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

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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

divide creates differences in perception and access to healthcare.\textsuperscript{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. \textbf{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.\textsuperscript{3} It also strengthens a company’s business network via engagement with implementing partners from multiple industries.\textsuperscript{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.\textsuperscript{5} The case


\textsuperscript{4} Ibid.

\textsuperscript{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. 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. 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. Therefore, in order to stay economically competitive, companies should work to determine the best benefits to provide to their employees and

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7 Ibid.
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

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10 Ibid.
12 Ibid.
shown the program to have a patient retention rate of 97.3% and a viral load suppression rate of 96%.\textsuperscript{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.\textsuperscript{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.\textsuperscript{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.\textsuperscript{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.\textsuperscript{17} From 2000-2015, the global aggregate sum spent on

\textsuperscript{13} Sargent et al., “Private sector involvement in HIV service provision.”
\textsuperscript{15} Ibid.
HIV/AIDS was approximately $562 billion USD. 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. In 2002, HIV/AIDS limited economic growth by 2-4% per year across 41 African countries. Models from the University of Oxford project a continuous decrease in the growth rate of GDP through 2040 if no intervention is taken. 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.

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. 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. 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. If the public sector lessens its healthcare expenditures, it then has the possibility to alleviate private sector taxes and

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22 Ibid.
increase wages, thus cycling back to an increase in consumption and long term benefits for private and public sectors.\textsuperscript{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.\textsuperscript{27} While some ventures were profitable for ten years afterwards, many companies partaking in PPPs reported a negative return on investment after the decade.\textsuperscript{28} Many attribute the failure of the PPPs to severe cost underestimation, which consequently spurred renegotiations and legal hindrances.\textsuperscript{29} These renegotiations amplify already high legal preparation costs of the partnership.\textsuperscript{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.\textsuperscript{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.\textsuperscript{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.\textsuperscript{33} More research should be conducted on health-focused PPPs.

\textsuperscript{28} Ibid.
\textsuperscript{29} Ibid.
\textsuperscript{30} Ibid.
\textsuperscript{31} Ibid.
\textsuperscript{32} Ibid.
\textsuperscript{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. 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. 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.

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. 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

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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.\textsuperscript{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.\textsuperscript{40} 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.\textsuperscript{42} HIV/AIDS also places a financial burden on the public sector.

For example, the U.S. federal government spent $11.6 billion USD on combating the disease in 2005.\textsuperscript{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.\textsuperscript{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.\textsuperscript{45} In the penultimate year of employment, absenteeism ranges from 5 to 36 days.\textsuperscript{46} These data reflect a 66\% to 87\% increase in absenteeism over the standard, non-ill worker.\textsuperscript{47} Sick leave has a direct effect on productivity and may be the result of absenteeism or the individual’s weakened capacity to work.\textsuperscript{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\%.\textsuperscript{50} Even outside of Sub-Saharan Africa, these productivity costs are

\textsuperscript{43} Thiers, “The Lifetime Cost of Current Human Immunodeficiency Virus Care in the United States.”

\textsuperscript{44} Marseille, Saba, Muyingo, and Kahn, “The costs and benefits of private sector provision of treatment to HIV-infected employees in Kampala, Uganda.”


\textsuperscript{46} Rosen, Feeley, Connelly, and Simon, “The Private Sector and HIV/AIDS in Africa: taking stock of 6 years of applied research.”

\textsuperscript{47} Marseille, Saba, Muyingo, and Kahn, “The costs and benefits of private sector provision of treatment to HIV-infected employees in Kampala, Uganda.”

\textsuperscript{48} Marseille, Saba, Muyingo, and Kahn, “The costs and benefits of private sector provision of treatment to HIV-infected employees in Kampala, Uganda.”

\textsuperscript{49} Rosen, Feeley, Connelly, and Simon, “The Private Sector and HIV/AIDS in Africa: taking stock of 6 years of applied research.”

\textsuperscript{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. 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. 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%.

The above types of costs, direct and indirect, are usually summed up in two calculations: the AIDS tax and cost as a multiple. 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. 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.

3.3.3. Benefits and Combating Costs of HIV/AIDS

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53 Ibid.
54 Ibid.
55 Ibid.
56 Rosen, Vincent, MacLeod, Fox, Thea, and Simon, “The cost of HIV/AIDS to businesses in southern Africa.”
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. 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. 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. ART accounts for about $1,600 USD of this sum, while other “incremental medical care costs” account for the other $1,020 USD.

