



NIBUCAAA CEO Olusina Falana presents Lessons Learnt in Optimising Private Sector Participation in the AIDS Response

## NIBUCAAA attends AIDS Conference in Mexico

A two-man team comprising the Executive Secretary, Olusina Falana and Monitoring & Evaluation Officer, Babatunde Lawani joined the rest of the international community from July 31 August 10, 2008 to participate in the XVII International AIDS Conference in Mexico. NIBUCAAA's participation was as part of the delegation of the National AIDS Control Agency (NACA) to the conference on the one hand and based on the

invitation of the Conference organisers to make technical paper/poster presentations.

NIBUCAAA's participation was made possible with leveraging of resources by NACA, German Technical Cooperation (GTZ) and the Global Fund. The Private Sector activities in Nigeria geared toward achieving Universal Access was highlighted by Falana through a ten-minute Power-Point presentation titled: "Optimis-

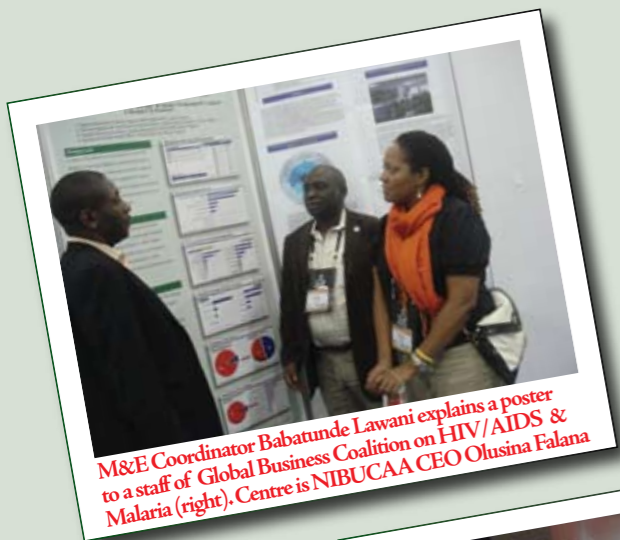
ing Private Sector Participation in the AIDS Response: Lessons from NIBUCAAA" at a NACA-sponsored satellite meeting on Thursday, August 7, 2008. Rounding up, the Executive Secretary told his audience that NIBUCAAA is a platform where competitors are partners in their quest to address HIV and AIDS in the private sector and the business host communities in Nigeria. He further stated that "in the last five years of our existence and

collaboration with NACA and other stake holders, we have learned that partnerships do not happen, they are built!"

Three wall-high thematic posters were presented to the international audience of political leaders, government officials, HIV and AIDS workers and media drawn from more than 68 countries. On August 4, Day 3 of the conference, Lawani made a poster presentation titled "Understanding the Nature of the Nigerian Private Sector" *Continued on p.2*

### ■ Inside ■

- NIBUCAAA attends AIDS conference in Mexico p.2
- Wellness champions p.3
- News briefs p.4



M&E Coordinator Babatunde Lawani explains a poster to a staff of Global Business Coalition on HIV/AIDS & Malaria (right). Centre is NIBUCAA CEO Olusina Falana



Cross-section of panellists at NACA's satellite meeting at the AIDS 2008 conference in Mexico



NACA Chairman Prof. Umaru Shehu and Director-General, Prof. Babarunde Osotimehin with some Nigerian delegates



Frank de Palomo, vice-president, AED Centre on AIDS & Community Health (COACH) and staff listen to Babatunde Lawani on NIBUCAA activities



Visitors peruse NIBUCAA exhibits at the Nigeria stand. Seated is NACA Chairman Prof. Emeritus Umaru Shehu



Learning Time at the Stop AIDS Now! (Netherlands) stand

Response to HIV and AIDS through a National Baseline Study of Small and Medium-sized Enterprises (SMEs). The abstract was classified under the Conference's cross cutting theme: 'Do the right thing' and evidence-informed policies and programmes. A few people came round during the presentation and asked questions. One of such was "how do we carry out advocacy to companies to get management buy-in?"

The next day, Lawani also presented a poster: "Empowering Nigerian Oil and Gas employees to disseminate HIV prevention information in the workplace and business host communities" on behalf of NIBUCAA's Programme Officer Mrs. Sandra Adio who was unable to physically make the presentation due inability to get sponsorship to attend. A number of conference participants also came round and asked questions.

The third poster, "Increasing access to and supply of HIV/AIDS, malaria and tuberculosis-related prevention and treatment in the supply chain companies (SCCs) in Nigeria," was presented by Falana. The presenter discussed the efforts of major multinational private

sector organisations (Diageo/Guinness Nigeria PLC, Heineken/Nigerian Breweries PLC and Unilever Nigeria PLC: three NIBUCAA members who are equally members of the Private Investors for Africa, PIA) in Nigeria to improve employees' access to prevention information, counselling, testing and treatment and extending the access to small businesses that supply their production inputs.

