

THE BUSINESS OF HEALTH

THE HEALTH OF BUSINESS



World Business Council for Sustainable Development



IBLF
THE PRINCE OF WALES
INTERNATIONAL BUSINESS
LEADERS FORUM

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THE BUSINESS OF HEALTH – THE HEALTH OF BUSINESS

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Business Concern

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Health and human productivity can be improved through primary prevention, health risk reduction and disease management.

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Chronic diseases now account for 60% of all deaths, nearly 45% of which occur under the age of 70 and have a direct impact on working populations.

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Cardiovascular health

Cardiovascular disease accounted for nearly 30% of all deaths in 2002. Healthcare companies can limit the burden by promoting awareness among health professionals and the wider community.

Corporate Response	Location	Main Sphere(s) of Influence	Page
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GlaxoSmithKline is working to enhance the mental well-being and resilience of its employees through a comprehensive workplace program.	Global	Workplace	6
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Volkswagen Group has a global strategy for identifying and managing health problems and has developed a strong obesity program for the benefit of its Mexico operations, where chronic disease has emerged as a key public health concern.	Global/Mexico	Workplace	10
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Lafarge's sub-Saharan Africa HIV/AIDS program combines prevention, screening and access to care for employees and their families.	Sub-Saharan Africa	Workplace/Community	14
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BUILDING THE CASE FOR HEALTH, SAFETY AND WELLNESS

Ill-health and disease impair business performance by hampering individuals, communities and markets. The examples gathered here serve to illustrate the business case for corporate action on health and demonstrate how companies can positively and imaginatively engage with these issues to create business advantages.

Traditionally, promoting good health and ensuring adequate access to health services has been a function of government. However, it is increasingly apparent that companies are paying greater attention to ensuring the well-being of their employees. In addition to ensuring safe working environments, protecting the health of employees means business faces the challenge of dealing with infectious diseases like malaria and HIV/AIDS, as well as chronic conditions, such as heart disease, stroke, diabetes and cancer. In fact, chronic diseases are projected to account for 60% of all deaths in 2005 – some 35 million people¹. While death rates for all chronic diseases rise with increasing age, nearly 45% of chronic disease deaths occur under the age of 70 and directly impact working populations.

The business case

Health concerns burden corporate competitiveness through absenteeism, decreased “on the job” productivity and employee turnover. In developed countries, employers often foot the bill for health insurance. Business leaders are increasingly aware of the challenges: CEOs in the US ranked healthcare costs as their number one economic pressure², while McKinsey predicts that by 2008, the healthcare costs of Fortune 500 companies will be greater than their net profit³. As the examples profiled in this publication show, the costs associated with workplace health programs provide a powerful economic incentive for engagement. For example, workplace interventions for chronic disease control in industrialized societies have proven effective at reducing the associated costs, with an average return on investment of US\$ 3 for each US\$ 1 invested⁴. The experience of companies in anticipating and addressing health challenges in the workplace provides compelling evidence for further action in this field.

A changing context

International trade and industry partnerships, and ever-expanding supply chains and business activities in developing countries increasingly influence business's role in global health challenges. Many businesses today rely more heavily on intellectual capital, making the health of employees, on which creativity and innovation depend, critical for business success. At the same time, the short-term expectations of shareholders are often at odds with the long-term investment needed to address important health issues. Companies are under greater scrutiny than ever due to the spread of information through the Internet and mass media. Access to information makes corporate reputations increasingly fragile and the management of employee health potentially has a direct impact on a company's good name. Managing health is therefore a must for companies that wish to develop into robust organizations capable of long-term growth.

Together, the WBCSD and IBLF member companies represent over 15 million employees and reach up to three billion customers every day – all of which can provide an enormous opportunity to influence knowledge, understanding and behavior with regard to health.

Companies can directly help their employees lead healthier lives through the careful design of interventions, such as benefit programs, smoking and safety policies, as well as food service facilities. Many of these programs can be extended to their families and the communities in which they live. This contributes to a reduction in the use and costs of healthcare systems, improved health and quality of life and investment in future generations.

In the field of corporate health and wellness, it is apparent that different approaches exist and are targeted at different problems. However, cohesive action and understanding of the benefits of health for business remain incomplete.

Health action

Research shows that companies that invest in health benefit from increased productivity and morale, as well as lower absenteeism and health costs⁵. Corporate engagement in health initiatives in the marketplace and community can also improve reputation and help companies find business opportunities.

business

The experiences of the WBCSD and IBLF in working on these issues reflect a number of recurrent lessons underpinning effective interventions:

1. **Be proactive** – A positive preventive approach to health can help cut costs and avoid problems before they arise. This includes identifying and articulating the business case for action.
2. **Look for opportunities in the marketplace** – By exploring the options for applying company expertise to health issues, many businesses can find commercial advantages.

MARKETPLACE: Identifying what actions are most appropriate to each business sector, including innovation in products and services, responsible consumer marketing and improved information to make healthy choices easier choices.

3. **Adapt to local concerns** – Specific industries, regional and cultural differences and the varied health issues of target groups need tailored interventions.
4. **Impact the wider community** – The health problems of a workforce are likely to reflect broader health concerns in the community, and internal approaches can be leveraged for wider community impact.
5. **Work in partnership** – Taking collaborative action and working with other companies as well as local authorities and civil society can help set standards, increase impact and influence. Collaboration can also help build local capacity.
6. **Measure and evaluate** – It is clear that there is a strong business case for investing in the health of employees. By measuring and evaluating programs companies can raise awareness and further promote the case for increased corporate action on health.

WORKPLACE: Identifying the business case for occupational health and wellness programs, including showcasing good practice and demonstrating ways employers can help improve the health of staff and their families.

The examples gathered here are not an exhaustive review of corporate action on health. They have been chosen to illustrate the range and scope, in both geography and type, of business engagement on these issues. They serve to show how companies are creatively turning good health, previously viewed as simply a cost, into a business opportunity and competitive advantage. Most importantly, the case studies represent the perspective of the companies themselves and by sharing their experiences the WBCSD and IBLF hope to inform, inspire and encourage more businesses to involve themselves in the business of health.

COMMUNITY: Identifying the potential for business to target outreach activities to promote healthier lifestyles, improve diet and increase physical activity working in partnership with schools, health services, community groups, sport and leisure providers and other institutions.

