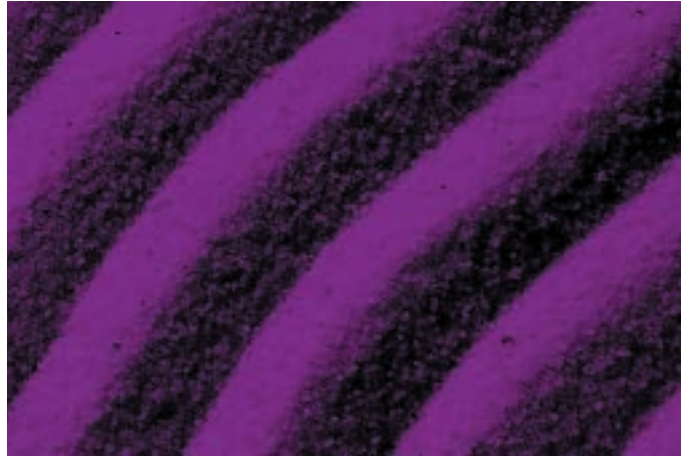




report to
society 2003



HIV/AIDS

HIV/AIDSHA1

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Levels of assurance

The **RA** symbol indicates reasonable assurance, established by:

- conducting interviews and holding discussions with management, key personnel and/or stakeholders of AngloGold Limited and assessing data trends.
- obtaining an understanding of the systems used to generate, aggregate and report the selected data.
- conducting site visits to test systems and data and inspecting premises where necessary.
- assessing the completeness and accuracy of the selected data.
- reviewing and analysing collected information and effecting re-calculations where considered appropriate.

The **LA** symbol indicates limited assurance, established by:

- conducting interviews and holding discussions with management, key personnel and/or stakeholders of AngloGold Limited and assessing data trends.
- reviewing systems and documentation and performing analytical procedures where necessary.



1. Business principles: AngloGold as an employer

AngloGold as an employer: our labour practices

- AngloGold is **committed to** upholding the Fundamental Rights Conventions of the International Labour Organization (ILO). Accordingly, we seek to ensure the implementation of **fair employment practices** by prohibiting forced, compulsory or child labour.
 - AngloGold is committed to creating workplaces **free of harassment and unfair discrimination**.
 - As an international company, we face different challenges in different countries with regard to, for example, offering opportunities to citizens who may not have enjoyed **equal opportunities** in the past. In such cases, the company is committed to addressing the challenge in a manner appropriate to the local circumstances.
 - We will **seek to understand** the different **cultural dynamics** in host communities and adapt work practices to accommodate this where doing so is possible and compatible with the principles expressed in this document.
 - The company will promote the development of a **work force that reflects** the international and local **diversity** of the organisation.
 - The company will provide all employees with the **opportunity** to participate in **training** that will improve their workplace competency.
 - The company is committed to ensuring that every employee has the **opportunity** to become **numerate** and functionally **literate** in the language of the workplace.
 - The company is committed to **developing** motivated, competent and experienced **teams** of employees through appropriate recruitment and retention and development initiatives. Emphasis is placed on the identification of potential talent, mentoring and personal development planning.
 - Remuneration systems will **reward** both individual and team effort in a meaningful way.
 - Guided by local circumstances, we shall continue to work together with stakeholders to ensure **minimum standards for** company-provided **accommodation**.
- The company assures **access** to affordable **health care** for employees and where possible, for their families.
 - We are committed to prompt and supportive **action** in response to any major **health threats** in the regions in which we operate.



2. Key HIV/AIDS indicators RA

Note that most of the information relating to HIV/AIDS is for the group's South African operations only, which accounts for 87% of the workforce. This region represents by far the greatest challenge in respect of HIV/AIDS. Where this report has been extended to cover other regions in which AngloGold operates this is specifically indicated.

- 351 peer educators had been trained on the AngloGold Peer Education course between 2001 and 2003
- 5,498 cases of Sexually Transmitted Infections (STIs) were recorded by AngloGold Health Service (AHS) clinics during the year¹. This is a decrease of 10% on the number recorded in 2002
- 3,264 visits were recorded at AngloGold's Voluntary Counselling and Testing (VCT) centres in 2003²
- 2,903³ employees had registered with the Wellness Clinics to date by end December 2003, of which 2,777 were AngloGold employees
- 534 employees entered the Anti-retroviral therapy (ART) programme rolled out by AngloGold in South Africa in 2003, which represents 18% of AngloGold's employees estimated to be HIV-infected and to have progressed in their disease to the point that they meet the medical criteria to begin ART ^{4,5}

3. Milestones – 2003 LA

- Based on best available information, including surveys, antenatal data, and extrapolation from comparable reference groups, AngloGold estimated a 2003 HIV prevalence rate of 29.95% amongst its South African workforce. In 2002, this was estimated to be 29.19%.
- Education and training programmes continued, using a range of media particularly the company's induction programme, focused management training, and peer educators.
- AHS clinics continue to treat and monitor STI cases. In 2003, 5,498 cases amongst both employees and contractors were treated¹, a decrease of 10% from the number recorded in 2002 (6,097) with much the same population size (STI rates can be used as a proxy measure for unprotected sex).
- Progress continued to be made with the implementation of the VCT and Wellness programmes, although the stigma associated with HIV/AIDS continues to hamper these efforts.
 - 3,269 VCT counselling sessions were conducted by AngloGold during 2003, almost double the 1,697 that had been recorded in 2002⁶.
 - 2,903 employees registered with the AngloGold Wellness programme during 2003.
- The full-scale rollout of ART began in 2003. Some 534 employees started on the treatment by the end of December 2003, since the start of the pilot phase in November 2002. This equates to 18% of estimated eligible employees.



