


# HIV/AIDS: AT THE FOREFRONT OF A WORLD-LEADING RESPONSE





**Caption - front cover:**  
The Anglo American Chairman's Fund supports HIV/Aids awareness programmes through the sponsorship of the Leratong Hospice and other projects.

**WE ARE DETERMINED TO BREAK THE  
CYCLE OF NEW HIV INFECTIONS AND  
ENSURE THAT PEOPLE INFECTED WITH  
HIV DO NOT GET SICK OR DIE, BUT REMAIN  
HEALTHY AND ECONOMICALLY ACTIVE.**

**WE ARE ALSO DETERMINED THAT  
NO BABIES ARE BORN WITH HIV, AND  
THAT AIDS SHOULD NOT BE A DISEASE  
OF CHILDREN**

# WE BELIEVE THAT THE FIRST RIGHT OF THE INDIVIDUAL IS THE RIGHT TO LIFE, AND OUR ENTIRE HIV/AIDS POLICY IS BASED ON OUR RESPECT OF THAT RIGHT AND FOR ALL THE RIGHTS OF THE INDIVIDUAL THAT FOLLOW

## OUR APPROACH

Human rights start with a basic right to life. That is why we put as much thought into the health and welfare of our people and their families as we do our mines.

We believe that every employee has the right to work with dignity, and without fear of stigma or rejection. This is inherent to Anglo American's value of care and respect, and is just one of the reasons why we are recognised as a corporate leader in the fight against HIV and AIDS.

Besides managing the largest HIV/AIDS workplace prevention, counselling, testing and treatment programme in the world, we were also the first large employer in Southern Africa to provide free anti-retroviral treatment (ART) to all its employees. This was just one more step in our HIV/AIDS response journey that started in the mid-1980s.

Our response to the HIV/AIDS epidemic is captured in the Anglo American HIV/AIDS policy, which guarantees that there will be no discrimination against anyone with HIV infection or AIDS and that confidentiality will be protected. The policy strives to eliminate stigma and gender

inequities, and prevent the further spread of HIV infection. It also commits to ensuring that all affected employees and their dependants have access to the care, support and treatment they may need. This human rights-based foundation to our HIV/AIDS approach, coupled with strong support at chief executive and Board level, is a key determinant of its success.

Today, we remain at the forefront of a world-leading response to HIV/AIDS, most recently being recognised by the Global Business Coalition on HIV/AIDS, tuberculosis and malaria. In 2009, the coalition named our thermal coal business as one of the winners at the Annual Business Excellence Awards, for its holistic approach towards tackling HIV/AIDS in South Africa.

### People-focused

We believe that reducing the impact of this epidemic depends on people-focused solutions. Fundamental to this is the need for everyone to know their HIV status. Early diagnosis and early access to treatment lies at the core of all our HIV/AIDS programmes. Simply put, we don't wait for people to get sick from HIV infection.

We strongly encourage every member of the Anglo American family to take advantage of the free voluntary counselling and testing (VCT) that we provide, and we monitor the uptake of this every year. We also make sure that all people who test positive for HIV infection receive immediate care and support, as well as access to early treatment. This includes ensuring that those who start anti-retroviral treatment adhere to it.

However, we understand that HIV/AIDS cannot be effectively managed when only one person receives care for a disease that affects the entire family. This is why, in 2008, we extended our HIV/AIDS response from the workplace to include all our employees' dependants.

Today, more than 90% of employees participate in our VCT campaign each year, and we are working hard to increase the number of spouses, partners and dependants who do so as well.

During 2010 we tested more than 100,000 employees and contractors for HIV. This is a very significant contribution to the Government HIV Counselling and Testing campaign (HCT) which seeks to test 15 million people over one year.

Through this high uptake of VCT we are able to accurately quantify the prevalence of HIV infection in our workforce. This is currently 17% – around 11,000 of our employees.

# WE KNOW THAT WITH GOOD ADHERENCE TO THE PRESCRIBED MEDICATION, THERE SHOULD BE NO DEATHS FROM AIDS. THIS IS OUR LONG-TERM GOAL

## OUR DIFFERENCE

The three pillars of our workplace prevention programmes are education and awareness; condom distribution (both male and female), and early diagnosis and treatment of sexually transmitted infections. We have extensive activities in all of these areas, including having a large number of peer educators in the workforce.

Our annual HIV/AIDS awareness campaign and VCT drive feeds into ongoing prevention programmes for those who are HIV negative, and as well as care, support and treatment for those who are HIV positive. Regular VCT also ensures that we achieve early diagnosis of HIV infection and timely access to care.

All employees who test HIV positive are invited to enrol in the HIV disease management programme, which was established in South Africa eight years ago.

To date, approximately 60% of the estimated 11,000 HIV positive employees are currently enrolled in the programme, and more than half of these are receiving anti-retroviral therapy to help manage the disease – nearly 4,000 at the end of 2010.

We also have a policy of placing all HIV positive programme participants on TB preventative therapy, which has been shown to reduce AIDS mortality by 50%.

### Closing the loop

An important reason for extending our HIV/AIDS prevention, care, support and treatment to employees' families is to close the loop on our prevention programmes with a view to achieving better outcomes.