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. 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. Even investing as little as one third of the recommended amount can create positive

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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.
63 Ibid.
change. A June 2007 study found that spending $360 USD on medical care costs per patient per year yields positive financial returns.\textsuperscript{64} Treating employees can also cut company costs due to HIV/AIDS by up to 30%.\textsuperscript{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.\textsuperscript{66}

3.3.4. \textbf{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.\textsuperscript{67}

4. \textbf{Humanitarian Incentives for Private Companies}

\begin{itemize}
\item \textsuperscript{64} Ibid.
\item \textsuperscript{65} Ibid.
\item \textsuperscript{66} Marseille, Saba, Muyingo, and Kahn, “The costs and benefits of private sector provision of treatment to HIV-infected employees in Kampala, Uganda.”
\item \textsuperscript{67} Rosen, Feeley, Connelly, and Simon, “The Private Sector and HIV/AIDS in Africa: taking stock of 6 years of applied research.”
\end{itemize}
The historic and modern precedent for private sector philanthropic investments can be seen in Andrew Carnegie, who was committed to the ideals of philanthropy.\textsuperscript{68} Carnegie wrote about these ideals in his essay \textit{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.\textsuperscript{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.\textsuperscript{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.\textsuperscript{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.\textsuperscript{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.\textsuperscript{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.\textsuperscript{74} In fact, a report by Weber Shandwick found that 60\% of a company’s market value can be derived from its

\textsuperscript{70} Ibid.
\textsuperscript{72} Binder and Witte, “Business Engagement in Humanitarian Relief: Key Trends and Policy Implications.”
\textsuperscript{73} Ibid.
\textsuperscript{74} Ibid.
reputation. 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.

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. 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. Tony Elumelu, an Nigerian entrepreneur already funding ICRC projects, urges companies to also participate and to think of it as an investment, not aid. 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. Additionally, these investments help to develop commercial

78 Ibid.
79 Ibid.
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

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.”
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. The Department of Labor has promised to implement programs to increase compliance. 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. Currently, these costs reach $800 USD for a single pill, forcing patients to resort to less-tested alternative medications. 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. However, this statement contradicted the fact that the scientific community was content with the current drug’s efficacy and management.

87 Ibid.
89 Ibid.
90 Ibid.
of side effects.\textsuperscript{91} Furthermore, while Turing Pharmaceuticals announced plans in 2015 to lower the price of daraprim, they did not specify by how much, or when.\textsuperscript{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.\textsuperscript{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.\textsuperscript{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.\textsuperscript{95} While this ensures that the contract is met, little information is released regarding the private entity’s work.\textsuperscript{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 government.\textsuperscript{97}

\textsuperscript{91} Ibid.  
\textsuperscript{92} Ibid.  
\textsuperscript{95} “Regulation by Contract,” World Bank Group, last modified February 16, 2016, ppp.worldbank.org/public-private-partnership/regulation-contract.  
\textsuperscript{96} Ibid.  
\textsuperscript{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. 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.

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. 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. It has been estimated that this translates into $14 billion USD of lost tax revenues, which could be used for needed healthcare interventions. 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...
tax systems within Africa that have built in oversight. Their hope is to remove Africa’s reliance on aid through this return of tax revenue, and to also provide companies with desired stability. 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. 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. This would allow transfer of knowledge about identifying populations in need of services and establishment of quality control during shipment to remote areas. The Global Fund also expressed excitement to leverage Heineken’s communications and marketing expertise to craft HIV prevention and behavior change campaigns.