- In 2003 the financial impact of HIV/AIDS on AngloGold was estimated to be 1.9% of payroll, that is R71.9 million. In 2002, it was estimated to be 1.8% (R62.5 million). This includes increased benefit payments, training and recruitment costs due to increased staff turnover, costs of additional health care utilisation and absenteeism related to HIV/AIDS. It does not include diminishing productivity whilst at work, nor the increasing costs of maintaining productive output, which at this stage cannot be measured.
- The average cost of providing ART in the West Rand Region, based on costs as at 31 October 2003, was R1,461 per patient per month on treatment. R1,101 related to variable costs for patient-contact staff time, drugs (including their distribution and handling fees), laboratory tests, and other medical supplies.
- Implementation in the southern African region of an internal auditing process based on a comprehensive risk assessment, which in 2003 focused on the health service's wellness programme and in 2004 will include workplace programmes.

- ¹ Excluding STIs treated at ERGO but including employees of client companies and contractors other than AngloGold that pay a fee to AHS for a range of health care services.
- ² Includes VCT for ERGO employees, or partners of employees (who attend VCT for free), and employees of client companies other than AngloGold who pay for the services, eg DRD in Carletonville and Harmony.
- ³ Excluding ERGO (see footnote 6) but including 126 Wellness patients that were/are employees of client companies other than AngloGold that pay a fee to AHS for the Wellness Programme. These include TEBA, Mondi Mining Supplies, Kopano Bricks, DRD, Harmony.
- ⁴ Estimating 25% of HIV-infected individuals to meet the medical eligibility criteria.
- ⁵ Does not include ERGO employees who are on a different medical aid that has an ART benefit that they access through their private general practitioners.
- ⁶ 2002 VCT statistics do not include VCT visits at ERGO which had only a small service with low volumes at that stage.
- ⁷ Month by month VCT data is collected from the 20th to the 19th of each month. Annual VCT data represents visits occurring between 20 December of the previous year and 19 December of the current year.

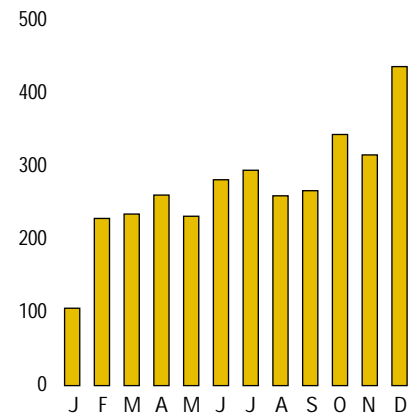
4. HIV/AIDS policy and agreements

AngloGold's HIV/AIDS policy is contained in an agreement signed with all recognised trade unions in July 2002 and covers the following aspects:

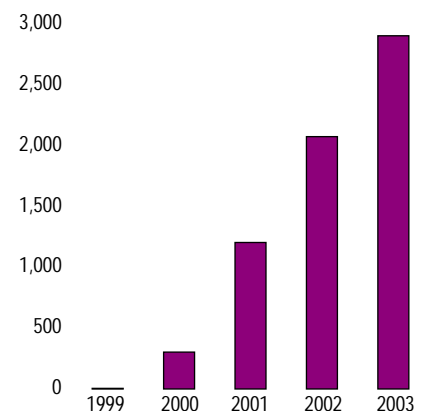
- Non-discrimination
- Confidentiality and disclosure
- Benefits
- Ill-health retirement

ART is not mentioned in the agreement as it was still in pilot phase at the time of signature of the agreement but labour has participated from the inception of the ART programme through representation on the project Steering Committee and the Ethics Forum. ([See first box under ART case study](#)). ART is available to all South Africa-based AngloGold employees who are infected with HIV and whose clinical condition meets the medical guidelines for starting ART, as determined by the World Health Organisation (WHO) and by the Southern African HIV Clinicians Society.

Number of encounters/month at AngloGold VCT centres in 2003



Cumulative number of Wellness patients enrolled at Wellness Clinics 1999 – 2003



4. Review of 2003

Governance and structure

AngloGold's HIV/AIDS programme is managed internally by a workplace programme review committee, a clinical working group and a joint management-labour committee. This is complemented by external research conducted by Aurum Health Research (Aurum) and both internal and external audit processes.

AngloGold Health Service provides a comprehensive health care service to meet the medical needs of employees, including the implementation of the VCT and Wellness programmes and the roll-out of ART. Since the health care service is managed independently of the mining operations, this promotes the confidentiality of the medical programme.

In addition to centralised education, training and management initiatives, each operation has an AIDS committee that oversees implementation of the programme and raises issues of concern. The following measures are in place:

- Workplace prevention programme co-ordinators meet on a quarterly basis to discuss the progress of the HIV/AIDS prevention programme at each business unit and to communicate strategic programme changes.
- The HIV Working Group, which includes peer education trainers, wellness nursing managers, wellness doctors, counselling trainers, research doctors, a wellness data manager and core HIV management staff, meets monthly to implement programme modifications, address operational issues and to learn from experiences between the two regional wellness programmes.
- A joint management and union AIDS committee meets quarterly and includes representatives from each of the trade unions, human resources representatives from operations, industrial relations officers and HIV/AIDS programme managers. They meet to review programme implementation and debate areas of contention such as prevalence studies, the use of full-time peer educators, and the addition of immune boosting therapy.
- Aurum develops, adapts and assesses health care interventions within the context of the mining environment. For example, having developed the ART programme, Aurum will be responsible for both its clinical outcome and economic impact evaluations.

The AngloGold Group Internal Audit department has been devising and implementing audit processes for both workplace and wellness programmes. This is being extended to the East and West African operations and more extensive centralised information will be available on these in the future.

An external auditor has been appointed to verify the company's Report to Society including this section on HIV/AIDS interventions.

