

MALAWI BUSINESS
COALITION AGAINST
HIV/AIDS (MBCA)
PROFILE

June 2006

Programme Director: Andrew Chikopa
E-mail: mbca@africa-online.net

Phone: +265 1 821 264 / 360
Website: to be announced

1 Background

MBCA took several years and a number of re-launches to get fully up and running, but is now a prospering coalition. There are five stages which mark MBCA's journey of creation:

- MBCA started as a private sector working group under the Malawi Confederation of Commerce and Industry in 2002. This group was composed of the Chambers of Commerce (CoC), 15 MNCs, the NAC (National AIDS Commission) and the World Bank (WB.). UNAIDS also provided funding to mobilize the business communities to coordinate the HIV/AIDS response.
- In February 2003 the business coalition was formally launched, under the Chambers of Commerce with 15 companies, and a Programme Director seconded by the Chambers of Commerce.
- Initially, not many members joined, so NAC funded a re-launch in February 2004. The current Coordinator was recruited in May 2004 and the Acting Director left, by which time the number of members had risen to 20.
- Membership contributions were based on annual turnover, e.g. US\$ 1,000 > 15m, and US\$ 500 < 15m. However, companies were still not interested in joining. At this point there was no funding available to MBCA to facilitate the implementation of activities and the business coalition lacked direction.
- At the same time, MBCA was not recognized by the government as an official body. NAC went directly to the large companies. This caused frustration within MBCA, e.g. the NAC did not make sector funds available to MBCA.

This forced MBCA to redefine its mandate and develop a strategic plan which included:

- Resource mobilization
- Identification of value-adding services to members
- Studying how to gain recognition from the government
- Research advocacy
- Capacity building (within MBCA and companies)
- Monitoring & Evaluation plans

MBCA used this study to make a proposal to the government and received (Kwacha) K30m (approx. US\$ 300K). MBCA initially used this funding to develop toolkits for member companies. At the same time, MBCA revised its membership structure to accommodate smaller and medium companies. According to the chambers of commerce, 75% of businesses in Malawi are SMEs (the definition of a medium company is based on turnover and employees: <K5m revenues; 5-50 workers).

2 Organization

Employees & Structure

<p>Currently six full-time employees, including:</p> <ul style="list-style-type: none"> - Programme Director - Office assistant - M&E Officer - Accountant - ARV¹ Programme Officer - Capacity Builder 	<p>Within the year, MBCA plans to employ four more people :</p> <ul style="list-style-type: none"> • Research & Advocacy officer • Communication & IT person • Plus more programme officers for the north and centre provinces
---	---

Structure

- Board of six (four CEOs, one CoC, one NAC)
- Management Team (secretariat)
- Technical committee (12 representatives from the private sector, from 12 different sectors). These are volunteers from member companies nominated by the management of these companies. MBCA supports them in organizing their members. Their responsibilities include mobilizing companies within their sectors and reporting to the committee what is happening within their sector. The Technical Committee began in 2002.
 - The committee has sub-groups on treatment & care, prevention, policy issues, research/advocacy/monitoring, communication, and resource mobilization
 - In the last year, the technical committee has brought in ten of the 35 new members
 - It includes companies that from the sectors of energy, tourism, finance & banking, insurance, etc.

3 Membership Analysis

Membership Profile

Membership Tier	Criteria	Fees (US\$ annual)	Total Members
Bronze	NA	\$250	0
Silver	NA	\$500	15
Gold	NA	\$750	0
Platinum	NA	\$1,000	50*
Total			65 fully paid

*There are eight MNCs as members at the moment..

In addition, there are eight affiliated membership types for associations. There is no charge and they can access services for free, but they are asked to spread the word about MBCA. These affiliations are designed for informal businesses that cannot afford to pay membership fees but have shown an interest in addressing HIV/AIDS in their business, e.g. the hawkers association of Malawi, a group of individual vendors who are organized through the association.

¹ Antiretroviral.

The MBCA Tier Membership Model

MBCA found businesses showed a lot of resistance to the initial membership model based on turnover/employees.

