

# BUSINESS AND HIV/AIDS: WHO ME?

A GLOBAL REVIEW OF  
THE BUSINESS RESPONSE  
TO HIV/AIDS

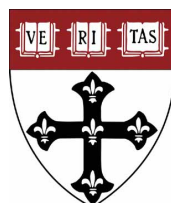
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Please email the Global Health Initiative at [globalhealth@weforum.org](mailto:globalhealth@weforum.org) for additional data tables and the regression results.

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## Foreword

By Klaus Schwab, Executive Chairman, World Economic Forum



The World Economic Forum is pleased to introduce this survey – the first ever – on the global business response to HIV/AIDS. The findings arrive at a crucial juncture in the global battle against this scourge – an overdue moment of increased attention, funding and efforts to turn the tide.

There are currently 40 million people living with HIV, and thousands more are infected each and every day. Each person infected represents a legacy of failed prevention with which we will have to deal for decades. Although this is a time of great challenge, this is also becoming a time of renewed hope. We are increasingly seeing an important augmentation in the depth and breadth of the responses from governments, business and other members of civil society. Companies like those working with the Forum's Global Health Initiative are already making a difference to the lives of their employees and communities.

As part of our productive collaboration with the Joint United Nations Programme on AIDS (UNAIDS), this exciting project measures the business response to HIV/AIDS across more than 100 countries. In order to ensure a sustainable methodology, we have integrated a HIV/AIDS health component into the World Economic Forum's long-standing Executive Opinion Survey, one of the cornerstones of our *Global Competitiveness Report*, which has been contributing to the international debate since 1979.

Despite the efforts undertaken by a core of leading companies, more needs to be done by the broader business community. This report now arms us with the knowledge to help target and build the next wave of response that is so urgently needed. We hope that the act of asking these questions on this core business survey will help to mainstream HIV/AIDS and

focus executives on the importance of understanding and leading their companies' responses to this disease.

It must be recognized that business' main business is business. That being said, we believe that the role of business will continue to evolve as businesses explore how to best contribute their strengths and capabilities to address areas of greatest need. Just as we desire to see broader business engagement in future surveys, we hope that governments, non-governmental organizations and faith-based organizations will increasingly recognize the potential impact of the private sector response by co-investing and partnering with and supporting businesses' activities.

The Global Health Initiative is an example of the World Economic Forum's portfolio of initiatives that engage business with other stakeholders in work processes on specific global, regional or industry issues. These initiatives are being organized into a new Global Institute for Partnership and Governance to build upon the Forum's capacity to serve as an informal, independent platform for multi-stakeholder partnership in three dimensions: stimulating action, improving governance and expanding understanding through dialogue. In this spirit, we hope that this report will help to stimulate greater public-private discussion on ways to increase effort and partnering against HIV/AIDS the world over.

# AIDS is Everybody's Business

By Peter Piot, Executive Director, UNAIDS



More than 20 years have passed since I first saw for myself the cruel impact of AIDS – in the already-full wards of a hospital in Kinshasa, in the then Zaire. No one then could have imagined just how devastating the epidemic would become. Today, there are 40 million people living with AIDS globally, and the epidemic continues to cross new borders. But the past 20 years have not been in vain: we have learned that the epidemic can be curbed when it is subjected to an all-out attack, which mobilizes public and private, town and country, leaders, citizens and family members alike.

Global consensus on the need for comprehensive AIDS responses was sealed at the United Nations General Assembly when its Special Session on AIDS in June 2001 set broad and ambitious targets for the global mobilization against HIV/AIDS. Underpinning these goals was the realization that efforts at the current level were simply inadequate to turn back the epidemic, and that every part of society – from governments of affected countries to civil society, from donors to business – must be involved.

The report published here represents the first global review, setting baseline measures, for the activities of businesses in meeting the globally shared goals of combating AIDS. These results matter. They show that we have a long way to go: the efforts of businesses, large and small, formal and informal, operating in the developing and developed worlds are still far from reaching their full potential impact on the course of the HIV epidemic. To bridge that gap, companies have four key dimensions of action available:

- Businesses in countries where the HIV epidemic is still in its infancy should actively manage risks by investing in HIV/AIDS workplace policies and programmes focusing on prevention.
- Businesses in countries which are already hard-hit by AIDS should protect their investments in human capital by providing employees with access to testing, care, support and treatment for HIV/AIDS as a necessary counterpart to full-scale workplace HIV prevention programmes.
- Leading businesses everywhere should do more by extending HIV/AIDS efforts to families, communities and business partners along their supply chains, alongside community and faith-based organizations, and in close cooperation with governments – integrating an AIDS focus into fundamental considerations of securing the future investment climate.
- All businesses should work to reduce the stigma of HIV/AIDS, as it undermines all other efforts.

Over the past few years, we have learned a lot about what makes corporate sector interventions successful. A key lesson is that companies do not have to embark on this journey alone; private-private and public-private partnerships can enhance effectiveness and sustainability. Working with national, regional and global business alliances – such as the World Economic Forum's Global Health Initiative and the Global Business Coalition on HIV/AIDS – can shorten learning curves and create local synergies. The challenge posed by AIDS is enormous – but failing to meet the challenge is simply not an option.

## Making AIDS Your Business

By Mervyn Davies, Group Chief Executive, Standard Chartered Bank



There is a significant economic impact of HIV/AIDS on businesses and economies that business ignores at its own peril. AIDS imposes a day-to-day economic 'tax' that compromises business productivity. This represents sufficient motivation in itself, but at Standard Chartered we firmly believe that responding to HIV/AIDS is a moral necessity that goes beyond corporate social responsibility.

Our initial actions in Africa were driven by a clear business case. For example, in one country we observed that on any given day 10% of our staff were absent because of HIV-related matters. For many of our country operations with long-standing HIV/AIDS programmes, the motivations behind action were driven by a desire to protect basic human rights, preserve the integrity of our labour force, reduce costs associated with HIV/AIDS and respond to what the company regarded as a real challenge.

This is one of the reasons why we have not invested precious programme resources in detailed economic impact assessments but have instead targeted these funds and energies directly into action. Our policy evolved from focused country-level and regional responses to a coordinated global HIV/AIDS policy in 1999.

In many heavily affected countries, we have the privilege of joining forces with a rapidly growing cadre of other businesses, non-governmental organizations and government officials. We salute this growing group of partners and actors for their courage and drive in addressing this pandemic. These efforts have already had a measurable positive impact. However, we cannot rest on our laurels. We need to drive for broader business engagement, especially with smaller businesses. Our customers – both consumers and particularly small and medium enterprises – often remain at risk.

Today, this risk is often ignored in countries where the HIV pandemic has not yet strongly taken hold. Looking towards the future, it is clear that our experiences in Africa may well apply to our operations in other parts of the world. We feel a duty as the world's best international bank leading the way in Asia, Africa and the Middle East to work so that the horrendous impacts currently borne by the highest prevalence countries are averted. Starting or strengthening the country-level response to HIV/AIDS will reduce prevalence and will in turn lead to stronger economies and a more robust bottom line.

This logic led to the global launch of our staff peer education programme "Living with HIV" at the World Economic Forum's East Asia Economic Summit in late 2002. We committed to training all of our 30,000 plus employees in more than 50 countries about the facts of HIV/AIDS, how it spreads, how it can be prevented and how to care for those infected and affected by HIV/AIDS. In every country we have ever-expanding groups of volunteer 'champions', who serve as peer educators, able to spread information and reduce stigma mindful of culturally and country-specific contexts. We were honoured that "Living with HIV" was awarded the Global Business Coalition on HIV/AIDS 2003 Award for Business Excellence in the Workplace.

We believe that large companies have a role and responsibility to set a positive example for other businesses to follow. We call upon other businesses, large and small, to walk with us on this difficult journey to fight HIV/AIDS. It is an investment in our future that we cannot afford to miss. We have seen how employees, their families and the communities in which they live welcome these efforts. This report shows that too few companies have answered this need.

We call on other businesses to develop global policies and to adapt and implement programmes for workers and families in all countries. We also urge you to work with national, regional and global business organizations, such as the World Economic Forum's Global Health Initiative, to share the best practices and networks needed to shortcut the learning curve for effective programmes. We believe that business can significantly contribute to the fight to save the lives of tens of millions of people. This fight against HIV/AIDS is one that needs to be fought and won, each and every day.

## AIDS is a Global Business Challenge

By Laura Tyson, Dean, London Business School



The HIV/AIDS epidemic is a human tragedy of epic proportions and global reach. More than 40 million people are now living with HIV/AIDS, and the epidemic continues to grow rapidly in many parts of the world, including China and India, the two largest emerging market economies. A health epidemic of this scale and reach poses significant economic and business risks especially in hard-hit regions like Sub-Saharan Africa, home to roughly two thirds of those with HIV. Several multinational companies with global brand names and operations have identified HIV/AIDS as one of their core business issues and have developed company-wide programmes to respond to the business threats posed by the disease.

Despite some high-profile examples, however, we still know surprisingly little about the impact of HIV/AIDS on individual companies, about how they assess the risks they face, and about how they are responding to these risks. This important new survey conducted by the World Economic Forum in collaboration with the Joint United Nations Program on AIDS begins to address these gaps in our knowledge and establishes baseline measures of how global businesses are responding to the AIDS/HIV epidemic. Overall, the results indicate that there is still considerable work to do.

Only about 20% of the firms surveyed judge HIV/AIDS to pose a serious business threat. Even in countries where HIV/AIDS is prevalent, many firms do not see a significant risk to their performance. Fewer than 20% of the firms surveyed have conducted quantitative studies of HIV prevalence among their workers, and more than 80% have no HIV/AIDS specific written policy. Nonetheless, only about 20% of firms judge their responses to be insufficient or ineffective. Overall the survey results suggest three basic conclusions. First, most companies have poor information on which to assess the actual risks to their business posed by

the epidemic and to design appropriate responses. Second, to date most companies have not developed company-wide policies to contain business risks posed by the epidemic, even when such risks are judged to be substantial. Third, despite their relative inaction, most companies express support for a broad societal response in which the business community can play an integral part.

The findings and conclusions of the survey should encourage more companies to take a close look at the risks posed by the HIV/AIDS epidemic and to study the best-practice examples of successful company programmes to address these risks. Companies can actively manage risks by investing in HIV/AIDS workplace policies and programmes that emphasize education and prevention, by providing employees with access to testing, care, support and treatment for HIV/AIDS, and by reducing the stigma of HIV/AIDS in their corporate cultures. They can also offer their support for community-wide efforts outside the workplace in partnership with other companies, trade associations, or non-governmental organizations.

The World Economic Forum and UNAIDS are to be commended for this important new survey. It should be a call to arms to the business community to redouble its efforts to contain the human and economic costs of the HIV/AIDS epidemic.

