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A Review of Health-Related Corporate Social Responsibility in Africa

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Additional information can be obtained from:

African Strategies for Health
4301 N. Fairfax Drive, Suite 400, Arlington, VA 22203
Telephone: +1-703-524-6575
AS4H-info@as4h.org
www.africanstrategies4health.org

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This report was prepared by MK Cope (consultant) and Lungi Okoko (ASH), with contributions from Ana Diaz, MSH/Angola; Ziyanda Ngoma, MSH/South Africa; Adaeze Umolu, MSH/Nigeria; Grace Opiro, MSH/Uganda; Sarah Konopka, ASH; and Alison Corbacio, ASH.

ACRONYMS

AIDS	acquired immune deficiency syndrome
CCA	Corporate Council on Africa
CSI	corporate social investment
CSR	corporate social responsibility
EPSMG	Ebola Private Sector Mobilization Group (Liberia)
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH
IFC	International Finance Corporation
MOH	Ministry of Health
MNO	mobile network operators
NGO	nongovernmental organization
OVC	orphans and vulnerable children
PHN	Private Sector Health Alliance of Nigeria
PPP	public-private partnership
UN	United Nations
USAID	United States Agency for International Development
WHO	World Health Organization

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EXECUTIVE SUMMARY

Corporate social responsibility (CSR) is regarded primarily as a business response to social and environmental challenges. There are many definitions and many modalities, but fundamentally CSR is an expression of the business desire to create value for both the corporation and the community by investing in the improvement of the workforce, their families, and the communities in which the business is conducted.

This report aims to provide a better understanding of existing CSR for health in Africa and to explore opportunities for ministries of health and US Agency for International Development (USAID) Missions to leverage CSR activities. Findings and recommendations are expected to generate stronger public-private partnerships that contribute in a lasting way to economic, social, and environmental sustainability.

“Most companies now see Corporate Social Responsibility as a business imperative. Not just by a few of the Green CEO’s or Green-product companies, but by just about every successful business leader. Businesses are competing on CSR both in terms of market development and reputation.”

*Dave Stangis, Intel Corporation,
Director of Corporate Responsibility*

Methodology

With funding from USAID’s Bureau for Africa, the African Strategies for Health (ASH) project conducted a review of the literature (peer-reviewed and grey) on CSR investments in the health sector in Africa and interviewed more than 28 key informants in five African countries and the United States. Key informants included corporate representatives and officials from ministries of health (MOHs) and USAID missions.

Key Findings

In the past decade, there has been a growing trend towards corporations championing social impact as a core element of business strategy around the world, including in Africa. Corporations operating in Africa invest human, financial, and in-kind resources in health programs for their own individual reasons. Within the context of globalization, companies increasingly see the need for a triple-bottom-line—not only emphasizing economic profit, but also social and environmental benefits as integral parts of their business model. From the grey literature in CSR, aside from altruism, the main business incentives for companies to support the health sector and other social sectors are cost savings, long-term economic sustainability, innovation, brand differentiation, customer engagement, and employee engagement. All of the incentives are strongly linked to the company’s current and future earnings. At a microeconomic level there is evidence that poor health impacts on productivity and that healthier workers perform better both in and out of the workplace.

Successful CSR is woven into the fabric of the company and becomes an integral component of its strategic plan and business model, often with a dedicated staff. While the focus may be philanthropic, the trend for CSR in the last few decades has involved business-like implementation of activities, stakeholder input, measurable goals and objectives, professional accreditation, and sustainable intention.

That CSR is important to the health sector is unmistakable. And in most instances, health is a primary concern for the employer to promote CSR. Good health reduces absenteeism. School feeding programs mean stronger youth—which in turn generates a stronger workforce. Maternal health is critical to the solidarity of the family. Well-functioning rural clinics can help stem disease outbreaks.