Statistics based on best available information

In 1999, Aurum used an anonymous unlinked survey to estimate an HIV prevalence of 24% among employees in the lower pay scales in the Free State region. (Operations in this region have subsequently been sold but it is likely that the information can be applied to other operations in the South Africa region). The employees in these pay scales represented 85% of the workforce in that region.

In 2001, a follow-up anonymous unlinked survey of employees in the same lower pay scales estimated an HIV prevalence of 29%. The second survey was done in collaboration with the London School of Hygiene and Tropical Medicine (LSHTM). Between June 2000 and April 2001, the research team, using a stratified random



sampling method, selected employees visiting the occupational health centre for their mandatory annual medical examination. They invited 6,100 employees from both the Free State region and the Vaal River region and had an 87% response rate. Participants were informed using a video available in two languages, which was followed by a question and answer session with a nurse. HIV testing was done by means of a urine test. The protocol was approved by two independent ethics committees, one of which has local labour representation. Based on the surveys, provincial antenatal data and extrapolation from comparable reference groups in Carletonville, AngloGold estimated an HIV prevalence rate of 29.19% in its South African workforce in 2002 and 29.95% in 2003.

The number of deaths* per 1,000 workers has remained steady at 12.9 per 1,000 in 2003 (13 per 1,000 in 2001 and 12.3 per 1,000 in 2002). The number of ill-health retirements** has gone up fairly significantly in 2003, at 15.2 per 1,000 workers (11.7 per 1,000 in 2002 and 11.9 per 1,000 in 2001). The most obvious explanation for this would be AIDS-related ill health, but it must be emphasised that there are many factors affecting such trends, and this has not been verified or researched.***

* Includes all deaths in service except those due to occupational injuries.

** Includes all employees separated from the company due to medical incapacitation, except those due to occupational injury.

*** Both sets of data are based on South African region employees, excluding contractors.

The AngloGold programme

The AngloGold HIV/AIDS programme comprises:

- Information, education and communication;
- Voluntary counselling and testing;
- Wellness/ART programme;
- Community programmes;
- Ill-health retirement for employees who become AIDS-sick; and
- Home-based care programmes.

Information, education and communication:

The management of HIV/AIDS begins with an education programme on the prevention of infection and treatment of AIDS-related illnesses. The benefits of VCT and of obtaining treatment if infected are made clear to employees. In addition, these education programmes focus on health promotion and, using peer education, endeavour to bring about behaviour change, particularly with regard to high-risk sexual practices.

To meet these needs, AngloGold's prevention programmes focus on awareness, education, peer education, condom distribution, STI management, and community interventions that similarly address the prevention and treatment of STIs coupled with peer education in women at high risk.



Each business unit plans a campaign of mass awareness events to be conducted each year. Some of the events used in 2003 included: mass meetings to demonstrate VCT, drumming sessions with AIDS themes, industrial theatre performances, candle-lighting ceremonies, workshops, seminars, mass e-mails, newsletters, pamphlets, etc.

Induction training: All new employees and employees returning from annual leave undergo induction training which includes an HIV/AIDS component. The HIV/AIDS component is taught by qualified training officers and covers basic facts about HIV/AIDS as well as related illnesses such as TB and STIs; national and company policies and programmes; as well as referral resources.

Supervisor and management training: Supervisors and management receive the same training, as well as specialised training on performance management processes, the legal framework supporting confidentiality (and grievance procedures if this is breached), reporting and compensation procedures for occupational exposure to HIV-infected body fluids, and medical incapacitation processes.

Peer educators: 242 peer educators had been trained and registered by end December 2002. Of these, 122 presented for refresher training in 2003 to improve their presentation skills and knowledge of ART. A further 109 new peer educators were trained in 2003 to replace those that had become inactive or had left the company, and to bring in line those operations that had to date had a low quota of peer educators. This brings the total number of peer educators to 351 by the end of December 2003 across the company, maintaining the target of having approximately 1 active peer educator per 100 employees. Peer educators focus on the provision of informal education and facilitating structured debate among employees with a view to promoting an understanding of the value of and embracing behaviour change. They are a valuable resource for AIDS training and referrals, as well as replenishing condom dispensers.

AngloGold is currently evaluating methods to monitor their activities more effectively.

STI treatment: An important intervention in preventing the spread of HIV is the treatment of STIs as HIV is more readily transmitted in the presence of another STI such as syphilis, gonorrhoea and chlamydia. All employees have access to an STI treatment service. In addition, AngloGold collaborates with other regional industry players to provide local community interventions that similarly address the prevention and treatment of STIs in women at high risk.

Voluntary Counselling and Testing (VCT):

AngloGold has offered free VCT services to all employees since March 2001 and to their partners since June 2002. Services are available at 18 VCT centres across the group. These centres are staffed by 16 full-time trained lay counsellors, which ensures that limited professional nurse capacity is not overly burdened by time-consuming counselling. From March 2001 to December 2001, 1,285 visits were recorded at this service. In 2002, a further 1,697 tests were done and, in 2003, a further 3,264 tests were conducted.

Pre-test counselling ensures that the client has an understanding of the procedure he or she will undergo, and prepares him or her for the implications of a positive or negative test result. Both HIV positive and negative people undergo post-test counselling.

Treatment of TB

Without intervention, more than 50% of HIV-infected people in the South African mining industry will develop TB and a third of HIV-infected people will die from it. The consequent increase in the pool of TB also puts HIV negative people at greater risk of acquiring TB.

But, this can be contained if it is caught and treated early. HIV positive individuals are as easily treated for TB as those who are HIV negative. A comprehensive TB control programme is in place in AngloGold, which follows international best practice in identifying and treating patients with TB. In addition, prevention treatment is also given to HIV-infected employees to prevent opportunistic infections such as TB.

Ill-health retirement for employees sick with AIDS-related illnesses

The medical incapacitation process can be initiated by referrals from the employee, fellow workers and supervisors, medical practitioners or human resources practitioners.