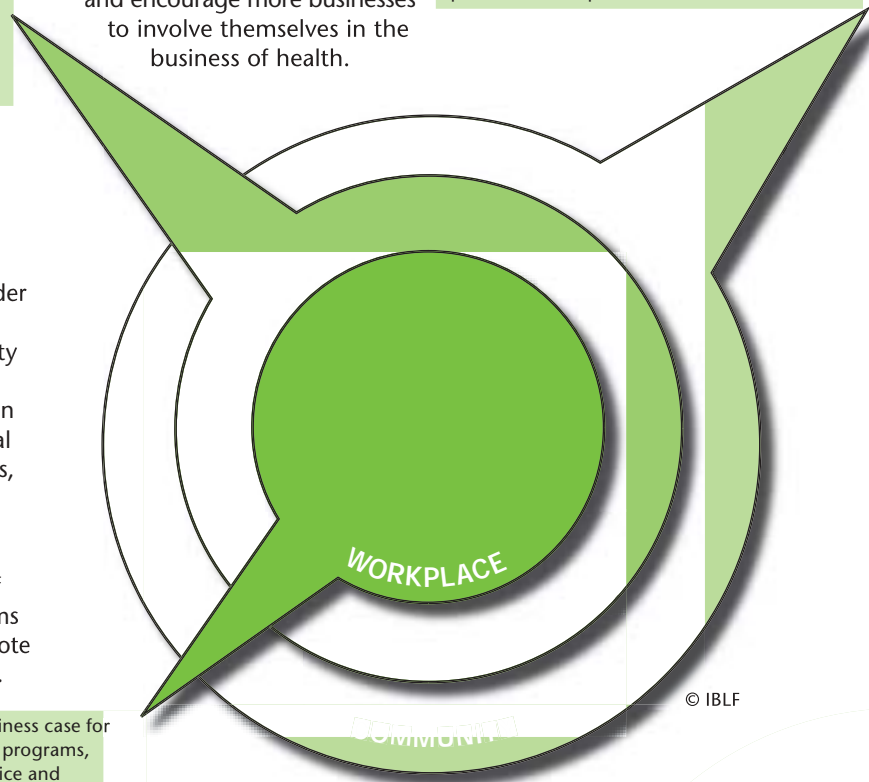


Figure 1: The HEAL Global Partnership Framework illustrates the corporate spheres of influence companies can use to engage with health issues. The case studies presented here are examples of how companies are identifying and engaging with health issues in each of these spheres².

Comprehensive health management

THE DOW CHEMICAL COMPANY

The challenge

Employee health affects employee productivity. As a worker's health declines, productivity and output decrease. Healthcare costs pose a serious threat to company competitiveness, despite US employers passing on cost increases to workers through higher cost sharing. However, this short-term fix does not address the primary drivers of soaring health costs – inadequate investment in health through primary prevention, health risk reduction and disease management.

Making it happen

Through The Dow Chemical Company's Health and Human Performance Management (H&HP) initiative, the company has come to understand the significance of employee health on bottom-line results and has identified priority actions that can be taken to keep both its employees and the company healthy.

Dow's H&HP management effort evolved over a number of years based on the growing belief of its champions that sustainable development derives from the performance, creativity, productivity, recruitment and retention of qualified, motivated employees. While technology may be duplicated, worker knowledge and human knowledge networks are primary sources of competitive advantage.

Dow's first step towards a comprehensive focus was a health promotion program aimed at improving employee health, reducing healthcare costs and providing a service that employees would perceive as having high value. Dow later started providing health advocacy case management services supported by work site-based occupational health nurses. The company's healthcare program focuses on employee health both within the company and with its vendor partners.

As its health management strategy took shape, its champions used evidence that about 25% of Dow's direct and indirect healthcare costs could be positively impacted by aggressive company action. By demonstrating the relevance of health to Dow's other corporate priorities, these champions were able to demonstrate the importance of employee health to the company's sustainable development strategy.

The company's H&HP strategy coordinates all business costs associated with health problems. Intervention priorities were set based on their expected impact on both direct and indirect costs. Three independent studies of internal and external data convinced the group's leaders that the strategy addresses an opportunity area of approximately US\$ 30 million annually.

Presenteeism, a term used by employers and researchers to reflect the effect of physical and mental illness on actual work performed, is also a concern for Dow. The results of a company-wide presenteeism study helped the team better understand and communicate the magnitude and effects of presenteeism, benchmark against other employers and refine its intervention agenda and data collection initiative. By doing this study Dow now understands the significance of presenteeism related to chronic health problems much better and has identified priority actions that can be taken to address them.

A common central intranet page under the logo and name *Good Health for the Whole Self* for all health-related programs and services was established as a single source portal. This name reinforces the perspective of a multidimensional health focus that addresses the physical, mental, emotional, social and spiritual dimensions of health.



Results

As these programs have unfolded, employees and managers have learned to appreciate the deeper financial implications of healthcare expenditures. As a result of their health advocacy case management efforts, more than 1,000 US employees using the services have obtained appropriate and expedient medical care following illness or injury, whether it was work or non-work related. For the employee, it has meant faster and fuller recovery, with 100% of respondents in follow-up surveys stating that the service had been of benefit. Dow has benefited from this effort by saving an estimated 5,000 days away from work. The direct cost savings is based on average salary, while the indirect savings is based on other projected administrative and work output factors.

In addition, Dow's US employees highly value these services. Of those eligible for a health assessment in 2004, approximately 90% participated. A satisfaction survey of these participants showed that 95% of employees responded that the health assessment is a valuable service provided by Dow.

Lessons

As the company has progressed in their efforts, several lessons have been learned:

- Internal communications are key. The program's success continues to depend on winning and maintaining the support of five audiences:
 - Dow's corporate leaders and shareholders
 - Leaders of their business units
 - Employee Health and Safety leaders
 - Human Resources leaders
 - Employees
- Strategic planning:
 - Have a vision in mind
 - Be grounded to some principles
 - Be persistent
- Coordination:
 - All health/safety related functions working together
 - Take small steps
- Present the business case:
 - Shift from cost to investment mindset
- Focus on efforts that achieve outcomes:
 - Need for metrics
 - Continuous reevaluation
- Recognize and harness the importance of culture to achieve success.

Enhancing resilience and mental well-being

GLAXOSMITHKLINE

The challenge

Worldwide as many as 450 million people suffer from a mental or behavioral disorder and the cost of mental health problems in developing countries is estimated to be between 3% and 4% of GNP. Mental disorders cost national economies several billion dollars, both in terms of expenditures incurred and loss of productivity.

The alarming rise in mental ill-health worldwide is partly attributable to a series of factors related to globalization and changes in working practices, including the need to keep pace with technological advances and rapidly changing business environments.

Making it happen

The global pharmaceutical company GlaxoSmithKline (GSK) has found that employees with mental ill-health are likely to be absent from work 7.5 times longer than those with a physical illness. Therefore, while the numbers of employees absent may be fewer, the effect on the business is potentially far greater.

The challenge therefore, has been to develop a consistent, robust and measurable approach to enhancing mental well-being and optimizing performance both at an individual, team and organizational level.

GSK has identified the resilience and mental well-being of its employees as a key determinant to realizing the potential of its human capital and one of the greatest threats to organizational productivity and growth. The company's "Employee Health Management" (EHM) team recognizes that individual health and well-being is vital for optimal performance – they describe this as being the initial building block to protecting and enhancing the health of the organization. In addition to this, they are focusing upon the resilience and mental well-being of teams, viewing them as more than just the sum of their parts.

The initial step GSK took was to identify a company understanding of what it means to be resilient: *The ability to be successful, both personally and professionally, in the midst of a high pressured, fast-paced and continuously changing environment.*

Based on this definition, the company offers a series of interventions following consultation with the organization's business leaders:

- a) Personal resilience program following completion of a health and work-life assessment offered to all employees through their local sites that assesses an individual's health risks and identifies areas where the individual has a desire to change, for example to stop smoking, reduce body mass index, etc.
- b) Team resilience assessment and action planning session led by line management with initial EHM involvement. Here, team members collectively review the combined results of their team's online resilience assessment (no individual results can be identified). Then, using accountability measures, the team discusses changes and improvements that address any team issues identified, including relationships, management practices, career and development.
- c) Scheduled team update sessions to ensure action is occurring.
- d) Health professionals available on-site to deal with health issues where needed, and to run sessions where needed, for example smoking cessation. EHM coaches and works with line management throughout this process to secure buy-in and ownership. This was imperative as the program was launched to run on an annual basis.
- e) Employee support consisting of a confidential helpline available 24-hours a day with additional counseling for individuals.
- f) Review and monitoring of the team resilience program occurs continually and is improved or customized to local conditions as needed.