The new model has four levels of membership. Each level entitles companies access to a clearly defined package of services. This approach gives more flexibility to companies, e.g. a large company can sign up for just the minimum package, or a small company can sign up for the full package. This approach also makes it clear what companies actually get for their money.

As a **Bronze** member (the minimum level), companies have access to:

- Information on workplace programmes including where they can obtain resources
- technical assistance on workplace programme development including M&E assistance
- access to ARV treatment (through the Ministry of Health partnership)
- one vote at the Annual General Meeting; cannot sit on the board.

Each level above this level provides access to more services. These include:

- **Silver**
 - In-house training programmes, e.g. peer education training, executive management briefing
 - research support, e.g. situation analysis
 - two votes at the AGM, but cannot sit on the board
 - 10% discount on training facilitated by MBCA.
- **Gold**
 - access to personal company support, tailored to the company
 - features within the MBCA magazine. Three votes at the AGM
 - directors can sit on the MBCA board, can represent the business coalition in national forums: some sit on the technical committees.
- **Platinum**
 - 50% discount on public training
 - featured on billboards and in TV coverage of MBCA
 - can chair the coalition board, can represent the coalition at international meetings
 - CEOs act as champions for HIV/AIDS, e.g. mobilizing businesses to create new treatment clinics
 - buddied with smaller companies that want to emulate platinum members' programmes.
 - tasked to develop sector initiatives, e.g. act as buddies or mentors for other companies in their sector.

Small companies receive subsidies on higher tier services by being linked to large companies that are asked to coach the small company: if a small company wants peer education training and cannot afford it, the firm is linked to a large company that can provide support alongside MBCA, e.g. the large company pays for the venue and MBCA will try to fund the training. So the large companies are subsidizing the small companies.

MBCA asks companies to contribute a minimum of 2% of their budget to HIV/AIDS. The challenge is that for smaller companies, 2% may not be sufficient to fund a programme if this is less than US\$ 2,000. That is, the company has a revenue of less than US\$ 100K.

This stemmed from an initial situation within parastatals in Malawi. These allocated a minimum of 2% of their budget to HIV/AIDS, e.g. Eskom, Air Malawi and Admac. When MBCA then tried taking this over to fully private companies, it was met with resistance. The parastatals then played an important role in advocating this budget ratio and encouraging the private companies to commit.

There are a number of examples where this takes place:

- In its Service Level Agreements, Unilever offers cleaning and key distributors (KDs) 2% of the budget and access to treatment. Unilever then checks randomly tested small company employees. If this company is struggling, Unilever will provide support, e.g. use meetings to advance HIV/AIDS issues.
- In the construction industry, the UK development agency DFID has included clauses to commit 2% of budgets to HIV/AIDS, identifying a service provider for VCT (voluntary counselling and testing), peer education, etc. DFID will pay this proportion directly to the service provider, i.e. it will hand over only 98% of the agreed budget. MBCA helps to link the contractors to service providers. MBCA has recommended three providers so far (for VCT, reproductive health, and People Living With HIV/AIDS).

Membership Dynamics	2003	15 members
	2004	30
	2005	65

MBCA is targeting:

- **Chambers of commerce:** 600 companies are registered with chambers. They could all potentially be members of MBCA which it is targeting as a first step. These companies are varied in size, but all large companies that are members of the chambers are already members of MBCA.
- **Existing business associations:** Institute of People Management to reach HR managers and the Society of Chartered Accountants.
- MBCA is now starting **sectoral outreach** (it has identified 12 sectors) including:
 - i. **Tobacco**, with its seasonal employees who are very mobile and has already lost many people. There are about 35 of these companies in total. Ten have approached MBCA for support to implement workplace programmes. Outreach started in March 2006. It included a CEO leadership mobilization meeting, and training for managers from all tobacco companies, HR managers on HIV/AIDS in the workplace, and focal points on HIV/AIDS mainstreaming, plus peer education. It also linked up partners for ARV provision.
 - ii. **Construction companies** are a particular target because they are high risk, typically have few programmes in place and have already lost many people to HIV/AIDS.
 - iii. **Transport:** a new outreach effort.

To obtain these new members, MBCA has even tried engaging sports celebrities to be present and lead programmes within companies. While it has yet to develop marketing materials, word of mouth is becoming increasingly effective as member companies are starting to share their experiences with non-members.