# Business and HIV/AIDS: Who me?

By David E. Bloom, Lakshmi Reddy Bloom, David Steven and Mark Weston

## Introduction

*Business and HIV/AIDS: Who Me?* presents findings from the first global survey of business leaders' opinions on and responses to the threat of HIV/AIDS.<sup>1</sup> A total of 7,789 high-level executives from firms in 103 countries were asked how concerned they are about HIV/AIDS, how the epidemic is affecting their business, and what they are doing to combat it.

While firms in some hard-hit areas, particularly Sub-Saharan Africa, are extremely concerned about the potential impact, elsewhere HIV/AIDS is not seen as a major threat. Even in Africa, few companies have developed formally-approved written policies for mitigating the epidemic's impact. Globally, only a small minority of companies are mounting active prevention campaigns.

Businesses based in more successful, well-governed countries are generally confident they will be able to deal with the virus. Transparent and open government, effective poverty reduction programmes, and free media reassure firms that HIV/AIDS will not pose an insuperable threat to their business. In countries where confidence in governance is low, on the other hand, firms feel ill-equipped to cope.

## Key Findings

Of business leaders polled in the World Economic Forum's 2003 Executive Opinion Survey:

- 47% of firms felt HIV/AIDS is having or will have some impact on their business, with firms more worried about HIV/AIDS than tuberculosis or malaria.
- Business leaders estimate lower HIV infection rates among their workforce than UNAIDS figures for adult prevalence. Firms who have conducted workforce prevalence surveys report lower prevalence rates than those who have not.
- 20% of firms believe HIV/AIDS is having or will have a serious effect on their communities, with few believing the epidemic will strike their community, but not the firm.
- 16% of all firms provide information about the risks of infection, while 5% claim to provide anti-retrovirals for all HIV-positive staff.
- Fewer than 6% have formally-approved written HIV policies.
- Only 28% of executives believe their response to the epidemic is insufficient, although 56% of those who expect a serious impact on the business from the epidemic are dissatisfied with their companies' response.

## Why HIV/AIDS?

Between 34 and 46 million people worldwide are now living with HIV/AIDS, with 4.2 to 5.8 million new infections in 2003 and 2.5 to 3.5 million AIDS deaths. The epidemic is rampant in sub-Saharan Africa, home to roughly two thirds of all those with HIV. It is growing fast in many other parts of the world, including China, Russia and India, three of the world's largest countries.<sup>2</sup> According to UN Secretary General, Kofi Annan, "the epidemic continues its lethal march around the world, with few signs of slowing down."<sup>3</sup>

An epidemic of such scale is primarily a human tragedy. Its economic impact, however, deepens the plight of the sick and their families, as well as imperilling the development prospects of poor countries, reducing public and private investment in human capital, and draining the resources needed to cope with the epidemic's consequences. There is strong evidence that healthier populations are likely to experience faster economic growth, while ill health helps lock countries into a poverty trap.<sup>4</sup>

Businesses should have a natural interest in HIV/AIDS. Productive adults are hit hardest, meaning firms' customer bases and workforces may both be affected. Businesses can also play an important role in tackling and containing the problem, bringing unique skills to combating the epidemic.<sup>5</sup> Beyond a number of case studies, however, we know surprisingly little about the impact businesses are experiencing from HIV/AIDS, how they assess the risks they face, or the extent to which they are responding to the epidemic.<sup>6</sup> The World Economic Forum's Executive Opinion Survey allows us to start answering these questions, offering a global perspective on the opinion and mood of the world's business community.<sup>7</sup>

## The Threat to Business<sup>8</sup>

HIV/AIDS is seen as a considerable problem, but only by some businesses. Globally, 47% of business leaders report that HIV/AIDS has had, or will have, some impact on their business, with 21% estimating a serious impact (see Figure 1). HIV/AIDS is consistently regarded as a more serious threat than either malaria or tuberculosis, at the global level and across all regions. Understandably, given the severity of the epidemic they face, business leaders in Africa are the most worried, with 89% reporting some impact and 60% a serious impact. Business leaders' levels of concern rise in line with a country's HIV prevalence rate, but even in countries with high HIV prevalence rates, there are many firms that do not see the virus as a problem.

Even in high-prevalence areas, business leaders are generally unable to point to *current* and *specific* impacts of the epidemic on their operating costs or revenue. As Figure 2 shows, only between 4% and 7% expect a severe impact on any one of productivity and absenteeism; medical expenses; death, disability and funeral expenses; recruitment and training expenses; and loss of revenues. Even among those who report a severe current or future overall impact from the epidemic, fewer than a quarter have seen a severe impact on any of the operating cost or revenue indicators. Indeed, two thirds of all businesses have not seen a serious impact against any of the indicators. This finding may suggest that many businesses expect to face increased costs, but only in the future, or that they are drawing on insufficiently sophisticated information to disaggregate the impact of AIDS from other factors affecting business performance.

Problems with information also emerge when business leaders are asked to estimate HIV prevalence rates among their workers. Over a third do not answer, while only 13% have conducted a quantitative survey of their workforce. Interestingly, business leaders systematically believe that a smaller proportion of their workers are HIV positive than national prevalence rates would predict. This difference is more, not less, pronounced, for businesses that base their estimates on a quantitative survey. This suggests that either these businesses are using faulty data (perhaps because the stigma surrounding HIV/AIDS leads to a failure on the part of some infected employees to present for testing) or that their workers are indeed less likely to be infected than the average adult (due to the type of workers they employ or to the success of prevention programmes they run). Some case studies suggest companies which have conducted careful studies may indeed experience lower prevalence rates than in the general population, but given the evidence available from the survey, it is not possible to say conclusively whether or not businesses are underestimating the scale of the epidemic.

Importantly, the survey does not provide any evidence that businesses believe they will be immune when HIV/AIDS hits their communities. Businesses estimate roughly the same level of impact on the communities in which they operate as on the business itself (20% perceive a serious impact on the community and 21% on the firm), indicating that they seem to accept that any costs they will bear will be in line with any costs local people are likely to face. Very few respondents believe the epidemic will be a serious problem for their community but not for their firm.

## The Business Response

Both the Global Business Coalition on HIV/AIDS and the World Economic Forum's Global Health Initiative assert that, "HIV/AIDS should be a *core business issue* for every company, particularly those with interests in heavily affected countries." In recent years, a number of businesses have received attention for developing vigorous programmes to combat the epidemic. However, the World Economic Forum's Executive Opinion Survey reveals businesses of this type are in a small minority.

Even in a group of relatively sophisticated businesses, those who consider themselves seriously affected by the epidemic are unlikely to be attempting to respond formally.

Globally, fewer than 6% of businesses surveyed have an HIV/AIDS-specific written policy that has received formal approval, with only a small number of the rest having any written policy at all.<sup>9</sup> Firms that report a serious current or future impact from the epidemic are only twice as likely to have a formally-approved programme in place. Even among firms that have conducted workforce prevalence surveys, only 15% have board-approved policies and, again, very few of the rest have any written policy at all. Table 1 shows the issues addressed in their HIV/AIDS programme by those firms who have a formal HIV/AIDS policy.

The primary component offered in formal HIV/AIDS programmes is the provision of information about risks, implemented in 60% of programmes. Fewer than 40% offer voluntary testing and/or condoms as part of their programmes. Around a quarter, meanwhile, offer anti-retrovirals to all HIV-positive employees, while 17% continue to offer care even after an employee has retired.

Table 1 also shows activity that *all* firms claim to be engaged in, whether or not they have a formal HIV/AIDS policy. 16% provide information about the risks of infection, while 10% provide voluntary counselling and testing and 9% provide condoms. 10% report offering diagnosis and treatment of STDs, while 5% provide anti-retrovirals for all HIV+ employees. Interestingly, this suggests that some firms are engaged in prevention activities without having a formal HIV/AIDS policy. 4% of firms, for example, claim to provide anti-retrovirals for all HIV-positive employees, without having a formal policy.

The figures on discrimination and disclosure are opaque and somewhat hard to interpret. Fewer than half of firms with formal HIV/AIDS policies and programmes explicitly rule out discrimination in their HIV policy. Over 7%, however, answer "yes but not implemented" to this question. Around 15% of all firms rule out discrimination, with around 3% saying they have an anti-discrimination policy that is not implemented. These findings suggest that many firms do not actively rule out discrimination and, even some of those that do, may suspect that discrimination occurs in practice.

Despite the dearth of policies and programmes, and the inconsistent nature and implementation of those policies that do exist, 44% of executives are satisfied with their current response to the epidemic. Only 18% believe their response will clearly not be sufficient or effective. A further 10% express some dissatisfaction. Business leaders who believe the epidemic is having or will have a serious impact on their firm are less confident, however. Only 24% are satisfied with their firms' response; 56% are dissatisfied. On the whole, therefore, firms appear to be sanguine about their ability to deal with the problem, despite relatively low levels of activity to combat the epidemic, but they become less sanguine as the epidemic worsens.

Business confidence levels are also affected by broader perceptions of how well-equipped they believe their country to be to cope with a range of other pressing issues. In other words, businesses seem to expect a lesser impact from the epidemic if they live in a society that is *generally* well-governed. Firms with equal prevalence rates (both self-reported and as reported by UNAIDS country figures) think HIV/AIDS will have less of an effect both on the company and community, the more confident they are in a range of governance, economic policy and social policy indicators. Government transparency, freedom of information and effective poverty reduction programmes are all felt to be helpful by business leaders concerned by HIV/AIDS. In other words, business leaders seem to support the view that serious public health problems merit more than a health-based response.

## Conclusion

Three important conclusions arise from looking at the data from the Executive Opinion Survey as a whole. First, firms are not particularly active in combating HIV/AIDS, even when they expect the epidemic to cause serious problems for their business. Second, businesses appear to be making decisions based on a fairly patchy assessment of the risks they face. And third, firms seem to favour a broad social response to the epidemic, even if only a small number of businesses currently see themselves as an integral part of that response.

Society would undoubtedly benefit significantly if businesses made a greater contribution to tackling the epidemic. However, the observed failure to act suggests that firms lack either information or incentives. In the former case, they may not be able to assess the risks they face, the costs of acting, and the potential benefits from successful action accurately. In the latter case, there may be significant externalities, where the benefit from action accrues not just to the business that funds the action, but to the wider society.<sup>10</sup> This suggests an agenda for future action.

- Accurate, objective and unbiased information on HIV/AIDS must be generated and disseminated, covering areas such as workforce prevalence, the impact of the epidemic on business at different prevalence levels, and the cost effectiveness of business-sponsored prevention activity. Studies must be rigorous in their attention to the potential for externalities, and take into account a full range of realistic business reactions such as where a business chooses to employ new workers rather than provide benefits for sick workers. There should be particular emphasis on demonstrating, beyond question, specific activities for which business can expect an adequate rate of return for any investment they make.
- The potential of business associations and coalitions to tackle HIV/AIDS should continue to be utilized, as firms have a greater incentive to participate in and sponsor prevention activity if they can focus on the problems facing an industry sector or geographical area. Coalitions are also able to share experience and

spread the cost of developing tools and approaches, ensuring lower start-up costs and greater efficiencies.