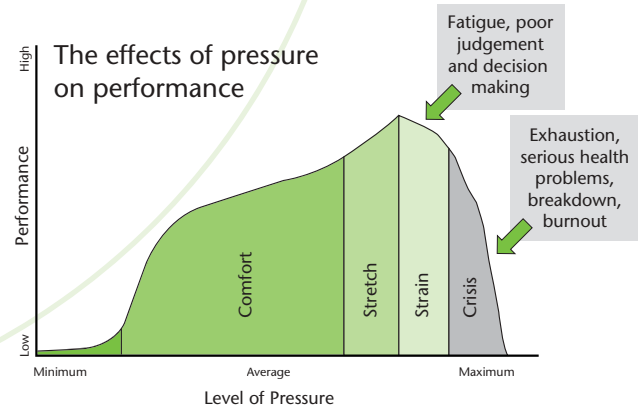


Figure 2: The effects of pressure on performance.



Results

GSK has identified significant personal benefits that can create high performing, resilient teams and significant business benefits:

- Improved focus on critical business needs and the elimination of low value work;
- Enhanced individual commitment, discretionary effort and team performance;
- Improved management practices;
- Enhanced recruitment and retention efforts.

“We believe our mental well-being programs positively impact on both top-line and bottom-line growth, adding significant value to our business performance”.

Dr Robert Carr,
GSK Vice President
& Corporate Medical Director

The personal resilience workshops have proven extremely effective and GSK is currently implementing a new tool to measure sustained behavior change following the intervention:

In the UK, the Health and Safety Executive (HSE) has recognized GSK’s work as a beacon of excellence for stress prevention. 4,400 people have embarked on the team resilience program, with the greatest source of pressure identified as work demands. GSK has now committed to taking all teams through the process using a triage methodology.

Since introducing the enhanced focus on resilience and mental well-being, GSK has experienced a 60% reduction in global incidences of new cases of work-related mental illness and a 29% reduction in days lost due to work-related mental ill-health.

Lessons

GSK has learned that the best approach to enhancing resilience and mental well-being is to partner with business leaders, managers and employees. They have found that clearly defining the responsibility that each employee and manager have to protect mental well-being has been key to their success.

GSK is aiming to develop and advance its employee well-being initiative as well as other key areas of employee health in the future and the company has a number of areas of focus aligned to the healthy scorecard approach. GSK is also committed to developing the employee health professional community and is a founding member of “Corporate Health and Performance” (CHAP) – a UK-based group of private sector organizations, which works to demonstrate that the health well-being of the workforce impacts individual and organizational performance and productivity.

GSK admits that when it comes to delivering the programs globally they are on a learning curve. They have had recent successes in Tokyo, India, Spain and Japan with translated programs in place. They intend to expand the work over the next year with GSK Australia being among the most recent to request it. Dr Robert Carr explains: “One of our challenges going forwards will be to adapt and deliver our learning across a number of countries and cultures”.

Building a comprehensive workplace well

INTERCONTINENTAL HOTELS GROUP

The challenge

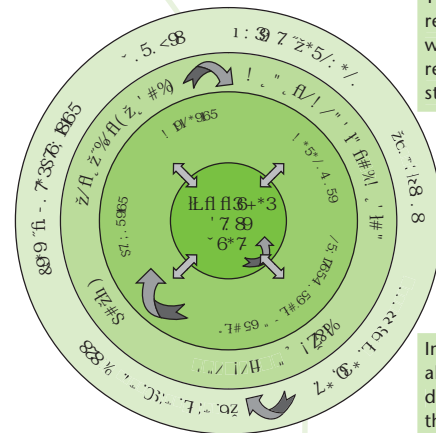
For hoteliers, health presents a number of specific challenges, particularly related to the diversity of health risks across the globe. Ensuring that staff health is good and properly protected is integral to the customers' experience as a guest. In some locations staff are very transient while in others, where hotel work is seen as prestigious and well paid, employee populations can be very stable. The nature of the work exposes staff to a range of inevitable consequences from customer-related trauma, such as sudden death, to catching infections, to the heightened risk of injury in instances where a hotel location might be targeted by terrorists.

Making it happen

According to Intercontinental Hotels Group (IHG), the world's most global hotel company, businesses are increasingly identifying employee health and its related facets as generating one of their larger business costs. For IHG costs for such aspects as incapacity pensions and healthcare insurance could be easily identified, yet those related to sickness absence were much more vague and in many instances ill-recorded. IHG started to seriously address the issue in 2002 and concluded it had a crudely calculated global cost of about £30 million (US\$ 55 million) which was not within a well-managed business model. Costs were spread across a range of budget centers and there was a lack of coordination and dialogue surrounding the topic. Workers compensation and employers liability issues were not integrated with other occupational health processes and there was no effective overall policy, or practice, in a number of key markets, let alone globally.

An IHG assessment recognized the need for a global strategy on employee health with the concept of Integrated Employee Health Risk Management (IHERM) at its core. The review also identified a strong need to develop the concept on an "act global; think local" basis (see figure 3).

IHERM is now being progressively rolled out worldwide, with the UK piloting a range of practices. Western Europe and the Americas are being embraced in phase two. Phases three and four will see the approach introduced across the remaining global areas. The review also identified that there was no clear focal point within the organization for the development of an employee health related strategy and nor did external providers of related services act in a cohesive manner, resulting in a uncoordinated stream of processes and programs often operating in isolation.



The two outer circles represent local influencers while the two inner circles represent the "client's" strategic approach to health.

Imagine each band being able to rotate in any direction in order to identify the range of issues that need to be considered.

Figure 3: The IHG IHERM model.

IHG had provided medical benefits to UK staff via a Corporate Healthcare Trust for some years and that body was now tasked with developing the new strategy and driving its implementation. It was also decided to rationalize IHG health services by creating a single provider for all employee health related services within each IHG geographical region.

The IHG IHERM model attempts to deliver a comprehensive approach: identifying, preventing, managing and mitigating employee healthcare risks.



Results

- Introduction of programs to help prevent illness (and injury);
- Effective monitoring from employment entry, with health problems being managed from the outset (disability discrimination legislation now makes it markedly more difficult to deny employment because of impairment);
- Provision of appropriate support to employees during illness and periods of incapacity;
- Introduction of individual case management to support line management, thus putting delicate matters into specialist hands, where independent and specialist knowledge (clinical/non clinical) are essential. A full range of rehabilitation services is included;
- Provision of prompt access to medical care via the Group's self insured healthcare plans or "Return to Work" healthcare financed programs, with consequent reduction in incapacity periods;
- "Careline" services which operate on both a self-referral and referred basis and which caters for musculoskeletal as well as psychological problems. This approach is deemed better focused on both individual and corporate needs;
- Evaluation and action on work-related causes of incapacity.

In the pilot year, UK savings were estimated at about £900k (US\$ 1.5 million); a yield on spending of 300%. These embrace identifiable economies or savings on payroll, pension plan (reduction in ill-health early retirement referrals) and healthcare plan costs. This level of savings has allowed the business to consider benefit improvements which will see company paid dental care incorporated into the Healthcare Plan from 2006.

Lessons

- The strategy's immediate priority was to focus on developing an effective sickness absence management process, reducing stress related issues and containing healthcare-related corporate spending. In some parts of the world, IHG found that private medical insurance plans warranted a "back to basics" evaluation as original intentions and current practice had diverged.
- Communicating intentions to both management and employees was key.
- Organizations are constantly evolving and IHG is aware that this process, like others, needs to be sufficiently resilient to withstand changes of both personnel and practice. It must equally be subject to review at each step to ensure messages have really been "heard". However the increasing level of support requested by operating locations during the year in terms of case management and employee care does suggest the message is actually getting across.