In sum, the seven-day conference provided ample learning opportunities for the NIBUCAA team. From the registration day on August 2 to the plenary on August 8, it was a plethora of sessions and meetings. At the official opening ceremony on August 3, the UN Secretary-General Ban Ki-Moon, and the chief host, Mexican President Felipe Calderon, delivered messages. Ban Ki-Moon reminded participants of the long road that many countries have yet to travel in order to realise the commitment set by the UN of achieving Universal Access to prevention, treatment, attention and support for HIV/AIDS by 2010. The President of the International AIDS Society (IAS) reminded UN member states to stop making

vague commitments and periodical political declarations against HIV discrimination but, rather, to carry out well thought-out and well-planned programmes to eradicate it.

On Day 3, the NIBUCAA team attended a session on the state of the epidemic where it was revealed that the ratio of new HIV infections to those starting ART was 5:2. In another session, titled "Watchdogging Scale-up, Monitoring progress, driving change," presenters examined experiences and successes in holding political leaders accountable for the improvements of lack of it in HIV issues, varieties of ways of handling accountability, holding leaders accountable for scaling up of treatment and delivery services and strengthening infected and affected countries to press for accountability at national and global level. Comments and issues raised included; trying to develop methodology for rating a country's response and score card using the UNGASS declaration as its starting point. It is clear that there is a strong need to continue to put pressure on government, develop new indicators, and rate other actors. It is obvious that

significant progress in terms of policy, cannot sustain country monitoring because of lack of resources and structure. Nations cannot access funds from donors for monitoring.

On Day 4, the team attended a skills building session on "GIPA Principle and Sensitisation of Medical Professionals." The main issue was on how medical personnel can involve GIPA in their programmes, particularly community programmes and dealing with stigma and discrimination among medical professionals through the integration of HIV and AIDS into school curriculum.

Later that day, there was a session on workplace with a thrust on companies' involvement in HIV and AIDS programming as well as a critical analysis of the areas of their involvement of companies such as the pharmaceuticals and those involved in health system strengthening, and others contributing to HIV and AIDS initiatives through philanthropy, those with corporate citizenship projects and businesses whose operations involve communities and so on. Another area of emphasis was issues on collaboration/partnership in which

participants shared experiences on building trust between parties, learning what others have to offer, agreeing on who does what, and what resources are needed, committing resources (which include human resources, time, effort and ideas), monitoring project outcomes and the process of collaboration and taking small steps to build on achievements and confidences. The session concluded that HIV and AIDS is a 'mega problem' that requires concerted discussions and actions by a range of organisations and institutions.

On Day 5, there was a plenary session on eradicating HIV. It was revealed that in 2007 two million children worldwide were living with HIV and 90 percent lived in sub-Saharan Africa. In order to address this challenge, it all stakeholders need to support children through families, create social protection for poorest families and expand income transfer to the poor ones.

At the "HIV on the job: Policies" session later that day, one salient point that emerged was that policies could be shelf documents that few people are aware of, thus lessening their value.

Day 6 featured a plenary session on "Universal Access, Universal Crises,

Universal Prices." Key issues from this session were the number of people receiving ART in low and medium income countries, mechanism for collaboration and policies and growing commitment to expand the prevention of mother-to-child transmission (PMTCT) of HIV. It was suggested that while there should be linkages between family planning and care services, HIV should be addressed as a 'disease' of the family and emphasis should be placed on early infant diagnosis. Action points recommended were: reducing early mortality from late diagnosis, initiating early treatment, changing PMTCT regimen, sustainable financing and eliminating Stavidine to adopt Tenavirine and more expensive regimen.

The final day featured a plenary on sexual minorities. The presenter stated that discrimination against Men having Sex with Men (MSM), sex workers and trans-gender people makes prevention and treatment intervention difficult. He stated further that criminalisation of sexual habits deters people from testing, spreads misinformation about HIV, creates a false sense of security and stigmatises people with HIV. A

call was made at the closing ceremony, for the UN member states to actively include the Most At Risk Population (MARP) in their HIV response. There is need for more funds for HIV, more integration with sexual and reproductive health and access for all with appropriate health care. The Speaker concluded by saying "Last year (2007), two million people were infected with HIV, a disease that is preventable. It is totally unacceptable."

The NIBUCAA team was also part of the Dutch Public-Private Partnership Forum: an informal work-

ing group with representatives from Heineken, Shell, Unilever, Zain (formerly Celtel), PharmAccess Foundation and the Dutch Ministry of Foreign Affairs. The group was set up in 2004 with a view to jointly expanding already existing initiatives in response to HIV/AIDS in addition to each PPP member's individual activities. A particular initiative that has been stimulated by the PPP Forum is the Health Insurance Fund- which in Nigeria was pioneered in Kwara State by one of NIBUCAA's active member companies- Hygeia Nigeria Limited.

### Wellness Champions

Four NIBUCAA staff participated in the *Bridges of Hope* training organised by a member company, Stanbic IBTC Bank PLC. Staff of selected organisations were trained as wellness champions, empowered with skills to disseminate wellness practices and behaviours in their workplaces.

