-prices-still-an-obstacle-for-patients.

⁸⁹ Ibid.

⁹⁰ Ibid.

of side effects.⁹¹ Furthermore, while Turing Pharmaceuticals announced plans in 2015 to lower the price of daraprim, they did not specify by how much, or when.⁹² This situation mirrors how Gilead Sciences has made countless billions from its high HIV/AIDS drug prices, such as the \$2,000 USD needed for a month's supply of PrEP, which leads to inaccessibility for those who need them most.⁹³ In addition, in October 2019, the AIDS Healthcare Foundation called upon Gilead Sciences to lower the price of Descovy, a new HIV medication that is used alongside other HIV medications, to \$1 USD per pill and stop their policy of limiting medicine availability to increase profits.⁹⁴

These exorbitant prices and allegations call into question the efficacy of the systems of oversight in place for the private sector and for private and public partnerships at large. According to a report by the World Bank Group, regulation-by-contract is a commonly-used system of oversight in which there is no separate agency for regulation; rather, the public sector entity that seeks to benefit from the partnership provides the regulation.⁹⁵ While this ensures that the contract is met, little information is released regarding the private entity's work.⁹⁶ Currently, in order to help countries mitigate the fiscal risks of PPPs, the International Monetary Fund has created the PPP Fiscal Risk Assessment Model to assist countries in determining the impact of a PPP on economic aspects of their government⁹⁷

⁹¹ Ibid.

⁹² Ibid.

⁹³ Shefali Luthra and Anna Gorman, "Rising Cost Of PrEP To Prevent HIV Infection Pushes It Out Of Reach For Many," *NPR*, June 30, 2018, www.npr.org/sections/health-shots/2018/06/30/624045995/rising-cost-of-prep-a-pill-that-prevents-hiv-pushes-it-out-of-reach-for-many.

⁹⁴ Kyle Blankenship, "Gilead Called on to 'Significantly Cut' HIV Med Descovy's Price in PrEP," *FiercePharma*, October 7 2019, www.fiercepharma.com/pharma/a-1-pill-gilead-called-to-significantly-cut-price-hiv-aids-med-descovy.

⁹⁵ "Regulation by Contract," World Bank Group, last modified February 16, 2016, ppp.worldbank.org/public-private-partnership/regulation-contract.

⁹⁶ Ibid.

⁹⁷ "Helping Countries Manage Fiscal Risks from Public Private Partnerships."

Despite the existent systems of oversight, progress remains to be made. A recent Brookings report notes that governments should create PPP departments to efficiently set up PPPs and protect the public from exploitation.⁹⁸ These departments would be particularly useful in fostering a shared sense of purpose and objectives for PPPs, and would encourage consistency in decision-making, as there is one overall place to look towards for guidance. In order to improve oversight, the report also recommends that governments pass legislation to increase transparency and select PPPs that will result in positive outcomes, serving as either the public entity in the PPP or as a mediator in the partnership.⁹⁹

Further concerns arise when analyzing the frequency of tax evasion within countries across Africa. Africa generates 28.2% of its revenue through international corporate taxes, so when these taxes are evaded, the continent as a whole suffers.¹⁰⁰ Due to improper tax structures, there is a tax gap of over 40% between what companies should pay and what they actually pay across the continent.¹⁰¹ It has been estimated that this translates into \$14 billion USD of lost tax revenues, which could be used for needed healthcare interventions.¹⁰² Countries need to be cognizant that many of the companies they want to form PPPs with are likely participating in this tax evasion, so they should be careful when setting up these PPPs.

Outside countries have begun to recognize this issue, though. Countries that frequently supply donations for development, such as the United Kingdom, are seeking ways to correct this rampant corporate tax evasion. The United Kingdom has pledged £47 million to create stronger

⁹⁸ Emilia Istrate and Robert Puentes, "Moving forward on public private partnerships: US and international experience with PPP units," *Brookings-Rockefeller*, December 2011, https://www.brookings.edu/wp-content/uploads/2016/06/1208_transportation_istrate_puentes.pdf.

⁹⁹ *Ibid.*

¹⁰⁰ "Fiscal Implications of Trade Liberalization on African Countries," *African Trade Policy Centre*, September 2004, <http://repository.uneca.org/bitstream/handle/10855/5551/Bib-39542.pdf?sequence=1>.

¹⁰¹ *Ibid.*

¹⁰² "Inequality and poverty: the hidden costs of tax dodging," *Oxfam International*, accessed Dec 10, 2019, <https://www.oxfam.org/en/inequality-and-poverty-hidden-costs-tax-dodging>.

tax systems within Africa that have built in oversight.¹⁰³ Their hope is to remove Africa's reliance on aid through this return of tax revenue, and to also provide companies with desired stability.¹⁰⁴ This creates a benefit for donor countries, host countries, and companies alike, and other donor countries should continue to build upon the United Kingdom's work to remove this issue.

5.1. Heineken-Global Fund Case Study

In January of 2018, Heineken Beer Company and The Global Fund initiated a public-private partnership to fight the three leading infectious disease epidemics in Africa: tuberculosis (TB), HIV/AIDS, and malaria.¹⁰⁵ With the goal of providing services to the hardest-to-reach populations, the partnership intended to connect Heineken's supply chain experts with logistics teams at the Global Fund.¹⁰⁶ This would allow transfer of knowledge about identifying populations in need of services and establishment of quality control during shipment to remote areas.¹⁰⁷ The Global Fund also expressed excitement to leverage Heineken's communications and marketing expertise to craft HIV prevention and behavior change campaigns.¹⁰⁸

Despite the excitement expressed by the two entities upon announcing the partnership, the Global Fund quickly suspended its partnership with Heineken in March of 2018 due to health risks and sexual harassment for Heineken's female promoters.¹⁰⁹ Additionally, public criticism

¹⁰³ Harry Mance, "UK to step up help to fight tax evasion in Africa," *Financial Times*, Feb 18, 2019, <https://www.ft.com/content/5aced2fc-33a2-11e9-bb0c-42459962a812>.

¹⁰⁴ Ibid.

¹⁰⁵ "Global Fund and Heineken Enter Into Partnership to Fight Against Infectious Diseases in Africa," *Heineken*, January 26, 2018, <https://www.theheinekencompany.com/media/media-releases/press-releases/2018/01/2164014>.

¹⁰⁶ Ibid.

¹⁰⁷ Ibid.

¹⁰⁸ Ibid.

¹⁰⁹ "Global Fund Suspends Partnership with Heineken," *The Global Fund*, March 29, 2018, <https://www.theglobalfund.org/en/news/2018-03-29-global-fund-suspends-partnership-with-heineken/>.

and pressure called for the partnership to end for conflict-of-interest reasons. In an open letter to the Global Fund, the International Organisation of Good Templars and ninety-three cosponsors voiced deep concerns regarding the partnership and called for its end.¹¹⁰ Highlighting that alcohol is a major risk factor for TB and HIV/AIDS, the letter stated that Heineken's partnership obstructs progress towards Sustainable Development Goal (SDG) 3.3, which seeks an end to communicable disease epidemics by 2030.^{111 112} The Lancet Gastroenterology and Hepatology group also cited that alcohol is a driver of certain non-communicable diseases, like esophageal and bowel cancer, pancreatitis, and cardiovascular disease, so Heineken increasing product sales would hinder efforts towards SDG 3.4, which seeks an end to premature deaths due to noncommunicable disease by 2030.^{113 114} The Lancet also cited that the Heineken partnership would oppose SDG 3.5, which seeks to reduce substance abuse, due to the promotion of alcohol abuse.^{115 116}

The overarching concern voiced in these oppositions to the Heineken-Global Fund Partnership was that a public health organization partnering with a brewing company allows for the increased consumption of a hazardous product that can reverse the intended goal of resolving these infectious disease epidemics. The partnership not only introduces an unhealthy product in

¹¹⁰ IOGT et.al., "Joint Open Letter: Concern Regarding Global Fund Partnering With Heineken," *IOGT International*, February 1, 2018, <https://iogt.org/open-letters/joint-open-letter-concern-regarding-global-fund-partnering-heineken/>.

¹¹¹ IOGT et.al., "Joint Open Letter: Concern Regarding Global Fund Partnering With Heineken."

¹¹² "Sustainable Development Goal 3," *United Nations*, accessed Dec 10, 2019, <https://sustainabledevelopment.un.org/sdg3>.

¹¹³ "The Global Fund and Heineken," *The Lancet Gastroenterology & Hepatology* 3, no. 4 (April 1, 2018): 213, [https://doi.org/10.1016/S2468-1253\(18\)30049-9](https://doi.org/10.1016/S2468-1253(18)30049-9).

¹¹⁴ "Sustainable Development Goal 3."

¹¹⁵ "The Global Fund and Heineken."

¹¹⁶ "Sustainable Development Goal 3."

more abundance, but it also allows the company to create a false image of responsibility in order to promote their brand.¹¹⁷

6. Urban-Rural Divide

Residents of rural communities face a number of challenges that result in worse healthcare outcomes than their urban and suburban counterparts.¹¹⁸ On an individual level, these challenges include increased mortality rates, higher incidences of disease and disability, shorter life expectancies, increased prevalence of opioid addiction, and higher rates of cancers related to modifiable risks.^{119 120}

In terms of healthcare, adults in rural communities are less likely to be tested for chronic conditions than their urban/suburban counterparts.¹²¹ Rural residents in the U.S., for example, are less likely to get tested for HIV/AIDS than urban residents, despite the number of cases growing rapidly in rural areas.¹²² Among adults in rural areas who are aware they have HIV/AIDS, 75% have to travel to urban areas to receive healthcare.¹²³ Healthcare is highly inaccessible to individuals residing in rural communities, as residents of rural communities are less likely to be insured and stay insured than urban residents.¹²⁴ This is at least partially due to the high percentage of self-employed individuals, small businesses, and farm enterprises existing in rural

¹¹⁷ “The Global Fund and Heineken.”

¹¹⁸ “Rural health inequities: data and decisions,” *The Lancet* 385, no. 9980 (May 9, 2015): 1803, [https://doi.org/10.1016/S0140-6736\(15\)60910-2](https://doi.org/10.1016/S0140-6736(15)60910-2).

¹¹⁹ Robin Warshaw, “Health Disparities Affect Millions in Rural U.S. Communities,” *AAMC*, October 31, 2017, <https://www.aamc.org/news-insights/health-disparities-affect-millions-rural-us-communities>.

¹²⁰ “Rural Health Disparities Introduction,” Rural Health Information Hub, accessed October 7, 2019, <https://www.ruralhealthinfo.org/topics/rural-health-disparities>.

¹²¹ “Rural and Urban Health,” Georgetown University Health Policy Institute, accessed October 7, 2019, <https://hpi.georgetown.edu/rural/>.

¹²² *Ibid.*

¹²³ *Ibid.*

¹²⁴ *Ibid.*

areas.¹²⁵ Additionally, residents who live on farms, ranches, reservations, or frontiers must travel further distances to access healthcare facilities, resulting in skipped appointments or delayed care.¹²⁶ Rural patients travel an average of 12.5 miles to access healthcare, and many travel up to 25 miles.¹²⁷ This creates an especially precarious situation for those who are poor, elderly, disabled, or do not have access to reliable transportation.

These issues are replicated across the global healthcare industry, as well. Asia and the Pacific see some of the highest rural health inequities, and these are caused by low access to legal healthcare coverage.¹²⁸ Even in countries with high rural populations, such as Zambia, there exists a discrepancy between what services rural residents have access to.¹²⁹ Due to the lack of healthcare facilities in rural settings, these countries tend to have low out-of-pocket costs for healthcare, creating deceptive images of successful healthcare systems.¹³⁰ This unequal distribution results from how private healthcare facilities are funded. In single payer systems, frequent in countries with reliable healthcare systems, these facilities receive most of their funding from the government, with few procedures covered by private insurance companies.¹³¹ This allows many people to be able to afford treatments and procedures, such as treatments for HIV/AIDS. However, in countries that rely upon private insurance companies or no direct source of funding at all, it can be difficult for rural residents to be able to afford healthcare costs and

¹²⁵ Ibid.

¹²⁶ Warshaw, "Health Disparities Affect Millions in Rural U.S. Communities."

¹²⁷ George H. Pink, "Before the Committee on Finance U.S. Senate Washington, D.C.," *United States Senate Committee for Finance*, May 24, 2018,

<https://www.finance.senate.gov/imo/media/doc/24MAY2018PinkSTMNT.pdf>.

¹²⁸ "Rural health inequities: data and decisions."

¹²⁹ Ibid.

¹³⁰ Ibid.

¹³¹ Chris Slaybaugh, "International Healthcare Systems: The US Versus the World," *Axene Health Partners*, accessed Dec 10, 2019, <https://axenehp.com/international-healthcare-systems-us-versus-world/>.

access.¹³² Non-profit funding does exist for countries in this situation, but this is an unreliable source of funding for such a pressing need.¹³³

Another glaring issue is the closure of rural healthcare facilities, as this reduces access to needed HIV/AIDS treatments. Over the past seven years, 82 of the 2244 rural hospitals in the U.S. have closed, and one analysis shows that, without intervention, another 673 may close within the next five years.¹³⁴ Over 57 million Americans rely on the services of rural healthcare facilities, but a number of factors have contributed to these facilities' financial instabilities and closures, including a lack of human and financial resources to provide specialized inpatient care.¹³⁵ Globally, this same trend is reflected, and it is caused by changing economic policies that are shifting towards a focus on cost-effective investments.¹³⁶

A root cause of many of these issues is the socioeconomic disparities between rural and urban/suburban communities. Rural communities in the U.S. that are most affected by the closures of healthcare facilities are predominantly black, unemployed, lacking a high school education, and report having fair to poor health.¹³⁷ Globally, the issues with low income and poor health are also factors into the closure of healthcare facilities.¹³⁸ Thus, the closure of rural healthcare facilities perpetuates the challenges already faced by disadvantaged communities.