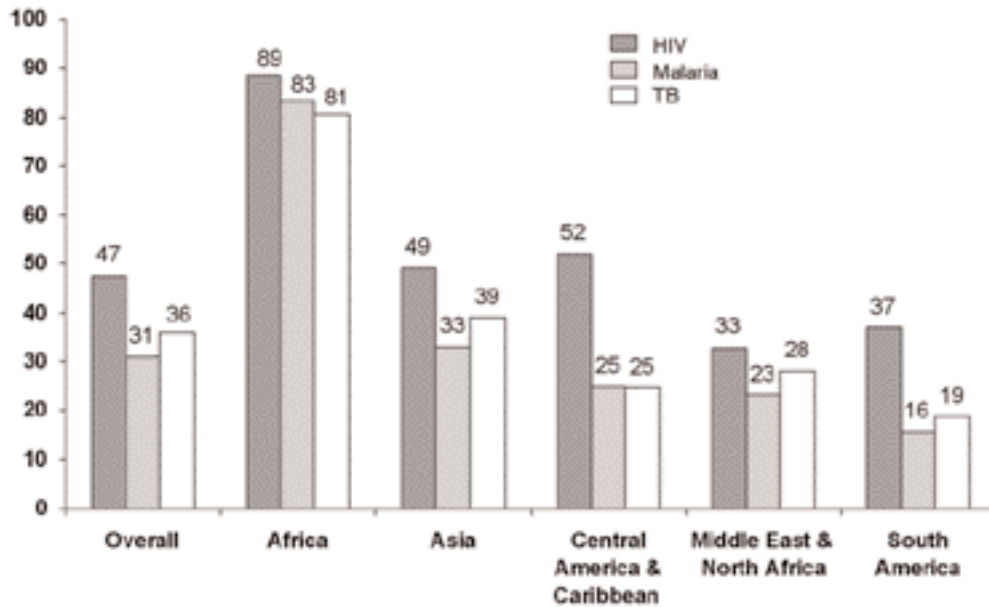
- Public/private partnerships should be considered where they capitalize on the relative strengths of and incentives enjoyed by governments, NGOs and businesses. Governments and NGOs should continue to use moral persuasion to make firms more likely to act, while being aware of the capacity and financial constraints facing many firms. But governments can also use policy to make action more likely, although they must tread lightly if they are not to generate further ill economic effects. Governments can also design contracts, tax relief programmes and other types of incentives to reward business action or part-fund activity through the public purse.

## Notes and References

- <sup>1</sup> A longer version of this report is available at the World Economic Forum Global Health Initiative's website at [www.weforum.org/globalhealth](http://www.weforum.org/globalhealth)
- <sup>2</sup> UNAIDS (2003) AIDS Epidemic Update. UNAIDS, Geneva.
- <sup>3</sup> Message on the Occasion of World Aids Day, The Secretary-General, United Nations, 1 December 2003.
- <sup>4</sup> Bloom D. E., Canning D. The Health and Wealth of Nations. *Science*. 2000; 28:1207-9.
- <sup>5</sup> David E. Bloom, Ajay Mahal and River Path Associates (2001): "HIV/AIDS and the Private Sector: A Literature Review", American Foundation for AIDS Research, June.
- <sup>6</sup> Such as those presented by the World Economic Forum's Global Health Initiative: <http://www.weforum.org/globalhealth>; Sydney Rosen, Jonathon Simon, William MacLeod, Matthew Fox, Donald M. Thea, Jeffrey R. Vincent (2003): AIDS Is Your Business. *Harvard Business Review*, Vol 81, No 1, February.
- <sup>7</sup> World Economic Forum (2003): *The Global Competitiveness Report*. Oxford University Press, New York
- <sup>8</sup> The Executive Opinion Survey was conducted in 103 countries, with a total of 7,789 firms responding (with an estimated 25% response rate) to an extensive questionnaire that aims to gather accurate information about the environment in which firms operate. The surveys were distributed and collected through GCR partner institutes. Once invited to participate by a partner institute, firms were invited to fill out the questionnaire via the Internet or mail. The survey does not target firms' headquarters, but instead the lead person for the surveyed business in a given country. 25% of firms surveyed had less than 50 employees; 13%, 51-100 employees; 29%, 101-500 employees; 11%, 1,001-5,000 employees; 15%, 5,001-20,000 employees; and 2%, more than 20,000 employees.
- <sup>9</sup> For the purposes of this survey, we took formal approval to mean either approval at board level, approval by labour unions or having a formal monitoring committee which meets regularly, or a combination of the three.
- <sup>10</sup> David E. Bloom and Jaypee Sevilla, "Profits and People: On the Incentives of Business to Get Involved in the Fight Against AIDS", in Guillem López-Casasnovas, Berta Rivera, and Luis Currais, eds., *Health and Economic Growth: Findings and Policy Implications*, MIT Press, forthcoming 2004.

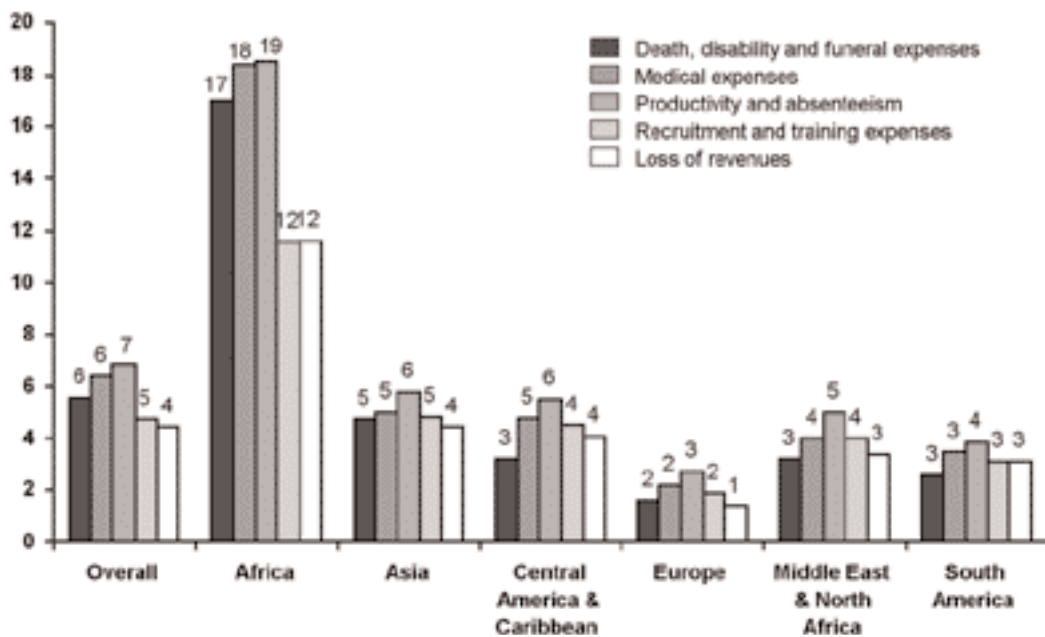
**Figure 1: Business is concerned about HIV**

Percent of firms' surveyed who expressed some concern about HIV, TB and malaria



**Figure 2: Businesses currently see few aspects of their operations affected**

Percent of firms' surveyed who expressed serious concern regarding impacts of HIV/AIDS on specific aspects of their business



## Appendix and Tables

### Appendix 1: Reporting the data

Many of the questions on HIV/AIDS include seven-point Likert scales. The World Economic Forum practice is for numbers 1 to 3 on the scale to equal agreement with the left-hand proposition, 5-7 to equal agreement with the right-hand proposition, and 4 to be neutral. There are two types of seven-point scales employed in the HIV/AIDS section of the questionnaire:

- Type 1 (used by most questions) requires a respondent to score impact against a 1-7 scale, where 1 means extremely serious impact and 7 means not a problem, or no impact at all. Logically, any answer other than 7 implies at least some impact - although this contradicts World Economic Forum instructions to treat 4 as neutral. The data are therefore difficult to interpret, but we have decided the best way is to set three standards – 1-2 as a serious impact, 1-5 for some impact and 6-7 for minimal impact. This does not provide numbers that sum neatly to 100%, but appears to be the best possible interpretation in other regards.
- Type 2 (used in only one question), which uses a seven-point Likert scale and where 1-3 clearly indicates the negative, 4 neutrality, and 5-7 the positive. We have also reported 1-2 (strongly negative) and 6-7 (strongly positive).

The table below shows how each question is reported.

Question Topic	Left-hand scale	Right-hand scale	Method for reporting data
7.17a-c Impact of malaria, TB and HIV/AIDS on company.	Extremely serious	Not a problem	1-2 A serious impact 1-5 Some impact 6-7 Minimal impact
7.18 Impact of HIV/AIDS on community.	Extremely serious	Not a problem	1-2 A serious impact 1-5 Some impact 6-7 Minimal impact
7.19 Effectiveness of policies and programmes.	Current policies and programmes will not be sufficient and/or effective.	Current policies and programmes will not be sufficient and/or effective.	1-3 Not confident in effectiveness 4 Neutral - neither confident nor not confident 5-7 Confident in effectiveness 1-2 Strongly lacking in confidence 6-7 Strongly confident
7.20 Access to FDI	Significant reduction in our country's access to foreign direct investment	No impact on our country's access to foreign direct investment	1-2 A serious impact 1-5 Some impact 6-7 Minimal impact
7.21a Estimate of workforce prevalence	Tick prevalence category or don't know		Report proportion in each category and proportion of don't knows/no responses
7.21b Estimate based on study	- Yes - No		Report proportion of yes, proportion of no and proportion of don't know/no response
7.22 State of HIV/AIDS policy	- No policy - Board approved - Union approved - Monitoring committee		Report proportion of No Policy. Report proportion checking one of board approved, union approved, monitoring committee as "formal policy". Some companies may have policies that are not board or union approved, or monitored by committee. No other conclusions are possible from this question due to confusion over multiple check boxes (both respondents and in coding of survey)
7.23 Current impact on various aspects of business	Significant negative impact	Not relevant	1-2 A serious impact 1-5 Some impact 6-7 Minimal impact
7.24 Features of HIV/AIDS policy and programme	- No - Yes but not implemented - Yes		Proportion in each category Report for all respondents Report for respondents with formal policy (question 7.22 as filter)