IHG is firmly committed to the process and believes that UK savings can be replicated elsewhere to varying degrees. IHG views the process as something that fits well within the remit of corporate social responsibility: properly addressing the employer's duty of care and meeting moral obligations to its people. It also makes real financial sense.

Chronic diseases: Identifying and response of a global workforce

VOLKSWAGEN

The challenge

According to the World Health Organization (WHO) chronic diseases now account for 60% of all deaths worldwide. In Mexico, like many other countries, obesity and chronic diseases such as heart disease, stroke, cancer, chronic respiratory diseases and diabetes, largely linked to poor diet and a lack of physical activity, have become pressing public health concerns.

Making it happen

Operating on a global and a regional basis, and as part of an integrated health program, Volkswagen Group, one of the world's largest automobile manufacturers, is challenged to promote and protect the health of its employees as specific health concerns such as obesity emerge.

VW believes that a company can only successfully exist as a global player in international competition if it has a healthy workforce – in the widest sense of the word. For VW the protection and promotion of the health of its 350,000 employees is therefore not only a social obligation but also an economic necessity. The Group operates 47 production plants in eleven European countries and a further seven countries in the Americas, Asia and Africa. VW sells its vehicles in more than 150 countries across the world. The challenge for VW has been to develop and maintain an effective system to manage the health of its global workforce and which includes measures and programs for specific problems and target groups.

The company believes that looking after the health of the workforce involves more than the prevention of accidents and diseases and aims to maintain and promote the physical and mental efficiency and the motivation of the workforce in the long-term. As VW states: "Both the workforce and the company benefit from health protection and health promotion. They lead to greater health and well-being among individual employees and make a major contribution to improving quality and productivity and therefore to the success of the company."

VW defines the following actions as part of its employee health strategy:

- Health – to protect the workforce from work-related health risks;
- Well-being – to promote their physical, psychological and social well-being;
- Capacity to act – to develop the individual's capacity to act;
- Health standards/economic efficiency – to achieve a long-term increase in the health standards of employees and to improve economic efficiency.

The VW Group has seen the development of a health initiative for apprentices who are overweight through the encouragement of healthy eating and physical activity. The company now offers considerable support to employees who fall into this category. For example in Mexico, where obesity has emerged as a one of the main public health concerns, the company has developed a series of courses and seminars which it offers to employees. These include regular medical examinations to monitor body mass index (BMI) and courses to identify and modify lifestyles such as a Sports Club to increase the general fitness of staff. Healthy eating is also encouraged in the staff canteen, which is the largest in Latin America, serving more than twelve thousands meals per day. The canteen has seven dining halls, with space for 2,394 people provided for by 260 canteen staff. The meals are designed in accordance with nutritional, energy and calorific requirements. VW México also has the only canteen in Latin America that regularly offers a vegetarian alternative on such a large scale. Approximately 800 people chose this option each day.

"The nutritional quality of the food we offer at VW Mexico encourages healthy eating and helps us to maintain and promote the well-being of our staff."

Dr. Enrique Robles Ortega,
VW Mexico

ding to the health issues



Results

Health reporting is a core aspect of the VW employee health strategy. While ensuring that the rights of employees and the privacy of the individual is protected the company systematically documents and evaluates data relating to stress, strain and health. The data is then used to contribute towards identifying main areas of risk and disease, defining fields of action and monitoring success.

Economic benefits – a real reduction in health care costs

The systematic reporting of health data has allowed VW to note that employees with a BMI between 30 and 35 cost the company 25% more in health costs than staff with a normal BMI; for employees with a BMI in excess of 35 health costs are 44% greater.

Lessons

- **Develop a comprehensive understanding of health** – Understand that health is more than freedom from illness but also encompasses well-being, and the development of an individual's capacity to act – making healthy choices, easy choices.
- **Adopt a holistic approach** – This means regarding health promotion and protection as a whole, continuous process during which the psychological, physical and social aspects of health should be taken into consideration as well as influences both during and outside working hours, potential health risks and resources for health promotion.
- **Take a proactive approach** – Health protection and health promotion should be tackled proactively through prevention and awareness programs as well as being integrated in the planning process.
- **Cooperate and participate** – Taking national rulings into consideration, establish an open and comprehensive dialogue, and close, constructive cooperation with all those involved in occupational safety and health both within and outside the company.
- **Target specific problems** – Measures and programs to protect and promote the health of the workforce should be carried out for specific problems and target groups.
- **Innovate** – Success must be regularly monitored, continuous improvements made and innovative further development achieved.
- **Measure costs and benefits** – The cost and benefits of all measures and programs must be taken into consideration. For example designing work to meet health requirements takes priority over measures relating to individuals.
- **Ensure specialist knowledge** – Occupational Health Services (OHS) must be competent in the fields of occupational medicine, social medicine, industrial hygiene, toxicology, ergonomics, psychology, physiology and social sciences.
- **Provide for adequate personnel and equipment** – Ensure a sufficient number of staff with relevant qualifications in occupational medicine and provide them with necessary equipment.
- **Allow free access/information** – Allow OHS employees free access to all workplaces and facilities in the company and all information relating to production processes, performance standards and substances used or planned for use, as far as is necessary for the proper fulfillment of their tasks.

Managing risk, reputation and health in VIETNAM BUSINESS LINKS INITIATIVE (VBLI)

The challenge

Vietnam's leather and footwear industry comprises some 400 enterprises employing 430,000 people annually, a high proportion of whom are women aged between 18-25. The working conditions experienced by these women are often characterized by high-levels of heat, noise and pollution. They often lack safety procedures, fire protection and are potentially exposed to high levels of solvents such as toluene, SO₂, NH₃, and other chemicals, in addition to spending long hours at work in non-ergonomic production positions.

As a result of prolonged exposure, workers in the shoe industry are prone to developing oral, optic, ear, nose, throat, or gastric diseases, as well as anemia, endocrine, gynecological, dermal and bone and joint problems. For example in the Yen Vien Footwear Company, where regular health checks are carried out, of 899 health workers, 38% were found to be infected with either ear, nose or throat diseases.

The fact that approximately 80% of Vietnamese producers are subcontracted to foreign firms further complicates the picture. Local producers are often found to be juggling up to four different codes of conduct stipulated by sourcing companies, which themselves are challenged by trying to control issues such as labor force age, compensation and working conditions in companies which they neither control nor own.

Making it happen

The Vietnam, Business Links Initiative (VBLI)⁷ is a collaborative project aimed at improving working conditions in Vietnam's footwear industry, run by a number of multinational companies, Vietnamese government bodies and international organizations.

VBLI works with national firms, many of which are in the supply chains of multinationals and grappling with both the issue of occupational health and safety (OHS), as well as the proliferation of policies to which they must adhere. VBLI argues that addressing such issues can create competitive advantage both for individual companies and for the Vietnamese footwear industry as a whole as the manufacturing sector struggles to compete with China, the giant next door. Increasingly, Vietnamese industry is seeking to gain advantage through quality and assurance to buyers that they will not be plagued by reputational risks if goods are sourced from them.

VBLI has established a number of key objectives to improve the working conditions in the Vietnamese footwear industry:

- Raising awareness of the importance of occupational health and safety issues;
- Effective management of the choice, storage, uses, handling and disposal of the chemicals – and their containers – applied in the manufacturing process;
- Reduction of noise, heat, dust and fumes in the workplace;
- Providing the framework for the transfer of knowledge and skills on occupational health and safety between the participants in the program;
- Strengthening the capacity to monitor, inspect and regulate working conditions, to enhance the implementation of Vietnam's labor laws and to reflect the continuous development in international standards;
- Ensuring the long-term sustainability of the program.