The corporate response to the 2014 Ebola Outbreak in West Africa provides a good case study for how CSR can be leveraged by USAID and MOHs. More than 120 global and local companies are responding to the outbreak with an impressive amount of in-kind and financial donations. According to the United Nations' financial tracking system, corporations donated more than \$22 million to contribute to the Ebola response as of December 2014. For global corporations without operations in the affected countries, such as IKEA, IBM, and Exxon, contributions are likely to be partially humanitarian as well as represent an opportunity to be recognized as a socially responsible brand concerned with the health of underserved populations. There may also be a commercial interest in containing the epidemic so that it does not affect their global operations. Conversely, for companies with operations in the affected countries, such as Firestone, Alcoa, and Dangote Cement, the Ebola outbreak hits home. These companies are working on the front lines in Liberia, Guinea, and Sierra Leone – dealing with a workforce threatened by the virus. They intervene in large part to help their host communities but also to protect their existing investments in infrastructure and human resources, as well as to maintain their relations with local and national governments.

Practice is changing with growing government engagement in the development, implementation, monitoring, and coordination of CSR programs. MOHs are increasingly beginning to assume their role as “coordinators” of activities in order to reduce duplication in service provision.

Recommendations

Based on findings of this multicountry study of existing CSR for health in Africa, the following recommendations may help USAID missions and MOHs intensify opportunities to leverage financial and technical resources from companies that are active on the continent.

- Conduct periodic opportunity mapping assessments to gain a better understanding of opportunities to partner with local and international companies.
- Participate actively in local business council meetings where groups of companies from various industries discuss issues related to doing business in that country, including CSR-related issues.
- Conduct study tours to health-focused CSR sites to learn how companies implement their existing initiatives and explore potential partnerships.
- Organize an annual high-level private sector forum or roundtable with companies to introduce USAID to corporations with in-country operations or to discuss a specific development challenge.
- Strengthen the organizational capacity of MOHs and local organizations to engage with the private sector through coaching, mentoring, and on-the-job training on skills related to public-private partnerships (PPPs) design, implementation, and evaluation.

INTRODUCTION

The private and public sectors have coexisted throughout modern history, often in parallel tracks, covering the same issues with serious intent but with a lack of inclusivity and resources on either side. Corporate social responsibility (CSR) lies at the intersection between these two worlds. The concept of CSR has many definitions. It can be defined as a corporate strategy to engage in social/environmental needs in an area in a way that benefits both the community (broadly defined as worker, family, village/town) and the company (broadly defined as profit, market share, strategic planning). Other terms used by companies to describe similar corporate strategic approaches include “corporate citizenship,” “corporate social investment (CSI),” and “corporate sustainability.” Since these terms have analogous definitions, CSR is the term used for the purpose of this report.

The forms that CSR is likely to take include philanthropy, investment, and partnerships (informal and/or formal public-private partnerships, or PPPs). While PPPs can be a manifestation of corporate responsibility on the part of the private sector partner when developing an agreement with the public sector, CSR is an internal decision for a corporation, developed and implemented as part of its own strategic planning. It may or may not include any form of partnership.

This report is based on a review of health care-focused CSR in Africa. The report intentionally does not focus on corporate initiatives implemented through PPPs or alliances with donors and governments since these are well documented (see [World Bank | Public Private Partnerships](#) and the [US Agency for International Development \(USAID\)’s Global Development Alliances](#)).

Working Definition: Corporate Social Responsibility

A company’s sense of responsibility towards the community and environment (both ecological and social) in which it operates.

Health is one of the primary areas for socially responsible corporate contributions, given the many different needs, both urgent and ongoing. In many ways, both CSR and PPP work with the concept known as the “triple bottom line”: social, environmental (or ecological), and financial. These three divisions are also called the three Ps: people, planet, and profit, or the “three pillars of sustainability” for corporations.

This ASH report presents findings from a multicountry study of health sector CSR in Africa and discusses the business incentives, main approaches, and coordination efforts for CSR.

METHODOLOGY

In response to a request from USAID’s Bureau for Africa, the African Strategies for Health (ASH) project conducted a review of the potential for leveraging the contributions of private sector companies to the health sector in Africa. The study team performed a review of the literature (peer-reviewed and grey) on CSR investments in the health sector in Africa, reviewed company websites, and interviewed more than 28 key informants in five African countries and the United States. Key informants included corporate representatives as well as officials responsible for private sector engagement at ministries of health (MOHs) and USAID missions. Using separate interview instruments for each category of key informant, Management Sciences

for Health (MSH) country offices conducted field interviews in Angola, Nigeria, South Africa, and Uganda. Interviewers used a uniform set of questions developed for specific sectors: corporate/business, MOHs, and bilateral/multilateral donors. Additional interviews included international business associations, regional associations, and various offices of USAID involved with CSR and PPP in Africa.