Table 1: Components of prevention and treatment programmes

	Yes - firms with written policies	Yes but not implemented - firms with written policies	No - firms with written policies	Yes - all firms	Yes but not implemented - all firms	No - all firms
<b>Prevention Elements</b>						
Information about risks	59.6%	13.1%	12.9%	15.9%	6.1%	35.0%
Voluntary testing	39.7%	16.5%	26.0%	9.5%	5.5%	39.8%
Condoms	37.2%	9.3%	32.1%	9.2%	4.1%	41.2%
Target high-risk employees	39.3%	11.5%	24.2%	8.1%	4.1%	39.3%
Target partners and families	26.6%	11.3%	34.3%	5.3%	3.9%	41.0%
Target communities	17.6%	12.0%	40.6%	3.9%	3.6%	42.1%
Target high-risk communities	15.3%	6.8%	45.1%	3.6%	3.0%	42.6%
Target suppliers or customers	14.0%	9.0%	44.0%	3.0%	3.0%	43.0%
<b>Care, support and treatment</b>						
Diagnosis and treatment of STDs	37.7%	9.3%	27.1%	10.1%	3.7%	36.4%
ARVs for special situations	23.5%	10.8%	36.3%	5.7%	3.7%	39.4%
ARVs for employees	24.4%	12.9%	35.0%	5.4%	3.8%	39.5%
Treatment for opportunistic infections	27.5%	12.9%	30.2%	7.0%	3.6%	37.8%
Home-based care for ill retirees	16.5%	9.7%	43.1%	4.3%	3.0%	41.1%
Some employees have access	22.3%	8.6%	25.5%	7.4%	2.7%	33.4%
All employees have access	42.7%	9.7%	20.3%	13.5%	3.3%	31.9%
Dependents have access	30.7%	8.6%	25.7%	9.6%	3.0%	33.0%
<b>Discrimination and Disclosure</b>						
No required disclosure of HIV status	43.8%	6.8%	25.3%	15.3%	3.0%	34.2%
No discrimination in promotion, pay or benefits	45.6%	8.6%	22.3%	14.6%	3.3%	33.1%
No discrimination in hiring	41.3%	8.1%	25.7%	14.0%	3.8%	32.9%

Table 2: Firms surveyed compared to population by region

Country	Firms Surveyed 2003 (number)	Estimated Population 2001 (thousands)	Country	Firms Surveyed 2003 (number)	Estimated Population 2001 (thousands)
<b>Africa</b>			<b>Europe (...continued)</b>		
Angola	47	13'512	Finland	36	5'188
Botswana	56	1'695	France	93	59'191
Cameroon	56	15'197	Germany	72	82'333
Chad	84	7'916	Greece	98	10'591
Ethiopia	85	65'816	Hungary	106	10'187
Gambia	79	1'341	Iceland	27	282
Ghana	174	19'708	Ireland	40	3'839
Kenya	75	30'736	Italy	48	57'948
Madagascar	93	15'976	Latvia	184	2'359
Malawi	34	10'526	Lithuania	134	3'482
Mali	37	11'094	Luxembourg	34	441
Mauritius	32	1'200	Macedonia	114	2'035
Mozambique	75	18'071	Malta	78	395
Namibia	47	1'792	Netherlands	84	16'039
Nigeria	198	129'875	Norway	27	4'513
Rwanda	50	7'933	Poland	92	38'641
Senegal	27	9'768	Portugal	46	10'024
South Africa	62	43'240	Romania	96	22'408
Tanzania	69	34'450	Russian Federation	264	144'752
Uganda	148	22'788	Serbia	100	10'651
Zambia	59	10'283	Slovak Republic	71	5'404
Zimbabwe	33	12'821	Slovenia	87	1'992
<b>Africa subtotal</b>	<b>1,620</b>	<b>485,737</b>	Spain	70	41'117
	<b>(20.8%)</b>	<b>(8.9%)</b>	Sweden	28	8'894
<b>Asia</b>			Switzerland	73	7'231
Bangladesh	76	133'345	Ukraine	67	49'093
China	110	1'271'850	United Kingdom	65	58'800
Hong Kong	60	6'725	<b>Europe subtotal</b>	<b>2,857</b>	<b>705,488</b>
India	63	1'032'355		<b>(36.7%)</b>	<b>(12.9%)</b>
Indonesia	38	208'981	<b>Middle East and North Africa</b>		
Japan	72	127'035	Algeria	71	30'835
Korea	103	47'343	Egypt	104	65'177
Malaysia	96	23'802	Israel	21	6'363
Pakistan	49	141'450	Jordan	85	5'031
Philippines	47	78'317	Morocco	101	29'170
Singapore	120	4'131	Tunisia	75	9'674
Sri Lanka	86	18'732	Turkey	46	68'529
Taiwan	43	n/a	<b>Middle East and North Africa subtotal</b>	<b>503</b>	<b>214,778</b>
Thailand	45	61'184		<b>(6.5%)</b>	<b>(3.9%)</b>
Vietnam	118	79'526	<b>North America</b>		
<b>Asia subtotal</b>	<b>1,126</b>	<b>3,234,777</b>	Canada	75	31,082
	<b>(14.5%)</b>	<b>(59.0%)</b>	United States	52	285,318
<b>Central America &amp; Caribbean</b>			<b>North America subtotal</b>	<b>127</b>	<b>316,400</b>
Costa Rica	70	3'873		<b>(1.6%)</b>	<b>(5.8%)</b>
Dominican Republic	35	8'505	<b>Oceania</b>		
El Salvador	48	6'400	Australia	18	19,387
Guatemala	61	11'683	New Zealand	70	3,849
Haiti	25	8'132	<b>Oceania subtotal</b>	<b>88</b>	<b>23,236</b>
Honduras	82	6'585		<b>(1.1%)</b>	<b>(0.4%)</b>
Jamaica	58	2'590	<b>South America</b>		
Mexico	105	99'420	Argentina	61	37'488
Nicaragua	71	5'205	Bolivia	79	8'515
Panama	75	2'897	Brazil	63	172'386
Trinidad and Tobago	61	1'310	Chile	170	15'402
<b>Central America and Caribbean subtotal</b>	<b>691</b>	<b>156,599</b>	Colombia	63	43'035
	<b>(8.9%)</b>	<b>(2.9%)</b>	Ecuador	98	12'879
<b>Europe</b>			Paraguay	65	5'390
Austria	83	8'132	Peru	79	26'347
Belgium	46	10'286	Uruguay	65	3'361
Bulgaria	167	7'913	Venezuela	34	24'632
Croatia	111	4'381	<b>South America subtotal</b>	<b>777</b>	<b>349,435</b>
Czech Republic	109	10'224		<b>(10%)</b>	<b>(6.4%)</b>
Denmark	42	5'359	<b>Grand total</b>		
Estonia	65	1'364		<b>7,789</b>	<b>5,486,451</b>

**Table 3: Firms surveyed compared to population by country's income group**

Country	Firms Surveyed 2003 (number)	Estimated Population 2001 (thousands)	Country	Firms Surveyed 2003 (number)	Estimated Population 2001 (thousands)
<b>Low income</b>			<b>Upper middle income</b>		
Angola	47	13'512	Argentina	61	37'488
Bangladesh	76	133'345	Botswana	56	1'695
Cameroon	56	15'197	Brazil	63	172'386
Chad	84	7'916	Chile	170	15'402
Ethiopia	85	65'816	Croatia	111	4'381
Gambia	79	1'341	Czech Republic	109	10'224
Ghana	174	19'708	Estonia	65	1'364
Haiti	25	8'132	Hungary	106	10'187
India	63	1'032'355	Korea	103	47'343
Indonesia	38	208'981	Malaysia	96	23'802
Kenya	75	30'736	Malta	78	395
Madagascar	93	15'976	Mauritius	32	1'200
Malawi	34	10'526	Mexico	105	99'420
Mali	37	11'094	Panama	75	2'897
Mozambique	75	18'071	Poland	92	38'641
Nicaragua	71	5'205	Slovak Republic	71	5'404
Nigeria	198	129'875	South Africa	62	43'240
Pakistan	49	141'450	Trinidad and Tobago	61	1'310
Rwanda	50	7'933	Uruguay	65	3'361
Senegal	27	9'768	Venezuela	34	24'632
Tanzania	69	34'450	<b>Upper middle income subtotal</b>	<b>1,615</b>	<b>544,771</b>
Uganda	148	22'788		<b>(20.7%)</b>	<b>(9.9%)</b>
Ukraine	67	49'093	<b>High income</b>		
Vietnam	118	79'526	Australia	18	19'387
Zambia	59	10'283	Austria	83	8'132
Zimbabwe	33	12'821	Belgium	46	10'286
<b>Low income subtotal</b>	<b>1,930</b>	<b>2,095,898</b>	Canada	75	31'082
	<b>(24.8%)</b>	<b>(38.2%)</b>	Denmark	42	5'359
<b>Lower middle income</b>			Finland	36	5'188
Algeria	71	30'835	France	93	59'191
Bolivia	79	8'515	Germany	72	82'333
Bulgaria	167	7'913	Greece	98	10'591
China	110	1'271'850	Hong Kong	60	6'725
Colombia	63	43'035	Iceland	27	282
Costa Rica	70	3'873	Ireland	40	3'839
Dominican Republic	35	8'505	Israel	21	6'363
Ecuador	98	12'879	Italy	48	57'948
Egypt	104	65'177	Japan	72	127'035
El Salvador	48	6'400	Luxembourg	34	441
Guatemala	61	11'683	Netherlands	84	16'039
Honduras	82	6'585	New Zealand	70	3'849
Jamaica	58	2'590	Norway	27	4'513
Jordan	85	5'031	Portugal	46	10'024
Latvia	184	2'359	Singapore	120	4'131
Lithuania	134	3'482	Slovenia	87	1'992
Macedonia	114	2'035	Spain	70	41'117
Morocco	101	29'170	Sweden	28	8'894
Namibia	47	1'792	Switzerland	73	7'231
Paraguay	65	5'390	Taiwan	43	n/a
Peru	79	26'347	United Kingdom	65	58'800
Philippines	47	78'317	United States	52	285'318
Romania	96	22'408	<b>High income subtotal</b>	<b>1,630</b>	<b>876,089</b>
Russian Federation	264	144'752		<b>(20.9%)</b>	<b>(16.0%)</b>
Sri Lanka	86	18'732	<b>Unclassified</b>		
Thailand	45	61'184	Serbia	100	10,651
Tunisia	75	9'674	<b>Grand Total</b>	<b>7,789</b>	<b>5,486,451</b>
Turkey	46	68'529			
<b>Lower middle income subtotal</b>	<b>2,514</b>	<b>1,959,042</b>			
	<b>(32.3%)</b>	<b>(35.7%)</b>			