Core facets of the first phase of the VBLI program, which has just been completed, included:

- Drafting a Code of Conduct: a commitment to good practice that factory owners sign;
- Developing a Management Support System (MSS) of basic guidelines on occupational health and safety for factory managers – this has been tested in five pilot factories, has been approved by the Ministry of Industry, and has been disseminated to over 60% of the country's footwear factories;
- Creating and running training courses for factory owners, managers, supervisors, and workers – courses offered include those on OHS management, chemical safety and the safe use and maintenance of equipment.
- Conducting research and delivering reports on needs and challenges of the footwear industry in Vietnam;
- Conducting factory visits;
- Creating the basis upon which a nationwide monitoring and inspection system can be developed.

60% of Vietnam's footwear factories participated in this initial phase and 120 factories received training.

the supply chain



Results

VBLI was evaluated after its third year⁹ when it was reported that:

- 64% of managers said increases in productivity over the past three years had occurred as a result of improved working conditions;
- 53% of managers said that orders had increased due to these changes;
- Impact on beneficiaries/companies had been positive: 79% of managers reported that their enterprises had strengthened health and safety personnel; 90% of leaders and 61% of managers confirmed observance of state regulations on overtime – this reduction in extra-legal overtime was attributed by workers to VBLI's work, their own increasing awareness, and greater legal enforcement;
- 82% of leaders and 81% of managers reported that involvement with VBLI's program had strengthened information dissemination and communication on OHS issues within the enterprise;
- 100% of leaders and 91% of managers reported that investment in OHS was a priority.

The initial 3-year phase of the project was funded by a combination of governments and businesses at a cost of US\$ 100,000 a year. The second phase of the program will be funded along similar lines.

"VBLI is very much a continuous process. The monies involved are comparatively small. We believe that the footwear industry will begin to see a real return on investment during the next phase of the program, if indeed they have not done so already."

Peter Brew,
IBLF's Director
of Corporate Practices

Lessons

- **Perceptions in Vietnam** – The VBLI experience demonstrates the need to adapt to different cultures and to anticipate geographically specific hurdles. One of the lessons taken from VBLI was the need to make a sound business and governance case to the appropriate parties in a country lacking expertise and appreciation of social or environmental issues.
- **Cross-sector collaboration** – It is now acknowledged that it was essential to involve all parties, including government, at the outset in order to go to scale. While progress is slow and factories often revert back to convenient methods of production, understanding from the outset that systemic change has to be gradual and built on a firm foundation, which includes government policies and laws, is critical to future outcomes.
- **Transfer of skills** – The problems faced by the footwear industry are much the same as those being grappled with by the garment industry, which accounts for some 15% of Vietnam's national exports and comprises some 1,200 textile firms, 65% of which are small- and medium-sized enterprises. The extension of the VBLI program to this industry is a major focus going forwards.

HIV/AIDS care and prevention

LAFARGE

The challenge

With more than 40 million people worldwide living with HIV/AIDS, 90% of whom are unaware of their status, the cost of HIV/AIDS in the workforce is of paramount importance to companies worldwide. An individual employee with HIV/AIDS influences a company's direct costs including benefits, insurance premiums, recruitment and training and accidents, and indirect costs including productivity, increased absenteeism and vacancies. High HIV/AIDS rates in the workforce and surrounding community affect a company's market impacts on wage rates and insurance premiums as well as physical security. It is also a management burden and results in production disruptions, loss of workforce morale, cohesion and experience, and labor disputes.

Making it happen

The construction materials company Lafarge has nearly 7,000 employees (10% of the Group's 77,000-strong workforce) in 9 countries in sub-Saharan Africa, an area particularly affected by HIV/AIDS. Since early 2000 Lafarge has been committed to the fight against HIV/AIDS. The Group's local initiatives to combat HIV/AIDS have constituted the starting point for the company's larger scale program.

Lafarge's global HIV/AIDS policy has dedicated guidelines for Africa, combining prevention, anonymous screening and access to care with the guiding principles of non-discrimination and confidentiality. The Group aims to fight HIV/AIDS among its employees, their families and local communities.

The company's program is integrated into normal management processes and includes:

- A set of HIV/AIDS guidelines at both group and regional levels;
- A comprehensive road map containing a set of actions to take (situation analysis, prevention and awareness, voluntary counseling and testing, and care and support, as well as monitoring and evaluation) and a corresponding set of indicators to check;
- A regional health committee gathering Lafarge employees in charge of HIV/AIDS programs locally, a CARE representative (the NGO working in partnership with Lafarge in the fight against the disease), a corporate representative and a medical adviser.

The basic principles of the group's HIV/AIDS policy are:

- To act in accordance with national legislation;
- To forbid pre-employment screening;
- To forbid discrimination (and adapting working conditions for all ill employees);
- To grant total confidentiality.

To combat HIV/AIDS, Lafarge is convinced that it cannot act alone. Therefore the company adopts a multi-partnership approach that involves relationships with the public sector, non-governmental organizations and the medical sector. Its partners include the Global Business Coalition (GBC) on HIV/AIDS, CARE, the International Federation of Building and Wood Workers (IFBWW), the World Federation of Building and Wood Workers Unions (WFBWU), and the International Federation of Chemical, Energy, Mine and General Workers' Unions (ICEM).

Lafarge & HIV/AIDS in Africa

The Africa region represents about 10% of the total Lafarge workforce

Countries where Lafarge is present

(24.6%) Percentage of adult population (aged 15-49) living with HIV/AIDS in the country

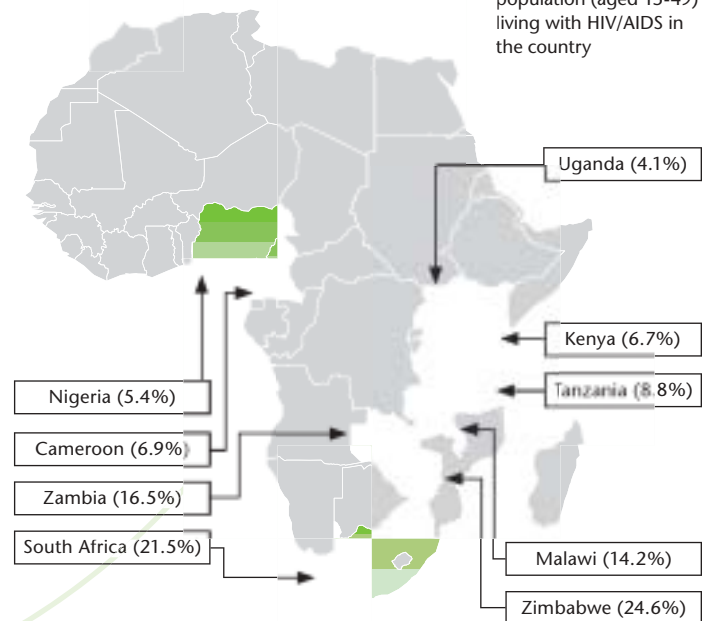


Figure 4: Lafarge & HIV/AIDS in Africa.



Lafarge must deal with difficulties surrounding the disease, including stigma and taboos, the size of the target population and the limited perimeter of the company's actions, as well as a lack of health infrastructure in developing countries. Therefore, dialog with public authorities is necessary to contribute to building the capacity of public health systems. Each time Lafarge has the opportunity to contribute to community health programs, the company aims to do so in conjunction with local government. Lafarge feels that it is necessary to work with the governments because there is a mutual interest in scaling up health services locally, and the public sector will ultimately ensure the sustainability of the programs that are being launched by the private sector today.