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. Additionally, public criticism

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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.
106 Ibid.
107 Ibid.
108 Ibid.
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 Heinken’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
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,
113 “The Global Fund and Heineken,” The Lancet Gastroenterology & Hepatology 3, no. 4 (April 1, 2018): 213,
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 communities.125

117 “The Global Fund and Heineken.”
122 Ibid.
123 Ibid.
124 Ibid.
areas. 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. Rural patients travel an average of 12.5 miles to access healthcare, and many travel up to 25 miles. 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. Even in countries with high rural populations, such as Zambia, there exists a discrepancy between what services rural residents have access to. 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. 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. 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

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125 Ibid.
126 Warshaw, “Health Disparities Affect Millions in Rural U.S. Communities.”
128 “Rural health inequities: data and decisions.”
129 Ibid.
130 Ibid.
access.\textsuperscript{132} Non-profit funding does exist for countries in this situation, but this is an unreliable source of funding for such a pressing need.\textsuperscript{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.\textsuperscript{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.\textsuperscript{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.\textsuperscript{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.\textsuperscript{137} Globally, the issues with low income and poor health are also factors into the closure of healthcare facilities.\textsuperscript{138} Thus, the closure of rural healthcare facilities perpetuates the challenges already faced by disadvantaged communities.


\textsuperscript{135} Ibid.


\textsuperscript{137} Pink, “Before the Committee on Finance U.S. Senate Washington, D.C.,”

\textsuperscript{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.\textsuperscript{139} Additionally, rural participants indicated that they would see a private doctor only if they were very ill.\textsuperscript{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.\textsuperscript{141} The demographic questions of the survey indicated that 24\% of urban residents were employed compared to 9.9\% from rural residents.\textsuperscript{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.\textsuperscript{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.\textsuperscript{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.\textsuperscript{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.

\textsuperscript{139} Van Der Hoeven, Kruger, and Greeff, "Differences in Health Care Seeking Behaviour between Rural and Urban Communities in South Africa."
\textsuperscript{140} Ibid.
\textsuperscript{141} Ibid.
\textsuperscript{142} Ibid.
\textsuperscript{143} Ibid.
\textsuperscript{144} Ibid.
\textsuperscript{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. 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. 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.

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.

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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.”

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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,
Uganda, and Suriname.\textsuperscript{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.\textsuperscript{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.\textsuperscript{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.\textsuperscript{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.\textsuperscript{159} Suriname is slightly higher with 49% of its residents on the internet, but the U.S., for comparison, is at 87%.\textsuperscript{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.\textsuperscript{161} As a result of their efforts,
Circus Zambia is currently building new facilities for HIV/AIDS awareness spreading and education, including a library, classroom, training room, and theater.\textsuperscript{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.\textsuperscript{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.\textsuperscript{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.\textsuperscript{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.\textsuperscript{166} These two

\begin{footnotes}
\item[162] Ibid.
\item[163] Ibid.
\item[166] “Introducing Our New 2017 MTV Staying Alive Projects.”
\end{footnotes}
programs both target educating prison populations, but are not localized to a certain type of country.\(^\text{167, 168}\)

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.\(^\text{169}\) 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.\(^\text{170}\) 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.\(^\text{171}\) They have recently earned a thirty-thousand dollar grant for their efforts from amfAR, the Foundation for AIDS Research.\(^\text{172}\) 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.

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\(^{172}\) 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

\(^{175}\) Ibid.  
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,


\(^{179}\) Ibid.

and multiple partners positively changed in 80% of viewers. 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. In addition, the survey data showed that 35% of Kenyans were more likely to take a test after viewing the show. 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. 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. Globo has also begun to expand to the Internet to host their own original web series and soap opera spin-offs. Due to their powerful media presence, Globo is a UNAIDS partner in order to help prevent HIV/AIDS.

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181 Banerjee, La Ferrara, and Orozco, “MTV Shuga: Changing social norms and behaviors with entertainment education in Nigeria.”
183 Ibid.
especially among the youth in Brazil.\textsuperscript{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.\textsuperscript{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.\textsuperscript{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.\textsuperscript{190} The production garnered 1 million views, resulting in it being the 3rd highest viewed series on the Globo platform.\textsuperscript{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

\textsuperscript{187} Ibid.
\textsuperscript{189} “UNAIDS Works with Globo Television to reduce new HIV infections among young people in Brazil.”
\textsuperscript{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.\textsuperscript{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.\textsuperscript{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.\textsuperscript{194} Durex donated 5 million condoms by the end of the campaign, and they reached over 65 million people through this campaign.\textsuperscript{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.\textsuperscript{196} Durex has also created a #CondomEmoji campaign to encourage safe sex and push for an official condom emoji on phones.\textsuperscript{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.\textsuperscript{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.


\textsuperscript{196}Ibid.


