

Partnerships In Action

...whatever it takes

Eskom initiated its first workplace HIV and AIDS programme – focussed on education, surveillance and counselling as early as 1987. When this in-house programme could show the consistent provision of gold class access to treatment and prevention for all its employees, Eskom took a policy decision to look broader and do what it could to manage the disease's impact on the communities in which it operates. As an African entity, Eskom – the continent's pre-eminent power utility – prescribes to the ideology of "solutions by Africans for Africans". The philosophy is carried that it is the responsibility of every large corporate to protect the market that sustains it and to take a leadership role in fighting this devastating pandemic.

According to Carl Manser, consultant – HIV and AIDS programme for Eskom, partnerships are key to the effective management of HIV and AIDS but, like any business partnership, there must be a clear and objective reason behind their formation. Internal alliances need to precede external ones for, as Manser puts it, "charity must begin at home". Thus, only once internal company partnerships such as those with the unions and with employees living with HIV and AIDS have been solidified, can the focus be turned to external partnerships.

One of the "gaps" in HIV and AIDS management is the need for medical practitioners to be trained in the effective treatment of HIV and AIDS patients. To address this fundamental healthcare requirement, Eskom partnered with the Foundation for Professional Development (FPD) and provided seed funding to the value of R6 million for an initiative called the African Aids Training Partnership. This initiative set an initial target to train 60 000 Southern African primary care providers by 2008, however FPD has since realised that this number will need to grow significantly as trained professionals move from their

positions, fall prey to the brain drain, or pass away. The focus is primarily South African, however the FPD will enter any market showing an interest in and a need for its training. The

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programme's success, according to executive director, Dr Gustaaf Wolvaardt, is the fact that it is an African developed initiative, which is run in the local environment. The courses are generally organised in association with a local partner such as a medical association, NGO or church group, and the format is designed to limit time

away from work. Trainers fly into a location to minimise down time as well as the travel expense.

Eskom's involvement in this initiative has been two-fold: it provides scholarships to participants and it assists in fund raising endeavours. Eskom's managing director – Human Resources division, Mpho Letlape has travelled to the United States on several occasions with FPD representatives on fund raising campaigns and through these actions has assisted in raising four times the amount of money Eskom has contributed directly to the programme. A spin-off of this has been the opening up of a host of associated funding opportunities from those not willing to fund training, but willing to support other AIDS related activities. This situation has given rise to a number of projects such as one to provide technical assistance through additional staffing and operating systems for a number of government ARV clinics in the Gauteng area. Running since August last year, this project has seen close on 1 500 patients be put on treatment to date, and it is estimated that it will reach 4 000 patients by the end of this year; with 12 000 being targeted for next year. Another example is a project that sees collaboration between FPD and the University of Pretoria to re-establish infectious diseases as a speciality at the institution's medical school – a capacity that had disappeared over time. Funding was provided by a pathology group and a full time infectious diseases specialist has already been seconded to the facility to reinstate postgraduate training and research into infectious diseases.

According to Wolvaardt, the way forward for the Eskom / FPD alliance remains to get ahead of the demand curve; this despite the fact that FPD is currently training 5 000 healthcare workers a year (meaning that by the end of 2005, 15 000 healthcare providers will have been trained) making this

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the largest ARV training programme of its kind in the world. The objective is to push this number to 10 000 in 2006, funding permitting. "Africa cannot afford to put the barrier of money to training," says Wolvaardt. "Despite the fact that our prices are a fraction of the cost of international competitors, the actual cost of training is still too restrictive to many clinicians on the continent. We need funding to supplement these expenses so that we can take a good knowledge base to where it is needed. Another focus area for FPD at present is maintaining its instilled knowledge base. In Africa there is no ready access to medical journals, no internet, no DSTV and no visiting medical reps to update clinicians on new market developments, etc. As such, the people we trained in 2003 will still be practicing the same mode of operation in 2010. To facilitate knowledge flow so as to keep trained professionals abreast of the latest developments, FPD has developed an alumni society in conjunction with the clinician society and their branches now act as a conduit for monthly updates and information dissemination. We also use email as it has been ascertained that 60% of the people we train have access to a yahoo account".

Aside from the obvious advantages of being partnered with an organisation of Eskom's influence, Eskom's partners are benefiting from the opportunity to cross-partner with each other. FPD for instance is currently developing relationships with another of Eskom's partners – the South African Business Coalition on HIV and AIDS (SABCOHA). SABCOHA as a membership organisation constituting 10 small medium enterprises (SME) and 36 corporates – including Eskom as a founding member, identified a reluctance amongst SME companies to implement HIV and AIDS management programmes in the workplace, and so designed a toolkit to remove some of the perceived barriers to implementing such programmes amongst SMEs. Eskom has supported this initiative strongly by implementing

supply chain methodology i.e. making use of the toolkit procurement requirement for its suppliers. Eskom subsidises the cost of the toolkit for suppliers, and the money SABCOHA receives from Eskom through this initiative is used to fund capacity building programmes that assist SMEs implement this programme on the ground. Eskom also provided financial support for the recent 4th Africa

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business coalition meeting of the pan African business coalition on HIV and AIDS, which focussed on promoting synergistic responses. "There is a need for consistency in treatment and management," claims Brad Mears, chief executive officer of SABCOHA and chairman of the pan African business coalition on HIV and AIDS.

SABCOHA feeds into the larger Global Business Coalition on HIV and AIDS (GBC), which has offices in Paris, Beijing, New York and Geneva and with whom Eskom is also partnered. "GBC has only recently opened an office in Johannesburg, with Eskom as one of its primary members. Eskom

actually became a member of GBC when we were still operating from New York and so the partnership is a well established and very strong one," says Carol O'Brien, director of GBC Africa. "Eskom has given us enormous support since first joining as member and we hope our relationship continues to grow from strength to strength. We are planning, for instance, for GBC to utilise Eskom's network in Africa for fast access to countries with a high prevalence rate.

"One of the focus areas of GBC is to pick up on best practices and share these with our members, and we have been lucky enough to take the learnings Eskom shared with us about HIV and AIDS management internationally. South Africa is leading the fight against AIDS and through organisations such as Eskom's willingness to share their experiences, we can avoid other businesses falling into the same loopholes or having to reinvent the wheel and waste precious resources. Mpho Letlape is involved on international bodies such as the Global Initiative and the Global Fund and is doing a great job of representing not just Eskom but South Africa as a whole. Because of this type of support from the leadership within Eskom it has been very easy to pick up on the organisation's best practices and share them with the wider global market".

Eskom is also partnered in various other HIV and AIDS focussed initiatives, such as the South African AIDS Vaccine Initiative (SAAVI). SAAVI was initiated by Eskom and the South African government to develop and test an affordable, effective and locally relevant preventative HIV vaccine for southern Africa. In 2003 Eskom contributed R75 million to SAAVI in what is the largest ever corporate contribution to HIV vaccine development anywhere in the world.

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