Membership Engagement

June 2004 assessment:

- 20 had policies, programmes and HIV/AIDS focal points. The majority focused on education. Only three extended to treatment (they experienced low uptake of services).
- 20 had run some sensitization activities but had no policy and no focal point.
- 10 had done nothing but were willing to do something.

2005 assessment: Now all 65 companies have an HIV/AIDS workplace programme (policy, workplan, focal point, HIV/AIDS workplace programme steering committee, trained peer educators). Some five are now finalizing their programmes.

The 2006 profiling exercise included 105 companies that had been in contact with the coalition, but were not members:

- 45 companies had a policy and programmes in place. Implementation was erratic: they sometimes lacked in-house expertise and still relied on consultants.
- The assessments were conducted by MBCA staff.
- It was also helpful for new member outreach. The assessment process was a good opportunity for MBCA to advocate the importance of workplace programmes. MBCA expects this to attract new members to the coalition.

4 Coalition Activities & Engaging Members

Activities

- **Voice for the private sector.** MBCA represents the private sector through its participation in national HIV/AIDS policy forums:
 - NAC (MBCA chair is the private sector focal point)
 - National Steering Group on health sector response to HIV/AIDS (sub group of NAC)
 - Malawi Partnership Forum (represented by the vice-chair of MBCA)
 - Country Coordinating Mechanism
 - Stakeholder in National Agenda Theme group for the private sector
 - Medical insurance companies have also been lobbied by MBCA to include ARV treatment as part of insurance.
- **Training** programmes for companies, which take place on a quarterly basis
 - Workplace training (started May 2004)². Topics include:
 - Economic impact of HIV/AIDS
 - Workplace programme development & implementation
 - Policy development
 - Mainstreaming HIV/AIDS in the workplace
 - Monitoring & Evaluation
 - ARV training programme for private sector healthcare workers (with the Ministry of Health, started September 2004)
 - Leadership programmes for CEOs and top management, including breakfast meetings, luncheons, panel discussions to engage CEOs on HIV in the workplace (started June 2005)
- **Buddy system for small companies.** Since April 2004, MBCA has facilitated lesson learning & information sharing exchange visits for companies that want to learn from those doing well. This tends to be demanded more by the smaller companies. To qualify, there has to be an expressed need from the company. From the first meeting the company is asked to produce an action plan which is followed and monitored by MBCA.
 - Ten companies have asked to be part of the buddy programme

² Please see appendix for a detailed example of one of MBCA's training sessions.

- The MBCA technical committee links the small companies to the large, and members take care of communication outside their company to market the coalition and MBCA's company programmes. Companies will target other firms within their own sectors, and understand what the needs of these companies are on HIV/AIDS. MBCA provides incentives to help persuade large companies to do this, e.g. additional services or resources from NAC.
- **Resource mobilization for coalition and members.** This is material as well as financial, e.g. supporting members with proposal development, facilitating linkages with AIDS service organizations for access to information materials, etc. These include PSI, ADRA, Save the Children US, BLM, and MACRO AIDS counselling resource organization.
- **Research and data gathering**
 - Situation analysis completed, planning to assess economic impact, and the extent of gender bias in the workplace
 - Monitoring member WPPs through contact visits with individual members to see where they need support. These are visited at least once a quarter
 - MBCA has mapped stakeholders in various parts of the workplace programmes, e.g. M&E, peer education, counselling, etc. MBCA is trying to understand where companies can go to find information, e.g. PSI is used for behaviour change, ADRA for communications in the programme for behaviour change dialogue, Family for Future (Mary Stopes) for reproductive health programmes. These partners in turn include MBCA materials in their programme.
- **Organizing member meetings**
 - Quarterly meetings for all members. These have taken place three times so far. MBCA distributes IEC³ materials (from SMARTwork futures group) including toolkits. These also enable members to understand and to review progress, challenges and plans; and they provide an opportunity for MBCA to communicate its progress and new programmes and plans for the next quarter
 - The AGM re-elected the Board of Directors and technical committee.
- **Advocacy** on stigma discrimination in the workplace: not very active at the moment due to capacity restraints.