The process: The incapacitation review committee includes the employee and his/her representative, representatives from occupational health, line management and human resources. The employee's medical diagnosis is not disclosed to this grouping – instead a report on his/her functional capacity limitations is submitted. Once this has been reviewed, the committee will offer the employee an alternative job, if the employee is capable and a suitable job is available (27% of all cases in both 2002 and 2003). Should the employee not avail him/herself of the job offer or should no alternative job be available, the employee leaves the company. On leaving, he/she will receive either a lump sum or pension depending on whether they belonged to the company provident or pension fund. If the employee is deemed terminally ill, he/she will be kept on the company's books for an additional year even if they retire so that their family can receive the death benefit which is usually only paid out to employees who die while being actively employed by the company. Of those employees who were separated from the company, being terminally ill, 67% were known to be HIV-infected in 2002 and 63% in 2003.

Wellness Programme:

A Wellness Programme was introduced in 1999 to extend the productive life of HIV-infected employees as far as possible. Long-term follow up of HIV-infected employees is undertaken on an out-patient basis as is customary for other chronic diseases. There the patients' disease status is monitored, and their physical and psycho-social well-being is addressed through counselling and lifestyle education, and prevention treatment is instituted. The process is as follows:

- Employees who receive an HIV positive result and who elect to join the Wellness Programme receive further counselling and an initial baseline health assessment is conducted.
- After two weeks, there is a follow-up visit during which the results of the tests taken are reviewed to decide whether to start preventative treatment against opportunistic infections and/or to start ART (as of November 2002).
- Thereafter the patient is reviewed every six months or sooner if he/she is ill, or is suffering any side-effects.
- Patients who take advantage of ART will also be seen more frequently.

Opportunistic infections are managed by prescribing prophylaxis against tuberculosis (TB) and other diseases. Opportunistic diseases are identified early and suitable treatments prescribed during regular check-ups at the Wellness Clinics. In addition, annual medical surveillance at the Occupational Health Centre, regular chest X-rays at the medical stations and 24-hour access to health care services are available.

Employees have unlimited hospitalisation benefits for AIDS-related illnesses, as required by the prescribed minimum benefits under the Medical Schemes Act. AngloGold also provides HIV positive employees with nutritional and lifestyle counselling as well as psychosocial support. By the end of 2003, 2,903 employees (2,074 in 2002) had enrolled in the Wellness Programme.



St Bernard's Hospice – Duncan Village East London

Community programmes

Community-based prevention interventions target high-risk populations in the two regions surrounding AngloGold mines. An example of this is the Mothusimpilo programme, a jointly funded partnership with Gold Fields Limited, Harmony Mines and the Gauteng Department of Health. The project provides male and female condoms, peer education and curative and preventative treatment for STIs to an estimated 4,000 commercial sex workers in Carletonville. In 2002, AngloGold initiated a similar project in Orkney. A situational analysis has confirmed the urgent need for such an intervention. Funding for implementation as well as evaluation has been committed by local AngloGold and Harmony mines.

Home-based care

AngloGold provides home-based care through a wide range of partnerships, particularly in rural areas.

TEBA home-based care: Home-based care is provided through a service level agreement with TEBA that covers approximately 45% of AngloGold's labour-sending areas. The service provides palliative care for the dying with links to primary care and assistance for bereaved families to access welfare support for both the incapacitated, terminally ill person and the orphans who are left behind. From April 2002 to December 2003, 1,106 ex-AngloGold employees availed themselves of this service. ([See case study on page HA15](#))

Carletonville Home and Community Based Care: This is a multi-stakeholder programme involving public, private, civic, NGO and faith-based sector participation in partnership with the local community. AngloGold has provided more than just financial support. It has seconded a programme manager and a part-time accountant, provides IT support and supports income-generating activities. Carletonville Home and Community Based Care successfully cares for a monthly average of 35 bed-bound patients, 190 ambulant people with AIDS and terminal illnesses, and 501 orphans, 154 of whom are living in child-headed households.

Bambisanani: Similarly, AngloGold has seconded a nurse and donated the use of a vehicle to the Bambisanani Home-Based Care Project in the Eastern Cape.

5. Reporting in line with the Global Reporting Initiative (GRI) ^{LA}

AngloGold has been a part of the GRI HIV/AIDS working group and has worked with co-ordinators in developing a framework for comprehensive and best practice reporting. The report on HIV/AIDS will be completed in line with the new framework as soon as it has been formalised.

Core indicators

Additional indicators

LA8. Description of policies or programmes (for the workplace and beyond) on HIV/AIDS.

Yes. See pages HA4 to HA8.

6. Objectives for 2004

- Ensure that all AngloGold operations susceptible to a higher HIV/AIDS risk adhere to best practice and common reporting standards
- Increase VCT uptake by 200%
- Increase uptake on its Wellness Programme by 150%
- Increase ART enrolment by 100%
- Maintain a ratio of one active peer educator per 100 employees
- Renew prevention education efforts to pre-empt treatment complacency
- Evaluate behaviour change communication methods to ensure they are appropriate and effective
- Extend provision of home-based care to more of its ill-health retired employees by expanding existing programmes
- Pursue HIV zero-prevalence testing linked to a behavioural study, in partnership with recognised trade unions, some of which were reluctant to consent to such a survey in 2003
- Extend the internal auditing process to include workplace programmes and
- Explore means to assist local health services to provide enhanced treatment.





South Africa

7.1 The delivery of ART to employees LA

Following extensive consideration, AngloGold's ART programme was cautiously implemented in three phases.