During the data collection process, it became clear that companies were providing financial, human, and technical contributions to the Ebola outbreak in West Africa. The ASH project therefore decided to include a review of the private sector response to Ebola as part of this broader study.

A summary of methods and information sources is presented in the table below:

METHODS	INFORMATION SOURCES
Desk Review	619 corporate websites 326 annual and CSR reports
Key Informant Interviews	28 key informants interviewed from corporations, USAID, MOHs and global bodies such as the Corporate Council on Africa (CCA)
Mapping	Developed a database containing information on companies supporting health initiatives in Africa

Of the 10 companies interviewed in four African countries, six represented global organizations, while four were nationally based.

Parameters of the Study

The resulting report is a snapshot in time in an industry that is constantly evolving and becoming increasingly institutionalized. Although a significant number of key informants were interviewed and documents reviewed as part of the study, the findings presented in this report are not intended to be exhaustive or prescriptive. Several limitations should be acknowledged:

- Although information is cross-verified with websites and information from other neutral key stakeholders, the information gathered is largely self-reported, which leaves room for potentially more positive perspectives on CSR than negative ones.
- Website information may be outdated.
- With some organizations, interviewing one person only offers the perspective of his/her area of work.

KEY FINDINGS

Each country where interviews were conducted as part of this review had an impressive number of corporates/companies engaged in CSR activities. Also evident was the solid representation of public-private partnerships; however, PPPs are outside the scope of this review. CSR may result in a PPP, but it is specifically corporately developed. Having a well-developed program of CSR is standard for global corporates, often with a dedicated staff person responsible for interfacing with the government and the public.

Growing Emphasis on CSR

In the past 10 years, “more companies have embraced CSR and now disclose their activities to investors on an annual basis. In 2011, for instance, 57 percent of Fortune 500 companies issued corporate accountability reports, up from 20 percent the previous year. The growth of CSR can be traced in part to the expectation that companies can profit by serving the greater social good. For example, one of the justifications for CSR is that it builds pride and cohesion among employees, which results in better operational performance.”¹

Increasingly, CSR is being institutionalized in corporates by the designation of senior level staff, by the development of a business case to support a strategic portfolio of activities, by inclusion in the company budget to ensure success, and by awareness of the need to act in a way that is sustainable as the company changes focus or location.

Many companies have created corporate foundations to manage CSR. Some of the larger corporate foundations include the Exxon Foundation, Coca-Cola Foundation, and Western Union Foundation, as well as specialized philanthropic initiatives such as Bristol-Myers Squibb’s “Secure the Future” program and the Boeing Corporate Citizenship Programme. These foundations can then review and evaluate activities independently of the corporation, but usually within the overall parameters set in the strategic plan.

To this end, the environment for CSR has become more specific and strategic. The current trend leans towards the development of national working groups, which help to provide guidelines, information, and support for companies developing meaningful activities that coincide with national need and policy.

It is this intersection of ability and intention that provides the greatest opportunity for effective collaboration. It may lead to a PPP, or it may simply be a well-coordinated singular activity developed for mutual benefit.

The practice of CSR has become highly professionalized. There is a global industry supporting CSR development with training, guidelines, coordination, cooperation, academic credentials, and professional credentials. International nongovernmental organizations (NGOs) and university graduate programs such as the Boston College Center for Corporate Citizenship and Harvard University Kennedy School’s Corporate Social Responsibility Initiative, as well as global associations (e.g. Business for Social Responsibility [BSR], Global Health Council [GHC], UN Compact) and information centers (e.g. CSR360 and CSRWire) specializing in CSR offer abundant opportunities to learn, grow, refine, define, reboot, and maximize corporate intentions. These are only a few among many efforts in outreach to global companies. In