Results

- 90% of Lafarge's sub-Saharan area employees benefit on a daily basis from prevention and information activities including the distribution of free condoms.
- 40% of employees have voluntarily participated in testing campaigns which are anonymous and accompanied by advice. This is a fairly high number, comparable with the leading private sector initiatives.
- Operations in six countries (Kenya, Uganda, South Africa, Cameroon, Zimbabwe and Malawi) offer access to antiretroviral therapies for workers and their families.
- Access to therapies, which is completely confidential, is paid for by Lafarge.

Lessons

A multi-partnership approach, gathering public and private sector representatives, NGOs, health structures and donors is necessary to face the challenge of providing good-quality services in the workplace and communities.

- A participatory approach is preferred in order to gain strong support from community members. To ensure an appropriate response to local needs as well as the strong involvement of all stakeholders and a long lasting effort, Lafarge systematically seeks to associate local communities to its health initiatives at the various steps of the project.
- It is of utmost importance to establish mutual trust between the workers and management. Therefore the personal involvement and the leadership of the top managers are crucial, as is confidentiality.
- Experience has shown that it is to the company's advantage to apply a managerial methodology and to use simple but efficient tools such as a road map, assessment indicators, objectives, cost follow-up, etc.
- Setting up a comprehensive program requires patience and modesty: a step-by-step approach with precise objectives is preferable (guidelines/policy → prevention/peer education/condoms distribution → voluntary counseling and testing → antiretroviral distribution).
- In 2004, the budget devoted by the Group was about US\$ 1 million. The cost of therapy was between US\$ 375 and US\$ 1,060 per person and per year depending on the country and included treatments, analyses and tests.

Fighting disease clean-handed

UNILEVER

The challenge

Diarrhea causes over three million deaths a year worldwide, mostly among children. At a rate of one child every ten seconds, mortality from diarrheal diseases represents one-third of all deaths of children under the age of five in developing countries. Yet a World Bank study estimates that hand washing with soap and water can reduce diarrheal diseases by up to 48%, preventing over one and a half million children from dying each year.

Over 70% of the one billion people in India live in rural areas not reached by television, radio or newspapers. Illiteracy is widespread and there are deep-rooted beliefs about cleanliness that have to be addressed, such as the widely held belief that if hands look clean, they are clean.

Making it happen

Unilever, a major soap manufacturer, believes that one of the best and most sustainable ways it can help to address global social and environmental concerns is through the very business of doing business in a socially aware and responsible manner.

While Unilever has supported hygiene education programs in India for many years, in 2002 the *Lifebuoy* brand team devised a way to have a real impact on reducing diarrheal diseases. *Lifebuoy*, produced locally by Hindustan Lever, is Unilever's biggest brand in India and the country's most popular soap.

The program's objective is to educate 200 million Indians – 20% of the population – to wash their hands with soap after defecating and to achieve this goal within five years. The campaign, called *Swasthya Chetna*, or health awakening, is the largest rural health and hygiene education program ever undertaken in India. Its objective is to educate people about basic hygienic habits.

It has been developed around the insight that people mistakenly believe "visible clean is safe clean". The program establishes the existence of "invisible germs" and the associated risk of infection. In India this is important because diarrhea, caused by invisible germs, is the second largest cause of death among children below the age of five. The project helps reduce the incidence of such diseases, by raising awareness of preventive hygienic practices.

The campaign has been divided into various phases. In the initial phase, a Health Development Facilitator (HDF) and an assistant initiate contact and interact with schoolchildren and influencers of the community, like village community representatives, medical practitioners, school teachers, etc. A number of tools like a pictorial story in a flip chart format, a "Glowgerm demonstration", and a quiz with attractive prizes to reinforce the message are used. The "Glowgerm demonstration" is a unique tool to make unseen germs visible and emphasizes the need to adopt hygienic practices.

The first interaction with schoolchildren is then replicated with the rest of the community. Subsequently, follow-up visits and communication are undertaken at periodic intervals which reinforce the message and learnings. This includes recruiting schoolchildren, parents and other villagers as volunteers to start up health clubs that, in turn, organize events such as community bathing at the pond villagers use for washing.

To help people on low incomes afford to buy soap, an 18-gram bar of *Lifebuoy* soap has been introduced, enough for one person to wash their hands once a day for 10 weeks. This sells for two rupees, equivalent to the price of four cups of tea or enough wheat for a meal for one person.



Results

Started in 2002, the program has covered about 18,000 villages in 8 states (Uttar Pradesh, Bihar, Jharkhand, West Bengal, Orissa, Madhya Pradesh, Chattisgarh and Maharashtra). In its first year, 9,000 villages were visited by 150 teams of outreach workers speaking seven dialects and with leaflets and posters printed in four languages. In 2003, another 9,000 villages were added, and in 2004 the emphasis was on introducing new phases to these 18,000 villages. By the end of 2004 the campaign had reached 70 million people, including 20 million children at a cost to Hindustan Lever of 22.25 million rupees (US\$ 2.7 million).

Hindustan Lever has committed to funding Swasthya Chetna for five years at a cost of 24.5 million rupees (US\$ 5.4 million), and the company has already started to see a return on its investment. In 2003-4 sales of *Lifebuoy* grew by 20%, with particularly strong sales in the eight states where the program operates.

Discussions are taking place with the Indian government at the national level about extending the program to other states and beyond *Lifebuoy's* initial five-year commitment.

Swasthya Chetna has also generated interest in other parts of Unilever. Unilever Bangladesh has adopted the Indian model for the past two years and in 2004 close to 3,100 villages had been visited. Additionally, the program has been or is currently being rolled out in Indonesia, Pakistan, Sri Lanka, South Africa, Uganda and Vietnam.

Hindustan Lever's soap factory in Uttar Pradesh, northern India, has simultaneously organized health camps in five local villages, resulting in no outbreaks of disease since 1998.

Lessons

Unilever has learned the following lessons from its experiences in India:

- Soap needs to be divided into smaller portions in order to make it affordable for local populations;
- Take into account cultural differences and make them work for you —> washing with soap has become a kind of ritual, i.e., it has been accepted;
- Use multi-stakeholder relationships as a tool to ensure that the social and educational aspects of the project are clear to the public;
- Be transparent about the company's role to show that the company is not just doing this to make money;
- Engage local actors to help in the process, they have the influence.

Bringing healthcare services to rural communities

PHILIPS

The challenge

The poorer sections of rural Indian households spend close to 12% of their income on healthcare, making the availability and affordability of quality healthcare a major national issue. Nearly 60% of this population takes loans at interest rates of 60-120% per year to pay for either prolonged treatment or for hospitalization.

Making it happen

In India, Royal Philips Electronics aims to provide quality healthcare at an affordable price to the people who need it. In order to reach this goal, the company has custom-built a tele-clinical van complete with diagnostic equipment and dedicated doctors and para-medical staff.

Initiated and run by Philips, with the support of various partners, DISHA (Distance Healthcare Advancement) project aims "to make technology innovations in healthcare and lifestyle accessible to the less privileged: innovations that serve their needs and aspirations and yet are affordable." DISHA intends to enhance access to primary healthcare services to the people in India who need it.

The initiative is not a philanthropic action, but rather a challenging business value creation process aiming to combine the best of Philips's capabilities, technologies and expertise with knowledge and experience of various for-profit and non-profit, governmental and non-governmental organizations (NGOs) active in the field of healthcare.