- The first phase started in August 2002 and ran until October 2002. This preparation phase focused on developing protocols, guidelines and data systems; recruiting and training; and negotiating contracts with suppliers and service providers.
- The second pilot phase ran from November 2002 until March 2003, to test-run the new treatment programme. In this phase 100 patients were randomly selected off the database from each of AngloGold's two Wellness Clinics and invited to the clinics to begin ART. In addition, any patient with full-blown AIDS who needed ART as a life-saving measure was offered the treatment. The pilot phase recruited 129 patients onto ART. Overall adherence to treatment ranged from 81% to 88%. Operational problems identified were minor.
- The third phase, or full roll-out, started in April 2003, and made the treatment available to any employee who is both medically eligible and who has undergone HIV testing to confirm his or her HIV status.

By the end of December 2003, 688 patients had been offered or been considered for ART; 31 were reassessed by their physicians as not being ready for treatment, and 78 refused treatment for fear of side effects, reluctance to have blood taken frequently for testing, concern about the frequent follow-up visits required, or were unconvinced about the benefits of ART.

Of the 534 that had started treatment, by year-end 484 were still on treatment. 50 patients stopped treatment because of the side effects that had presented, their own failure to collect repeat scripts, forgetting to take treatment, or death. During this period 12 severe adverse events (SAEs) occurred. This means that these patients experienced health problems that may be attributed to the drugs and/or other underlying or concurrent disease processes⁸. On the whole, patients that are on treatment return to work and show clinical improvement as evidenced by recovering CD4 counts and diminishing viral loads.

⁸ SAEs are health problems of such a severe nature that they result in death or disability, birth defects or hospitalisation, and as a consequence need to be reported to the Medicines Control Council.

Practical experience in the delivery of ART

In April 2003, AngloGold announced the rollout to all employees of its groundbreaking ART intervention programme, following an eight-month implementation project.

The implementation project, which was driven by AngloGold Health Service (AHS), was aimed at developing an understanding of, and finding solutions to, the challenges inherent in the provision of ART in the mining industry. It identified the operational requirements of providing ART, particularly around supporting patient adherence to the drug regimen.

Says Dr Petra Kruger, manager of AngloGold's HIV/AIDS programme, "The implementation project was imperative. Never before had ART been taken to such a huge population. We were pushing new boundaries in that we were taking ART out of the constraints of specialist care and into the domain of primary health care. We also had to assess if there was any impact on a patient's capacity to carry out his or her duties, particularly in underground working conditions, and we had to monitor drug sensitivity. In short it required the development of an unprecedented level of sophistication in our health care delivery."

During the implementation project Aurum Health Research, a subsidiary of AHS, finalised the clinical guidelines, established a specialist clinical and laboratory support consortium, secured a drug supply chain necessary to negotiate Africa access priced drugs, developed training materials and courses, and formulated an evaluation protocol based on rigorous data management which made provision for an economic study of the cost benefit of ART. During this time intensive training was given to 16 doctors, 22 nurses and 25 lay counsellors.

AngloGold and Anglo American also established an ethics forum, chaired by Dr Lyn Horn, an independent ethicist, to provide advice on a range of ethical questions that arose during the planning of the project. These included questions around, for example, the selection of volunteers, ensuring patients' consent is genuinely an informed consent, and matters relating to the treatment of dependents and of stopping treatment when an employee leaves the company and no longer has access to the internal health service. With the decision by the South African government to make ART available to all, the latter two issues have become easier to resolve in respect of those employees and their dependents who are South African citizens.

ART becomes medically indicated when a patient's CD4 count falls below 250 or if he or she has suffered an AIDS-defining illness. It is estimated that 25% of AngloGold HIV-infected employees meet these medical eligibility criteria.

Eligible employees are invited to participate in the ART programme. They are given detailed information about the programme and the nature of the treatment, including the possible side effects, the patient's own obligations while receiving the medication and the extent of the company's commitments. Each person is then given two weeks to consider his or her participation.

Says Dr Petra Kruger, "One of our biggest concerns when starting to administer ART was the issue of adherence. We were worried that some of our patients might not keep up with taking their pills at specified times each day thus putting themselves at risk of becoming resistant to the drugs. We have been very encouraged by the way the patients have strictly adhered to what is a very demanding schedule. Admittedly early reports indicate that careful counselling and patient preparation is working."

Self-reported drug adherence has been observed at 90%. This will be validated through for instance demonstrating a reduction in viral load once a body of follow-up data becomes available.

But, although the initial phase of the programme has yielded very promising results, Dr Petra Kruger cautions against complacency. "There is still a long way to go and a number of issues that we have to grapple with," she says.

Included amongst these challenges are the possible emergence of serious side effects associated with the long-term use of anti-retrovirals. The one that is most likely to cause difficulties amongst mineworkers is what is known as peripheral neuropathy, which is the loss of sensation in the extremities such as hands and feet.

"I am also concerned that adherence rates will fall over time as employees become more complacent about their health. And there is always the danger that those receiving treatment will revert to risky sexual behaviour. That is why it is so important for us to keep up our education and training efforts."

Aurum will monitor and evaluate the clinical outcomes and the economic impact of the ART programme during its first three years.

What is ART and how does it work?

Antiretrovirals are drugs that act against viruses such as HIV. HAART stands for Highly Active Anti-retroviral Therapy and refers to a cocktail of three or more drugs, which in combination are strong enough to reduce viral loads to very low levels.

When an individual contracts HIV, the HI virus enters the cells of the body's immune (or defence) system where it multiplies before killing that cell and moving on to infect other cells. The most important cell that the virus enters is known as the CD4 cell.

As the virus destroys increasing numbers of CD4 cells, the individual reaches a point where his or her defence systems are no longer capable of withstanding attack from other diseases. At this point he or she becomes susceptible to certain infections and cancers against which the immune system would ordinarily have guarded the body – in other words, the HIV-infected person becomes AIDS-III. These opportunistic infections – including TB – become more frequent and more severe and, in most cases, eventually lead to death.