Disease Focus

MBCA is changing its approach and encouraging companies to make HIV/AIDS just one problem within a broader health programme. A number of factors have led to this:

- Companies in Malawi are reporting that uptake of services within companies is low because of employee fear (of dismissal if disclosed, of being shamed by their peers – “you are a sinner”). Workers prefer to travel long distances away for treatment, to where they can be anonymous.
- MBCA also wants companies to provide better information on the importance of nutritional wellness (achieved through counselling).

The challenge is to integrate the programmes – to include other health issues such as TB, malaria, nutrition, and STIs (sexually transmitted infections). This could help overcome some of the fear associated with HIV/AIDS and “mainstream” HIV/AIDS, helping to destigmatize HIV/AIDS.

Therefore, MBCA's latest strategic plans include TB, nutrition and STIs as the key issues to mainstream. MBCA expects its members to react positively to this change. Some companies are already taking action in these areas, e.g. BP, which is buying anti-malarial bednets and works closely with RBM (Roll Back Malaria) locally. Similarly, Unilever and Eskom have already started malaria programmes.

³ Information, education and communication.

Gender Focus

MBCA is also looking at gender-based issues. In most companies only 5% of employees are women. Men are mostly in higher decision-making positions, while women are in the lower levels. Rape and sexual harassment of women in the workplace result. The challenge is convince a company's board this is an issue to focus on.

In November 2005 MBCA had a meeting with the Ministry of Women, Children and Gender Affairs and ten companies to learn how companies feel. Feedback from the firms was positive. They are willing to address the gender issues, but feel they need a larger group representing all companies should be involved.

5 Coalition Relationships

Relationship Profile

Formal (very engaged in activities, at least twice a month communication):

<p>Government (technical & financial resources, national AIDS plan)</p> <ul style="list-style-type: none"> • NAC • CoC • Ministry of Health • Ministry of Trade and private sector development 	<p>NGOs (sharing of skills, materials & information)</p> <ul style="list-style-type: none"> • PSI • Save the Children • ActionAid • National Association of PLWHA (rural) • Malawi network of PLWHA (professionals)
<p>Service Providers (complementary to member services)</p> <ul style="list-style-type: none"> • ADRA • InWEnt⁴ (sits on technical committee because it targets SMEs) • BLM (Family for Future a.k.a Marie Stopes) 	<p>International Donors & Agencies (resources & policy issues – contribute to NAC, not to MBCA directly)</p> <ul style="list-style-type: none"> • UNAIDS • WHO • DFID • UNDP • World Bank

Informal (not actively involved, exchanging materials, etc. and about two e-mails a year)

- ILO
- Futures Group
- Family Health International
- Centres for Disease Control and Prevention(CDC)
- International HIV/AIDS Alliance
- SABCOHA (South African Business Coalition on HIV and AIDS)
- GBC (Global Business Coalition)
- Trade Unions and Employers Association (the only other private sector organization who work on HIV/AIDS at the workplace)
- FAO (Food & Agricultural Organization)

Financial Resources: NAC, Ministry of Health
 Materials: PSI, ADRA, AA

⁴ Internationale Weiterbildung und Entwicklung/Capacity Building International, Germany.

PABC

MBCA views the Pan-African Business Coalition (PABC) as having a number of critical roles to play, e.g. to:

- Lobby various governments through regional forums, e.g. to create the legislative environment for the private sector for a uniform standard to which all companies must comply
- Champion raising awareness of the advancing occupational health agenda: influence the ILO and WHO agenda, e.g. to stop them competing for the same services as the coalition
- Resource mobilization globally, e.g. PABC is well placed to lobby pharmaceutical companies to channel funds for Africa through the coalitions
- Research, e.g. on economic impacts, monitoring private sector response to develop a better advocacy strategy
- Bridge gap between anglophone and francophone countries with a focus on supporting the weaker countries in setting up programmes; and strengthen communication and good working relationships

6 Funding

According to the new strategic plan, MBCA needs approximately US\$ 100K per year for the next five years to cover all programmes (to reach out to 600 companies), of which approximately 40% is for operations, transport and administration = a total of US\$ 500K.