### Data Collection

NIBUCAA has developed a data collection system, "NIBUCAA Monthly Reporting Form," to track activities outlined in the Coalition's Strategic/Business Plan (2007-2011). Data gathered using the form will be uploaded onto the Nigeria HIV and AIDS Workplace Database (under development) and subsequently analysed to monitor trends in workplace HIV interventions.



## PIA Project expands coverage area

The PIA/GTZ PPP project experienced re-engineering in the quarter, leading to the expansion of the project coverage area and strategy. For the first time, the project moved out of Lagos and extended to Kaduna and Port Harcourt.

Also, a lot of efforts went into adapting IEC materials for the project. Banners, T-shirts and face caps were produced for use by the HIV and AIDS community outreach programme of the **Sonnex Packaging Nigeria Limited**, a supply chain to **Unilever Nigeria PLC**. The production of a unified audiovisual 'voice over' and the Peer Educators' IEC materials for the PIA project were also explored.

As part of effort in putting in place sustainability strategy for the project, 10 focal persons for the project were trained and empowered on how the management of an HIV/AIDS programme in the workplace.

The activities completed under the umbrella of the PPP-PIA project within the quarter were:

- Appraisal/review of the PIA PPP project/budget with the GTZ;
- Training of 21 staff members of Servtrust Limited and 15 employees of **Chisco Transport Limited** as Peer Educators;
- Replacement of **Bemil Limited** with **TA Logistics Limited** as the third supply chain company for **Guinness Nigeria PLC**;
- Training of TA Logistics HIV/AIDS Planning Committee;
- Drafting of HIV/AIDS Workplace policy for TA Logistics;
  - Organising community outreach rally at Ojota Motor Park;
- The 3<sup>rd</sup> Quarterly meeting that took place at Villa Park Hotel, Amuwo Odofin was hosted by **Ashaka Security Company Limited** – a SC to Guinness Nigeria PLC;
- Overview of mapping exercise;
- Development and review of GTZ Local subsidy budget.

- Review of PIA PPP budget line items in accordance with the mapping exercise.
- Commencement and completion of the translation of GTZ IEC flip chart into Yoruba and Igbo languages.
- KAPB Baseline Survey conducted at Chisco Transport Limited

## Consulting/Advisory Services

The Stop AIDS activities of **Mobil Producing Unlimited** are seemingly overwhelmed by HIV prevention programmes due to staff core activities. NIBUCAAA was subsequently consulted to develop and submit a proposal to facilitate HIV prevention programmes for the Year 2009. The proposal included implementation of Greater Involvement of People Living with HIV principles in the workplace among other programmatic areas.



**Sandra Adio, Programme Officer, in a brief with Bawo Ogbetuo, External Relations Manager of ConocoPhillips**

**ConocoPhillips** requested for a review of HIV and AIDS peer education training while Dangote Group and a potential member of the Coalition, First City Monument Bank, both requested for proposals to conduct Knowledge Attitude Practice and Beliefs (KAPB) surveys. **Cadbury Nigeria PLC** as part of her Health, Environment and Safety Week requested NIBUCAAA to make a presentation on HIV/AIDS in October 2008.

## Community outreach

The proposed Access Bank PLC HIV/AIDS Community project and

the Chevron Nigeria Limited HIV/AIDS Community Outreach project, when implemented, will highlight the Coalition's activities in the communities and assist in accomplishing NIBUCAAA's mission of reaching out to the host business communities of member companies.

## Global Fund-assisted initiatives

The Global Fund-assisted initiatives under Round HIV/AIDS workplace interventions 5 are in two phases. The first phase will end in 2008. NACA, the Principal Recipient (PR), has requested for a work plan and budget from NIBUCAAA, a Sub Recipient (SR) for Phase II, based on the initial proposal submitted by their SRs. The Reports of the five GIPA Officers under NIBUCAAA's purview were compiled and included in the

capacity of 50 SMEs nationwide. The project was originally scheduled to roll-out in November 2008 suffered some inevitable setbacks. It is now certain that come January 2009, project activities will commence. A mobile HCT Team will be put in place to work with the five trade unions to create demand for HIV testing which will be piloted in the Lagos-Ogun state axis.

## Positive Action for Treatment Access

The collaborative HIV/AIDS Peer Education Training with Positive Action for Treatment Action (PATA) on Access Bank PLC continued in the Bank's Training School in Ikeja and Port Harcourt.

## Oil & Gas workers

NIBUCAAA made a presentation on "Best Practices on HIV/AIDS Intervention: Case Studies from Nigeria", at an international seminar organised by National Union of Petroleum and Natural Gas Workers.

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Global Fund monthly reports for the quarter under review. They included updates of activities, challenges and way forward.

## USAID/SMARTWork Programme

The long awaited strategic partnership between NIBUCAAA and the Academy for Educational Development (AED) has started blossoming with the formalisation of the agreement to implement, for a period of three years, a joint HIV/AIDS workplace intervention project with a view to building the