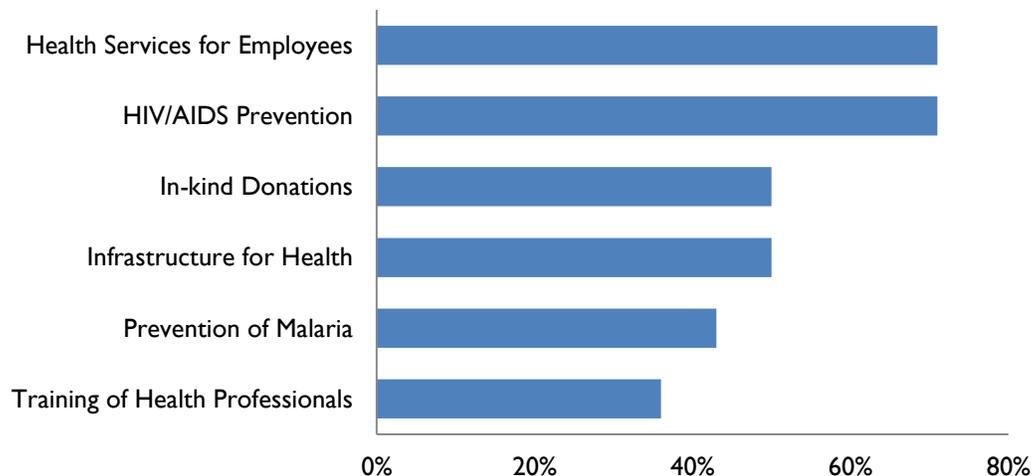
¹Thomas Lys, James Naughton and Clare Wang. " Pinpointing the Value in CSR- The unexpected link between CSR spending and financial performance." *Kellogg Insight* (2013). http://insight.kellogg.northwestern.edu/article/pinpointing_the_value_in_csr/

addition to offering comprehensive research and training services, CSR International has published a [World Guide to CSR](#) which provides comparable national profiles that describe the evolution and practice of CSR for 58 countries and five global regions.

Health-Focused CSR

Health care is only one of many social areas companies invest in as part of their CSR portfolio. Other areas of activity include education, youth development, women’s empowerment, financial literacy, workforce development, agriculture, and climate change. However, for many companies, health is one the main areas of CSR focus. A 2013 UN Development Program (UNDP)-funded KPMG survey of the CSR practices of 100 companies from various sectors in Angola found that health and education receive the highest portion of CSR budget allocations. The study also found that most corporations in Angola focus on health programs targeting their employees and overall HIV prevention. Such programs give less support to programs directly linked to the health of children, training of health professionals, and provision of medicines. The bar graph below presents the key areas of CSR focus of companies in Angola from the 2013 UNDP/KPMG study.²

**Health-related CSR initiatives most frequently mentioned by corporations
(% of firms) in Angola**



Business Incentives for Companies to Invest in CSR

Corporations with operations in Africa invest human, financial, and in-kind resources in health programs for their own individual reasons. Within the context of globalization, companies increasingly see the need for a triple-bottom-line—not only emphasizing economic profit, but also social and environmental benefits as integral parts of their business model. From the grey literature in CSR, the main business incentives for companies to support social and health programs are as follows.

² Corporate Social Responsibility: Current Situation in Angola. UNDP. April 2013
http://www.ao.undp.org/content/dam/angola/docs/Publications/undp_ao_pov_csr_apr2013.pdf

1. **Innovation:** For multinational companies with a strategic approach to the triple-bottom-line, CSR is not just considered philanthropy or a costly expense, but an investment. Through the lens of sustainability, companies have invested in research and development (R&D) efforts that have generated new and more efficient solutions to social and environmental problems, such as Unilever’s air conditioner that uses less water.