**Table 4: Firms surveyed compared to population by country's UNAIDS HIV prevalence estimates**

Country	Firms Surveyed 2003 (number)	Estimated Population 2001 (thousands)
<b>Prevalence &lt; 1%</b>		
Algeria	71	30'835
Argentina	61	37'488
Australia	18	19'387
Austria	83	8'132
Bangladesh	76	133'345
Belgium	46	10'286
Bolivia	79	8'515
Brazil	63	172'386
Bulgaria	167	7'913
Canada	75	31'082
Chile	170	15'402
China	110	1'271'850
Colombia	63	43'035
Costa Rica	70	3'873
Croatia	111	4'381
Czech Republic	109	10'224
Denmark	42	5'359
Ecuador	98	12'879
Egypt	104	65'177
El Salvador	48	6'400
Finland	36	5'188
France	93	59'191
Germany	72	82'333
Greece	98	10'591
Hong Kong	60	6'725
Hungary	106	10'187
Iceland	27	282
India	63	1'032'355
Indonesia	38	208'981
Ireland	40	3'839
Israel	21	6'363
Italy	48	57'948
Japan	72	127'035
Jordan	85	5'031
Korea	103	47'343
Latvia	184	2'359
Lithuania	134	3'482
Luxembourg	34	441
Macedonia	114	2'035
Madagascar	93	15'976
Malaysia	96	23'802
Malta	78	395
Mauritius	32	1'200
Mexico	105	99'420
Morocco	101	29'170
Netherlands	84	16'039
New Zealand	70	3'849
Nicaragua	71	5'205
Norway	27	4'513
Pakistan	49	141'450
Peru	79	26'347
Philippines	47	78'317
Poland	92	38'641
Portugal	46	10'024
Romania	96	22'408
Russian Federation	264	144'752
Senegal	27	9'768
Serbia	100	10'651
Singapore	120	4'131
Slovak Republic	71	5'404
Slovenia	87	1'992
Spain	70	41'117
Sri Lanka	86	18'732
Sweden	28	8'894
Switzerland	73	7'231
Turkey	46	68'529
United Kingdom	65	58'800

Country	Firms Surveyed 2003 (number)	Estimated Population 2001 (thousands)
<b>Prevalence &lt; 1% (...continued)</b>		
United States	52	285'318
Uruguay	65	3'361
Venezuela	34	24'632
Vietnam	118	79'526
<b>Prevalence &lt;1% subtotal</b>	<b>5,564 (71.4%)</b>	<b>4,859,251 (88.6%)</b>
<b>Prevalence 1-4%</b>		
Chad	84	7'916
Dominican Republic	35	8'505
Estonia	65	1'364
Gambia	79	1'341
Ghana	174	19'708
Guatemala	61	11'683
Honduras	82	6'585
Jamaica	58	2'590
Mali	37	11'094
Panama	75	2'897
Thailand	45	61'184
Trinidad and Tobago	61	1'310
Ukraine	67	49'093
<b>Prevalence 1-4% subtotal</b>	<b>923 (11.9%)</b>	<b>185,269 (3.4%)</b>
<b>Prevalence 5-9%</b>		
Angola	47	13'512
Ethiopia	85	65'816
Haiti	25	8'132
Nigeria	198	129'875
Rwanda	50	7'933
Tanzania	69	34'450
Uganda	148	22'788
<b>Prevalence 5-9% subtotal</b>	<b>622 (8.0%)</b>	<b>282,506 (5.1%)</b>
<b>Prevalence 10-14%</b>		
Cameroon	56	15,197
Mozambique	75	18,071
<b>Prevalence 10-14% subtotal</b>	<b>131 (1.7%)</b>	<b>33,269 (0.6%)</b>
<b>Prevalence 15-19%</b>		
Kenya	75	30,736
Malawi	34	10,526
<b>Prevalence 15-19% subtotal</b>	<b>109 (1.4%)</b>	<b>41,262 (0.8%)</b>
<b>Prevalence &gt;20%</b>		
Botswana	56	1'695
Namibia	47	1'792
South Africa	62	43'240
Zambia	59	10'283
Zimbabwe	33	12'821
<b>Prevalence &gt;20% subtotal</b>	<b>257 (3.3%)</b>	<b>69,830 (1.3%)</b>
<b>Unclassified</b>		
Paraguay	65	5,390
Taiwan	43	n/a
Tunisia	75	9,674
<b>Grand Total</b>	<b>7,789</b>	<b>5,486,451</b>

**Table 5: What percentage of your employees would you estimate to be HIV positive?**

Country	<1%	1 - 4%	5 - 9%	10 - 14%	15 - 19%	>20%	Don't know or no response
Algeria	56%	0%	0%	0%	0%	0%	44%
Angola	38	17	2	0	0	0	43
Argentina	59	5	3	0	0	0	33
Australia	94	0	0	0	0	0	6
Austria	58	4	0	0	0	0	39
Bangladesh	67	0	0	0	0	0	33
Belgium	80	0	0	0	0	0	20
Bolivia	51	3	1	0	0	6	39
Botswana	14	14	9	16	4	20	23
Brazil	71	5	3	0	0	0	21
Bulgaria	41	1	0	1	0	0	57
Cameroon	18	13	5	2	2	0	61
Canada	85	3	0	0	0	0	12
Chad	26	2	1	1	0	0	69
Chile	61	4	1	0	0	1	33
China	40	2	0	3	0	0	55
Colombia	63	2	0	0	0	0	35
Costa Rica	49	13	0	0	0	0	39
Croatia	82	1	0	0	0	0	17
Czech Republic	69	1	0	0	0	3	28
Denmark	88	7	0	0	0	0	5
Dominican Republic	46	3	0	0	6	0	46
Ecuador	55	7	1	0	1	2	34
Egypt	8	0	0	0	0	0	92
El Salvador	54	8	0	0	0	2	35
Estonia	80	0	0	0	0	0	20
Ethiopia	22	12	13	4	0	1	48
Finland	94	3	0	0	0	0	3
France	65	6	1	1	0	0	27
Gambia	22	6	0	0	0	0	72
Germany	75	4	0	0	0	0	21
Ghana	24	5	1	1	1	0	70
Greece	72	1	0	0	0	0	27
Guatemala	49	5	0	3	0	0	43
Haiti	24	16	12	4	0	0	44
Honduras	40	6	1	0	0	0	52
Hong Kong	63	0	2	0	0	0	35
Hungary	71	0	0	0	0	0	29
Iceland	89	0	0	0	0	0	11
India	62	8	0	0	0	0	30
Indonesia	55	0	11	16	5	0	13
Ireland	75	10	0	0	0	0	15
Israel	90	0	0	0	0	0	10
Italy	60	10	0	0	0	0	29
Jamaica	48	10	0	0	0	0	41
Japan	81	0	0	0	0	0	19%
Jordan	72	1	0	0	0	0	27
Kenya	17	16	21	9	0	0	36
Korea	83	0	3	0	1	0	13
Latvia	45	2	0	0	0	0	53
Lithuania	59	2	0	0	0	0	39
Luxembourg	71	0	0	0	0	3	26
Macedonia	63	1	0	0	0	0	36
Madagascar	57	3	0	0	0	0	40
Malawi	9	9	15	9	6	9	44
Malaysia	58	1	0	0	0	0	41
Mali	32	5	3	0	0	0	59
Malta	73	0	0	0	0	0	27
Mauritius	75	3	0	0	0	0	22
Mexico	62	9	1	1	1	0	27
Morocco	55	0	0	0	0	0	45
Mozambique	15	9	12	25	8	5	25
Namibia	15	23	15	15	2	13	17
Netherlands	85	7	0	0	0	0	8
New Zealand	91	1	0	0	0	0	7
Nicaragua	37	4	1	0	0	3	55
Nigeria	30	6	4	3	0	0	58
Norway	93	0	0	0	0	0	7

Country	<1%	1 - 4%	5 - 9%	10 - 14%	15 - 19%	>20%	Don't know or no response
Pakistan	65	2	0	0	0	0	33
Panama	47	5	1	1	0	1	44
Paraguay	42	2	0	0	0	2	55
Peru	68	4	0	0	0	0	28
Philippines	72	0	2	0	0	0	26
Poland	73	1	0	0	0	0	26
Portugal	83	0	2	0	0	0	15
Romania	34	0	0	0	0	0	66
Russian Federation	51	2	0	0	0	1	45
Rwanda	34	30	6	2	4	0	24
Senegal	30	7	0	0	0	0	63
Serbia	70	2	0	0	0	0	28
Singapore	73	3	0	0	0	0	24
Slovak Republic	73	0	0	0	0	0	27
Slovenia	86	2	0	0	0	0	11
South Africa	11	18	23	15	13	15	6
Spain	69	4	0	0	0	0	27
Sri Lanka	57	9	0	0	0	0	34
Sweden	96	0	0	0	0	0	4
Switzerland	79	10	0	0	0	0	11
Taiwan	81	2	0	0	0	0	16
Tanzania	14	20	14	10	4	4	32
Thailand	60	4	0	0	0	0	36%
Trinidad and Tobago	39	18	2	0	0	0	41
Tunisia	63	1	1	0	0	0	35
Turkey	70	0	0	0	0	0	30
Uganda	26	20	9	2	2	2	39
Ukraine	30	0	0	0	0	0	70
United Kingdom	75	8	0	2	0	0	15
United States	63	12	2	2	0	0	21
Uruguay	78	2	2	0	0	0	18
Venezuela	74	0	0	0	0	0	26
Vietnam	47	2	0	0	0	0	52
Zambia	8	14	10	12	10	10	36
Zimbabwe	0	9	3	6	30	42	9

Income group subtotal							
Low income	31	9	5	4	2	2	48
Lower middle income	50	3	1	1	0	1	45
Upper middle income	64	4	2	1	1	2	27
High income	77	4	0	0	0	0	19

UNAIDS HIV prevalence group subtotal							
Prevalence <1	63	3	0	0	0	0	33
Prevalence 1 - 4	39	5	1	1	0	0	54
Prevalence 5 - 9	27	15	8	3	1	1	45
Prevalence 10 - 14	16	11	9	15	5	3	40
Prevalence 15 - 19	15	14	19	9	2	3	39
Prevalence >20	11	16	13	13	11	18	19

Regional subtotal							
Africa	25	11	7	5	3	4	45
Asia	63	2	1	1	0	0	33
Central America & Caribbean	47	9	1	1	0	1	42
Europe	65	2	0	0	0	0	32
Middle East & North Africa	52	0	0	0	0	0	47
North America	76	6	1	1	0	0	16
Oceania	92	1	0	0	0	0	7
South America	61	4	1	0	0	1	33
<b>Overall</b>	<b>54</b>	<b>5</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>36</b>

**Table 6: Is your HIV prevalence estimate based on the result of a quantitative study including company-specific information?**