Philips India is using public-private partnerships to bring the DISHA vision to life, in its first pilot being undertaken in Theni district in Tamil Nadu:

- Apollo Hospitals provides doctors for the van and specialists for free consultations;
- The Indian Space Research Organization (ISRO) provides satellite connectivity from the tele-clinical van to the remote Apollo Hospital. ISRO provides the satellite dish antenna (manufactured by another government organization Electronics Corporation of India);
- Active in social mobilization, micro-finance and micro-insurance, the NGO Development of Humane Action (DHAN) brings its knowledge of the target local communities to the project (to estimate demand of various diagnostic services) and plays a key role in building trust, credibility and community participation for the project;
- Philips provides the appropriate diagnostic equipment to customize the tele-clinical van (x-rays, ultrasound, ECG devices, blood and urine analyzer, etc.).

Diagnostic tests are conducted in the van itself and, if required, the specialist doctor at the referral hospital is consulted. All the necessary patient information is transmitted via satellite. Video-conferencing is also available for the specialist to interact with the patient and the onsite doctor. An NGO pre-screening team is visiting villages to assess those most in need.

The onsite medical consultation is presently free for users, who pay only for dressings, medicines and specialist diagnostic services. Targeted to be on the road 300 days a year, the DISHA project aims to reach 15,000 people a year. Current users pay only for diagnostic services (average of US\$ 1.80), and in addition pay for medicines bought in the van or bought from elsewhere. In the second phase of the project, total care (including diagnostic, medicines, tele-consultation, etc.) will cost an average of US\$ 6-7 per user, substantially lower than what is incurred by them in the current private health system.



Results

The advantages of using this service for health seekers include:

- Gain access to qualified physicians, high quality diagnostics, and specialized healthcare;
- Get faster and reliable diagnosis;
- Eliminate unwanted travel;
- Save money;
- Eliminate or reduce wage loss;
- Increase ability to keep working;
- Learn about disease prevention and treatment.

The advantages of using this service for health providers include:

- Increase visibility of diagnostic healthcare;
- Maximize consultants' time;
- Increase referral base;
- Facilitate diagnosis, and pre- and post-operative care;
- Reduce crowds at hospitals (tertiary care);
- Spread knowledge, educate.

Expected outcomes of the pilot include:

- Gain hands-on experience for a better understanding of the local contexts;
- Experience operating conditions firsthand, especially to collect reaction on the offer;
- Develop effective service delivery and revenue models.

Lessons

- Establish an open mindset in order to manage relationships with non-traditional business partners;
- Prepare to shift from a product delivery system to a total solution delivery system to overcome the lack of infrastructure (poor roads, unreliable electricity availability, etc.);
- Adopt a user-centered approach to ensure a thorough understanding of current and potential new community needs and demands;
- Foresee the necessary time and negotiation processes to get permission concerning the procurement of medicines and their distribution, pre-natal diagnostic testing, radiation control, etc., due to healthcare regulations;
- Close partnerships with local government and NGOs are essential to the project's success;
- Build community awareness through innovative, locally tailored media channels;
- By providing services rather than equipment, the project will help establish a direct connection with rural customers, making the Philips brand more visible and establishing the company as a healthcare, lifestyle and technology provider in rural communities.

Searching for sustainable solutions to indoor air pollution

SHELL FOUNDATION

The challenge

Indoor air pollution (IAP) kills more than 1.6 million people each year – one person every 20 seconds – and some two billion more are at risk. It kills more people than malaria and nearly as many as unsafe water and poor sanitation. It is the fourth largest health threat to women and children in the world's poorest countries, after water-borne diseases, malnutrition and HIV/AIDS.

IAP is also part of a well-known poverty chain (the poor, not able to afford cleaner commercial fuels, must spend many hard hours collecting "free" biomass fuel) whose indirect costs on time and health are enormous.

Making it happen

The Shell Foundation was established by the oil company Shell on the basis that the pursuit of profits had to be tempered by care for the environment and concern for people – both now and in the future. It has committed US\$ 10 million to tackle IAP through its Household Energy and Health program, called "Breathing Space". Breathing Space's approach is to identify, test and then ideally diffuse "market-based" schemes for getting killer smoke out of a large number of very poor people's kitchens.

Shell adopted this approach for three reasons:

1. Distorting regulations including price control and subsidies to national companies, health and safety concerns and geography have kept commercial suppliers of cleaner fuels from entering this market segment;
2. IAP remains a major problem with low visibility since it mainly affects the most disenfranchised – poor women and children, and thus doesn't attract much donor funding;
3. Interventions which have received donor funding have not produced real progress on a significant scale. This is partly because of limited funding, but largely because the solutions offered were basically subsidized, technical fixes – mostly "cleaner" stoves.

The Shell Foundation believes that at least partially market-based approaches can be used to fight IAP. This might provide the impetus to attract sufficient donor and/or private sector interest.

The Shell Foundation started their work with a stakeholder consultation and a typical donor "Request for Proposals" (RFP), asking for potentially commercializable and scaleable ways of tackling IAP. The Foundation then set up pilot projects with some very good NGO partners in a number of countries, including India, Guatemala and China to systematically explore different market-based IAP solutions. These included the development and sale of cleaner stoves, cleaner fuels, use of consumer finance on a micro-credit model, consumer education and reducing costs through mass production and distribution.

Through these pilot projects, the Shell Foundation and its partners have tried to learn whether:

- a. The target market – rural households suffering from IAP – has an interest, willingness and ability to pay for IAP solutions;
- b. The improved products really reduce IAP exposure;
- c. There was some form of business, manufacturing, financing and distribution model that could produce and market appropriate and affordable IAP products to very poor households.

In addition to providing financial resources to the pilot projects, Shell's Breathing Space program has three features:

- The provision of significant technical and business assistance to partners through intensive hands-on engagement by Foundation staff, local Shell staff as well as finance and business consultants;
- Separately funded complementary activities designed to answer key developmental and commercialization questions raised by the pilot projects; these include development of a standardized monitoring methodology to assess the key actions described above;
- The development of a second set of tools for market research, demand assessment, supply-chain development and sustainable financing.

Indoor air pollution



Results

To date 250,000 households have been removed from risk through efforts in getting smoke reducing products to poor households worldwide. This figure will rise to more than a million by the end of the pilot phase in 2005 at a total cost of US\$ 7 million.

A number of the interventions tested are robust enough to take to scale. Next stage scale-ups underway in India and Guatemala, based on financially viable business models, are targeting three million households.

By 2008, using the Shell Foundation's own resources as investment capital and "smart subsidies" provided by other international and national organizations through government and non-governmental development programs, the target is to get 10 million households out of risk. In parallel, they are exploring the feasibility of building strategic partnerships and setting up financially viable intervention mechanisms at the international and national level.

Lessons

- Access by the poor is still very limited because of low awareness, poverty and inadequate or inappropriate supply;
- Too few interventions have been evaluated and most of the information relates to changes in indoor air pollution levels, exposure and fuel efficiency, not health effects;
- Reductions in pollution achieved by interventions vary markedly;
- It is important to introduce "business DNA" into a development project context and to help NGOs adapt more business-like practices into their skills and ways of working;
- Successful approaches need partnership action, starting with national level collaboration and agreement on policy while maintaining the commercial integrity of the supply chain by keeping it separate from whatever facilitation process is used to get the product to the end customer;
- Interventions must be locally appropriate and available through (local) market mechanisms;
- The public-private model means that NGOs or public institutions can provide some of the ongoing training on stove maintenance and inspect installed products;
- Links to micro-finance institutions and other financing mechanisms (such as revolving funds that provide both enterprise financing to businesses in the supply chain, and consumer finance to end customers) can enhance market growth and scale up.