¹³² "Health Care Systems - Four Basic Models," *Physicians for a National Health Program*, accessed December 10, 2019, <https://pnhp.org/resource/health-care-systems-four-basic-models/>.

¹³³ Patti L. Tracey, "Non-Governmental Organization's (NGOs) Impact on Health Care Services in Rural Honduras: Evaluating a Short-Term Medical Mission (STMM) Utilizing a Case Study Approach," *University of Toronto*, 2015, https://tspace.library.utoronto.ca/bitstream/1807/71357/1/Tracey_Patti_L_201511_PhD_thesis.pdf.

¹³⁴ Karen M. Murphy, "Oral Testimony of Karen M. Murphy, PhD RN," *United States Senate Committee on Finance*, May, 24, 2018, <https://www.finance.senate.gov/imo/media/doc/24MAY2018MurphySTMNT1.pdf>.

¹³⁵ *Ibid.*

¹³⁶ Roger Strasser, "Rural health around the world: challenges and solutions," *Family Practice* 20, no. 4 (August 2003): 457-63, <https://doi.org/10.1093/fampra/cm422>.

¹³⁷ Pink, "Before the Committee on Finance U.S. Senate Washington, D.C.."

¹³⁸ Strasser, "Rural health around the world: challenges and solutions."

In a study conducted in two urban and two rural areas within South Africa, residents of urban communities preferred a private medical facility while participants from rural communities preferred a health clinic.¹³⁹ Additionally, rural participants indicated that they would see a private doctor only if they were very ill.¹⁴⁰ As health clinics in South Africa provide free services and private medical doctors do not, the difference in the preferred facility was a result of income disparity, which is dependent on employment and income.¹⁴¹ The demographic questions of the survey indicated that 24% of urban residents were employed compared to 9.9% from rural residents.¹⁴² The difference in the employment rate also brings up the income disparities that arise between urban and rural areas, indicating that urban residents are more likely to have money to spend on healthcare than rural residents.¹⁴³ Additionally, most of the residents of urban communities sourced their income from labor, whereas rural participants depended on grants sourced from different institutions, highlighting the inconsistency of income on a weekly basis.¹⁴⁴ Reasons for the difference in preferred health care also included the distance to health care facilities, availability of transportation, and the cost of transportation since transportation to these facilities is not free.¹⁴⁵ With all of these differences, a problem arises regarding rural access to quality HIV/AIDS treatments and service. As they cannot access healthcare regularly in general, rural residents with HIV/AIDS will not be able to seek the treatment that they need.

¹³⁹ Van Der Hoeven, Kruger, and Greeff, "Differences in Health Care Seeking Behaviour between Rural and Urban Communities in South Africa."

¹⁴⁰ Ibid.

¹⁴¹ Ibid.

¹⁴² Van Der Hoeven, Kruger, and Greeff, "Differences in Health Care Seeking Behaviour between Rural and Urban Communities in South Africa."

¹⁴³ Ibid.

¹⁴⁴ Ibid.

¹⁴⁵ Ibid.

The study also found that the quality of service at these facilities furthered the gap between urban and rural participants. Although health clinic services are free, they are often not funded sufficiently, thus resulting in the under-staffing and lack of resources to accommodate a large number of patients waiting to be seen.¹⁴⁶ Consultation times are too short and, therefore, ineffective. While urban communities have local pharmacies where medication can be purchased without a prescription, rural areas lack these facilities and have to wait in long lines to get any health care.¹⁴⁷ These factors result in participants from urban communities rating their health status at a much higher rate than rural participants due to their ability to treat themselves successfully.¹⁴⁸

While looking at the rural/urban divide, it is important to notice that the difference in the participants' health status and access to facilities do not solely depend on their geographical boundaries. Instead, socioeconomic differences stemming from factors such as employment rates and sources of income in played a more significant role in creating the urban/rural division.

7. Types of Public-Private Partnerships

7.1. Awareness Building

_____Awareness Building PPPs help to spread information about HIV/AIDS within their communities. The following sections will outline several PPPs that have created successful campaigns, and they can serve as models for future PPPs. These campaigns are Viacom's global partnership with UNAIDS called Staying Alive, Rede Globo's television programs in Brazil, and Durex's campaigns in the U.S. and South Africa.

¹⁴⁶ Ibid.

¹⁴⁷ Ibid.

¹⁴⁸ Van Der Hoeven, Kruger, and Greeff, "Differences in Health Care Seeking Behaviour between Rural and Urban Communities in South Africa."

7.1.1. Viacom: Staying Alive Case Study

MTV is a cable television network under Viacom Media Networks that reaches over half a billion households globally each year.¹⁴⁹ Their partnership with UNAIDS called Staying Alive was created to address the HIV/AIDS crisis, specifically facing young people who happen to be a main aspect of MTV's audience.¹⁵⁰ Staying Alive works to empower young people by creating awareness-raising content, awarding grants to prevention projects, and supporting young people around the world.¹⁵¹ This partnership has been largely successful at making progress towards its mission since it was founded over 20 years ago, as it has reached over 3 million young people, distributed 9.7 million condoms, and helped test 270 thousand young people for HIV/AIDS.¹⁵²

As of 2017, Staying Alive is involved with 37 projects across the world and has had to consider the unique conditions of each location when choosing what projects will be most worth investment, as they must work with the individual cultural, financial, and legal barriers that arise when addressing HIV/AIDS.¹⁵³ Staying Alive has established three de facto themes for their new projects: educating rural residents, prison outreach, and LGBTQ+ targeted.¹⁵⁴ Almost every program falls into one of these three categories, and each category is adjusted to the country the program exists within.

7.1.1.1. Educating Rural Residents

The first Staying Alive theme is focused on outreach to people that are traditionally harder to contact due to lack of infrastructure or rural lifestyles, such as residents in Zambia,

¹⁴⁹ “#99 MTV” Forbes, last modified May 2019, <https://www.forbes.com/companies/mtv/#74c87f277fb9>.

¹⁵⁰ Rob Graham et al., “Global Creative Summit on HIV/AIDS at the United Nations,” *Horizon International Solutions Site*, accessed October 18, 2019, <https://www.solutions-site.org/node/135>.

¹⁵¹ “MTV Staying Alive,” MTV, accessed October 18, 2019, <http://www.mtvstayingalive.org/>.

¹⁵² Ibid.

¹⁵³ “Introducing Our New 2017 MTV Staying Alive Projects,” *Viacom Talent*, February 24, 2017, <https://careers.vimn.com/blog/2017/02/24/introducing-our-new-2017-mtv-staying-alive-projects>.

¹⁵⁴ Ibid.

Uganda, and Suriname.¹⁵⁵ In Zambia, Staying Alive has partnered with a start up organization called Clowns for Condoms, which utilizes a travelling circus called Circus Zambia to engage with younger people in rural townships to help eliminate the stigma around HIV/AIDS, as well as educate some of the most at-risk populations in the country.¹⁵⁶ In Uganda, Staying Alive's partner Ask Without Shame produces a mobile application through which people can ask anonymous questions to be answered by licensed and registered physicians or counsellors, and they are working to expand to peer-to-peer education and in-person outreach events.¹⁵⁷ Staying Alive's partner in Suriname is The Big Five Foundation that uses a buddy system to educate high schoolers in rural communities about safe sex and HIV prevention.¹⁵⁸

By focusing on outreach to rural communities, Staying Alive is a proven example of how to effectively spread awareness in communities with little infrastructure for digital communication or internet access. In Uganda and Zambia, for example, only 24% and 14% of their populations have internet access, respectively.¹⁵⁹ Suriname is slightly higher with 49% of its residents on the internet, but the U.S., for comparison, is at 87%.¹⁶⁰ As such, programs in Suriname cannot rely heavily on internet access, while programs in the U.S. can. By adjusting their programs for this discrepancy, rural areas can be reached effectively.

Staying Alive and its partners demonstrated this adjustment through their implementation of in-person communications aimed at younger rural populations.¹⁶¹ As a result of their efforts,

¹⁵⁵ Ibid.

¹⁵⁶ Ibid.

¹⁵⁷ "Introducing Our New 2017 MTV Staying Alive Projects."

¹⁵⁸ Ibid.

¹⁵⁹ "Individuals using the Internet (% of population)," The World Bank, accessed October 20, 2019, <https://data.worldbank.org/indicator/it.net.user.zs>.

¹⁶⁰ Ibid.

¹⁶¹ Emma Batha, "Zambian acrobats use circus to flip HIV 'juju' myths," *Reuters*, July 25, 2018, <https://www.reuters.com/article/us-zambia-circus-aids/zambian-acrobats-use-circus-to-flip-hiv-juju-myths-idUSKBN1KF19R>.

Circus Zambia is currently building new facilities for HIV/AIDS awareness spreading and education, including a library, classroom, training room, and theater.¹⁶² They are using their model to inspire similar systems in Nepal and Colombia focused on other issues, with numerous personal testimonies attesting to the effectiveness of the program.¹⁶³ Ask Without Shame has answered over 80,000 questions from over 50,000 distinct users since its founding in December of 2015 and continues to be active.¹⁶⁴ The Big Five Foundation has expanded to six districts in just three years and continues to partner with other foundations in new districts, and, as a result of their progress, their Staying Alive grant was renewed for three years in 2017.¹⁶⁵ Staying Alive’s partnering strategy for these communities has been highly efficient and successful, and by focusing efforts on rural communities, future partnerships should be able to achieve similar levels of success as Staying Alive.

7.1.1.2. Prison Outreach Programs

Another area in which Staying Alive focuses efforts is outreach to prison populations. Staying Alive has invested recently in two programs: Youth for New Beginnings in Tanzania and the Nikolaev Regional Public Youth Movement Penitentiary Initiative in Ukraine.¹⁶⁶ These two

¹⁶² Ibid.

¹⁶³ Ibid.

¹⁶⁴ Jasmine Andersson, “This sexual health app created by a 22-year-old is saving lives in Uganda,” *Stylist*, 2017, <https://www.stylist.co.uk/life/ask-without-shame-app-uganda/766>.

¹⁶⁵ “The Big 5 Foundation for the second time an MTV SAF Grant winner,” *Suriname Herald*, December 29, 2017, <https://www.srherald.com/suriname/2017/12/29/the-big-5-foundation-voor-tweede-keer-mtv-saf-grant-winnaar/>.

¹⁶⁶ “Introducing Our New 2017 MTV Staying Alive Projects.”

programs both target educating prison populations, but are not localized to a certain type of country.^{167 168}

Prisons have been found to be a center of HIV/AIDS spread, as studies have found that the prevalence of HIV/AIDS is five times higher in prisons compared to the general population.¹⁶⁹ Staying Alive's efforts to support these two projects have been very successful and have shown marked improvements in current HIV/AIDS prevalence among prison populations. Along with hosting puppet shows in prisons to help break the taboo associated with the disease, Youth for New Beginnings also hosts mass condom demonstrations, provides HIV testing for prisoners, and trains prisoners to become peer educators who can spread the message further themselves.¹⁷⁰ The Nikolaev Regional Public Youth Movement Penitentiary Initiative has also found profound success in their mission: providing educational materials and psychological support to men in prison who have sex with other men, as well as providing prisoners with prevention kits, mental health counseling, and access to support groups.¹⁷¹ They have recently earned a thirty-thousand dollar grant for their efforts from amfAR, the Foundation for AIDS Research.¹⁷² By mirroring the past successes of prison-facing outreach programs, future organizations can hope for similarly effective messaging and education among some of the most at-risk individuals in the HIV/AIDS crisis.

¹⁶⁷ "Current and future challenges and opportunities in Tanzania," Ministry of Foreign Affairs of Denmark, accessed October 22, 2019, <https://um.dk/en/danida-en/strategies%20and%20priorities/country-policies/tanzania/current-and-future-challenges-and-opportunities-in-tanzania/>.

¹⁶⁸ "Economic Development of the Ukraine: A Guide to Selected Information Sources," The Library of Congress, accessed October 22, 2019, <https://www.loc.gov/tr/business/ukraine/investment.html>.

¹⁶⁹ "Prisoners, HIV and AIDS," Avert, last modified October 10, 2019, <https://www.avert.org/professionals/hiv-social-issues/key-affected-populations/prisoners>.

¹⁷⁰ Corey Sutch, "Grantee Focus: Using Puppets to Break Taboo," *MTV*, March 23, 2017, <http://www.mtvstayingalive.org/blog/2017/03/grantee-focus-using-puppets-to-break-taboo/>.

¹⁷¹ Cub Barrett, "amfAR Announces Landmark Funding for HIV/AIDS Programs in Eastern Europe and Central Asia," *amfAR*, June 16, 2009, <https://www.amfar.org/content.aspx?id=7532>.