Country	Based on a study	Not based on a study	No Response	Country	Based on a study	Not based on a study	No Response
Algeria	11%	56%	32%	Pakistan	24	55	20
Angola	11	66	23	Panama	19	53	28
Argentina	16	62	21	Paraguay	5	65	31
Australia	11	83	6	Peru	22	62	16
Austria	4	61	35	Philippines	17	74	9
Bangladesh	11	67	22	Poland	13	63	24
Belgium	0	87	13	Portugal	11	76	13
Bolivia	1	77	22	Romania	23	60	17
Botswana	9	82	9	Russian Federation	15	69	16
Brazil	24	62	14	Rwanda	24	60	16
Bulgaria	11	57	31	Senegal	15	59	26
Cameroon	13	34	54	Serbia	10	77	13
Canada	8	81	11	Singapore	21	66	13
Chad	10	46	44	Slovak Republic	17	72	11
Chile	8	71	21	Slovenia	7	87	6
China	24	50	26	South Africa	35	63	2
Colombia	24	60	16	Spain	14	67	19
Costa Rica	6	64	30	Sri Lanka	14	71	15
Croatia	14	78	8	Sweden	0	100	0
Czech Republic	13	79	8	Switzerland	0	93	7
Denmark	2	95	2	Taiwan	21	63	16
Dominican Republic	14	57	29	Tanzania	20	55	25
Ecuador	21	67	11	Thailand	27	49	24
Egypt	3	10	88	Trinidad and Tobago	15	59	26
El Salvador	6	71	23	Tunisia	16	59	25
Estonia	18	72	9	Turkey	15	67	17
Ethiopia	11	53	36	Uganda	16	63	22
Finland	11	86	3	Ukraine	18	48	34
France	2	85	13	United Kingdom	8	88	5
Gambia	19	54	27	United States	4	83	13
Germany	6	83	11	Uruguay	9	75	15
Ghana	9	55	36	Venezuela	12	76	12
Greece	15	67	17	Vietnam	25	69	7
Guatemala	10	62	28	Zambia	12	64	24
Haiti	8	56	36	Zimbabwe	30	61	9
Honduras	11	48	41				
Hong Kong	5	80	15	<b>Income group subtotal</b>			
Hungary	6	83	11	Low income	16	56	28
Iceland	19	70	11	Lower middle income	14	61	25
India	11	79	10	Upper middle income	15	70	15
Indonesia	47	29	24	High income	8	80	12
Ireland	3	90	8				
Israel	5	90	5	<b>UNAIDS HIV prevalence group subtotal</b>			
Italy	8	73	19	Prevalence <1	13	70	18
Jamaica	5	78	17	Prevalence 1 - 4	14	56	30
Japan	17	72	11	Prevalence 5 - 9	17	54	29
Jordan	22	54	24	Prevalence 10 - 14	14	53	33
Kenya	25	45	29	Prevalence 15 - 19	19	50	31
Korea	28	57	15	Prevalence >20	20	68	11
Latvia	6	57	37				
Lithuania	18	76	6	<b>Regional subtotal</b>			
Luxembourg	3	76	21	Africa	16	57	28
Macedonia	16	63	21	Asia	20	65	15
Madagascar	5	66	29	Central America & Caribbean	12	60	28
Malawi	6	59	35	Europe	11	73	16
Malaysia	15	75	10	Middle East & North Africa	13	52	35
Mali	14	51	35	North America	6	82	12
Malta	10	81	9	Oceania	3	91	6
Mauritius	13	69	19	South America	14	68	18
Mexico	19	64	17				
Morocco	17	69	14	<b>Overall</b>	<b>13</b>	<b>66</b>	<b>21</b>
Mozambique	15	68	17				
Namibia	17	70	13				
Netherlands	6	90	4				
New Zealand	1	93	6				
Nicaragua	8	54	38				
Nigeria	21	42	37				
Norway	11	81	7				

**Table 7: How serious do you consider the current and future impact of HIV/AIDS on your company?**

Country	Expect serious impact	Expect some impact	Do not expect impact	No Response
Algeria	15%	38%	54%	8%
Angola	38	85	11	4
Argentina	3	36	62	2
Australia	0	17	83	0
Austria	0	11	78	11
Bangladesh	8	47	51	1
Belgium	0	7	93	0
Bolivia	15	41	57	3
Botswana	77	96	4	0
Brazil	6	46	54	0
Bulgaria	9	28	65	7
Cameroon	71	96	2	2
Canada	4	45	53	1
Chad	86	98	2	0
Chile	2	23	75	2
China	25	56	42	2
Colombia	11	38	59	3
Costa Rica	6	34	66	0
Croatia	11	32	68	0
Czech Republic	6	20	77	3
Denmark	2	10	90	0
Dominican Republic	14	54	46	0
Ecuador	8	44	55	1
Egypt	15	33	57	11
El Salvador	8	40	60	0
Estonia	8	38	58	3
Ethiopia	72	95	5	0
Finland	3	8	92	0
France	3	29	70	1
Gambia	42	87	11	1
Germany	1	13	88	0
Ghana	55	89	9	2
Greece	5	27	71	2
Guatemala	8	44	54	2
Haiti	60	88	12	0
Honduras	28	60	39	1
Hong Kong	5	33	67	0
Hungary	2	12	88	0
Iceland	0	11	89	0
India	22	60	37	3
Indonesia	13	84	16	0
Ireland	8	23	78	0
Israel	0	19	81	0
Italy	0	31	69	0
Jamaica	53	83	17	0
Japan	14	39	61	0
Jordan	5	15	81	4
Kenya	63	96	3	1
Korea	3	30	69	1
Latvia	4	28	66	6
Lithuania	6	36	63	1
Luxembourg	3	9	88	3
Macedonia	8	26	73	1
Madagascar	35	78	22	0
Malawi	76	91	6	3
Malaysia	4	25	74	1
Mali	54	84	11	5
Malta	3	24	76	0
Mauritius	3	38	63	0
Mexico	6	38	60	2
Morocco	30	50	46	4
Mozambique	72	91	9	0
Namibia	68	100	0	0
Netherlands	1	29	71	0
New Zealand	0	21	79	0
Nicaragua	23	45	52	3
Nigeria	46	77	20	3

Country	Expect serious impact	Expect some impact	Do not expect impact	No Response
Norway	0	15	85	0
Pakistan	14	37	61	2
Panama	20	43	57	0
Paraguay	15	52	48	0
Peru	11	44	52	4
Philippines	6	57	43	0
Poland	3	48	50	2
Portugal	4	33	67	0
Romania	15	36	61	2
Russian Federation	16	44	53	3
Rwanda	54	78	18	4
Senegal	41	67	26	7
Serbia	6	32	66	2
Singapore	1	23	76	2
Slovak Republic	4	24	70	6
Slovenia	2	15	85	0
South Africa	79	100	0	0
Spain	3	23	76	1
Sri Lanka	8	52	47	1
Sweden	0	21	79	0
Switzerland	3	30	70	0
Taiwan	5	40	60	0
Tanzania	74	94	4	1
Thailand	27	89	9	2
Trinidad and Tobago	48	77	23	0
Tunisia	15	31	64	5
Turkey	7	28	72	0
Uganda	63	94	6	0
Ukraine	22	66	34	0
United Kingdom	5	37	60	3
United States	15	56	38	6
Uruguay	2	25	74	2
Venezuela	3	38	59	3
Vietnam	74	93	6	1
Zambia	80	97	3	0
Zimbabwe	94	100	0	0

Income group subtotal				
Low income	53	82	16	2
Lower middle income	15	42	55	3
Upper middle income	12	37	62	1
High income	3	25	73	1

UNAIDS HIV prevalence group subtotal				
Prevalence <1	10	35	63	2
Prevalence 1 - 4	39	72	26	1
Prevalence 5 - 9	57	87	12	2
Prevalence 10 - 14	72	93	6	1
Prevalence 15 - 19	67	94	4	2
Prevalence >20	79	98	2	0

Regional subtotal				
Africa	60	89	10	1
Asia	17	49	50	1
Central America & Caribbean	22	52	47	1
Europe	6	28	69	2
Middle East & North Africa	15	33	62	6
North America	9	50	47	3
Oceania	0	20	80	0
South America	7	37	61	2

<b>Overall</b>	<b>21</b>	<b>47</b>	<b>51</b>	<b>2</b>
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**Table 9: How serious do you consider the current and future impact of tuberculosis on your company?**

Country	Expect serious impact	Expect some impact	Do not expect impact	No Response
Algeria	8%	31%	59%	10%
Angola	40	87	11	2
Argentina	2	10	87	3
Australia	0	0	100	0
Austria	1	5	84	11
Bangladesh	13	51	42	7
Belgium	0	0	100	0
Bolivia	14	32	66	3
Botswana	32	80	20	0
Brazil	3	13	87	0
Bulgaria	7	26	68	6
Cameroon	55	89	9	2
Canada	1	8	91	1
Chad	61	90	10	0
Chile	1	6	92	2
China	18	60	38	2
Colombia	8	13	84	3
Costa Rica	4	6	94	0
Croatia	9	19	81	0
Czech Republic	4	12	85	3
Denmark	0	0	100	0
Dominican Republic	3	14	86	0
Ecuador	7	30	69	1
Egypt	16	37	52	12
El Salvador	4	21	79	0
Estonia	3	29	68	3
Ethiopia	52	82	14	4
Finland	3	3	97	0
France	2	6	92	1
Gambia	41	90	9	1
Germany	0	0	100	0
Ghana	29	80	20	0
Greece	2	7	90	3
Guatemala	5	25	75	0
Haiti	36	88	12	0
Honduras	6	30	68	1
Hong Kong	0	23	77	0
Hungary	3	8	92	0
Iceland	0	0	100	0
India	11	41	56	3
Indonesia	13	79	21	0
Ireland	3	10	90	0
Israel	0	0	95	5
Italy	0	10	90	0
Jamaica	7	22	78	0
Japan	4	21	79	0
Jordan	4	14	82	4
Kenya	31	84	16	0
Korea	3	12	85	3
Latvia	5	28	67	5
Lithuania	5	36	63	1
Luxembourg	0	9	91	0
Macedonia	4	14	85	1
Madagascar	30	73	27	0
Malawi	50	91	6	3
Malaysia	2	13	86	1
Mali	32	68	27	5
Malta	0	5	95	0
Mauritius	0	16	84	0
Mexico	2	10	88	2
Morocco	24	44	52	4
Mozambique	41	85	15	0
Namibia	23	89	9	2
Netherlands	1	6	94	0
New Zealand	0	9	91	0
Nicaragua	21	41	58	1
Nigeria	29	70	29	2

Country	Expect serious impact	Expect some impact	Do not expect impact	No Response
Norway	0	7	93	0
Pakistan	16	51	47	2
Panama	12	24	76	0
Paraguay	11	31	66	3
Peru	9	39	58	3
Philippines	19	66	34	0
Poland	2	30	66	3
Portugal	0	13	87	0
Romania	14	34	64	2
Russian Federation	13	48	48	4
Rwanda	12	70	26	4
Senegal	44	67	26	7
Serbia	7	27	71	2
Singapore	1	7	92	2
Slovak Republic	7	23	72	6
Slovenia	1	5	95	0
South Africa	48	82	18	0
Spain	3	4	94	1
Sri Lanka	2	43	55	2
Sweden	0	0	100	0
Switzerland	0	4	96	0
Taiwan	7	23	77	0
Tanzania	49	83	14	3
Thailand	2	33	60	7
Trinidad and Tobago	7	30	69	2
Tunisia	11	24	72	4
Turkey	2	17	83	0
Uganda	43	89	11	1
Ukraine	25	75	24	1
United Kingdom	3	15	82	3
United States	0	17	79	4
Uruguay	3	3	95	2
Venezuela	3	18	79	3
Vietnam	30	83	17	0
Zambia	66	93	7	0
Zimbabwe	73	94	6	0

Income group subtotal				
Low income	35	77	22	2
Lower middle income	9	33	63	3
Upper middle income	6	19	79	2
High income	1	8	91	1