ART works by stopping the virus from entering or multiplying itself in the immune cells of the body. These drugs do not completely remove HIV from a person's body, but they reduce both the amount of the virus in the blood and the damage that HIV can do to the body's immune system.

Many people with HIV who have taken these drugs have been able to lead longer healthier lives. While these drugs cannot cure HIV/AIDS, they do interrupt the progression of the disease allowing AngloGold employees to remain productive and to enjoy a vastly improved quality of life.



South Africa

7.2 Caring for the community – Carletonville Home and Community Based Care

The town of Carletonville and its environs in South Africa's Gauteng Province, comprises some 250,000 inhabitants. Most of its economically active population is employed within the mining industry. The most reliable estimates of the region's HIV levels indicate a prevalence rate in the adult population of about 35%. That is why the role of the Carletonville Home and Community Based Care project is so important. ([See AngloGold AIDS report 2001/2002](#)). The project remains focused on four key areas, namely:

- Palliative care by volunteer care givers providing home-based care to the bed-ridden;
- Support groups for people living with HIV/AIDS but who are still mobile;
- Income generation and poverty alleviation programmes; and
- The sourcing of welfare grants, food parcels, schooling and day-care for orphaned children and youth, particularly those from child-headed households.

The project came about as a result of the dire need to provide palliative care to people dying as a result of AIDS. This spurred a local retired nurse, Ma Montjane, to mobilise volunteers in the community to provide such assistance as far back as 1998.



As their involvement in the community increased, the further need to establish support groups for people with AIDS was also addressed. However, the challenge of caring for an increasing orphan burden, as first one parent and then the other died, became almost insurmountable. The nutritional, health, emotional, educational, residential, legal, financial and social paradigms were overwhelming for a handful of lay volunteers.

This is when Heartbeat, an organisation for community development, came to the rescue. Having formulated a model for community structures to collaboratively address orphan needs, they had, with seed funding from a local financial institution, the means to test their concept, and Carletonville provided an appropriate case study.

Heartbeat founded the Sakhi-Sizwe Community Child Care forum with role players such as local schools, churches, the South African Police Child Protection Unit, Women's and Youth organisations, and CHBC to develop and deliver an orphan care programme for the increasing number of AIDS orphans in the region. Heartbeat has since moved on to replicate the model in other communities with further funding they have received. Reverend Sunette Pienaar, its General Manager, remains on the Board of Governors of this, their flagship project.

AngloGold has played a significant role in the successful growth of the project. Buti Kulwane, an AngloGold social worker, had for some years been managing the infant project in his spare time. In 2001, the demands of managing the programme had grown to such an extent that it became necessary to second him to the project, first in a part-time and subsequently in a full-time capacity. With AngloGold's support he has moulded it into an organisation that consistently delivers a broad range of services, whilst exhibiting accountable and transparent governance. He is ably supported in this by an active and dedicated Board and a highly disciplined Accounting Officer, Angelene Smit, who similarly has been seconded in a part-time capacity by AngloGold. On the strength of this, the programme has retained funding commitments from both the Department of Social Development and of Health in addition to private funding, and has the committed support of local stakeholders who are actively engaged with twice yearly through general meetings.

Carletonville Home and Community Based Care is truly an example of collaboration between civic society, government and the private sector in finding a pragmatic solution, using limited resources, to mitigating the impact of AIDS on a community. The project has overcome some significant hurdles in 2003, worst of which being a payday hijacking at the project's premises, followed two months later by those same premises being destroyed in a fire. The project ended the year on a satisfactory note, however, with 501 orphans in its care of which 154 are from child-headed households and 347 from granny-headed households⁹; 190 people with AIDS in its support groups and an average of 35 terminally ill patients a month receiving palliative care during the course of the year.

[Also see Carletonville Home and Community Based Care case study in the Community section of this report on pages C17 to C18.](#)

⁹ Equates to 224 families: 152 granny-headed and 72 child-headed.



The Mohau AIDS hospice – Kanana Township, Orkney



South Africa

7.3 Home-based care in rural areas

As the course of the HIV/AIDS epidemic has matured and manifested its ever increasing numbers of incapacitated employees, it became clear that, even though it goes beyond a legal obligation to care for employees beyond the workplace, morally it was no longer tenable not to do so. However, a major logistical problem is that the mining industry, including AngloGold, draws its employees from across the country and even beyond its borders to other southern African countries like Mozambique, Botswana, Lesotho and Swaziland. So, employees that have been declared medically incapacitated return to homes that are widely scattered across the region and are frequently rural and inaccessible. The challenge was largely one of overcoming these obstacles to deliver care to them in their own homes.

Part of the solution was to use TEBA, originally the institution through which the industry had recruited labour but which now fulfils a wide range of social roles in addition to its recruitment function. TEBA has the most extensive and reliable administrative expertise and rural infrastructure in southern Africa to link between the mines and the homes of employees. By further developing TEBA's rural administrators and through linking their rural networks to grassroots home-based care organisations, TEBA is able to offer an assured reception for terminally ill employees into a local care and support structure.

AngloGold first signed a service level agreement with TEBA in April 2002 to implement the programme in four pilot regions, namely Lesotho, Gaza Province of Mozambique, Northern KwaZulu Natal and the Eastern Cape. This spread covers 45% of AngloGold's workforce's registered domiciles.

By the end of 2002, an assessment of the pilot showed that:

- The concept is appropriate and that TEBA has efficiently leveraged its infrastructure to effect a rapid implementation.
- The programme is widely known and supported amongst the stakeholders where it is operational.
- The application of TEBA's administrative skills in particular, had gone a long way to alleviate poverty in the regions where they operate through effectively assisting clients to access state welfare grants.

The project has subsequently been extended and a number of other mining companies – who along with AngloGold are shareholders in TEBA – are now making use of this service. AngloGold retains, with other industry participants, a guiding role in the development and expansion of the service through membership of its steering committee.