2. **Cost savings:** One of the most celebrated health sector CSR achievements in Africa is the malaria control program implemented by South African gold mining giant AngloGold Ashanti in Ghana. In 2005, the company mine hospital saw on average 6,800 malaria patients per month out of a total workforce of 8,000 and the cost to the company for malaria treatment medication was over \$55,000 per month. The company’s calculation of both the malaria-related costs of health care and of absenteeism on productivity and profit served as an incentive to design and implement a comprehensive malaria-control program in the Obusi community where the mining operation took place. Over a four-year period, AngloGold experienced a 75-percent decrease in malaria cases seen by the mine hospital, as well as an 82-percent reduction of medication costs per month (from \$55,000 to \$9,800). Lost days due to malaria were also reduced from 6,983 per month in 2005 to only 282 in 2009. This program was taken to scale in Ghana through a grant from the Global Fund to Fight AIDS, Tuberculosis, and Malaria and with AngloGold as the first private sector company Principal Recipient in Africa.³

3. **Long-term economic sustainability:** In a few short years the world might not have enough cocoa, the raw material used to make chocolate, because the younger generation of cocoa farmers increasingly desires to quit farming. To address this challenge, chocolate maker M&M Mars Incorporated invests heavily in CSR programs that aim to improve the quality of health, education, and agricultural services in Ghana and Cote d’Ivoire where 70 percent of the world’s cocoa originates.

“Cocoa is at the heart of our business and we care deeply that this key ingredient is grown in a safe, healthy, and sustainable manner...”

“Through our Hershey 21st Century Cocoa Plan, we are taking meaningful and measurable steps and making a positive difference in the health and well-being of cocoa communities.”

John P. Bilbrey, President and Chief Executive Officer, The Hershey Company

In another example, water is Coca-Cola’s most precious resource. It takes nine liters to make one liter of Coca-Cola. One-third of this water is used to make the cola and the other two-thirds are used to clean equipment and bottles. Through partnership programs, such as its Global Development Alliance with USAID, Coca-Cola invests in water and sanitation programs in Africa not only because it is the right thing to do from social, health, and environmental perspectives, but also because the availability of potable water directly affects its financial bottom-line.

³ Business in development: AngloGold Ashanti and The Global Fund in Ghana. <https://www.icmm.com/document/4673>



Photo Credit: Women gathering cocoa pods. © World Cocoa Foundation

- 4. Brand differentiation:** As pharmaceutical companies vie for business with MOHs and private healthcare providers in Africa, a number of them also support CSR programs, often with drug donation components which can help set them apart from their competitors. Examples include: Johnson and Johnson's fistula care program; Mobile Alliance for Maternal Action's use of mobile phones to deliver prenatal and postnatal health information to expectant and new mothers; Pfizer's Diflucan® donation program for the treatment of HIV-related opportunistic infections; and Bristol-Myers Squibb's "Secure the Future" HIV program, which has established five Children's Clinical Centers of Excellence in Botswana, Lesotho, Swaziland, Uganda, and Tanzania.
- 5. Customer engagement:** In the fierce competition for mobile subscribers, mobile network operators (MNOs) are driven by the need to increase revenue per customer and decrease churn (customers changing networks). MNOs want to develop consumer trust as a transaction partner of choice by deploying value-added services that leverage technology for social good.

An excellent example of a company using this strategy is Vodacom's subsidiary Safaricom in Kenya. For Safaricom, investing in mHealth goes beyond data, voice, SMS, marketing, profit, or altruism. The company is genuinely interested in engaging its customer base by delivering innovative, sustainable solutions that transform the lives of Kenyans by increasing access to services. Globally recognized as the leader in mobile money with its award-winning mPesa platform, Safaricom boasts more than 20 million cellular subscribers and currently supports mobile innovation in six sectors: health, energy, agriculture, education, women, and special needs populations. The company's mHealth priority interventions include solutions ranging from Dial-a-Doctor tele-triage services and maternal, newborn, and child health tracking and wellness messaging, to a micro health insurance scheme, and logistics management

information systems. All of these CSR-initiated mobile services have enabled Safaricom to become by far the most popular MNO – with a 73 percent share of the mobile market in Kenya.

- 6. Employee engagement:** CSR experts have long acknowledged the relationship between providing volunteer opportunities and employee retention. A number of studies have shown that employees who participate in corporate volunteering are more strongly engaged with their companies and are more likely to stay. Corporate volunteerism makes business sense for companies interested in driving the “double-bottom-line,” making both a monetary and a social return. Large multinationals such as IBM, Standard Bank, and Pfizer have well-established corporate volunteerism programs supporting African health programs. For example, USAID has helped to leverage the corporate expertise of Pfizer and Standard Bank to strengthen the capacity of MOHs and Global Fund Country Coordinating Mechanisms and Principal Recipients in the areas of marketing, communication, knowledge management, financial management, and supply chain management.

