

Paving the way for a future without AIDS

By **Stefaan Van der Borght**, Global Head of Health, Anglo American

HIV and AIDS dominates the modern healthcare agenda and, even today, is a major killer in sub-Saharan Africa. However, many of us remember the early 2000s. Those years were arguably the most challenging years; the blight of HIV/AIDS had reared its head globally, placing enormous challenges on the global health system, and challenging "big business" to shape a rapid and sustainable response. By the year 2000 the HIV prevalence rate in the mining industry was at 25%, the worst case scenario that had been foreseen and feared back in the 1980's. Deaths due to AIDS were increasing rapidly and access to treatment seemed a remote possibility, available only to a privileged few.



Anglo American, due in no small part to the persistence of Brian Brink, demonstrated real leadership in committing to free anti-retroviral (ARV) treatment for all employees in 2002. Our commitment to responding to the disease in a bold and proactive way has remained strong since that time.

In addition to testing and treatment, Anglo American has been actively involved in community projects since the launch of the Anglo American Community HIV/AIDS Partnership Programme in 2003. It has supported youth programmes and HIV/AIDS initiatives and clinics, and has engaged in public/private partnerships.

Where are we today

Things have changed a lot since the early 2000's. Infection rates have lowered, though far too many new infections persist. Since the time when Anglo American took what was seen as a leap

of faith, others have joined. Governments, the private sector, and civil society have pulled together to ensure global access to ARVs and other care and prevention programmes. In 2004, the South African Government responded to the unrelenting pressure for treatment and began implementing what was called the "Operational Plan for Comprehensive HIV and AIDS Care, Management and Treatment".

This was essentially the Government's ARV treatment strategy and aimed to provide comprehensive care to South Africans and strengthen the National Health System.

At Anglo American, we run the world's largest private sector voluntary counselling, testing and treatment programme for HIV/AIDS and TB for employees and their families as well as for contractors. By 2015 a total number of employees underwent a total of 620,000 tests for HIV and, those who are positive, have been referred into disease management programmes.

A cornerstone of the programme is voluntary counselling and HIV testing (VCT). In 2003, VCT uptake among the entire southern Africa-based Anglo American staff was less than 10 per cent; by year-end 2014, 86 per cent of employees were checking their status every year.

Today South Africa has the

largest private sector HIV treatment programme in the world.

Access to affordable and effective treatment has transformed the AIDS epidemic. From a situation of fear, stigma, discrimination and despair, we can now face the future with the certain

knowledge that HIV can be beaten.

Getting to zero

While observing World AIDS Day on December 1st, we reflected on the lessons we have learnt as we work towards our vision of Getting to Zero: zero new HIV infections, zero discrimination and zero AIDS related deaths. We are also thinking about the lessons and questions that still need to be answered to achieve our aim. As we have always advocated, the private sector needs to play a huge role in this, businesses need to ensure that employee workplace programmes engage and commit to ending AIDS in line with these UN goals.



Last month, just ahead of World AIDS Day, we signed an MOU with UNAIDS where both parties express their intention to extend their mutual spirit of cooperation and collaboration in continuing to work together to raise awareness of and to promote HIV testing.

However, as long as we have any new individuals becoming infected with HIV, our work is not done. This is not to diminish the strides made over the last 20 years. Rather, it is to ask another, more aspirational question: Can we ensure our vision of Getting to Zero is met in the next 15 years? At Anglo American we believe it is possible and look forward to working with governments, civil society, and fellow business leaders to make this happen.

Case Study

The Batho Pele mobile clinics and the UGM Hospital in Kuruman

When faced with a 130km journey along a dirt road to get to the nearest hospital, a mobile clinic can become a vital lifeline for an infected patient.



This is the reality of the Gasese rural village in the Northern Cape of South Africa, a beneficiary of Anglo American's Batho Pele project. Launched in 2011, the programme uses mobile clinics to move throughout the Northern Cape and deliver primary healthcare services and HIV treatment.

The innovative project has assisted more than 68,500 patients since 2011 with a substantial number of cases relating to HIV and AIDS-related services.

The Northern Cape is an important region for Anglo American's Kumba Iron Ore division in South Africa. The town Kathu is home to Sishen Mine, the company's biggest iron ore operation and one



of the largest open-pit mines in the world. However, with one of the highest HIV infection rates in the country, the province was in dire need of treatment programmes. In 2007 Anglo American launched the Ulysses Gogi Modise Wellness Clinic (UGM), a sponsored ARV clinic, at a cost of R17-million (nearly £1 million).

The clinic tested 14 000 patients for HIV in 2013, with 435 testing positive. It also ran counselling and training for 29,000 patients and provided ARVs to 1,536 patients. Out of this clinic came the initiative to launch the Batho Pele mobile clinics in 2011. Then, in 2014, UGM began an initiative at all the schools in the Gamagara Municipality to educate young South Africans about health issues. A total of 6,500 school children attend these on an annual basis.

Our goal is to help communities become empowered and economically active in a way that makes a lasting difference long after the mining operations are complete. In 2014 alone, Kumba spent R22.2 million (£1.6 million) on numerous community healthcare projects, benefiting about 360,000 people in the communities around our Sishen and Kolomela mines. ■