There is no doubt that the project plays a valuable role in delivering home-based care to people and regions where there was none before. By end December 2003, 1,106 ex-AngloGold employees had registered to receive care from the project, 330 of whom have died. About 767 dependents have benefited from the service during that same time.

Looking ahead there are a number of areas that need strengthening to ensure the sustainability of the project before expansion can take place into additional regions. Additional areas of activity ear-marked for the future include more efficient referral of terminally ill mineworkers to TEBA, the extension of care to the dependents of mineworkers and ex-mineworkers, care for orphans, addressing the issue of poverty as a result of the loss of a breadwinner, assessment of whether grassroots delivery of nursing care is effective, and the training, remuneration and emotional support for care workers.



Antonia Sipula, contracted by TEBA, is a home/community based care co-ordinator from Masana Clinic in Mozambique. Here she is teaching a patient's wife how to care for him.



East and West Africa

7.4 Adopting best practice at Geita Gold Mine

Located some 20km west of Lake Victoria, adjacent to the town of Geita in Tanzania, is the Geita Gold Mine, which was established in May 1999. The mine currently has an expected life of about 14 years. Geita employs 2,200 people (600 employees and 1,400 contractors), of which about 90% are local Tanzanians. The population of the town of Geita has grown from 30,000 in 1999 to nearly 57,000 in 2002.

Although Geita is a very young mine, its early HIV interventions have already begun to pay off. The programme has as its overriding vision to improve the health of mineworkers at Geita and surrounding communities through a sustainable programme of health promotion and disease control measures. The sustainability of the programme is particularly important given the fact that the mine will, at some stage in the future, cease operations.

Establishing a baseline

In 2001, a prevalence survey was conducted by the African Medical and Research Foundation (AMREF)*, in collaboration with the National Institute of Medical Research (NIMR), in Mwanza, Tanzania, and the London School of Hygiene and Tropical Medicine.

The survey confirmed the pre-existence of a local HIV epidemic in the community: 19% of men, 16% of women and 39% of high-risk women were found to be HIV positive. Mineworkers surveyed had a comparatively lower HIV prevalence of 4%. (This is probably an unreliable result, however, since the prevalence is expected to be similar to that in the surrounding area.)

Despite these results, both the community members and mineworkers demonstrated that they were at high risk of becoming HIV positive because:

- All groups reported very high rates of STIs in the previous 12 months;
- All groups had high rates of positive syphilis serology;
- 35% of mineworkers indicated that they had had multiple sexual partners in the previous three months;
- 54% of mineworkers had paid for sex in the previous 12 months; and
- 30% did not always use condoms during these paid encounters.

Rapid intervention needed

It was clear that without rapid intervention the HIV prevalence amongst mineworkers could rapidly escalate (estimated to be between 20 and 40%) within the life-span of the mine. Although a detailed financial assessment of the potential impact was not conducted, it was felt that this increase would constitute a significant threat to the mine's continued profitability.

Geita's proposed interventions focused on:

- Preventing the escalation of the local epidemic, and
- Providing care and support for those who were already HIV positive.

* AMREF is an independent non-profit, non-governmental organisation (NGO) whose mission is to improve the health of disadvantaged people in Africa as a means for them to escape poverty and improve the quality of their lives.

Employee HIV/AIDS policy at Geita

The Employee HIV/AIDS policy at Geita provides for:

- Non-discrimination:
 - Employees will not be dismissed on grounds of their HIV status
 - Employees will undergo a medical examination prior to employment, but the examination does not include an HIV test
- Confidentiality and disclosure:
 - Employees are not required to disclose their HIV status.
 - If an employee discloses his or her HIV status, this information remains confidential without written consent
- Medical benefits:
 - Medical benefits are provided for employees and their spouse and children registered upon entry into employment
 - Employees and contractors have access to the Geita clinic
 - Geita covers the cost of dependents of employees when they access services from the Geita Government hospital (including referrals)
- Termination:
 - When an employee is deemed medically incapacitated the medically affected employee policy is enacted
 - The employee is entitled to sick leave (three months on full pay and three months on half-pay)
 - If the employee is still medically incapacitated as determined by a multi-disciplinary team including representatives from Human Resources, management and the medical department, his/her employment is terminated
 - Upon termination of service the employee receives six months full salary but medical services become the responsibility of the employee
- Contractors:
 - Contractors are not required to adhere to Geita's HIV policy

Voluntary Counselling and Testing

In July 2001, Geita signed a memorandum of understanding establishing a three-year contract with AMREF to provide workplace and community HIV/AIDS services as part of a comprehensive community programme. The programme was divided into two related parts:

- **Workplace prevention programmes** including top management advocacy, peer health educators, free condom distribution, syndromic STI management and HIV Voluntary Counselling and Testing (VCT) and awareness workshops. In 2003, preparation for the provision of ART was begun.
- **Community prevention programmes** focused on developing community health educators, targeted interventions for high-risk women and their male clients, condom social marketing and Sexual and Reproductive Health (SRH) services. A community HIV information centre providing VCT and SRH services was established in March 2002.

Geita's budget for both workplace and community-based programmes over a three-year period (2002 to 2004) is US\$325,000 funded by the main stakeholders, the owners of the mine (AngloGold and Ashanti Goldfields), the main contractor (DTP Terrassement), Stanley Mining Services and other contractors. The programme also receives in-kind donations – the Community HIV Information Centre, for example, is located in facilities provided by the District Council, and District Health Workers frequently act as facilitators during training.

The mine also finalised its Employee HIV/AIDS policy in January 2002, superseding the informal policy that had been in place since January 1999. The policy provides for non-discrimination, confidentiality and non-disclosure, benefits, termination and the role played by contractors. ([See box](#)). There is an ongoing formal process of meetings to refine and develop the process to culminate in the provision of ART.