¹⁷² *Ibid.*

7.1.1.3. LGBTQ+ Facing Projects

Another important area that MTV Staying Alive is working within is engaging with LGBTQ+ communities, especially in countries in which rights for these groups are severely limited. This is demonstrated by Staying Alive's two partners focused on such communities: REVERS in Russia, where LGBTQ+ rights have been steadily declining, and Yaariyan in India, where anti-sodomy laws persist. These populations are at extreme risk for HIV/AIDS due to stigma and discrimination limiting access to testing and treatment and a high HIV/AIDS incident rate.¹⁷³

Yaariyan is a successful, voluntary youth initiative that offers a safe space for LGBTQ+ young people to discuss the issues they face as a result of their identities both online, in a 8500 member Facebook group, and offline, through sponsored events and discussions.¹⁷⁴ Many of the discussions and events focus on education and awareness of health issues, particularly HIV and sexually transmitted diseases.¹⁷⁵ REVERS is also based around the concept of a LGBTQ+ safe space and participates in outreach to popular gay bars and clubs to spread awareness, hosts anonymous and free HIV testing, hosts counseling and psychological health services, and monitors cases of gender and sexual identity discrimination.¹⁷⁶

These two projects are once again an example of MTV choosing target populations to aim resources towards to maximize effectiveness in dissimilar countries and environments. Staying Alive has found specific subsets of communities in each of the countries it is involved

¹⁷³ "Gay men and other men who have sex with men," *UNAIDS*, October 16, 2014, <https://www.unaids.org/en/resources/documents/2014/Gaymenandothermenwhohavesexwithmen>.

¹⁷⁴ "Yaariyan," Humsafar Trust, accessed October 29, 2019, <https://humsafar.org/yaariyan/>.

¹⁷⁵ *Ibid*.

¹⁷⁶ "What We Do," Karsnodar LGBT Social Movement "Revers", accessed October 29, 2019, <https://reverslgbt.org/en/what-we-do/>.

with to reach the most vulnerable and affected populations. This strategy helps them address the most critical areas while maintaining efficiency with their limited resources. Future UNAIDS partnerships should follow similar models of identifying the most at risk populations and focusing programming, education, and awareness spreading to them.

7.1.1.4. Effective Awareness Programming

MTV seeks to spread awareness about a variety of topics through storytelling efforts that advertisements would fail to achieve, in part by making their materials rights-free to non-MTV broadcasters to reach a wider, diverse audience.¹⁷⁷ One example of this storytelling occurs in Kenya and Nigeria, where MTV launched a TV series known as MTV Shuga, a drama series addressing the stigma surrounding HIV testing.¹⁷⁸ MTV Shuga has proven to be so impactful that it has aired on more than 150 broadcast television shows, reaching more than 500 million viewers.¹⁷⁹ This show has also garnered support from several organizations including UNICEF, The Bill and Melinda Gates Foundation, and several African governments.¹⁸⁰ The third season especially focuses on reducing the stigma associated with HIV and further emphasizes the importance of abstaining and also obtaining HIV treatment. MTV has proven to have a significant impact on its viewers, as shown by the fact that mindsets surrounding testing, stigma,

¹⁷⁷ C.W. Geary et al., “Exposure to MTV’s global HIV program in Kathmandu, Nepal; Sao Paulo, Brazil; and Dakar, Senegal,” *AIDS Education and Prevention* 19, no. 1 (Feb 2007): 36-50, <https://www.ncbi.nlm.nih.gov/pubmed/17411388>.

¹⁷⁸ Abhijit Banerjee, Eliana La Ferrara, and Victor Orozco, “MTV Shuga: Changing social norms and behaviors with entertainment education in Nigeria,” Abdul Latif Jameel Poverty Action Lab, 2018, <https://www.povertyactionlab.org/evaluation/mtv-shuga-changing-social-norms-and-behaviors-entertainment-education-nigeria>.

¹⁷⁹ Ibid.

¹⁸⁰ MTV, “New Research Reveals MTV, UNICEF and PEPFAR’s Ignite Campaign has Altered Young People’s Thinking About HIV/AIDS Attitudes and Behaviors,” Cision, July 20, 2010, <https://www.prnewswire.com/news-releases/new-research-reveals-mtv-unicef-and-pepfars-ignite-campaign-has-altered-young-peoples-thinking-about-hiv-aids-attitudes-and-behaviours-98809589.html>.

and multiple partners positively changed in 80% of viewers.¹⁸¹ Following the show, the World Bank conducted a study in Nigeria to test the impact of MTV's show and test whether it achieved its true impact. This study showed that twice as many viewers went to get tested after six months and eliminated misconceptions about transmission, such as the myth that HIV can be transmitted through handshakes.¹⁸² In addition, the survey data showed that 35% of Kenyans were more likely to take a test after viewing the show.¹⁸³ This demonstrates MTV's success in conveying its intent and message. MTV also used their storytelling abilities to focus in on another vulnerable population: youth. Through a partnership with Vlogit, they created a global video project encouraging young people to share their stories and perspectives on their experiences surrounding HIV/AIDS.¹⁸⁴ Through their storytelling skills, numerous populations are reached and are positively impacted.

7.1.2. Rede Globo Case Study

Rede Globo, also referred to as Globo, is the single largest television network across Latin America, and is headquartered in Rio de Janeiro, Brazil.¹⁸⁵ Globo has also begun to expand to the Internet to host their own original web series and soap opera spin-offs.¹⁸⁶ Due to their powerful media presence, Globo is a UNAIDS partner in order to help prevent HIV/AIDS,

¹⁸¹ Banerjee, La Ferrara, and Orozco, "MTV Shuga: Changing social norms and behaviors with entertainment education in Nigeria."

¹⁸² "Experimental Evaluation of MTV Shuga: Changing Social Norms and Behaviors with Entertainment Education," *World Bank*, June 3, 2016, <http://pubdocs.worldbank.org/en/438421467236362785/Entertainment-Edu-workshop-Flyer-6-3-16.pdf>.

¹⁸³ *Ibid.*

¹⁸⁴ Cathy Phiri, Gerrit Beger, and Elizabeth Losleben, "Young voices crucial to fighting AIDS, says MTV Networks International and UNICEF," UNICEF, July 25, 2007, https://www.unicef.org/media/media_40398.html.

¹⁸⁵ "TV Globo and You," Rede Globo, accessed November 25, 2019, http://redeglobo.globo.com/Portal/institucional/foldereltronico/ingles/g_tv_globo.html.

¹⁸⁶ "UNAIDS and Globo launch new Internet web series on serodiscordant couples," *UNAIDS*, April 12, 2016, https://www.unaids.org/en/resources/presscentre/featurestories/2016/april/20160412_brazil.

especially among the youth in Brazil.¹⁸⁷ In 2015, Globo television played a major role in the Live Better Campaign, which was aimed at addressing healthcare challenges and promoting a system where treatments are tailored to the individual.¹⁸⁸ As a part of this campaign, Globo Television broadcasted 30-second public service announcements three times a day throughout the duration of September to further promote the importance and dire significance of HIV prevention, and the campaign began during one of their popular youth shows, *Altas Horas*.¹⁸⁹

Additionally, Globo and UNAIDS have collaborated to produce the web series known as “Young Hearts - I Just Want to Love.” This Emmy Kids Award-nominated production focuses on a teenage girl and her boyfriend who has HIV and their struggle to maintain their relationship, and its goal is to educate youth on serodiscordant couples, healthy relationships, and the complicated relationships that arise with HIV diagnosis.¹⁹⁰ The production garnered 1 million views, resulting in it being the 3rd highest viewed series on the Globo platform.¹⁹¹ Therefore, Globo is able to reach a larger audience to provide HIV/AIDS education, receiving positive attention and business in the process.

7.1.3. Durex Case Study

Durex, a condom company, recognizes the unique role it serves in preventing HIV/AIDS transmission, and, as such, they have worked on numerous campaigns with UNAIDS and other groups over the years to increase condom usage. They first began their work with UNAIDS in

¹⁸⁷ Ibid.

¹⁸⁸ “UNAIDS Works with Globo Television to reduce new HIV infections among young people in Brazil,” *UNAIDS*, September 22, 2015,

https://www.unaids.org/en/resources/presscentre/featurestories/2015/september/20150922_oglobo.

¹⁸⁹ “UNAIDS Works with Globo Television to reduce new HIV infections among young people in Brazil.”

¹⁹⁰ “Globo Television visits UNAIDS following Emmy Kids nomination,” *UNAIDS*, April 11, 2018, <https://www.unaids.org/en/resources/presscentre/featurestories/2018/april/unaids-globo-impact-on-the-media>.

¹⁹¹ “UNAIDS and Globo launch new Internet web series on serodiscordant couples.”

2004 when they stopped production of condoms with nonoxynol-9 after concerns arose that the chemical resulted in increased, not lowered, HIV transmission.¹⁹² Since then, Durex has focused on campaigns to increase condom use and donations of condoms to organizations. In 2012, Durex worked with UNAIDS to create the CONDOMIZE! campaign that demonstrates the benefits of using condoms and urges policymakers to increase access to condoms.¹⁹³ Later that same year, Durex pledged to donate one condom for every tweet with #1share1condom, hoping to reach 2.5 million condoms donated to HIV/AIDS charities by World AIDS Day on December 1st.¹⁹⁴ Durex donated 5 million condoms by the end of the campaign, and they reached over 65 million people through this campaign.¹⁹⁵

Durex also recognizes the importance of reaching youth, an at-risk population. Durex South Africa created an education program known as CONNECT-ED that goes into secondary schools and teaches about safe sex practices.¹⁹⁶ Durex has also created a #CondomEmoji campaign to encourage safe sex and push for an official condom emoji on phones.¹⁹⁷ The emoji campaign was the result of a survey that indicated over 75% of respondents aged 16-35 years old preferred discussing sex using emojis.¹⁹⁸ By reaching out to youth where they are commonly found, Durex was able to spread their message effectively, reaching over 7.9 billion interactions

¹⁹² “Durex Stops Making Condoms With Nonoxynol-9 Due to Possible Increased Risk of HIV Transmission,” *Kaiser Health News*, January 21, 2004, <https://khn.org/morning-breakout/dr00021776/>.

¹⁹³ “CONDOMIZE! Campaign hits AIDS 2012,” *UNAIDS*, July 24, 2012, <https://www.unaids.org/en/resources/presscentre/featurestories/2012/july/20120725condomize>.

¹⁹⁴ Reckitt Benckiser, “Durex Joins in the Fight Against HIV and AIDS,” *Cision*, November 26, 2012, <https://www.prnewswire.com/news-releases/durex-joins-in-the-fight-against-hiv-and-aids-180874661.html>.

¹⁹⁵ “Sustainability Report 2012,” Reckitt Benckiser, accessed November 25, 2019, http://www.rb.com/media/1505/rb_sustainability_report_2012.pdf.

¹⁹⁶ *Ibid.*

¹⁹⁷ “IPPF joins Durex on World AIDS Day to detail the risks of unprotected sex,” *International Planned Parenthood Federation*, November 28, 2016, <https://www.ippf.org/news/ippf-joins-durex-world-aids-day-detail-risks-unprotected-sex>.

¹⁹⁸ *Ibid.*

with their #CondomEmoji hashtag.¹⁹⁹ Additionally, a Nielson study found that Durex has been able to positively increase their brand perception through various campaigns.²⁰⁰ As such, Durex has seen positive impacts from their numerous campaigns, such as a positive reputation and increased product awareness.

7.2. Direct Services

Direct Services PPPs provide help accessing medications, testing, and education surrounding HIV/AIDS for the communities they work in, as well as for their own employees. The following case studies detail examples of such services, and they can serve as models for future PPPs. They include Volkswagen's work in Brazil and South Africa, Coca-Cola's work across Africa, De Beers's modifications in Botswana, Mastercard's promising new technology within Africa, and both Access Bank and Shell's work within Nigeria.

7.2.1. Volkswagen Case Study

In 1996, Volkswagen do Brasil, a subsidiary company of the Volkswagen Group, created the AIDS Care Program.²⁰¹ The group's focus was preventing, caring for, and treating employees living with HIV.²⁰² Volkswagen do Brasil employees reported high incidences of HIV and HIV-related illness, which resulted in high healthcare costs and high rates of withdrawal from work.²⁰³

¹⁹⁹ Gabrielle Lane, "The Joy of Emoji - Behind the Scenes of Durex's Safe Sex Campaign," *Influence*, May 11, 2017, <https://influenceonline.co.uk/2017/05/11/joy-emoji-behind-scenes-durexs-safe-sex-campaign/>.

²⁰⁰ "Durex creates global buzz and stimulates cultural conversation with its global #Connect campaign on YouTube," Google, accessed November 25, 2019, https://www.thinkwithgoogle.com/_qs/documents/1238/Durex.pdf.

²⁰¹ Peter Aggleton et al., "HIV-Related Stigma, Discrimination and Human Rights Violations: Case Studies of Successful Programmes," *UNAIDS*, April 2005, http://data.unaids.org/publications/irc-pub06/jc999-humrightsviol_en.pdf.

²⁰² Ibid.

²⁰³ Ibid.