2005

- K30M (US\$ 300K) from NAC: one-third for capital assets (including vehicles and computers) and office operations; two-thirds for programme delivery for one year, subject to review next year
 - Common pool including World Bank (lead agency) and others
- US\$ 85K from WHO (ARV programme officer)
- US\$ 45K from membership fees (unrestricted) (compared to total of 10K membership fees last year)
- US\$ 11K from revenues (unrestricted)
- US\$ 441K revenues generated this year compared to US\$ 47K in 2004.

Now exploring other fundraising activities, e.g. IEC materials development.

7 Success Stories

- **Government buy-in to support MBCA initiatives.** NAC now knows the existence of the MBCA. It has close links with Chambers of Commerce, Ministry of Health, NAC, etc. This is important to be able to tap into local resources that are available.
- **Public Private Partnership for delivering treatment in Malawi.** MBCA has been chosen to coordinate the national private sector treatment programme. This has involved working closely with the Ministry of Health (MoH). Started in September 2005 and lasting five years, this programme is embedded within the National ARV scale-up plan, which includes a component to use the private sector for channelling treatment. While the programme is subsidized, it still costs companies US\$ 5 per patient per month. Roles and responsibilities are clearly defined:
 - Funded by the Global Fund for the procurement of drugs and training of healthcare workers in the private sector
 - WHO covers operational and administrative costs, including salaries
 - MoH in collaboration with NAC and UNICEF procures the drugs for the private sector. MoH trainers are also using the MBCA programme to train the private sector
 - MBCA identifies private sector companies that will be part of this programme.

This programme is now also helping to attract new members, because companies know that through the programme, they can access the lowest-priced medication available.

8 The Future

MBCA vision

- MBCA leading all private sector response to HIV/AIDS; promoting a safe and healthy work environment
- Membership: growth to 600 members within the next five years (more than 1,000 companies registered)
 - 2005 65
 - 2006 120
 - 2010 600
- MBCA believes ten employees can manage the 600 companies. It wants to keep the organization lean.

Challenges

- Donor funding restricted to programme delivery, not staff
- Uncertainty of:
 - Commitment from government and private sector: it may change with new leaders, e.g. next government and new CEOs
 - Risk of changing agendas, e.g. treatment programmes.
- The coalition needs greater confidence in the continuity of revenues to support the coalition.
- It must also keep old members engaged while attracting new companies:
 - Needs marketing skills-building on how to retain customers
 - Needs to apply business models in private sector initiatives.
- Skills gaps
 - Advocacy skills
 - How to conduct economic impact assessment
 - Communications, e.g. media, IEC materials similar to the GBC's. This is why no newsletter has been created.

Appendix

Training in managing HIV in the workplace, November 2005

MBCA facilitated a successful two-day training on managing HIV/AIDS in the workplace, open to members and non-members alike (US\$ 100 for members, US\$ 200 for non-members). This was the first training session open to non-members. It was so successful that several similar sessions have been held since.

The training was very well attended, reaching the full capacity of 120 companies. In fact, MBCA was forced to turn away some public sector organizations due to space constraints. In all, 80 non-members attended alongside 40 members. Unexpectedly and unprompted by MBCA, NAC noticed an advertisement for the training in a local paper and decided to fund participation for 40 of the non-members.

Of the companies that attended, few had workplace programmes in place already:

- 30 companies had no policies in place
- 30 companies had a policy developed by the HR manager, but not implemented
- 20 had implemented policies.

Training included:

- Basic facts on HIV/AIDS
- Economic impact of HIV/AIDS
- How companies respond
- HIV mainstreaming
- Policies in place that govern response
- M&E
- Resource mobilization (requirements, collaborative partnerships).

This training actually generated a profit of US\$ 19K for MBCA:

- Total revenues raised were US\$ 24K (K2.4m)
- The total cost was US\$ 5K for all the materials, etc.
 - This included three facilitators costing US\$ 360 for two days
 - Donors paid for the training materials
 - Consultants were not used: ADRA, PSI, and partners provided people for the day.

This profit will help finance other activities within the coalition (e.g. part of the fees collected from non-members is being used to subsidize training for smaller companies).