The pilots have demonstrated there are some viable business models and supply chain and consumer financing mechanisms that could be brought to bear on the IAP problem on a large scale. This has given the Shell Foundation the confidence to take the next steps in its going-to-scale journey.



Cardiovascular health in Eastern Europe

PFIZER

The challenge

In 2002, cardiovascular (CV) diseases accounted for nearly 30% of all deaths worldwide, 80% of which were in low- and middle-income countries. By 2010, it is estimated that CV diseases will be the leading cause of death in developing countries⁹. Hungary has one of the highest mortality rates from the diseases in Europe, where it is already the number one cause of death. In 2003 51% of all deaths in Hungary were due to CV diseases¹⁰, where CV mortality rates are three times higher than France¹¹.

Making it happen

The pharmaceutical company Pfizer is leading an initiative to raise awareness and improve the cardiovascular (CV) health of doctors and wider society in Hungary by helping to put in place a program of effective, country-wide screening using its business expertise and resources.

Erika Dragon, Pfizer Hungary's Corporate Affairs Manager, says: "Pfizer has a leadership role in the CV area and we strongly believe that proper CV education and regular screening can effectively save lives. The treatment of the diseases caught in their early stages is always a smaller burden on both individuals and society than the treatment of the diseases in their final stages. The value of a preventive program is that it can provide better treatment possibilities for individuals as well as the opportunity to improve and prolong quality of life."

The five-year, on-going program, which was made possible by Pfizer's close cooperation and partnership with the Hungarian National Institute of Primary Health Care, consists of three steps. The first of these was to educate Hungarian general practitioners (GPs), who then, in the second phase of the program, underwent a screening process themselves. The final step is a national screening program focused on patients, aged between 40 and 70, visiting doctors for other purposes, and who do not display any symptoms of CV health complications, but show risk factors.

The second stage of the program, helping to check the CV health status of Hungarian doctors, was achieved partly by use of a nationally disseminated CV risk survey sheet. The Hungarian National Institute of Primary Health Care developed a software program to manage the patients' CV screening and the reporting system, which began in June 2005 and is ongoing. Pfizer believes the screening will have three major benefits:

- Doctors will be made aware of their own CV status;
- CV patients will be screened by the same method nationwide;
- Patients with risk factors, yet who display no symptoms, will be also screened.

In 2004, the company organized a meeting for medical county inspectors of general practitioners to communicate CV prevention guidelines and treatment strategy. The county inspectors trained their local GPs (200-300/county) to recognize patients at risk of developing CV diseases. The GPs were also asked to pay attention to their own health and screen themselves. All CV self-screening was anonymous and voluntary.

The basic concept was to educate GPs in all of the Hungarian counties (19 in the countryside, plus two in Budapest) through medical county inspectors. To do this Pfizer created a "CV preventive package", for the national launch of the program in 2004. The package contained a presentation entitled *CV preventive guideline and treatment strategy in primary healthcare*, as well as a 16-page preventive guidelines leaflet and a one-page CV risk survey sheet for doctors and patients to fill in.

Pfizer also organized a meeting in Budapest for the medical county inspectors to teach them about CV risk stratification and how to treat patients who have risk factors but display no symptoms. Pfizer distributed information, on CDs and paper, and the medical county inspectors were asked to organize similar meetings in their regions, using the information presented at the meeting as a base, and with the support of Pfizer employees.

Besides the screening program Pfizer has also initiated a regularly broadcast educational radio campaign to help raise awareness among the general public about the symptoms of different cardiovascular diseases and to motivate people to be proactive.



Results

Medical inspectors in all 19 counties of Hungary, as well as the capital have now presented the Pfizer initiative to GPs. The screening of the doctors themselves has also been completed and 535 of them have now sent back their completed CV risk survey sheet. Doctors have also begun work on the screening of patients and CV reports on over 7,000 patients have been collated so far. The doctors' reports from the national CV screening will be collected and analyzed by different criteria.

The efforts of Pfizer have not gone unnoticed within the Hungarian medical community where the radio program has been well received. The company has also benefited from an improved reputation and recognition in both local and wider communities and hopes it will benefit from investing in the future health of Hungarian workforces and society.

Lessons

The Pfizer cardiovascular health project is ongoing although the company has already learned some important lessons:

- According to Pfizer Hungary, the public-private partnership at the heart of the program has been essential;
- Pfizer's corporate communications skills have provided the capacity for effective dissemination and the company is working on leveraging this competency to further benefit the initiative;
- Pfizer Hungary's infrastructure and skilled workforce, both in the office and in the field, have also been key as its large field force is highly trained and they actively supported the medical county inspectors to organize the local county meetings.

The program is planned to run for five years. Innovation is key to its future and continued success. "Through the partnerships and networks we have fostered we hope to be able to disseminate and collate information much more effectively as the initiative continues," says Erika Dragon.

As a follow-up action, Pfizer hopes to analyze the incoming CV risk sheet of the doctors. This would enable a wider picture of the CV status of GPs in Hungary which might be communicated to the medical community in meetings and conferences in the first half of 2006 as well as providing baseline data for future work.

Acknowledgements

Disclaimer

This document is released in the name of the WBCSD and IBLF. It has been developed by the WBCSD and IBLF secretariats using case study data provided by some members of each organization. It is intended to support dialogue within WBCSD and IBLF membership and with other stakeholders in civil society and government on the role of business in sustainable health systems. It does not necessarily represent the views of WBCSD and IBLF member companies.

About the WBCSD

The **World Business Council for Sustainable Development (WBCSD)** is a coalition of 180 international companies united by a shared commitment to sustainable development via the three pillars of economic growth, ecological balance and social progress. Our members are drawn from more than 30 countries and 20 major industrial sectors. We also benefit from a global network of 50+ national and regional business councils and partner organizations.

Our mission is to provide business leadership as a catalyst for change toward sustainable development, and to support the business license to operate, innovate and grow in a world increasingly shaped by sustainable development issues.

Our **objectives** include:

Business Leadership – to be a leading business advocate on sustainable development;

Policy Development – to participate in policy development to create the right framework conditions for business to make an effective contribution towards sustainable development;

The Business Case – to develop and promote the business case for sustainable development;

Best Practice – to demonstrate the business contribution to sustainable development solutions and share leading edge practices among members;

Global Outreach – contribute to a sustainable future for developing nations and nations in transition.

About the IBLF

The **International Business Leaders Forum (IBLF)** is an international non-profit organization. Its mission is to promote responsible business leadership and partnerships for social, economic and environmentally sustainable international development, particularly in new and emerging market economies.

Supported by more than 70 of the world's leading companies, the IBLF has a track record of enabling leadership and sustainable solutions to local and global development challenges. IBLF believes that the support and engagement of the business sector is necessary in order to achieve the Millennium Development Goals, reduce global poverty and promote economic stability.

About HEAL



The **HEAL (Healthy Eating Active Living) Global Partnership** is a program of the International Business Leaders Forum (IBLF) and aims to mobilize business as a responsible partner for health and wellness in the marketplace, workplace and community. HEAL is a multi-sector, international initiative that promotes a framework for action aligned to corporate interests and competencies. It profiles and shares good corporate health and wellness practices, and facilitates active engagement in partnership initiatives designed to help to tackle the growing epidemic of obesity-related illnesses that can make systemic impact at national and international levels.

For more information on the case studies included in this publication, please visit www.wbcSD.org or www.iblf.org.

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