\textsuperscript{198}Ibid.
with their #CondomEmoji hashtag. Additionally, a Nielson study found that Durex has been able to positively increase their brand perception through various campaigns. 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. The group’s focus was preventing, caring for, and treating employees living with HIV. 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.

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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. 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.

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. The care program provides counseling and access to a variety of health specialists, and there is an option available for home-based care. 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. Lastly, the program aims to prevent the spread of HIV/AIDS through means such as education and counseling.

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. 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. The Volkswagen do Brasil’s AIDS Care Program was awarded an international distinction by the UN General

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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.\textsuperscript{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.\textsuperscript{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.\textsuperscript{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.\textsuperscript{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.\textsuperscript{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.\textsuperscript{217} 218 The following sections will go into detail

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\textsuperscript{213} GBCHealth, “Volkswagen.”
\textsuperscript{214} Ibid.
\textsuperscript{215} Ibid.
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.\textsuperscript{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.\textsuperscript{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.\textsuperscript{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.\textsuperscript{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.\textsuperscript{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.\textsuperscript{228} Lack of free access to ARV for the

\textsuperscript{223} Ibid.
\textsuperscript{224} The Coca-Cola Company, "UNAIDS Signs Up Coca-Cola in Battle Against AIDS."
\textsuperscript{225} Ibid.
\textsuperscript{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. In response, Coca-Cola introduced various education programs, medical testing, and counseling to serve all of its employees. 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. 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. These 26 bottling companies reported that between 2004 and 2006, the number of employees who took HIV/AIDS tests increased by approximately 53%. In addition, the number of employees receiving ARV increased by about 295%. 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.

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

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229 Bendell, “Waking Up to Risk: Corporate Responses to HIV/AIDS in the Workplace.”
232 Ibid.
233 Ibid.
234 Ibid.
235 Ibid.
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

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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.
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


\(^{246}\) 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.


\(^{251}\) Ibid.
shift from 148 district depots and 11 provincial warehouses to 30 intermediary warehouses in ideal locations.\textsuperscript{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.\textsuperscript{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.\textsuperscript{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.\textsuperscript{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.\textsuperscript{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.\textsuperscript{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

\textsuperscript{252} Project Last Mile, “2019 Impact Report.”
\textsuperscript{253} Ibid.
\textsuperscript{254} Ibid.
\textsuperscript{255} Ibid.
\textsuperscript{256} Ibid.
\textsuperscript{257} Linnander et al., “Process Evaluation of Knowledge Transfer across Industries.”
that matched Coca-Cola’s expertise with the ministry’s needs. Coca-Cola promoted recognition of industry overlap to engage multiple local partners in the initiative’s work. 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. In doing so, company goals aligned with those of the country. 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.

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. 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. This shift has resulted in increased economic gains for the company in the U.S. while reducing sugar intake for consumers.

7.2.3. De Beers Case Study

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258 Linnander et al., “Process Evaluation of Knowledge Transfer across Industries.”
259 Ibid.
260 Ibid.
261 Ibid.
262 Ibid.
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.268269 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

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

²⁷⁵ De Beers Group, “HIV/AIDS Case Study 2006.”
²⁷⁶ Ibid.
emphasis on well-being and health in the 21st century.\textsuperscript{278} The zero harm campaign encompasses issues pertinent to De Beers’ workers, such as hearing loss, musculoskeletal degradation, and HIV/AIDS.\textsuperscript{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.\textsuperscript{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.\textsuperscript{282} De Beers has held four consecutive CEO Safety Summits as well, bringing conversations surrounding safety to the forefront of the company mindset.\textsuperscript{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.\textsuperscript{284} Additionally, in a

\begin{flushleft}
\textsuperscript{282} De Beers Group, “Safety - Our Approach.”
\textsuperscript{283} Ibid.
\end{flushleft}
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.”
to Gaborone, Botswana’s capital. Additional work for the government has included the creation of infrastructure, such as schools, roads, hospitals. 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.

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. 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. Additionally, in 1994, De Beers was charged by the U.S. Department of Justice with antitrust violations, and they plead guilty in 2004.