UNAIDS HIV prevalence group subtotal				
Prevalence <1	7	24	74	2
Prevalence 1 - 4	21	53	46	1
Prevalence 5 - 9	37	79	19	2
Prevalence 10 - 14	47	87	12	1
Prevalence 15 - 19	37	86	13	1
Prevalence >20	47	87	12	0

Regional subtotal				
Africa	39	81	18	1
Asia	10	39	59	2
Central America & Caribbean	8	25	75	1
Europe	5	20	78	2
Middle East & North Africa	12	28	66	6
North America	1	12	86	2
Oceania	0	7	93	0
South America	6	19	79	2

Overall	13	36	62	2
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**Table 11: How severely is the HIV/AIDS epidemic currently affecting the following aspects of your business: medical expenses?**

Country	Serious impact	Some impact	Minimal impact	No Response
Algeria	0%	7%	75%	18%
Angola	15	32	57	11
Argentina	3	10	80	10
Australia	0	0	94	6
Austria	0	0	65	35
Bangladesh	1	5	89	5
Belgium	0	0	100	0
Bolivia	8	23	73	4
Botswana	21	57	41	2
Brazil	3	13	79	8
Bulgaria	2	5	81	14
Cameroon	30	59	29	13
Canada	0	4	91	5
Chad	30	63	20	17
Chile	1	5	88	6
China	20	43	46	11
Colombia	6	14	73	13
Costa Rica	0	11	79	10
Croatia	2	5	91	5
Czech Republic	7	12	79	9
Denmark	0	2	93	5
Dominican Republic	0	17	74	9
Ecuador	6	13	83	4
Egypt	0	1	9	90
El Salvador	0	4	88	8
Estonia	3	9	85	6
Ethiopia	19	49	35	15
Finland	0	3	97	0
France	0	5	91	3
Gambia	6	22	68	10
Germany	0	0	94	6
Ghana	14	31	59	10
Greece	1	7	80	13
Guatemala	7	13	80	7
Haiti	4	40	52	8
Honduras	10	24	63	12
Hong Kong	0	5	93	2
Hungary	0	1	94	5
Iceland	4	4	96	0
India	5	8	84	8
Indonesia	5	71	21	8
Ireland	0	0	93	8
Israel	0	0	90	10
Italy	0	6	75	19
Jamaica	0	7	86	7
Japan	0	3	92	6
Jordan	1	2	80	18
Kenya	13	57	36	7
Korea	7	26	67	7
Latvia	0	2	89	9
Lithuania	0	11	87	1
Luxembourg	0	0	94	6
Macedonia	4	6	52	42
Madagascar	6	15	72	13
Malawi	29	79	15	6
Malaysia	1	3	97	0
Mali	8	27	54	19
Malta	0	1	86	13
Mauritius	0	6	84	9
Mexico	2	10	83	8
Morocco	12	31	57	12
Mozambique	16	59	35	7
Namibia	23	79	17	4
Netherlands	0	2	95	2
New Zealand	0	1	99	0
Nicaragua	8	11	68	21
Nigeria	6	17	72	11

Country	Serious impact	Some impact	Minimal impact	No Response
Norway	0	4	93	4
Pakistan	2	8	90	2
Panama	15	23	69	8
Paraguay	3	9	77	14
Peru	4	8	82	10
Philippines	2	4	94	2
Poland	7	33	57	11
Portugal	0	0	100	0
Romania	8	16	74	10
Russian Federation	5	18	72	10
Rwanda	20	44	42	14
Senegal	11	33	48	19
Serbia	3	19	70	11
Singapore	1	3	93	3
Slovak Republic	1	8	83	8
Slovenia	1	8	89	3
South Africa	23	66	34	0
Spain	0	4	90	6
Sri Lanka	5	9	84	7
Sweden	0	4	89	7
Switzerland	0	0	96	4
Taiwan	7	21	70	9
Tanzania	16	62	32	6
Thailand	2	20	64	16
Trinidad and Tobago	2	11	82	7
Tunisia	5	13	63	24
Turkey	7	7	89	4
Uganda	35	63	30	7
Ukraine	10	21	76	3
United Kingdom	3	9	83	8
United States	0	21	71	8
Uruguay	0	2	95	3
Venezuela	0	9	88	3
Vietnam	8	45	49	6
Zambia	42	88	12	0
Zimbabwe	39	91	9	0

Income group subtotal				
Low income	15	39	51	9
Lower middle income	5	14	71	15
Upper middle income	5	14	79	6
High income	1	4	89	7

UNAIDS HIV prevalence group subtotal				
Prevalence <1	3	10	79	10
Prevalence 1 - 4	10	24	66	10
Prevalence 5 - 9	17	42	48	10
Prevalence 10 - 14	22	59	32	9
Prevalence 15 - 19	18	64	29	6
Prevalence >20	29	75	24	1

Regional subtotal				
Africa	18	46	45	9
Asia	5	18	76	6
Central America & Caribbean	5	14	76	10
Europe	2	8	82	10
Middle East & North Africa	4	10	59	31
North America	0	11	83	6
Oceania	0	1	98	1
South America	3	10	82	7

Overall	6	18	72	10
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**Table 13: How severely is the HIV/AIDS epidemic currently affecting the following aspects of your business: recruitment and training expenses?**

Country	Serious impact	Some impact	Minimal impact	No Response
Algeria	0%	17%	66%	17%
Angola	6	38	47	15
Argentina	2	5	85	10
Australia	0	6	83	11
Austria	0	1	64	35
Bangladesh	4	8	88	4
Belgium	0	0	98	2
Bolivia	9	22	75	4
Botswana	14	55	43	2
Brazil	2	8	83	10
Bulgaria	2	7	79	14
Cameroon	25	61	23	16
Canada	0	5	89	5
Chad	19	50	30	20
Chile	1	5	88	7
China	15	41	47	12
Colombia	2	19	68	13
Costa Rica	4	16	74	10
Croatia	2	5	90	5
Czech Republic	5	11	79	10
Denmark	0	2	90	7
Dominican Republic	6	14	80	6
Ecuador	6	13	83	4
Egypt	0	1	9	90
El Salvador	0	2	90	8
Estonia	0	12	83	5
Ethiopia	8	40	39	21
Finland	0	3	97	0
France	2	10	87	3
Gambia	6	28	62	10
Germany	0	0	94	6
Ghana	11	34	56	10
Greece	2	8	82	10
Guatemala	7	11	80	8
Haiti	8	28	56	16
Honduras	7	24	62	13
Hong Kong	0	3	97	0
Hungary	0	1	94	5
Iceland	4	4	96	0
India	5	10	84	6
Indonesia	5	66	21	13
Ireland	0	3	88	10
Israel	0	10	81	10
Italy	0	2	75	23
Jamaica	0	14	79	7
Japan	0	10	83	7
Jordan	2	4	79	18
Kenya	8	48	43	9
Korea	5	25	67	8
Latvia	0	4	86	10
Lithuania	2	15	84	1
Luxembourg	0	0	94	6
Macedonia	3	8	54	39
Madagascar	5	18	68	14
Malawi	15	76	18	6
Malaysia	0	2	98	0
Mali	5	30	49	22
Malta	1	4	85	12
Mauritius	0	9	81	9
Mexico	1	7	86	8
Morocco	14	37	53	10
Mozambique	12	57	35	8
Namibia	17	74	21	4
Netherlands	0	1	96	2
New Zealand	0	1	99	0
Nicaragua	4	10	68	23
Nigeria	4	21	66	13

Country	Serious impact	Some impact	Minimal impact	No Response
Norway	0	4	85	11
Pakistan	2	12	86	2
Panama	12	20	72	8
Paraguay	6	11	75	14
Peru	4	8	82	10
Philippines	2	9	89	2
Poland	3	33	58	10
Portugal	0	4	96	0
Romania	6	14	75	11
Russian Federation	5	18	72	10
Rwanda	8	32	52	16
Senegal	4	37	44	19
Serbia	4	20	69	11
Singapore	1	4	92	4
Slovak Republic	0	8	83	8
Slovenia	2	8	89	3
South Africa	11	66	34	0
Spain	0	4	90	6
Sri Lanka	7	16	76	8
Sweden	0	0	93	7
Switzerland	0	1	95	4
Taiwan	7	19	74	7
Tanzania	7	55	36	9
Thailand	0	13	73	13
Trinidad and Tobago	2	7	84	10
Tunisia	5	13	60	27
Turkey	0	7	83	11
Uganda	23	60	31	9
Ukraine	3	19	76	4
United Kingdom	2	14	80	6
United States	0	17	73	10
Uruguay	0	5	92	3
Venezuela	0	9	88	3
Vietnam	10	47	47	6
Zambia	25	73	25	2
Zimbabwe	15	88	12	0

Income group subtotal				
Low income	10	38	51	11
Lower middle income	5	15	70	15
Upper middle income	3	13	80	7
High income	1	5	88	7

UNAIDS HIV prevalence group subtotal				
Prevalence <1	3	11	78	11
Prevalence 1 - 4	7	24	66	11
Prevalence 5 - 9	10	39	48	13
Prevalence 10 - 14	18	59	30	11
Prevalence 15 - 19	10	57	35	8
Prevalence >20	17	70	29	2

Regional subtotal				
Africa	12	44	45	11
Asia	5	19	75	6
Central America & Caribbean	4	13	76	11
Europe	2	9	81	10
Middle East & North Africa	4	14	55	31
North America	0	10	83	7
Oceania	0	2	95	2
South America	3	10	82	8

Overall	5	19	71	11
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**Table 15: Has the current and future impact of HIV/AIDS on your country affected your country's access to foreign direct investment (FDI) in the past five years?**