By instituting the Volkswagen do Brasil's AIDS Care Program, which provided coordinated and specialized treatment and care to its employees, the company was able to save money from reduced absenteeism and a greater retention of employees.²⁰⁴ The program had three main objectives: to create effective, efficient, and more affordable treatment services for employees, to promote anti-discrimination policies, and to run an HIV-prevention program.²⁰⁵

The AIDS Care Program for people living with HIV/AIDS aims to provide standardized care, while still allowing for flexibility to fit an individual's specific needs.²⁰⁶ The care program provides counseling and access to a variety of health specialists, and there is an option available for home-based care.²⁰⁷ The non-discrimination part of the program aims to reintegrate individuals with HIV back into the workplace. It also includes policy measures such as the prohibition of mandatory HIV testing, the prohibition of firing employees over HIV status, and the right to confidentiality.²⁰⁸ Lastly, the program aims to prevent the spread of HIV/AIDS through means such as education and counseling.²⁰⁹

By the end of 2002, Volkswagen do Brasil reported a 90% reduction in hospitalizations and 40% reduction of costs of treatment/care among employees living with HIV.²¹⁰ Additionally, employees noted a perceived increase in satisfaction with the company and quality of life. Absenteeism due to the prevention/control of HIV/AIDS also decreased.²¹¹ The Volkswagen do Brasil's AIDS Care Program was awarded an international distinction by the UN General

²⁰⁴ Ibid.

²⁰⁵ Aggleton et al., "HIV-Related Stigma, Discrimination and Human Rights Violations: Case Studies of Successful Programmes."

²⁰⁶ Ibid.

²⁰⁷ Ibid.

²⁰⁸ Ibid.

²⁰⁹ Ibid.

²¹⁰ Ibid.

²¹¹ Ibid.

Secretary Kofi Annan, and it was awarded another honor by the Global Business Council in 1999.²¹²

Volkswagen Group South Africa is another subsidiary of Volkswagen Group, and has been fighting the HIV/AIDS epidemic in the Uitenhage region since 2001.²¹³ The group is supported by the National Union of Metalworkers in South Africa, and it collaborates with the German Association for Technical Co-Operation.²¹⁴ The group's goals are to treat those living with HIV/AIDS and prevent further spread of the disease. For a number of years, Volkswagen provided the cost of treatment for employees and their families, and they spent more than 545,000 EUR on education, counseling, medication, and treatment.²¹⁵

7.2.2. Coca-Cola Case Study

Coca-Cola has been a longtime partner with UNAIDS, going as far back as 2001 to address the HIV/AIDS crisis within Africa.²¹⁶ Through its foundational work within the Coca-Cola Africa Foundation, Coca-Cola has been able to lend its knowledge of logistics to reach isolated areas that need HIV/AIDS medications through Project Last Mile, as well as provide services to its employees and bottling partners.²¹⁷ ²¹⁸ The following sections will go into detail

²¹² "Volkswagen," GBC Health, accessed October 21, 2019, http://archive.gbchealth.org/member_profiles/1403/.

²¹³ GBCHealth, "Volkswagen."

²¹⁴ Ibid.

²¹⁵ Ibid.

²¹⁶ The Coca-Cola Company, "UNAIDS Signs Up Coca-Cola in Battle Against AIDS," *The Corporate Social Responsibility Newswire*, June 20, 2001, https://www.csrwire.com/press_releases/22439-UNAIDS-Signs-Up-Coca-Cola-in-Battle-Against-AIDS.

²¹⁷ April Jordin, "Project Last Mile Expands to 8 More African Countries," *The Coca-Cola Company*, January 19, 2016, <https://www.coca-colacompany.com/stories/projectlastmile>.

²¹⁸ Jem Bendell, "Waking Up to Risk: Corporate Responses to HIV/AIDS in the Workplace," *UNRISD Programme on Technology, Business and Society* 12 (October 2003), http://data.unaids.org/publications/irc-pub06/jc968-wakinguptorisk_en.pdf.

about Coca-Cola's work, and they can provide details for how other companies could do similar work within their own communities.

7.2.2.1. Coca-Cola Africa Foundation

Coca-Cola, an international soft drinks company, has collaborated with UNAIDS since 2001 to address the elimination of HIV/AIDS. It utilized its non-profit arm, The Coca-Cola Africa Foundation, to oversee the joint effort in the African region, where HIV/AIDS remains a prevalent issue and relates to the foundation's mission of philanthropic interventions.²¹⁹ Coca-Cola's expertise in logistics and distribution in Africa, stemming from its extensive network of approximately 1,200 employees in Africa and 40 bottling partners that employ around 60,000 people, has supplied UNAIDS with the human resources to distribute pamphlets, medication, vaccines, and contraceptives around the continent.²²⁰

Coca-Cola's partnership with UNAIDS has three main components: a) leveraging its marketing, logistical, and infrastructural expertise to support HIV/AIDS prevention, education, and treatment in local communities; b) promoting awareness campaigns; and c) implementing human resources policies for its employees in Africa.²²¹

Coca-Cola has partnered with local anti-HIV institutions in Africa to prevent, treat, and educate about HIV/AIDS in local communities. In Zambia, Coca-Cola and its bottling partners partnered with Family Health Trust, an organization that works with 2,500 anti-AIDS clubs throughout Zambia to educate young people.²²² Coca-Cola has opened up its facilities in Lusaka to store education material, such as pamphlets, and assisted in the distribution of these materials

²¹⁹ The Coca-Cola Company, "UNAIDS Signs Up Coca-Cola in Battle Against AIDS."

²²⁰ Bendell, "Waking Up to Risk: Corporate Responses to HIV/AIDS in the Workplace."

²²¹ The Coca-Cola Company, "UNAIDS Signs Up Coca-Cola in Battle Against AIDS."

²²² Ibid.

to the anti-AIDS clubs.²²³ Similarly, the Coca-Cola network in Nigeria supported the National HIV Sero-Prevalence Sentinel Surveillance Survey to create educational material and distribute over 10,000 pamphlets to pregnant women in the country.²²⁴

Using its marketing strategy, Coca-Cola Africa has supported UNAIDS in creating information campaigns that will increase public awareness of HIV/AIDS to be used by UNAIDS's partners across the globe.²²⁵ More research needs to be conducted to evaluate whether or not these campaigns spearheaded by Coca-Cola reflect the company's goal to create an open communication around sexuality and inclusion of people already affected by HIV/AIDS.

Coca-Cola is the biggest investor in the African continent. In 2016, the company invested approximately 17 billion dollars to its business in Africa, an exponential growth from the 5.5 billion dollars it invested in the previous decade.²²⁶ Coca-Cola also has partner contracts with 59 bottling groups in the Sub-Saharan region, and these bottling companies employ more than 70,000 workers, thus creating a making the Coca-Cola system one of the largest private sector empires in the continent.²²⁷ Given Coca-Cola's enormous presence in Africa, its domestic approach to combating HIV/AIDS in its own workforce has lasting impact in educating workers and providing HIV/AIDS treatment to across the continent.

In 2002, Coca-Cola received international criticism from HIV/AIDS activists for only providing antiretroviral drugs (ARV) to its core staff of approximately 1600, while neglecting the rest of the 60,000 employees in their partner bottlers.²²⁸ Lack of free access to ARV for the

²²³ Ibid.

²²⁴ The Coca-Cola Company, "UNAIDS Signs Up Coca-Cola in Battle Against AIDS."

²²⁵ Ibid.

²²⁶ Journey Staff, "Increasing The Coca-Cola Company's Investment in Africa," *The Coca-Cola Company*, accessed October 20, 2019, <https://www.coca-cola.co.uk/stories/increasing-our-investment-in-Africa>.

²²⁷ "Our Bottlers," The Coca-Cola Company, accessed October 20, 2019, <https://www.coca-colaafrica.com/coca-cola-in-africa/our-bottlers#>.

²²⁸ Bendell, "Waking Up to Risk: Corporate Responses to HIV/AIDS in the Workplace."

60,000 employees caused the dependents of employees to suffer from the lack of access to the medication.²²⁹ In response, Coca-Cola introduced various education programs, medical testing, and counseling to serve all of its employees.²³⁰ In 2003, Coca-Cola introduced the Coca-Cola Company in Africa Bottling Partners' HIV/AIDS Programme, a benefits program that committed Coca-Cola's bottling partners to institute benefits programs and to expand ARV access to employees and their dependents who work for the participating bottling companies.²³¹ Under this program, the foundation reimbursed up to 50% of the bottlers' cost of HIV/AIDS programs from 2004-2006 for the 26 partners who participated.²³² These 26 bottling companies reported that between 2004 and 2006, the number of employees who took HIV/AIDS tests increased by approximately 53%.²³³ In addition, the number of employees receiving ARV increased by about 295%.²³⁴ The success of this program resulted in it becoming formally established in the Coca-Cola Company's policies and practices, and the control over the programme was moved to the Human Resources departments of the company and its bottling partners.²³⁵

In 2008, Coca-Cola established its formal HIV/AIDS Policy that outlines the guiding principles of confidentiality, treatment, education, and work accommodations.²³⁶ This policy includes guidelines from the International Labour Organization and the Joint United Nations.²³⁷

²²⁹ Bendell, "Waking Up to Risk: Corporate Responses to HIV/AIDS in the Workplace."

²³⁰ "HIV Aids Policy," Coca-Cola Hellenic Bottling Company, accessed October 20, 2019, <https://coca-colahellenic.com/en/about-us/policies/hiv-aids-policy/>.

²³¹ "The Coca Cola Africa Foundation HIV/AIDS Report 2006," The Coca-Cola Africa Foundation, accessed October 20, 2019, https://www.coca-colacompany.com/content/dam/journey/us/en/private/fileassets/pdf/unknown/unknown/tccaf_2006_hiv_aids_report.pdf.

²³² Ibid.

²³³ Ibid.

²³⁴ Ibid.

²³⁵ Ibid.

²³⁶ "HIV/AIDS," The Coca-Cola Company, accessed October 28, 2019, <https://www.coca-colacompany.com/our-company/hiv-aids>.

²³⁷ Ibid.

The policy promises every employee a right to privacy, meaning that the employee's HIV/AIDS test results, counseling, and records of treatment are strictly confidential. In addition, the company no longer required new or existing employees to test for HIV/AIDS, and the employee is not obliged to inform the company if they are infected with the virus.²³⁸ For workers suffering from HIV/AIDS, the company promised to provide reasonable accommodations such as re-arrangement of working time, providing special equipment, and flexible schedule for medical appointments.²³⁹ Lastly, the company will continue to provide education programs to its employees and their families to inform about safe sex practices and prevention methods.²⁴⁰

7.2.2.2. Project Last Mile

The Project Last Mile Initiative was introduced in 2010 as a collaboration between the Coca-Cola Company, Coca-Cola Africa Foundation, United States Agency for International Development, Bill & Melinda Gates Foundation, and the Global Fund to support the distribution of vital medicines and supplies to hard-to-reach communities.²⁴¹ Project Last Mile has been instituted in multiple countries, such as Tanzania, Mozambique, and Ghana, and is in different stages of development in such countries.²⁴² The goal of this initiative is to reach a total of 10 countries in Africa by 2020.²⁴³ While Coca-Cola has a global presence, it has an extensive local network, marketing knowledge, and technical expertise in the African region.²⁴⁴ Additionally, the region offers economic benefits to Coca-Cola. Coca-Cola has announced publicly its desire

²³⁸ The Coca-Cola Company, "HIV/AIDS."

²³⁹ Ibid.

²⁴⁰ Ibid.

²⁴¹ Jordin, "Project Last Mile Expands to 8 More African Countries."

²⁴² Ibid.

²⁴³ Ibid.

²⁴⁴ "Why the Last Mile," Project Last Mile, accessed November 3, 2019, <https://www.projectlastmile.com/why-the-last-mile/>.

to increase investment in Africa to a total of \$17 billion USD by the year 2020.²⁴⁵ Coca-Cola CEO Muhtar Kent indicated that their revenue has the best chance at an increase in Africa due to its high market growth rate, so this investment will allow the revenue to reach its full potential.²⁴⁶

In order to achieve Project Last Mile's mission to provide access to direct services in hard-to-reach African communities, Coca-Cola and partners customized the supply-chain management techniques and distribution mechanisms used by Coca-Cola such that they could be applied to a public health context.²⁴⁷ The innovations of this partnership were geared towards rural communities, as they are often the most difficult to reach.²⁴⁸

In Tanzania, Coca-Cola, alongside Tanzanian bottling company Coca-Cola Kwanza and Tanzanian Medical Stores Department, initiated a program in 2010 to improve availability of essential medicines.²⁴⁹ The program, which is ongoing, has resulted in the use of network optimization to expand direct delivery of medication from 130 to 5,000 drop points.²⁵⁰ Distribution routes to 2,021 facilities have been optimized such that medications can be delivered more promptly and to those hardest to reach.²⁵¹

In Mozambique, starting in 2016, Coca-Cola assisted in using GPS data to determine the best locations for intermediary warehouses to store medicines, discover ideal travel routes for vehicles, and adjust delivery such that proper vehicles are deployed depending on the region, terrain, and season. Their work also allowed for economic efficiencies, as the country observed a

²⁴⁵ Earl Nurse, "The Secret behind Coca-Cola's Success in Africa," *CNN*, January 21, 2016, <https://www.cnn.com/2016/01/21/africa/coca-cola-africa-mpa-feat/index.html>.

²⁴⁶ *Ibid.*

²⁴⁷ Linnander et al., "Process Evaluation of Knowledge Transfer across Industries: Leveraging Coca-Cola's Supply Chain Expertise for Medicine Availability in Tanzania."