More infamously, De Beers has been accused of conspiring with African rebel and cartel groups to acquire illicit diamonds, so called blood diamonds. 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. These commitments to clean diamonds have expanded

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291 Ibid.
292 Ibid.
293 Ibid.
295 Ibid.
296 Ibid.
through the Kimberley Process, a trade regime created in 2003 to stop the flow of blood diamonds.\textsuperscript{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.\textsuperscript{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.\textsuperscript{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.\textsuperscript{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.\textsuperscript{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, intro the new Wellness Pass.\textsuperscript{304} This platform enables

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\begin{itemize}
  \item \textsuperscript{302} Ibid.
  \item \textsuperscript{304} “Private Sector Innovation Partners for the Global Fund’s Sixth Replenishment,” \textit{The Global Fund}, October 9, 2019,
\end{itemize}
the digitization and safe storage of patient records, allowing for increased accessibility for patients and healthcare professionals alike.\textsuperscript{305} In this way, a better standard of care can be established, and increased communication between patients and staff can occur.\textsuperscript{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.\textsuperscript{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.\textsuperscript{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.\textsuperscript{309} As such, this could explain the lack of information on this PPP’s progress.

\subsection*{7.2.5. Access Bank Case Study}

Access Bank, based in Nigeria, is one of Africa’s fastest growing banks.\textsuperscript{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.\textsuperscript{311} Over time, they have expanded their work to include donations to the Global Fund and other groups, thereby

\begin{footnotesize}
\begin{itemize}
\item[\textsuperscript{305}] Ibid.
\item[\textsuperscript{306}] Ibid.
\item[\textsuperscript{309}] Ibid.
\item[\textsuperscript{311}] Ibid.
\end{itemize}
\end{footnotesize}
securing their reputation as a socially responsible financial company.\textsuperscript{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.\textsuperscript{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.\textsuperscript{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.\textsuperscript{315} \textsuperscript{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.\textsuperscript{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.\textsuperscript{318}


\textsuperscript{314} Ibid.


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

\(^{320}\) Ibid.
\(^{321}\) Ibid.
\(^{322}\) Ibid.
\(^{323}\) GBCHHealth, “Shell.”
\(^{324}\) Ibid.
\(^{325}\) Ibid.
develop policy responses to the HIV/AIDS epidemic and plan out the allocation of funding for future projects.\textsuperscript{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.\textsuperscript{327} Local communities were in charge of overseeing the project, working with the community-led hospitals.\textsuperscript{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.\textsuperscript{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.\textsuperscript{330} Due to the NiDAR project’s success, the NiDAR Plus extension program was introduced in 2010.\textsuperscript{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.\textsuperscript{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.\textsuperscript{333} The game has 60 pairs of question

\textsuperscript{326} Ibid.
\textsuperscript{328} Ibid.
\textsuperscript{329} Ibid.
\textsuperscript{330} Ibid.
\textsuperscript{331} Ibid.
\textsuperscript{332} Shell Nigeria, "Health Care."
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. 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.

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. 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.

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
and activities.\textsuperscript{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.\textsuperscript{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.\textsuperscript{341} These shirts were retail-priced at $35 USD each, and all proceeds went to AFAI.\textsuperscript{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.\textsuperscript{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.\textsuperscript{344} This t-shirt was priced at $55 USD and was intended to raise awareness on World AIDS Day.\textsuperscript{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.\textsuperscript{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).\textsuperscript{347} The first of the two Love Balls donated over $2.5 million USD to HIV/AIDS programs, and Love Ball III

\textsuperscript{341} “For a World Without a Trace of HIV.”
\textsuperscript{342} Ibid.
\textsuperscript{343} Ibid.
\textsuperscript{345} Ibid.
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.
\(^{350}\) Ibid.
\(^{353}\) Ibid.
\(^{355}\) 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.\textsuperscript{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.\textsuperscript{357} The company was created with the hopes of driving social change and creating a true impact in the world.\textsuperscript{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.\textsuperscript{359} The campaign donates all proceeds to the MAC Viva Glam Fund to provide healthcare access to everyone, regardless of age, race, or gender.\textsuperscript{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.\textsuperscript{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.\textsuperscript{362} These celebrities helped

\begin{footnotesize}
\textsuperscript{356} Ibid.
\textsuperscript{360} Ibid.
\textsuperscript{361} “Viva Glam Archives: 25 Years of Giving a Glam!”
\textsuperscript{362} Ibid.
\end{footnotesize}
Viva Glam foster incredible marketing campaigns to the lipsticks and brought international attention to the HIV/AIDS epidemic.\textsuperscript{363} Throughout its 25 years of existence, Viva Glam has raised a total of over $500 USD million to fight against HIV/AIDS.\textsuperscript{364} Each Viva Glam lipstick sells for $18.50 USD, with 100\% of the proceeds going toward HIV/AIDS.\textsuperscript{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.\textsuperscript{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.\textsuperscript{367} Even further, they granted $2 million USD to the UNAIDS Treatment 2015 initiative through a partnership between UNAIDS and Rihanna in 2014.\textsuperscript{368} This grant allowed UNAIDS to expand its programs for youth treatment and policies worldwide.\textsuperscript{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.\textsuperscript{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