Country	Serious impact	Some impact	Minimal impact	No Response	Country	Serious impact	Some impact	Minimal impact	No Response
Algeria	4%	14%	76%	10%	Norway	0	0	89	11
Angola	6	36	53	11	Pakistan	4	14	84	2
Argentina	0	15	80	5	Panama	0	31	67	3
Australia	0	0	94	6	Paraguay	3	14	82	5
Austria	0	4	59	37	Peru	3	14	81	5
Bangladesh	0	14	79	7	Philippines	0	21	79	0
Belgium	0	4	91	4	Poland	0	35	53	12
Bolivia	1	23	71	6	Portugal	2	7	93	0
Botswana	11	61	21	18	Romania	14	46	47	7
Brazil	2	10	87	3	Russian Federation	3	31	58	11
Bulgaria	2	13	73	14	Rwanda	8	34	60	6
Cameroon	5	50	32	18	Senegal	0	26	74	0
Canada	0	7	88	5	Serbia	5	16	78	6
Chad	17	63	26	11	Singapore	0	6	92	3
Chile	0	4	94	2	Slovak Republic	1	11	83	6
China	13	61	37	2	Slovenia	0	6	92	2
Colombia	0	13	75	13	South Africa	19	69	26	5
Costa Rica	1	20	76	4	Spain	0	3	90	7
Croatia	0	10	82	8	Sri Lanka	2	31	56	13
Czech Republic	1	7	90	3	Sweden	0	0	96	4
Denmark	0	0	93	7	Switzerland	0	3	90	7
Dominican Republic	0	17	77	6	Taiwan	2	23	77	0
Ecuador	3	30	67	3	Tanzania	4	54	19	28
Egypt	1	2	11	88	Thailand	0	27	71	2
El Salvador	0	21	75	4	Trinidad and Tobago	0	28	64	8
Estonia	0	18	78	3	Tunisia	0	9	75	16
Ethiopia	12	52	27	21	Turkey	0	9	85	7
Finland	0	3	97	0	Uganda	14	59	34	7
France	0	6	89	4	Ukraine	3	43	49	7
Gambia	4	27	63	10	United Kingdom	2	6	89	5
Germany	0	3	90	7	United States	0	8	83	10
Ghana	6	48	41	11	Uruguay	0	3	94	3
Greece	0	5	87	8	Venezuela	3	18	74	9
Guatemala	2	34	59	7	Vietnam	3	63	35	3
Haiti	36	72	24	4	Zambia	7	56	22	22
Honduras	9	55	32	13	Zimbabwe	12	58	30	12
Hong Kong	0	5	90	5					
Hungary	0	8	83	8	<b>Income group subtotal</b>				
Iceland	0	0	100	0	Low income	6	46	43	11
India	0	16	75	10	Lower middle income	3	25	61	15
Indonesia	5	74	16	11	Upper middle income	1	17	78	5
Ireland	0	3	88	10	High income	0	6	87	7
Israel	0	10	81	10					
Italy	0	10	77	13	<b>UNAIDS HIV prevalence group subtotal</b>				
Jamaica	2	29	66	5	Prevalence <1	2	16	74	10
Japan	1	17	71	13	Prevalence 1 - 4	4	38	54	8
Jordan	0	6	80	14	Prevalence 5 - 9	9	49	38	12
Kenya	7	63	23	15	Prevalence 10 - 14	5	60	24	17
Korea	1	30	68	2	Prevalence 15 - 19	6	60	26	15
Latvia	3	13	42	45	Prevalence >20	12	61	24	15
Lithuania	3	36	58	6					
Luxembourg	0	0	94	6	<b>Regional subtotal</b>				
Macedonia	5	12	75	13	Africa	7	49	38	13
Madagascar	3	29	60	11	Asia	2	28	68	5
Malawi	3	53	32	15	Central America & Caribbean	3	29	65	6
Malaysia	0	2	97	1	Europe	2	14	75	11
Mali	3	38	51	11	Middle East & North Africa	1	12	61	27
Malta	0	1	90	9	North America	0	7	86	7
Mauritius	0	9	84	6	Oceania	0	3	92	5
Mexico	0	11	86	3	South America	1	14	82	5
Morocco	3	30	62	8					
Mozambique	4	67	17	16	<b>Overall</b>	<b>3</b>	<b>24</b>	<b>66</b>	<b>10</b>
Namibia	13	62	21	17					
Netherlands	0	5	93	2					
New Zealand	0	4	91	4					
Nicaragua	1	25	69	6					
Nigeria	2	43	46	10					



Table 17: In your company, what is the state of your AIDS policy?

Country	No written policy	Written policy	Board approved	Union approved	Committee approved	No response
Algeria	82%	0%	0%	0%	0%	18%
Angola	81	6	2	0	4	13
Argentina	92	2	2	0	0	7
Australia	89	0	0	0	0	11
Austria	63	1	0	0	1	36
Bangladesh	89	1	1	0	0	9
Belgium	96	2	0	0	2	2
Bolivia	92	1	1	0	0	6
Botswana	54	30	21	0	9	16
Brazil	67	24	13	5	11	10
Bulgaria	91	1	0	0	1	8
Cameroon	66	11	2	0	9	23
Canada	87	7	0	1	5	7
Chad	86	4	4	0	0	11
Chile	93	2	1	0	2	5
China	82	6	0	5	1	12
Colombia	86	8	3	0	6	6
Costa Rica	91	3	1	0	1	6
Croatia	93	4	3	1	0	4
Czech Republic	94	1	1	0	0	5
Denmark	76	17	14	2	0	7
Dominican Republic	89	3	0	0	3	9
Ecuador	92	3	2	0	1	5
Egypt	11	0	0	0	0	89
El Salvador	92	6	4	0	2	2
Estonia	89	2	2	0	0	9
Ethiopia	84	6	1	0	5	11
Finland	86	8	3	6	0	6
France	92	1	0	1	0	6
Gambia	67	15	4	0	11	18
Germany	88	3	1	0	1	10
Ghana	75	5	2	2	1	20
Greece	89	2	0	0	2	9
Guatemala	98	0	0	0	0	2
Haiti	84	0	0	0	0	16
Honduras	91	2	1	0	1	6
Hong Kong	88	5	3	0	2	7
Hungary	95	0	0	0	0	5
Iceland	85	0	0	0	0	15
India	83	11	5	2	8	6
Indonesia	50	39	26	11	3	11
Ireland	83	8	8	0	0	10
Israel	86	5	0	0	5	10
Italy	73	6	4	2	0	21
Jamaica	86	9	7	0	2	5
Japan	86	3	1	0	1	11
Jordan	78	5	1	0	4	18
Kenya	75	12	7	0	5	13
Korea	77	10	6	1	3	14
Latvia	80	4	3	1	2	16
Lithuania	96	1	0	0	1	3
Luxembourg	97	0	0	0	0	3
Macedonia	85	3	1	1	1	12
Madagascar	91	5	2	1	2	3
Malawi	74	15	12	0	3	12
Malaysia	86	6	6	0	0	7
Mali	84	0	0	0	0	16
Malta	88	1	0	0	1	10
Mauritius	81	6	3	0	3	13
Mexico	91	3	3	0	0	6
Morocco	84	5	3	1	1	11
Mozambique	75	11	5	3	3	15
Namibia	53	21	21	0	0	26
Netherlands	90	2	2	0	0	7
New Zealand	97	0	0	0	0	3
Nicaragua	80	1	1	0	0	18
Nigeria	76	9	6	1	3	15

Country	No written policy	Written policy	Board approved	Union approved	Committee approved	No response
Norway	81	7	0	4	4	11
Pakistan	90	2	2	0	0	8
Panama	89	9	3	3	4	1
Paraguay	95	2	0	0	2	3
Peru	94	1	0	0	1	5
Philippines	85	6	4	0	2	9
Poland	74	4	3	0	1	22
Portugal	93	0	0	0	0	7
Romania	91	5	1	1	3	4
Russian Federation	90	4	2	1	1	6
Rwanda	52	26	8	2	16	22
Senegal	93	0	0	0	0	7
Serbia	95	0	0	0	0	5
Singapore	82	9	5	2	4	9
Slovak Republic	93	0	0	0	0	7
Slovenia	91	3	2	0	1	6
South Africa	21	53	37	15	26	26
Spain	97	0	0	0	0	3
Sri Lanka	81	5	3	0	1	14
Sweden	86	4	0	4	0	11
Switzerland	95	0	0	0	0	5
Taiwan	77	12	9	0	2	12
Tanzania	74	6	3	0	3	20
Thailand	69	16	2	2	11	16
Trinidad and Tobago	79	10	7	2	2	11
Tunisia	80	4	1	1	1	16
Turkey	83	9	4	2	2	9
Uganda	78	11	5	1	5	10
Ukraine	99	1	1	0	0	0
United Kingdom	78	8	8	0	3	14
United States	73	8	4	2	2	19
Uruguay	91	2	0	0	2	8
Venezuela	94	3	3	0	0	3
Vietnam	85	6	2	4	1	9
Zambia	83	7	2	0	5	10
Zimbabwe	64	18	6	0	12	18

Income group subtotal						
Low income	79	8	4	1	4	13
Lower middle income	84	4	2	1	2	12
Upper middle income	84	7	5	1	3	9
High income	86	4	2	1	1	10

UNAIDS HIV prevalence group subtotal						
Prevalence <1	86	4	2	1	1	10
Prevalence 1 - 4	84	6	3	1	2	11
Prevalence 5 - 9	76	9	4	0	5	14
Prevalence 10 - 14	71	11	4	2	5	18
Prevalence 15 - 19	74	13	8	0	5	13
Prevalence >20	54	27	19	4	11	19

Regional subtotal						
Africa	73	12	6	1	5	15
Asia	82	8	4	2	2	10
Central America & Caribbean	89	4	3	0	1	7
Europe	89	3	2	0	1	9
Middle East & North Africa	67	3	1	1	1	30
North America	81	7	2	2	4	12
Oceania	95	0	0	0	0	5
South America	90	4	2	0	2	6
<b>Overall</b>	<b>83</b>	<b>6</b>	<b>3</b>	<b>1</b>	<b>2</b>	<b>11</b>



## Partners

### World Economic Forum

The World Economic Forum (<http://www.weforum.org>) is an independent international organization committed to improving the state of the world. The Forum provides a collaborative framework for the world's leaders to address global issues, engaging particularly its corporate members in global citizenship.

Incorporated as a foundation, and based in Geneva, Switzerland, the World Economic Forum is impartial and not-for-profit; it is tied to no political, partisan or national interests. The Forum has NGO consultative status with the Economic and Social Council of the United Nations.

### Global Health Initiative

The World Economic Forum's Global Health Initiative, GHI (<http://www.weforum.org/globalhealth>) aims to increase the quantity and quality of business engagement in fighting HIV/AIDS, tuberculosis (TB) and malaria. To achieve this goal, the GHI partners with the Forum's 1,000 member companies, the World Health Organization, the Joint United Nations Programme on HIV/AIDS (UNAIDS), the Global Partnership to Stop TB, Roll Back Malaria and the Global Fund to fight AIDS, Tuberculosis and Malaria.

#### *Selected Global Health Initiative Resources*

- Executive Statement and Resource Paper  
<http://www.weforum.org/globalhealth/statement>
- Case Studies and Supporting Documents  
<http://www.weforum.org/globalhealth/cases>
- Country Partnership Menus  
<http://www.weforum.org/globalhealth/menus>
- Networking Directory  
<http://www.weforum.org/globalhealth/directory>
- Workplace Guidelines  
<http://www.weforum.org/globalhealth/guidelines>

### Harvard School of Public Health

Harvard School of Public Health ([www.hsph.harvard.edu](http://www.hsph.harvard.edu)) is dedicated to advancing the public's health through learning, discovery, and communication. Programs and projects range from the molecular biology of AIDS vaccines to the epidemiology of cancer; from risk analysis to violence prevention; from maternal and children's health to quality of care measurement; from health care management to international health and human rights.

### Joint United Nations Programme on HIV/AIDS

The Joint United Nations Programme on HIV/AIDS, UNAIDS (<http://www.unaids.org>) is the main advocate for global action on the epidemic. It leads, strengthens and supports an expanded response aimed at preventing transmission of HIV, providing care and support, reducing the vulnerability of individuals and communities to HIV/AIDS and alleviating the impact of the epidemic.

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