²⁴⁸ *Ibid.*

²⁴⁹ *Ibid.*

²⁵⁰ "2019 Impact Report," Project Last Mile, accessed October 28, 2019, <https://www.usaid.gov/sites/default/files/documents/1864/project-last-mile-2019-impact-report.pdf>.

²⁵¹ *Ibid.*

shift from 148 district depots and 11 provincial warehouses to 30 intermediary warehouses in ideal locations.²⁵²

Beginning in 2017 in Liberia, Coca-Cola used data collection, evidence-based forecasting, and an organized ordering process to redesign the country's medicine supply-chain model.²⁵³ The redesigned system was inspired by Coca-Cola's PreSell model, whereby a service technician follows a pre-planned route using a motorbike and services all 51 health facilities in the county on a four-week rotation.²⁵⁴

In Nigeria and Ghana, Project Last Mile conducted research to compare the efficiency of cold chain capacity for storing and transporting vaccines to those used by Coca-Cola bottlers to store soft-drinks.²⁵⁵ Upon discovering the refrigerators for storing vaccines were more prone to breakdown and were less efficient, Project Last Mile crafted a more proactive national maintenance model for the countries and provided access to their processes, tools, and staff to ensure equipment maintenance and more reliable vaccine availability.²⁵⁶

Some of the challenges Coca-Cola encountered and attempted to resolve upon introducing innovative business strategies included identifying the relevant business knowledge, expertise, and practices to transfer over to a health-centered initiative, modifying operational practices to fit a country's cultural and regulatory environment, and maintaining the continuity of the project in between phases.²⁵⁷ To resolve the first challenge, Coca-Cola capitalized on the receptivity of high-level leadership to the partnership to encourage participation in the project. It also engaged a boundary spanner to pinpoint specific knowledge to share with partner countries

²⁵² Project Last Mile, "2019 Impact Report."

²⁵³ Ibid.

²⁵⁴ Ibid.

²⁵⁵ Ibid.

²⁵⁶ Ibid.

²⁵⁷ Linnander et al., "Process Evaluation of Knowledge Transfer across Industries."

that matched Coca-Cola's expertise with the ministry's needs.²⁵⁸ Coca-Cola promoted recognition of industry overlap to engage multiple local partners in the initiative's work.²⁵⁹ To resolve the challenge of region-appropriate operations, Coca-Cola engaged experts to manage translation activities and developed tools with visible benefits for the national Ministry of Health.²⁶⁰ In doing so, company goals aligned with those of the country.²⁶¹ To address the third observed challenge of periods of dormant activity, Coca-Cola invested in local relationships and roles, and allocated adequate time for the partnership to evolve.²⁶²

Despite the success of Project Last Mile, its prominent position in Africa does raise some ethical concerns. The increase in investment in Africa may bring innovative strategies for delivery of essential medicines, though it comes with the increased marketing and consumption of soft drinks in communities, leading to adverse effects on health through increased rates of obesity and diabetes.²⁶³ In order to begin resolving this ethical concern for the advertisement of sugary drinks in the U.S., Coca-Cola has taken steps to shift product production from primarily soft drinks to Coke Zero, sparkling water, juices, and teas.²⁶⁴ This shift has resulted in increased economic gains for the company in the U.S. while reducing sugar intake for consumers.²⁶⁵

7.2.3. De Beers Case Study

²⁵⁸ Linnander et al., "Process Evaluation of Knowledge Transfer across Industries."

²⁵⁹ Ibid.

²⁶⁰ Ibid.

²⁶¹ Ibid.

²⁶² Ibid.

²⁶³ Vasanti S. Malik, Walter C. Willett, and Frank B. Hu, "Global Obesity: Trends, Risk Factors and Policy Implications," *Nature Reviews Endocrinology* 9, no. 1 (January 2013): 13–27, <https://doi.org/10.1038/nrendo.2012.199>.

²⁶⁴ Jennifer Kaplan, "Coca-Cola's Focus on Healthier Drinks Pays Off," *Bloomberg*, April 24, 2018, <https://www.bloomberg.com/news/articles/2018-04-24/coca-cola-s-focus-on-healthier-drinks-pays-off-with-profit-beat>.

²⁶⁵ Ibid.

Historically stationed in Sub-Saharan Africa, the De Beers Group is a multinational diamond corporation with over \$5 billion USD in yearly sales at the turn of the century and over 20,000 employees at its disposal worldwide.²⁶⁶²⁶⁷ The company is also at the geographical epicenter of the African HIV/AIDS explosion due to its presence in Botswana and South Africa. De Beers' status and wealth of resources in southern Africa make it an ideal candidate for integration with UNAIDS objectives in the region.

Since the start of the 21st century, De Beers Group has consistently reiterated efforts to combat HIV/AIDS, particularly within the corporation. In 2003, De Beers signed the HIV/AIDS Workplace Policy with the South African National Union of Mineworkers, a comprehensive agreement that asserted De Beers's commitment to providing ART, not only to employees, but also to spouses of employees.²⁶⁸ ²⁶⁹ Around the same time, a peer educator program was implemented, connecting employees with other trained employees to encourage awareness and knowledge acquisition.²⁷⁰ In 2005, De Beers was presented with the GlobalBusiness Coalition's Award for Excellence in addressing HIV/AIDS.²⁷¹ The following year, the company rolled out its Community HIV/AIDS Partnership Programme, a partnership with stakeholders aimed at investing in solutions to HIV/AIDS in southern Africa.²⁷² Voluntary counseling and testing

²⁶⁶ William Yu, "De Beers-Rulers of the Diamond Industry," *University of California, Berkeley Department of Agricultural and Resource Economics*, accessed October 21, 2019, <https://are.berkeley.edu/~sberto/DeBeersDiamondIndustry.pdf>.

²⁶⁷ "HIV/AIDS Case Study 2006," *De Beers Group*, accessed October 21, 2019, <http://archive.gbchealth.org/files/transfers/HIV-AIDS%20brochure.pdf>.

²⁶⁸ "De Beers, mineworkers union agree on joint HIV/AIDS policy," *JCK Magazine*, June 10, 2003, <https://www.jckonline.com/editorial-article/de-beers-mineworkers-union-agree-on-joint-hiv-aids-policy/>.

²⁶⁹ "HIV/AIDS: De Beers will provide antiretroviral treatment worldwide for employees and partners," *Business and Human Rights Resource Center*, accessed October 21, 2019, <https://www.business-humanrights.org/en/hiv-aids-de-beers-will-provide-anti-retroviral-treatment-worldwide-for-employees-partners>.

²⁷⁰ Liezel Hill, "De Beers wins award for corporate AIDS policy," *Mining Weekly*, September 29, 2005, https://www.miningweekly.com/article/de-beers-wins-award-for-corporate-aids-policy-2005-09-29/rep_id:3650.

²⁷¹ "De Beers honored for its HIV/AIDS testing program," *JCK Online*, September 29, 2005, <https://www.jckonline.com/editorial-article/de-beers-honored-for-its-hiv-aids-testing-program/>.

²⁷² De Beers Group, "HIV/AIDS Case Study 2006."

services have also been made universally available to employees, in the hopes of catching the disease early and mitigating metastasis.²⁷³ Likewise, in 2017, De Beers established its Know Your Status campaign, with the goal of ensuring that employees are tested for HIV/AIDS and educated about their status.²⁷⁴ The program highlights the corporation's recent focus on disease prevention through active communication with employees.

7.2.3.1. De Beers's Incentives for Fighting HIV/AIDS

The reasons for De Beers to invest in combating HIV/AIDS are, while multifaceted, heavily rooted in economic motivations. A 2006 Global Business Coalition analysis of De Beers' HIV/AIDS programming found that the company would take a 1% - 2% revenue hit over the next 10 - 14 years due to employee ailment and inability to work resulting from HIV/AIDS.²⁷⁵ Indirect costs are less quantifiable: low employee morale, impact on safety, and impact of dealing with business partners who are struggling with HIV/AIDS outbreaks also factor into De Beers profit loss.²⁷⁶

De Beers Group has also been able to institutionalize and systematize its fight against HIV/AIDS by declaring the campaign a safety initiative. De Beers has a zero harm policy in order to elevate occupational safety and eliminate workplace factors that may contribute to employee danger.²⁷⁷ The safety initiative is rooted in the company's awareness of a greater

²⁷³ Geoffrey K.G. Setswe, "Best practice workplace HIV/AIDS programmes in South Africa: A review of case studies and lessons learned," *NIH National Center For Biotechnology Information*, July 21, 2009, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4565933/>.

²⁷⁴ Dr. Tshepo Sedibe, "We're doing well but the battle goes on," *De Beers Group*, December 1, 2018, <https://www.debeersgroup.com/media/views/2018/doing-well-but-battle-goes-on>.

²⁷⁵ De Beers Group, "HIV/AIDS Case Study 2006."

²⁷⁶ *Ibid.*

²⁷⁷ "Total Commitment on the Journey to Zero Harm," *De Beers Group*, October 7, 2015, <https://www.debeersgroup.com/creating-stories/2015/total-commitment-on-the-journey-to-zero-harm>.

emphasis on well-being and health in the 21st century.²⁷⁸ The zero harm campaign encompasses issues pertinent to De Beers's workers, such as hearing loss, musculoskeletal degradation, and HIV/AIDS.²⁷⁹ The company adheres to the Anglo American Safety, Health, Environment Way, as well as to the Group Occupational Health Policy, a manifesto of 21 bullet points outlining company safety objectives and procedures.^{280 281} Moreover, targeted campaigns have vitalized the policy objectives, with the 2017 Project Vitae audit of company safety policy and the 2018 100 Day Safety Activation campaign to put the results of Project Vitae's analysis into practice.²⁸² De Beers has held four consecutive CEO Safety Summits as well, bringing conversations surrounding safety to the forefront of the company mindset.²⁸³ While the overarching goal of these efforts are economic sustainability and success, the fight is contextualized in a more humanitarian light.

However, while launching these corporate initiatives, De Beers has been less involved in collaboration with UNAIDS. No substantial evidence for cooperation between the organizations could be found via internet search. That said, De Beers is not isolated from the United Nations. In 2018, the De Beers Group united with the UN Entity for Women for Gender Equality to launch a three-year program with the goal of providing 500 women entrepreneurs in Southern Africa the education and resources needed to begin small businesses.²⁸⁴ Additionally, in a

²⁷⁸ Deirdre Lingenfelder, "Our Pathway to Zero Harm," *De Beers Group*, October 7, 2015, <https://www.debeersgroup.com/media/views/2015/our-pathway-to-zero-harm>.

²⁷⁹ "Health and Well-Being - Our Approach," *De Beers Group*, accessed November 3, 2019, <https://www.debeersgroup.com/building-forever/our-impact/people/health-and-wellbeing>.

²⁸⁰ "Safety - Our Approach," *De Beers Group*, accessed November 3, 2019, <https://www.debeersgroup.com/building-forever/our-impact/people/safety>.

²⁸¹ "Occupational Health Policy," *De Beers Group*, accessed November 3, 2019, https://www.debeersgroup.com/~/_/media/Files/D/De-Beers-Group/documents/our-approach/health/occupational-health-policy-de-beers-group.pdf.

²⁸² De Beers Group, "Safety - Our Approach."

²⁸³ Ibid.

²⁸⁴ "De Beers partners with UN to empower women in its diamond producing countries," *Mining.com*, September 20, 2017, <https://www.mining.com/web/de-beers-partners-un-empower-women-diamond-producing-countries/>.

December 2018 article posted on De Beers Group’s website, the company affirms its desire to achieve the UNAIDS 90-90-90 aims, proudly declaring that the Group hopes to be the first organization in Sub-Saharan Africa to adhere to the UNAIDS targets.²⁸⁵

7.2.3.2. De Beers’s Activity as Debswana Company

A large portion of De Beers’s anti-HIV/AIDS activity is carried out by the Botswana-based Debswana Diamond company. 15% of the De Beers Group is co-owned by the Debswana, a Botswanan government entity.²⁸⁶ The company implemented a variety of anti-HIV/AIDS initiatives and measures at the turn of the century following a comprehensive internal evaluation of HIV/AIDS prevalence.²⁸⁷ Through the implementation of employee screening protocol, therapy initiatives, and ART drug distribution, HIV/AIDS prevalence within the company dropped 6.2% in 2 years.²⁸⁸ The Debswana example demonstrates the role that De Beers can play as an African private-sector corporation. Within the company, HIV/AIDS can be addressed, diagnosed, and targeted, providing assistance to large swaths of the HIV/AIDS community on a compartmentalized, microcosmic level.²⁸⁹ Debswana also presents an example of a positive public-private-partnership. De Beers operations account for about one-third of Botswana’s GDP.²⁹⁰ In fact, in March 2008, De Beers shifted its main diamond sorting facility from London

²⁸⁵ Sedibe, “We’re doing well but the battle goes on.”

²⁸⁶ Julian Meldrum, “De Beers follows Anglo with ARV commitment for South African workers,” *NAM Aidsmap*, August 12, 2002, <http://www.aidsmap.com/news/aug-2002/de-beers-follows-anglo-arv-commitment-south-african-workers>.

²⁸⁷ “The Private Sector Responds to the Epidemic: Debswana--A Global Benchmark,” UNAIDS Case Study, September 2002, http://data.unaids.org/publications/irc-pub02/jc769-debswana_en.pdf.

²⁸⁸ De Beers Group, “Health and Well-Being - Our Approach.”