HIV/AIDS since 2013.\textsuperscript{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 25\textsuperscript{th} anniversary, focused on the LGBTQ+ community.\textsuperscript{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.\textsuperscript{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.\textsuperscript{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.\textsuperscript{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.\textsuperscript{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,

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  \item \textsuperscript{371} Thorpe, “Rebranding at MAC Viva Glam Fund Explicitly Focuses on LGBTQ Equality to Boost HIV Fight.”
  \item \textsuperscript{372} Ibid.
  \item \textsuperscript{373} Ibid.
  \item \textsuperscript{374} “Change Your Lipstick, Change a Life.”
  \item \textsuperscript{375} Thorpe, “Rebranding at MAC Viva Glam Fund Explicitly Focuses on LGBTQ Equality to Boost HIV Fight.”
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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,

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378 Ibid.
379 Nolen, “Pfizer, Inc.”
380 “One of the World's Premier Biopharmaceutical Companies.”
and bribery. Consequendy, 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.

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. 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. 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. Although difficult to leverage, this desire for positive image rehabilitation provides an incentive for large pharmaceutical companies to partner with UNAIDS.

386 Kessel, “Restoring the pharmaceutical industry's reputation.”
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


\(^{389}\) Dhankar, “Expanding Horizons for Risk Management in Pharma,”


\(^{391}\) 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.\textsuperscript{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.\textsuperscript{394} Moreover, lenders that do allow HIV-positive individuals to borrow often charge exorbitant interest rates, pushing those individuals further into poverty.\textsuperscript{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.\textsuperscript{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.\textsuperscript{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.\textsuperscript{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.\textsuperscript{399} Loans are only given out to partnerships of HIV-positive and HIV-

\textsuperscript{394} Ibid.
\textsuperscript{395} Ibid.
\textsuperscript{396} Ibid.
\textsuperscript{397} Ibid.
\textsuperscript{398} Ibid.
\textsuperscript{399} Ibid.
negative persons, forcing integration of the two communities in order to access the money.\textsuperscript{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.\textsuperscript{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.\textsuperscript{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.\textsuperscript{403} As part of the agreement, Pfizer lowered prices of rifabutin, a drug that is often used to treat TB in HIV-positive patients.\textsuperscript{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.\textsuperscript{405} Rifabutin combats TB without interacting with ARVs, allowing patients to use medication at their normal doses.\textsuperscript{406} Through this deal, the price of Rifabutin was lowered by 60\% in areas where the drug used to have an extremely high cost.\textsuperscript{407}

\textsuperscript{400} Ibid.
\textsuperscript{401} “The Positive Partnerships Program in Thailand: Empowering People Living with HIV.”
\textsuperscript{402} Ibid.
\textsuperscript{404} Ibid.
\textsuperscript{405} Ibid.
\textsuperscript{406} Ibid.
\textsuperscript{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.\textsuperscript{408} The initiative took place primarily in Sub-Saharan Africa, and proved to be effective through the achievement of its goals.\textsuperscript{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.\textsuperscript{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.\textsuperscript{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.\textsuperscript{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.\textsuperscript{413} Pfizer executives

\textsuperscript{408} Vian et al., “Public-private partnerships to build human capacity in low income countries: findings from the Pfizer program.”
\textsuperscript{409} Vian et al., “Public-private partnerships to build human capacity in low income countries: findings from the Pfizer program.”
\textsuperscript{410} Ibid.
\textsuperscript{411} Ibid.
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.\textsuperscript{414} However, Pfizer only provides access to these treatments if their employees’ government does not already do so.\textsuperscript{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.

\textsuperscript{414} Ibid.
\textsuperscript{415} Pfizer, “HIV/AIDS Workplace Policy.”