For example, we have always been concerned about the contribution of migrant workers to the spread of HIV infection, and we are exploring ways in which to tackle the disconnection between these workers and their families. We are also actively engaged in activities to strengthen health systems in the rural areas from which our migrant workers are drawn, so as to improve access to comprehensive HIV/AIDS prevention, care, support and treatment.

We are currently involved in several projects of this nature, one being the Bhubenzi Community Health Centre in the Bushbuckridge Municipality of Mpumalanga Province. Established by Anglo American's thermal coal business in 2007 in conjunction with Virgin Unite, US AID/PEPFAR, and Ndlovu Care Group this centre is providing life-saving ART to over 3,000 local

community members. The community clinic in Kathu township established by Kumba Iron Ore, Anglo American's iron ore business in South Africa, is providing similar services in the Northern Cape.

In addition, Anglo American and its platinum business unit are currently building a partnership with the Eastern Cape Department of Health, with the intention of producing a business plan to revitalise primary healthcare services in four sub-districts of that province.

### Tackling gender inequalities

We believe that a vital element of the HIV prevention response must be to improve sexual and reproductive rights and health services for women, and to this end we are committed to understanding and responding to the gender inequities and inequalities that drive the HIV/AIDS epidemic.

The prevention of mother to child transmission of HIV is another vital aspect of the prevention response. We have achieved close to zero transmission of HIV in employee and dependant mothers managed through our health services. It remains an ongoing challenge to achieve the same outcomes in peripheral and/or rural areas with weak health service infrastructure.



**94%**

of employees have participated in voluntary HIV counselling and testing in 2010

**Over 100,000**

HIV tests were carried out on our employees and contractors in 2010

**Nearly 4,000**

HIV positive employees are receiving ARV drugs to manage their HIV disease

**60%**

of the estimated 11,000 HIV positive employees at our Southern African business operations are participating in HIV disease management programmes

# OVER 100,000 HIV TESTS WERE CARRIED OUT ON OUR EMPLOYEES AND CONTRACTORS IN 2010. NEARLY 4,000 EMPLOYEES ARE RECEIVING ANTI-RETROVIRAL THERAPY

## OUR PROGRESS

By initiating ART before the immune system becomes compromised by HIV infection, and before the onset of AIDS, we have been able to progressively improve the median CD4 count of our HIV positive employees who are registered on the HIV disease management programme. During 2010 this was running at 275 – our best performance to date (350 is the point at which the World Health Organisation recommends that ART should be started).

This improvement is most likely due to a combination of earlier treatment initiation, better treatment regimens and improved treatment adherence. With improved enrolment on the disease management programme, this number should still further improve.

In practical terms, a higher median CD4 count translates into reduced absenteeism, improved productivity, improved safety and reduced costs.

We have studied the health economics of ART provision since the inception of our AIDS treatment programme in 2002.

In Southern Africa, the overall impact of HIV/AIDS to the company, including the cost of the ART program is equivalent to 3.4% of payroll. As HIV positive employees survive longer and remain in gainful employment, the cost of the program will increase. This increasing cost of

HIV/AIDS will only be contained by stopping the new HIV infections – the key objective of our HIV prevention programs.

Nevertheless, without ART the company would be in a much worse situation. The benefits of providing ART far outweigh the costs. The fully accounted for cost of providing treatment is US\$126 per HIV positive employee on treatment per month.

As a result of providing ART the following savings are achieved:

- Absenteeism declines 1.9 days per employee on ART per month; saving US\$96 per month.
- Health service utilization declines; saving US\$87 per month.
- Staff turnover and benefits payments are reduced; saving US\$36 per month.

At the individual level, the total savings of US\$219 per patient per month amount to approximately 174% of the cost of providing treatment.

In addition, we experience productivity improvements as the CD4 count recovers:

- At CD4 count > 250 there is no loss of productivity
- At CD4 count 100 – 250 productivity loss is 10%
- At CD4 count < 100 productivity loss is 25%

There is also little doubt that employees on successful treatment are inherently safer in the mining workplace.

One of the strongholds of HIV/AIDS action in South Africa remains the thermal coal business, which has halved the incidence rate of new infections in the past five years. Some 94% of its permanent employees have been tested since the inception of its HIV counselling and voluntary confidential testing programme. This business unit also manages a successful Preventing Mother-to-Child Transmission programme, which has celebrated the birth of 60 HIV-negative babies since it began in 2006.

### Three zeroes

Our ultimate goal is to see zero new HIV infections each year, zero people who get sick or die from HIV, and zero babies being born HIV positive. And we believe it can be achieved.

The 2002 decision to make anti-retroviral treatment freely available to employees – a move that led many in the industry to follow suit – transformed our whole outlook on dealing with HIV, changing it from being an uncontrollable risk and threat to our business, to something we can manage.

We maintain that optimism today. We have the tools. If we apply our minds and if we have efficient leadership, we can still turn this epidemic around.

**Caption - back cover:**  
HIV/Aids awareness beadwork crafted by patients at the Leratong Hospice.

**CORPORATE OFFICE**

**CORPORATE COMMUNICATIONS AND BRANDING – SOUTH AFRICA**

44 Main Street  
Johannesburg  
2001

P.O. Box 61587  
Marshalltown  
Johannesburg  
2107

T +27 11 638 9111

[www.angloamerican.co.za](http://www.angloamerican.co.za)