²⁸⁹ “Case Studies,” *SA Business Coalition on Health and AIDS (SABCOHA)*, accessed October 21, 2019, <https://www.sabcoha.org/case-study/>.

²⁹⁰ Joe Nocera, “Diamonds are Forever in Botswana,” *New York Times*, August 8, 2008, <https://www.nytimes.com/2008/08/09/business/worldbusiness/09nocera.html?ref=business>.

to Gaborone, Botswana's capital.²⁹¹ Additional work for the government has included the creation of infrastructure, such as schools, roads, hospitals.²⁹² In return, Botswana's growth has improved the nation's standing among international firms, creditors, and banks, combining with improved roads and a healthier workforce to benefit De Beers' logistical operations in Botswana.²⁹³

7.2.3.3. Company Controversy

Throughout its history, De Beers has been implicated in a wide swath of controversies. Principally, the company's monopoly over power in the diamond industry has drawn international backlash.²⁹⁴ At one point controlling as much as 85% of the global diamond supply, De Beers has instituted hardball economic policies meant to control the supply, demand, and price of the diamond exchange, precluding industry competition.²⁹⁵ Additionally, in 1994, De Beers was charged by the U.S. Department of Justice with antitrust violations, and they plead guilty in 2004.²⁹⁶

More infamously, De Beers has been accused of conspiring with African rebel and cartel groups to acquire illicit diamonds, so called blood diamonds.²⁹⁷ Around 2000, however, the company adopted a series of codes guaranteeing to consumers that blood diamonds would not be acquired, traded, or sold by De Beers.²⁹⁸ These commitments to clean diamonds have expanded

²⁹¹ Ibid.

²⁹² Ibid.

²⁹³ Ibid.

²⁹⁴ Yu, "De Beers-Rulers of the Diamond Industry."

²⁹⁵ Ibid.

²⁹⁶ Ibid.

²⁹⁷ Dick Durham, "De Beers see threat of blood diamonds," *CNN*, January 18, 2001, <http://edition.cnn.com/2001/WORLD/africa/01/18/diamonds.debeers/>.

²⁹⁸ Alan Cowell, "Controversy Over Diamonds Made Into Virtue by De Beers," *New York Times*, August 22, 2000, <https://www.nytimes.com/2000/08/22/business/controversy-over-diamonds-made-into-virtue-by-de-beers.html>.

through the Kimberley Process, a trade regime created in 2003 to stop the flow of blood diamonds.²⁹⁹ In the past few years alone, De Beers has reiterated its desire for obtaining non-conflict diamonds. It has utilized blockchain technology to monitor the lifetimes of diamonds from the mine to the consumer, ensuring best practices along the way.³⁰⁰ While in the past, De Beers may have represented a monopolistic corporate lifestyle, it has markedly improved its image and reputation.

7.2.4. Mastercard Case Study

In 2017, the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and Mastercard engaged in a public-private partnership to make progress toward controlling the HIV/AIDS epidemic.³⁰¹ They announced that they will explore the use of digital technologies and data analytics to improve the conditions of HIV/AIDS in Africa and help PEPFAR reach more people.³⁰² Mastercard already has experience with helping rural areas expand their access to different technologies, so this allows PEPFAR to gain access to this valuable expertise.³⁰³

Mastercard began work to transform their Community Pass, which encompasses platforms that help the most marginalized individuals and communities get access to critical services, such as education and agriculture, into the new Wellness Pass.³⁰⁴ This platform enables

²⁹⁹ "How the Kimberley Process Works," Kimberley Process, accessed November 3, 2019, <https://www.kimberleyprocess.com/en/what-kp>.

³⁰⁰ Thomas Biesheuvel, "De Beers Tracks First Gems From Mine to Shop Using Blockchain," *Bloomberg*, May 10, 2018, <https://www.bloomberg.com/news/articles/2018-05-10/de-beers-tracks-first-gems-from-mine-to-shop-using-blockchain>.

³⁰¹ "PEPFAR and Mastercard Team to Fight AIDS in Africa," *PYMNTS*, September 19, 2017, <https://www.pymnts.com/news/international/2017/pepfar-mastercard-fight-aids-africa/>.

³⁰² *Ibid.*

³⁰³ David Haroz and Marisa Grimes, "PEPFAR and Mastercard Launch Partnership to Address HIV/AIDS Epidemic Control," *Mastercard*, September 18, 2017, <https://newsroom.mastercard.com/press-releases/pepfar-and-mastercard-launch-partnership-to-address-hiv-aids-epidemic-control/>

³⁰⁴ "Private Sector Innovation Partners for the Global Fund's Sixth Replenishment," *The Global Fund*, October 9, 2019,

the digitization and safe storage of patient records, allowing for increased accessibility for patients and healthcare professionals alike.³⁰⁵ In this way, a better standard of care can be established, and increased communication between patients and staff can occur.³⁰⁶ This digital technology will also allow for the increased ability to train rural healthcare providers, which is often a barrier in successfully preventing the spread of diseases.³⁰⁷

However, since the PPP's initial announcement, no further announcements have been made on its progress. This is likely due to numerous threats of massive funding cuts for PEPFAR made by U.S. President Donald Trump.³⁰⁸ While the U.S. Congress has prevented any such cuts from becoming reality, the mere threat of funding reduction can have severe impacts on PEPFAR's confidence in pursuing or continuing new projects.³⁰⁹ As such, this could explain the lack of information on this PPP's progress.

7.2.5. Access Bank Case Study

Access Bank, based in Nigeria, is one of Africa's fastest growing banks.³¹⁰ They created the first in-depth workplace policy in Nigeria, which promises a non-discrimination policy for those with HIV/AIDS and educational efforts for employees and their families.³¹¹ Over time, they have expanded their work to include donations to the Global Fund and other groups, thereby

https://www.theglobalfund.org/media/8898/replenishment_2019sixthreplenishmentconferenceinnovationpartners_list_en.pdf.

³⁰⁵ Ibid.

³⁰⁶ Ibid.

³⁰⁷ Micaela Fischer, "Digital AIDS Prevention in Africa," *The Borgen Project*, October 4, 2017, <https://borgenproject.org/aids-prevention-in-africa/>.

³⁰⁸ "The U.S. President's Emergency Plan for AIDS Relief (PEPFAR)," *KFF Global Health Policy*, November 25, 2019, <https://www.kff.org/global-health-policy/fact-sheet/the-u-s-presidents-emergency-plan-for/>.

³⁰⁹ Ibid.

³¹⁰ "Access Bank plc," GBCHealth, accessed November 25, 2019, http://archive.gbchealth.org/member_profiles/1361/.

³¹¹ Ibid.

securing their reputation as a socially responsible financial company.³¹² They are also a member of the Nigerian Business Coalition Against AIDS (NiBUCAA), which unites various Nigerian businesses to spread awareness and provide education about HIV/AIDS to their country.³¹³ NiBUCAA has also begun to advocate for increased investments in healthcare systems across the country, so that people can have access to the medical services they need, like ART.³¹⁴ These investments correspond to Access Bank's work to increase knowledge about HIV/AIDS, as now community members will be able to gain access to the services they have learned about.

Access Bank has also helped to fund specific events to help expand these efforts to their community, such as an educational film to provide information about how HIV/AIDS is spread and progresses and a call center for topics related to HIV/AIDS.³¹⁵ ³¹⁶ They have also implemented screening programs, with one such program occurring during their City Marathon and screening over 3,000 athletes for HIV/AIDS.³¹⁷ People have recognized the positive influence Access Bank has created on fighting HIV/AIDS, and they were rewarded the BIG TICK award to demonstrate the company's commitment to using their power for good.³¹⁸

³¹² "Access Bank donates \$1 million to Global Fund's Gift from Africa Project," *Business & Human Rights Resource Centre*, September 28, 2010, <https://www.business-humanrights.org/en/access-bank-donates-1-million-to-global-fund%E2%80%99s-gift-from-africa-project>.

³¹³ "Access Bank joins private sector coalition for health care delivery in Africa," *Financial Nigeria*, March 11, 2019, <http://www.financialnigeria.com/access-bank-joins-private-sector-coalition-for-health-care-delivery-in-africa-sustainable-1102.html>.

³¹⁴ Ibid.

³¹⁵ James Ayodele and Adebisi Aderonke Arije, "Inside Story, Award-Winning Film on HIV & AIDS, Debuts in Lagos, Nigeria," *Management Sciences for Health*, December 10, 2012, <https://www.msh.org/news-events/stories/inside-story-award-winning-film-on-hiv-aids-debuts-in-lagos-nigeria>.

³¹⁶ "Global AIDS Response Country Progress Report," National Agency for the Control of AIDS, 2015, https://www.unaids.org/sites/default/files/country/documents/NGA_narrative_report_2015.pdf.

³¹⁷ Gabriel Olawale, "Access Bank: 3,000 athletes screened for HIV at Access Bank City Marathon," *Market Screener*, February 3, 2019, <https://www.marketscreener.com/ACCESS-BANK-PLC-6500790/news/Access-Bank-3-000-athletes-screened-for-HIV-at-Access-Bank-City-Marathon-27957512/>.

³¹⁸ "Access Bank Retains Business in the Community 'BIG TICK' Award," Access Bank Rwanda, accessed November 25, 2019, <https://rwanda.accessbankplc.com/pages/Media/Access-News/Access-Bank-Retains-Business-in-the-Community-BIG.aspx>.

7.2.6. Shell Case Study

Royal Dutch Shell PLC, also known as Shell, is one of the three major oil and gas companies in the world.³¹⁹ Shell's partnership with UNAIDS takes many forms, including developing case scenarios to predict Africa's future trajectory in dealing with HIV/AIDS, creating an interactive game to educate teens about HIV/AIDS, and funding local hospitals in Nigeria to offer treatment to HIV/AIDS patients.³²⁰ Shell's collaborative effort with UNAIDS, NGOs, and governments demonstrates that public-private partnerships can expand beyond fundraising efforts.³²¹

Shell's major collaboration with UNAIDS started in 2003 with the AIDS in Africa: Three Scenarios to 2025 collaboration with the African Union, the World Bank, and the United Nations Development Programme.³²² The purpose of the Scenarios project was to research and represent three possible scenarios for how Africa would respond to the HIV/AIDS epidemic over the next 20 years.³²³ Shell served as the Process Advisor of the project through its Global Business Environment division, and it leveraged expertise in scenario planning and offered UNAIDS critical insight on the potential challenges that face Africa in the next twenty years.³²⁴ Shell also invested approximately \$500,000 USD into providing the project office with necessary supplies, such as purchasing office space and computers.³²⁵ Shell's intellectual and monetary contribution to the Scenarios project helped to outline future partnerships with various stakeholders to

³¹⁹ "Shell," GBCHealth, accessed November 20, 2019, http://archive.gbchealth.org/member_profiles/1309/.

³²⁰ Ibid.

³²¹ Ibid.

³²² Ibid.

³²³ GBCHealth, "Shell."

³²⁴ Ibid.

³²⁵ Ibid.

develop policy responses to the HIV/AIDS epidemic and plan out the allocation of funding for future projects.³²⁶

Shell initiated the Niger Delta AIDS Response (NiDAR) project in partnership with local, state, and federal ministries of Health and Family Health International to support more than 27 health facilities in the Niger Delta and to train more than 240 health care providers.³²⁷ Local communities were in charge of overseeing the project, working with the community-led hospitals.³²⁸ By utilizing the knowledge power of local communities to manage hospitals, Shell has been successful in helping the Nigerian government to take control of its healthcare system.³²⁹ From 2008 to 2009, the NiDAR project helped 14,000 individuals receive testing for HIV/AIDS, provided prenatal care to 7,300 pregnant women to prevent HIV/AIDS transmission, and enrolled over 2,400 people in HIV/AIDS treatment programs.³³⁰ Due to the NiDAR project's success, the NiDAR Plus extension program was introduced in 2010.³³¹ There are limited findings on the success of the NiDAR Plus, which sought to strengthen the healthcare system in Niger Delta and to raise awareness about HIV/AIDS.³³² However, the NiDAR project demonstrates the importance of combining both the expertise of the private sector and local knowledge in addressing HIV/AIDS.

Shell also partnered with Aiducators4life, the Gabonese government, and UNICEF to launch an interactive board game called Vie2Jeune in 2009.³³³ The game has 60 pairs of question

³²⁶ Ibid.

³²⁷ "Health Care," Shell Nigeria, accessed November 20, 2019, <https://www.shell.com.ng/sustainability/communities/health-in-nigeria.html>.

³²⁸ Ibid.

³²⁹ Ibid.

³³⁰ Ibid.

³³¹ Ibid.

³³² Shell Nigeria, "Health Care."

³³³ "Gaming for HIV Prevention: A Public-private Partnership in Gabon," *UNAIDS*, November 29, 2012, <https://www.unaids.org/en/resources/presscentre/featurestories/2012/december/20121203gabon>.

and answer cards that provide information about HIV/AIDS facts, safe sex, teenage pregnancies, and stigmatization of HIV/AIDS patients, offering a creative and fun alternative to learning about HIV/AIDS.³³⁴ The game was first implemented in schools in Libreville and Gamba, and then later expanded to all of Gabon, showing that Shell's innovative approach to education serves as a useful example to other public-private partnerships.³³⁵

Shell decided to invest in fighting HIV/AIDS within Africa due to economical reasons. The Niger Delta is one of the most important oil-producing regions in Africa, and Shell relies on its workers being able to complete their work to the best of their ability in order to make the most money.³³⁶ Thus, by working to improve their employees' and communities' health, they can continue to operate at a high profit levels within this region and maintain a positive reputation amongst community members.³³⁷

7.3. Fundraising

Fundraising PPPs help to raise money for a specific cause, like HIV/AIDS. Using their current customer base, they can help to effectively spread the word about an important cause. The two case studies for this section are Marc Jacobs and MAC, and they both created special lines through which they conduct their fundraising.