Community intervention programmes at Geita

Geita's influence on the community surrounding the operation is one which is viewed seriously and responsibly by the company. The company started funding community prevention programmes in July 2001, extending the AMREF programmes launched in June 2000. Elements of the programme include the following:

Prevention and awareness:

- **Community educators:** 60 community educators trained (1 to 500) in three villages surrounding the mine. These part-time volunteers are trained to carry out clearly defined health education activities with ongoing support and supervision provided at monthly support meetings facilitated by project staff. Activities conducted by the community educators include visiting homes, distributing health learning materials, demonstrating the use of condoms and recruiting clients for the HIV Information Centre.
- **Focused interventions for high-risk women.** This was launched in August 2001. The programme trained 23 women in respect of life skills. These women in turn conduct social marketing of male and female condoms and distribute tokens to their peers and male clients entitling them to a full range of free SRH services at the AMREF HIV Information Centre.
- **Sexual and Reproductive Health services.** This started in March 2002. Services are available at the community HIV Information Centre located in the centre of Geita town. It was launched at a public event with guest speakers including Geita's Chief Executive Officer and the Executive Director of the Tanzanian Commission for AIDS, Major General Lupogo and with the Regional Commissioner for Mwanza as Guest of Honour. Services are available to anyone for free (with the exception of VCT) and clients are encouraged to take advantage of multiple services.

Monitoring programme effectiveness

Programme effectiveness is closely monitored through monthly and quarterly reporting that tracks both the processes and outcomes. A multi-stakeholder group, the Steering Committee, evaluates performance biannually. Every three years the programme will be evaluated by external experts and the partnership will conduct a cross-sectional snapshot health survey.

The way forward

Although still in its infancy the project has delivered some success. Future goals include:

- To provide VCT to 30% of Geita employees and 20% of the community by the end of December 2004. (11.5% of employees and 4% of the community achieved by the end of 2003).
- To successfully reach all high-risk individuals in the community with two-monthly check-ups, STI treatment, VCT and syphilis screening.
- To increase employee and contractor knowledge of HIV.
- To change employee and community members' behaviour to lower risk activities. This will be demonstrated through increased condom usage, decreased number of partners and increased health-seeking behaviour.

Community intervention programmes at Geita (continued)

Voluntary Counselling and Testing

VCT services were initiated in March 2003 at the community HIV Information centre. The service is available to everyone in the community for US\$1 per visit, Geita subsidising US\$2.50 of the total US\$3.50 cost of the test. Six VCT counsellors are drawn from the district health personnel and local community members that have been trained by AMREF. Post-test counselling includes a personal risk reduction strategy, referrals where necessary and an offer to join the Post-test Club to obtain ongoing emotional support, as well as home-based care.

HIV status is assessed through parallel rapid tests of a finger prick sample. Since the launch, through 11 December 2003, 2,730 people had accessed the service, 11.5% of whom were employees. 10.7% of those who have been tested are HIV positive.

In addition, 2,252 people have undergone STI treatment (901 of those have come in for repeat/follow-up visits) 2,252 syphilis screenings have been conducted and 442 family planning sessions have been held as part of the Sexual and Reproductive Health Service.



East and West Africa

7.5 HIV/AIDS programme implemented at Navachab

Navachab is an open pit gold mine located in the south-west African country of Namibia. Navachab has 145 full-time employees who live with their families in the local town of Karabib.

In early 2003 Navachab undertook an HIV prevalence survey in which all of the full-time employees participated. Seven employees (5%) were found to test HIV positive. This is a far lower rate than in the country as a whole or the region in which the mine is located. A survey (Sentinel Sero Survey) undertaken in 2000 amongst antenatal clinic attendees showed a national prevalence of 20% in that grouping of pregnant women. The regional prevalence rate amongst this same grouping in Karabib was estimated to be 25 to 29% in 1998.

Whilst Navachab is still in the process of implementing all elements of a comprehensive HIV/AIDS programme, it has accomplished a range of achievements:

Prevention and awareness:

Ten peer educators (a ratio of 1 per 14 employees) receive ongoing training from the Namibia Chamber of Mines. These peer educators have been made responsible for the dissemination of information about HIV/AIDS and for the distribution of condoms supplied free of charge by the Namibian Government.



Treatment of Sexually Transmitted Infections (STIs) is available at the local medical practitioner and primary health clinic.

Voluntary Counselling and Testing (VCT):

VCT is offered by appointment at Navachab's on-site clinic. A rapid fingerprick test method is available. However, clients can choose to have their blood sample sent to Windhoek for analysis at a laboratory.

Care, support and treatment:

A counselling help-line is available to all employees. All employees and their dependents are covered by a medical aid scheme. As part of this:

- Short-course antiretroviral therapy (ART) is available for the prevention of mother-to-child transmission.
- Post-exposure prophylaxis (ART) is available at Navachab's on-site clinic for people subjected to a high-risk, usually traumatic, exposure to potentially HIV-contaminated body fluids, for example, needlestick injury in health care workers, blood splashes in rescue workers and for rape survivors.
- Other medical needs are catered for through the on-site clinic or through the Medical Aid scheme.

Because there is no specific ART benefit at this stage, those requiring ART are eroding their general medication benefit. This is being addressed as part of AngloGold's comprehensive strategy. Wellness doctors and nurses have been identified and trained by Aurum Health Research to implement a fully comprehensive VCT/Wellness/ART Programme at Navachab, which is positioned to start as soon as the need arises. In addition, a range of other initiatives are being introduced, such as the development of an HIV/AIDS policy, peer education at induction, VCT drives, the implementation of a Medically Affected Employees Process, and more rigorous monitoring and auditing of HIV/AIDS programmes. In addition, greater efforts will be made to assist in community outreach programmes, such as involvement in home-based care and support for a local information centre.