



Business Sector HCT Campaign Strategy

MMPA AGM

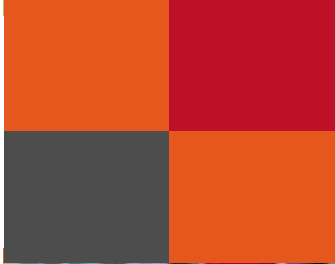
21 May 2010

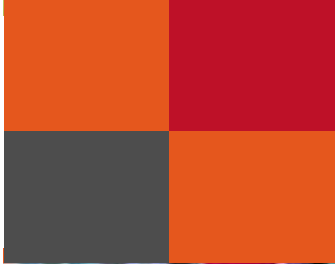
Liesel Heynike



Development

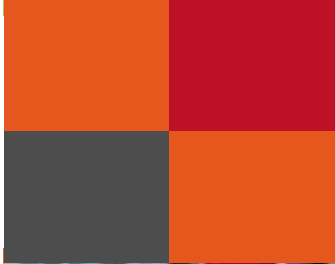
- 150 business sector representative attended consultation on 29 March 2010
- Inputs documented as draft strategy released on 30 April 2010
- Revised strategy to be released end of May 2010
- Implementation happening in parallel





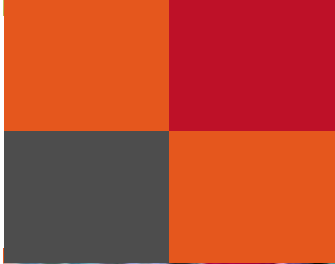
Background

- Presidential announcement WAD 2009
- Scale-up to reach NSP prevention & treatment goals before end of 2011
- Positioned as largest global HCT campaign
- Target 15 million over 12 years tested before end June 2011
- Ambitious target and insufficient funding – necessitates partnership



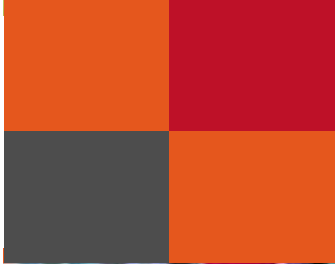
Launch dates

- National: 25 April 2010
- Provincial: 30 April 2010
- Western Cape: 26 May 2010



Premise – Business Strategy

- Extension of National Campaign Strategy
- SANAC and government led
- Business focus on implementation
- M&R at sectoral level essential to measure and account for business contribution



Summary: Business Contribution

- Test 2/15m
- Estimated cost = R500m (private health insurance rates)
- 50% funds pre-committed through medical schemes
- 4 sub-populations

Target populations



Employed

Medically Insured

Medically Insured Employees

- Pre-committed medical scheme funding
- Typically large and corporate companies

Medically Insured Dependants

- Pre-committed medical scheme funding
- Some employed, others difficult to access and influence

Unemployed

Medically Uninsured Employees

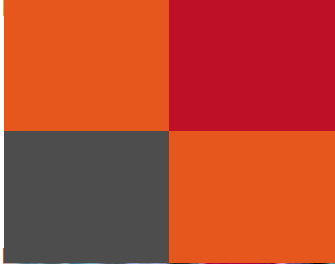
- Some covered by employer funded/provided programmes but most accessing public health care

The Broader Community

- No pre-committed funding, accessing public health care
 - Easier to access in partnership with a NGO or CBO

Medically Uninsured

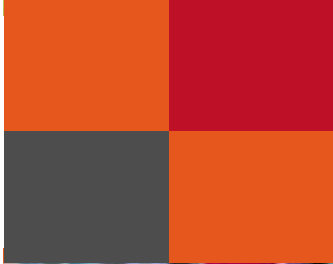




Roles

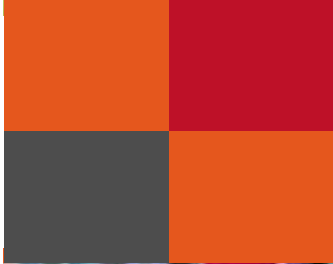
- Players:
 - Companies – private and parastatal
 - Business associations
 - Private health service providers
- Different contributions to key components
 - Advocacy & Communication
 - Social Mobilisation & Leadership
 - Implementation & Testing
 - Monitoring & Reporting

Mining Formal Sector Employment & Targets



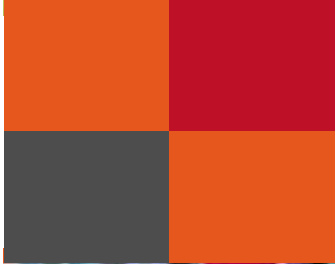
Sector	Mining	Social Mobilisation Targets	Testing Targets
Eastern Cape	568	341	145
Free State	36 064	21 639	9 196
Gauteng	19 353	11 612	4 935
KwaZulu-Natal	6 438	3 863	1 642
Limpopo	49 159	29 496	12 536
Mpumalanga	49 622	29 773	12 654
North West	116 584	69 951	29 729
Northern Cape	10 940	6 564	2 790
Western Cape	2 513	1 508	641
Total	291 242	174 745	74 267
		60.0%	42.5%

*Source: Statistics South Africa, Q4:2009, Quarterly Labour Force Survey



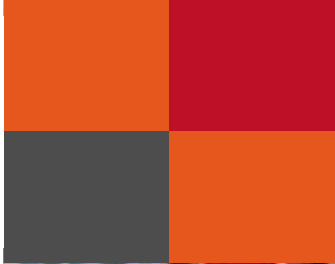
Resources

- SANAC (available now www.sabcoha.org)
 - Key Messaging Booklet
 - Information booklet on HIV, AIDS, STIs & TB
 - 10 reasons to test
- SABCOHA (available July 2010)
 - Description of wellness tests for non-medical people
 - Wellness testing register template
 - Informed consent form template



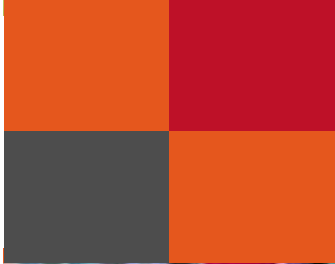
Testing package

- HIV
- Blood pressure
- Blood Sugar
- HB (anaemia)
- TB symptomatic screening
- Condoms
- STI symptomatic screening



M&R

- Web-based reporting tool
- Aligned to SANAC system
- Companies/service providers to complete data
- Voluntary reporting – huge challenge
- Data template in strategy
- Retrospective data from 1 April 2010
- Accommodate new fields (federation affiliation)
- Real time data shared – by industry & province



Community Fund

- Vehicle for reaching communities & working poor
- Funds for:
 - Government
 - Community testing project managed by SABCOHA
- SABCOHA negotiating preferential pricing of materials