7.3.1. Marc Jacobs Case Study

Marc Jacobs International, a fashion brand, began their HIV/AIDS activism when they launched two t-shirt collections in 2011 to benefit Aid for AIDS International (AFAI) programs

³³⁴ Ibid.

³³⁵ Ibid.

³³⁶ GBCHealth, "Shell."

³³⁷ Ibid.

and activities.³³⁸ The brand's namesake, Marc Jacobs, was deeply impacted by the deaths of his mentor, Chester Weinberg, and his hero, Perry Ellis, due to AIDS, inspiring the 2011 collections.³³⁹ ³⁴⁰ The designers of the shirts' patterns were members of AFAI's Children Programs in Latin America and the Caribbean, furthering connecting the collection's ties to those affected by HIV/AIDS.³⁴¹ These shirts were retail-priced at \$35 USD each, and all proceeds went to AFAI.³⁴² In the AFAI 2011 annual report, Marc Jacobs International is listed as one of only four donors to have donated between \$100,000 and \$200,000 USD to AFAI during that year.³⁴³ Thus, the two t-shirt collections were very influential for AFAI.

In 2017, Marc Jacobs designed a new t-shirt to raise money for UNAIDS.³⁴⁴ This t-shirt was priced at \$55 USD and was intended to raise awareness on World AIDS Day.³⁴⁵ This helps to expand Marc Jacobs International's work with numerous HIV/AIDS groups, such as the Elizabeth Glaser Pediatric AIDS Foundation, AFAI, Designers Against AIDS, and amfAR.³⁴⁶ More recently, on June 25, 2019, Marc Jacobs was a host for Love Ball III, a high-fashion benefit show presented by The Council of Fashion Designers of America (CFDA).³⁴⁷ The first of the two Love Balls donated over \$2.5 million USD to HIV/AIDS programs, and Love Ball III

³³⁸ "For a World Without a Trace of HIV," Aid for AIDS, last modified 2011, aidforaids.org/download/annual_report_2011.pdf.

³³⁹ Jodie Layne, "Chester Weinberg Reminds Us To Fight For An End To HIV Stigma In And Outside The Fashion Industry." *Bustle*, April 26, 2015, <https://www.bustle.com/articles/79015-chester-weinberg-reminds-us-to-fight-for-an-end-to-hiv-stigma-in-and-outside-the-fashion-industry>.

³⁴⁰ Maureen Callahan, "How Marc Jacobs Nearly Destroyed His Career," *New York Post*, September 10, 2014, <https://nypost.com/2014/09/10/how-marc-jacobs-nearly-destroyed-his-career/>.

³⁴¹ "For a World Without a Trace of HIV."

³⁴² Ibid.

³⁴³ Ibid.

³⁴⁴ Michael Hollingdale, "Naomi Campbell, Marc Jacobs and UNAIDS Announce Collaboration on Limited Edition T-Shirt for World AIDS Day," *UNAIDS*, December 1 2017, www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2017/december/20171201_t-shirt.

³⁴⁵ Ibid.

³⁴⁶ "Robert Duffy and Marc Jacobs International," AmfAR, accessed October 18, 2019, www.amfar.org/in-the-spotlight/amfar-awards/bios/robert-duffy-and-marc-jacobs-international/.

³⁴⁷ "CFDA & Susanne Bartsch Present Love Ball III," The Council of Fashion Designers of America, accessed October 19, 2019, <https://cfda.com/programs/designers/love-ball-iii>.

will donate all proceeds to the CFDA-Vogue Initiative and New York City AIDS Fund of the New York Community Trust.³⁴⁸

Marc Jacobs International helped amfAR to raise over \$4 million USD at its inaugural fundraising gala through its Presenting Sponsor role.³⁴⁹ The designer also showed support for amfAR at its 7th annual Inspiration Gala in New York by designing looks for the event and serving as an Honorary Chair.³⁵⁰ Marc Jacobs has also raised funds for Designers Against AIDS through his partnership with Playboy, where three exclusive t-shirts were designed at a price of \$35 USD and all proceeds were donated.³⁵¹

Marc Jacobs International was also one of 16 advisory expert governance bodies for Project Vogue.³⁵² This project aimed to create a new educational plan for educating about effective HIV/STI prevention methods, decrease HIV/AIDS stigma in the research realm, and promote the HIV vaccine.³⁵³ Another notable effort by Marc Jacobs Intervention was the December 2017 release of a limited-edition, fashionable safe-sex package. This kit was part of the New York City Department of Health's #PlaySure campaign to encourage safe sex habits.³⁵⁴ Over 150,000 of these kits were distributed for free, accessible to anyone at events or New York City Sexual Health Clinics.³⁵⁵ Through this work, Marc Jacobs has been able to fundraise

³⁴⁸ Ibid.

³⁴⁹ Bennah Serfaty, "amfAR Raises More Than \$4 Million for AIDS Research at Inaugural Event in Hong Kong," *amfAR*, March 15, 2015, <https://www.amfar.org/pr-hong-kong-2015final/>.

³⁵⁰ Ibid.

³⁵¹ Ninette Murk, "Marc Jacobs X Playboy Tees To Benefit DAA And Our New Book Now Also For Sale in London, Milan, and Paris," *Designers Against AIDS*, accessed October 20, 2019, <https://designersagainstaids.com/blogs/collaborations/marc-jacobs-x-playboy-tees-to-benefit-daa-and-our-new-book-now-also-for-sale-in-london-milan-and-paris>.

³⁵² Sheldon D. Fields, "Engaging Young MSM of Color in HIV Prevention in the Primary Care Setting," *University of Rochester*, June 1, 2011, http://www.lgbthealtheducation.org/wp-content/uploads/2012/06/Fields.HIV_Prevention_in_young_MSM_of_color.pdf.

³⁵³ Ibid.

³⁵⁴ Jeff Simmons, "Safe Sex Kits Get a Hot Makeover from the Designers at Marc Jacobs," *Metrosource*, April 16, 2018, <https://metrosource.com/marc-jacobs-making-sure-play-safe/>.

³⁵⁵ Ibid.

millions of dollars for HIV/AIDS research, demonstrating the influence large companies can have on the cause. These campaigns also raise the brand's recognition, resulting in higher recognition and better reputation.³⁵⁶

7.3.2. MAC Case Study

Make-Up Art Cosmetics, widely known as MAC, is a worldwide leader in makeup and cosmetic products that prides itself on its expertise, diversity, integrity, and social impact.³⁵⁷ The company was created with the hopes of driving social change and creating a true impact in the world.³⁵⁸ The founders, as members of the LGBTQ+ community, chose to dedicate their community engagement efforts to the fight against HIV/AIDS around the world through the Viva Glam campaign, formerly known as the MAC AIDS Fund.³⁵⁹ The campaign donates all proceeds to the MAC Viva Glam Fund to provide healthcare access to everyone, regardless of age, race, or gender.³⁶⁰

Beginning in 1994, the Viva Glam lipstick and lipglass lines have donated 100% of their proceeds to efforts to stop the HIV/AIDS epidemic.³⁶¹ Since its start, Viva Glam has partnered with some of the biggest names in the fashion and entertainment industries, such as RuPaul, Marc Jacobs, Chloë Sevigny, Dita Von Teese, Rihanna, Fergie, Sia, and Winnie Harlow to promote its lipsticks and raise awareness about the HIV/AIDS efforts.³⁶² These celebrities helped

³⁵⁶ Ibid.

³⁵⁷ "Our Story," MAC Cosmetics, accessed October 19, 2019, <https://www.maccosmetics.com/our-story>.

³⁵⁸ "Viva Glam Archives: 25 Years of Giving a Glam!" MAC Cosmetics, accessed October 19, 2019, <https://www.maccosmetics.com/vivaglam-timeline>.

³⁵⁹ "Change Your Lipstick, Change a Life," MAC Cosmetics, accessed October 19, 2019, <https://www.maccosmetics.com/vivaglam>.

³⁶⁰ Ibid.

³⁶¹ "Viva Glam Archives: 25 Years of Giving a Glam!"

³⁶² Ibid.

Viva Glam foster incredible marketing campaigns to the lipsticks and brought international attention to the HIV/AIDS epidemic.³⁶³ Throughout its 25 years of existence, Viva Glam has raised a total of over \$500 USD million to fight against HIV/AIDS.³⁶⁴ Each Viva Glam lipstick sells for \$18.50 USD, with 100% of the proceeds going toward HIV/AIDS.³⁶⁵ Viva Glam has raised roughly between \$20 million and \$30 million USD every year through this line, donating to around 1,800 programs worldwide through 10,000 grants.³⁶⁶

MAC's efforts to help eradicate HIV/AIDS have been instrumental and numerous. By 2002, they were able to donate \$250,000 USD to the United Nations to help fight HIV/AIDS in Africa, Asia, and the Pacific.³⁶⁷ Even further, they granted \$2 million USD to the UNAIDS Treatment 2015 initiative through a partnership between UNAIDS and Rihanna in 2014.³⁶⁸ This grant allowed UNAIDS to expand its programs for youth treatment and policies worldwide.³⁶⁹ In June 2016, MAC AIDS Fund put together a meeting between the mayors of New York and Paris to discuss the opportunities to diminish HIV/AIDS within the cities through education, treatment, and prevention.³⁷⁰

While Viva Glam has been able to donate large amounts of money towards efforts working to reduce HIV/AIDS from 1994 to 2019, there has been a standstill in the decline of

³⁶³ Ibid.

³⁶⁴ Devin Thorpe, "Rebranding at MAC Viva Glam Fund Explicitly Focuses on LGBTQ Equality to Boost HIV Fight," *Forbes*, June 28, 2019, <https://www.forbes.com/sites/devinthorpe/2019/06/28/rebranding-at-m%C2%B7a%C2%B7c-viva-glam-fund-explicitly-focuses-on-lgbtq-equality-to-boost-hiv-fight/#156f4b091f8e>.

³⁶⁵ "Feel-good history: This lipstick has raised \$500 million to fight AIDS," *The Economic Times*, June 22, 2019, <https://economictimes.indiatimes.com/magazines/panache/feel-good-history-this-lipstick-has-raised-500-million-to-fight-aids/articleshow/69901953.cms>.

³⁶⁶ Ibid.

³⁶⁷ "Viva Glam Archives: 25 Years of Giving a Glam!"

³⁶⁸ "The MAC AIDS Fund, Rihanna and UNAIDS team up to reach nearly 2 million young people in need of lifesaving HIV treatment," *UNAIDS*, January 20, 2014, <https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2014/january/20140130mac>.

³⁶⁹ Ibid.

³⁷⁰ "Mayors of New York and Paris convene a global meeting of mayors on ending AIDS in cities," UNAIDS, accessed on October 19, 2019, https://www.unaids.org/sites/default/files/20160606_PR_Cities_en.pdf.

HIV/AIDS since 2013.³⁷¹ In order to rebrand and revitalize their mission, the MAC AIDS Fund took on the name MAC Viva Glam Fund during 2019 celebrations of their 25th anniversary, focused on the LGBTQ+ community.³⁷² Given the high prevalence of HIV/AIDS in the LGBTQ+ communities, this campaign works to destigmatize the disease and fund needed services for women.³⁷³ Through this new campaign, one Viva Glam lipstick will have the capacity to buy a meal for two young homeless LGBTQ+ people, test 14 pregnant women for HIV, or buy 254 condoms to protect against HIV.³⁷⁴

MAC's partnerships with UNAIDS and other HIV/AIDS organizations have had incredible impacts on the efforts to end the HIV/AIDS epidemic through their awareness building and significant monetary contribution.³⁷⁵ While the motives that MAC has cited for their immense involvement in HIV/AIDS have all been related to having a social impact, it can be assumed that their campaigns have also drawn attention and customers to the rest of MAC's company, and thus drawn in more success for the business. There is no explicit data for MAC regarding this, but these results have occurred for similar fundraising PPPs.³⁷⁶ This increased business can serve as an incentive for other companies to join the PPP's to fight HIV/AIDS.

7.4. Research Generating

The final type of PPP is a research generating PPP, where they help to fund and conduct valuable research for the desired cause. This allows a spread of private knowledge to the public,

³⁷¹ Thorpe, "Rebranding at MAC Viva Glam Fund Explicitly Focuses on LGBTQ Equality to Boost HIV Fight."

³⁷² Ibid.

³⁷³ Ibid.

³⁷⁴ "Change Your Lipstick, Change a Life."

³⁷⁵ Thorpe, "Rebranding at MAC Viva Glam Fund Explicitly Focuses on LGBTQ Equality to Boost HIV Fight."

³⁷⁶ Matthew Berglind & Cheryl Nakata, "Cause-related marketing: More buck than bang?" *Business Horizons* 48, no. 5 (September - October 2005): 443-53, <https://doi.org/10.1016/j.bushor.2005.04.008>.

allowing for shared resources and a potential for higher innovation. Pfizer was selected as the case study for this type of PPP due to its work to increase the different types of HIV/AIDS medications, as well as their improving their access and decreasing their cost.³⁷⁷

7.4.1. Pfizer Case Study

Pfizer is one of the largest pharmaceutical companies in the world, developing major brand name drugs such as Lyrica, Lipitor, and Zithromax.³⁷⁸ It continues to grow through research and development along with a series of acquisitions including, but not limited to, Warner Lambert, Pharmacia Corporation, and Wyeth.³⁷⁹ Recently, Pfizer has been responsible for the development of a number of drugs to treat HIV/AIDS, including Selzentry, Dolutegravir, and Diflucan.³⁸⁰ In 2009, Pfizer launched a joint venture with GlaxoSmithKline called ViiV, an HIV specialized pharmaceutical company that has been productive in its HIV/AIDS therapeutic research.³⁸¹ Most recently, ViiV announced positive trials for an innovative 96 week treatment targeted to already heavily treated HIV patients.³⁸²

However, the company has also suffered from a slew of reputation-damaging stories and decisions. Over the past few decades, Pfizer has been implicated in controversies such as the illegal marketing of drugs, tax avoidance, testing of drugs on children without parental consent,

³⁷⁷ “One of the World's Premier Biopharmaceutical Companies,” Pfizer, accessed October 20, 2019, <https://www.pfizer.com/>.

³⁷⁸ Ibid.

³⁷⁹ Nolen, “Pfizer, Inc.”

³⁸⁰ “One of the World's Premier Biopharmaceutical Companies.”

³⁸¹ “Who We Are,” ViiV Healthcare, accessed October 20, 2019, <https://viihealthcare.com/en-gb/about-us/who-we-are/>.

³⁸² Isabelle Scali, “ViiV Healthcare Presents Positive 96-Week Data from Phase III Study of Investigational Fostemsavir in Heavily Treatment-Experienced Patients with HIV at IAS 2019,” *ViiV Healthcare*, July 22, 2019, <https://viihealthcare.com/en-gb/media/press-releases/2019/july/vii-healthcare-presents-positive-96-week-data-from-phase-iii-st>.

and bribery.³⁸³ Consequently, a report through the research consulting firm Reputation Institute found that, in a survey of 16,800 individuals, Pfizer had the lowest reputation score of 17 different large pharmaceutical companies.³⁸⁴

Companies have an incentive to keep their reputations among consumers high. Studies suggest that the value of tangible assets has fallen from 90% to 25% of corporate value, while intangible assets, like reputation, now represent between 40% to 60% of value.³⁸⁵ Moreover, two-thirds of a company's reputation has been shown to originate from perceptions of the company, with only one-half of the value of a company's reputation originating from the quality of the products themselves.³⁸⁶ This implies that a company which wishes to improve its reputation among consumers will attempt to engage with initiatives or programs that make the company itself look better.

Indeed, this need to rehabilitate corporate reputations seems to be a strong driver of Big Pharma's participation in fighting the HIV/AIDS epidemic. A Pfizer initiative to assist health organizations in 19 countries, the Pfizer Global Health Fellows program, was used to improve Pfizer's corporate reputation, rebuilding eroding trust and creating the public acceptance needed to stabilize a marketplace.³⁸⁷ Although difficult to leverage, this desire for positive image rehabilitation provides an incentive for large pharmaceutical companies to partner with UNAIDS.

³⁸³ Philip Mattera, "Pfizer: Corporate Rap Sheet," *Corporate Research Project*, February 3, 2017, <https://www.corp-research.org/pfizer>.

³⁸⁴ Lydia Ramsey, "RANKED: These are the most and least reputable drug companies in the world," *Business Insider*, June 6, 2017, <https://www.businessinsider.com/pharmaceutical-companies-reputation-rankings-2017-6>.

³⁸⁵ Mark Kessel, "Restoring the pharmaceutical industry's reputation," *Nature*, October 9, 2014, <https://www.nature.com/articles/nbt.3036?draft=collection>.

³⁸⁶ Kessel, "Restoring the pharmaceutical industry's reputation."

³⁸⁷ Taryn Vian et al., "Public-private partnerships to build human capacity in low income countries: findings from the Pfizer program," *Human Resources for Health* 5, no. 8 (March 2, 2011), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1820602/>.

The risks associated with launching pharmaceutical research could also be considered as a method to incentivize pharmaceutical companies to participate in PPPs. Pharmaceutical companies are likely to face heightened risks in many categories, such as market access, clinical trial design and drug approval, and foreign regulatory practices.³⁸⁸ This could have complications, as the odds of a company moving a product from Phase I to launch have decreased over the past decade, largely due to late stage failures and sustained high attrition rates.³⁸⁹ Therefore, pharmaceutical companies may be more hesitant to fund riskier projects in the upcoming years.

However, if pharmaceutical companies partner with external sources of funding, such as the government, the need for investment and risks of the venture decrease, as they are shared with the external source.³⁹⁰ Pfizer has generally understood the benefits of this partnership, as the company has worked with many publicly funded academic principal investigators in their Centers for Therapeutic Innovation (CTI), which has resulted in the sharing of knowledge and resources between public and private sector workers.³⁹¹ In these partnerships, efficient contract negotiation was key, as the reward- and risk-sharing for the CTIs worked best on a project-by-project basis.³⁹²

One of Pfizer's most successful attempts at fighting the HIV/AIDS epidemic has been through the Positive Partnership program. The Positive Partnership provides microloans to HIV/AIDS-afflicted communities in Thailand, working with the Population and Community

³⁸⁸ Ajay Dhankar, "Expanding Horizons for Risk Management in Pharma," *McKinsey & Company*, May 2018, <https://www.mckinsey.com/business-functions/risk/our-insights/expanding-horizons-for-risk-management-in-pharma>.

³⁸⁹ Dhankar, "Expanding Horizons for Risk Management in Pharma,."

³⁹⁰ Constance E. Bagley and Christina Tvarnoe, "Pharmaceutical Public-Private Partnerships in the United States and Europe: Moving from the Bench to the Bedside," *Harvard Business Law Review* 4 (2014), <https://doi.org/10.2139/ssrn.2310422>.

³⁹¹ *Ibid.*

³⁹² *Ibid.*

Development Association, a Thai NGO. Between January 2004 and December 2006, \$477,000 USD were provided in loans, with \$300,000 USD coming from Pfizer.³⁹³

There is a large demand for microloans within HIV/AIDS affected populations. Individuals with HIV/AIDS are often less able to get jobs or loans from traditional banks due to prejudice and fears about the individuals' ability to perform or pay back loans.³⁹⁴ Moreover, lenders that do allow HIV-positive individuals to borrow often charge exorbitant interest rates, pushing those individuals further into poverty.³⁹⁵ In contrast, microloans allow HIV-positive persons to access the capital to start their own businesses at a significantly lower interest rate, creating an opportunity for fiscal independence.³⁹⁶

Available evidence suggests that these programs have been successful in creating that financial independence. Loans have been used to create the various businesses, like buying and selling goods, food preparation, livestock-raising, vehicle repair, and craft-making.³⁹⁷ 91% of loans have been repaid on time, suggesting that people with HIV are just as likely to meet financial obligations as those without HIV, and that afflicted individuals are making enough money with the initial capital to pay back the interest.³⁹⁸

Another beneficial effect of the Positive Partnership is the decline in stigma surrounding HIV/AIDS. Due to the structure of the program, loans are not given out to individuals, regardless of their HIV status.³⁹⁹ Loans are only given out to partnerships of HIV-positive and HIV-

³⁹³ “The Positive Partnerships Program in Thailand: Empowering People Living with HIV,” UNAIDS, July 2007, https://www.unaids.org/sites/default/files/media_asset/jc1260_thailand_ppp_full_en_0.pdf.

³⁹⁴ Ibid.

³⁹⁵ “The Positive Partnerships Program in Thailand: Empowering People Living with HIV.”

³⁹⁶ Ibid.

³⁹⁷ Ibid.

³⁹⁸ Ibid.

³⁹⁹ Ibid.

negative persons, forcing integration of the two communities in order to access the money.⁴⁰⁰

This forced integration has been shown to decrease the stigma surrounding HIV-positive persons due to their new identities as business owners, business partners, and community leaders that deserve respect, as they are no longer seen as a threat to public health. In a community-wide survey of communities in which loans were given, respondents' anxiety toward people living with HIV/AIDS fell dramatically.⁴⁰¹ In January 2004, 47.7% of respondents felt a high level of anxiety toward people with HIV. In October 2004, that number was 14%, a 33.7% drop.⁴⁰²

Another program that Pfizer has participated in is directly subsidizing medications in areas of the world that struggle to access these needed medications. In 2009, Pfizer announced that it would be working with the Clinton Foundation's HIV/AIDS Initiative to lower the costs of these medications.⁴⁰³ As part of the agreement, Pfizer lowered prices of rifabutin, a drug that is often used to treat TB in HIV-positive patients.⁴⁰⁴ Generally, ARVs that can assist patients against HIV/AIDS interact poorly with traditional TB medications, forcing physicians to lower the dosage of ARVs that patients consume and compromise their health.⁴⁰⁵ Rifabutin combats TB without interacting with ARVs, allowing patients to use medication at their normal doses.⁴⁰⁶ Through this deal, the price of Rifabutin was lowered by 60% in areas where the drug used to have an extremely high cost.⁴⁰⁷

⁴⁰⁰ Ibid.

⁴⁰¹ "The Positive Partnerships Program in Thailand: Empowering People Living with HIV."

⁴⁰² Ibid.

⁴⁰³ "President Clinton, Pfizer, and Mylan Announce New Agreements to Lower Prices of Medicines for Patients with Drug-Resistant HIV in Developing Countries," Pfizer, August 6, 2009, https://www.pfizer.com/news/press-release/press-release-detail/president_clinton_pfizer_and_mylan_announce_new_agreements_to_lower_prices_of_medicines_for_patients_with_drug_resistant_hiv_in_developing_countries.

⁴⁰⁴ Ibid.

⁴⁰⁵ Ibid.

⁴⁰⁶ Ibid.

⁴⁰⁷ Ibid.

Pfizer also launched a global health fellows initiative with the International AIDS Vaccine Initiative (IAVI) from 2005-2009, working with the NGO and local research centers to strengthen capacity to conduct and monitor vaccine trials to meet international standards and expand trial activities.⁴⁰⁸ The initiative took place primarily in Sub-Saharan Africa, and proved to be effective through the achievement of its goals.⁴⁰⁹ As the corporation and NGO shared similar missions, expertise, and experience, the partnership was able to develop sustainable infrastructure for the NGO to more effectively search for an HIV/AIDS vaccine.⁴¹⁰ The study also concluded that sustained PPPs over several years may increase interorganizational learning and trust, leading to stronger capacity to advance and achieve certain goals, such as decreased drug costs.⁴¹¹ This partnership will provide numerous benefits in terms of drug costs. Research conducted at Stanford University indicates that newer drugs decrease total health expenditures by 7.2 times as much as they increase drug expenditures.⁴¹² This insinuates that the cost of treatment regimens and of providing for those with HIV/AIDS will decrease if PPPs that fund research like this continue.

In addition to improving economic access to medicine, Pfizer works to improve their economic standing by helping their employees. The company provides their employees with access to their company-developed ARTs and antiseptics, as well as training initiatives and counseling services to build a non-discriminatory work environment.⁴¹³ Pfizer executives

⁴⁰⁸ Vian et al., “Public-private partnerships to build human capacity in low income countries: findings from the Pfizer program.”

⁴⁰⁹ Vian et al., “Public-private partnerships to build human capacity in low income countries: findings from the Pfizer program.”

⁴¹⁰ Ibid.

⁴¹¹ Ibid.

⁴¹² Daniel P. Kessler, “The Effects of Pharmaceutical Price Controls on the Cost and Quality of Medical Care: A Review of the Empirical Literature,” *Pharmaceutical Licensing Group*, accessed October 12, 2019, <http://plg-group.com/wp-content/uploads/2014/03/The-effect-of-pharmaceutical-price-controls-on-the-cost-and-.pdf>.

⁴¹³ “HIV/AIDS Workplace Policy,” Pfizer, accessed November 4, 2019, <https://www.pfizer.com/responsibility/workplace-responsibility/hiv-aids-workplace-policy>.

understand that maximum efficiency in the workplace will only occur if their employees are mentally and physically healthy, so that is why they have put effort into helping their employees gain access towards the aforementioned healthcare innovations.⁴¹⁴ However, Pfizer only provides access to these treatments if their employees' government does not already do so.⁴¹⁵ This means that in countries with universal healthcare, the subsidization of treatments for employees would not be as effective of a negotiation tool. This helps further prove that companies serve a financial benefit in investing in their employees health, as mentioned throughout this brief.

7.5. Conclusion

Overall, there are numerous benefits for companies to join PPPs, from increased profits to improved brand reputation. By looking at the various case studies within this brief, companies can understand how to best begin and carry out a PPP, and communities can better understand the motivation of the companies they are engaging with. The Harvard Kennedy School Institute of Politics Health Policy Committee appreciated the opportunity to gather this information, and they hope that it will be of great use in the fight to end the HIV/AIDS epidemic. They would also like to thank UNAIDS for creating this opportunity and for all of the important work they do globally.

⁴¹⁴ Ibid.

⁴¹⁵ Pfizer, "HIV/AIDS Workplace Policy."