Possible Adverse Impact of CSR

It is important to note that CSR is not always seen to have a positive image or impact. It is sometimes viewed as simply a public relations activity with no long-term commitment to people or communities. Sometimes in-kind contributions are merely an expedient option for products that are below standard in the country of production. CSR announcements may promise more than is delivered. When this happens, local expectations will likely be shattered and situations worsened rather than relieved. In some instances, local businesses are actually negatively impacted by importation of products that might be produced locally more economically. When this happens, there is the ancillary loss of increased circulation of cash in the local economy. Corporates may use CSR to advocate for policies that serve business primarily while having a negative impact on local populations. Often this may take the form of lobbying against legislation and/or regulation that might be counter to business interests. Thus, it is highly important for all participants, public and private, to perform sufficient due diligence prior to entering into long-term partnerships. A careful vetting of partnerships will help to ensure the success of such activities.

CSR Approaches in Health in Africa

Corporations use a variety of approaches to engage in and implement their CSR initiatives. This contributes to the improvement of health outcomes for employees, their families, the communities where the businesses operate, and (at times) the population at large. CSR engagement often centers on maintaining a healthy workforce, and by extension, healthy families and communities. With large corporates, that might mean support to a local clinic or providing in-house health services. The most common types of approaches typically consist of:

- grants to NGOs or individuals
- workplace health and wellness programs
- provision of pro-bono expertise
- in-kind donations of products

It is important to note that companies use other types of CSR approaches, such as enabling health-focused organizations to access supply chains and markets free-of-charge or at subsidized rates, and providing technology and intellectual property as well as communications and

marketing for public health programs. However, the ones highlighted here are the most common.

- 1. Grants to NGOs or individuals:** A number of companies provide funding for extensive community development projects implemented by NGOs. Similar to bilateral donors, they can put out requests for proposals or accept unsolicited proposals on a rolling basis. Some companies have established foundations to handle the grant-writing and funding of other organizations. These corporate foundations often have clearly defined strategies and priority areas. As one of many examples, Royal Dutch Shell's \$25-million grant funds MSH to strengthen the institutional capacity of select public and civil society organizations at federal, state, and local levels to provide health services for Nigeria's vulnerable populations in four states where Shell operates.

A number of larger multinational corporations also fund health-focused global alliances and multilateral organizations.⁴ For instance, the Global Fund for AIDS, Tuberculosis and Malaria received nearly \$100 million from companies such as Chevron, Coca-Cola, AngloGold, and Vale between 2011 and 2013, and three percent of the funding received annually by the World Health Organization's Africa Regional Office (WHO/AFRO) comes from the pharmaceutical industry.⁵ A few foundations not only support organizations but also high-achieving individuals, such as medical students and nurses, through scholarships and fellowships.

- 2. Workplace health and wellness programs for company employees:** A healthy population translates into a healthy workforce. At a microeconomic level there is evidence that poor health impacts on productivity and that healthier workers perform better both in and out of the workplace. Lowered productivity is due mainly to loss of workers (death or severe disability), absenteeism, and presenteeism, which is where a worker's effectiveness is decreased due to poor health. The potential for boosting productivity provides a strong incentive for companies to invest in workplace health and wellness programs for company employees and their families.
- 3. Provision of pro-bono expertise:** Providing pro-bono expertise to both government institutions and NGOs managing public health programs is another type of noncash CSR contribution. For example, USAID has helped to leverage the corporate expertise of Pfizer (through its Global Health Fellows Program) and Standard Bank to strengthen the capacity of MOHs and Global Fund Country Coordinating Mechanisms and Principal Recipients in Africa in the areas of marketing, communication, knowledge management, financial management, and supply chain management.
- 4. In-kind donations of products:** Companies have, for years, supported the health sector with in-kind donations of goods to support existing public health programs run by NGOs, communities, and government agencies. These noncash contributions have included pharmaceutical products, medical equipment, contraceptives, technology, food, and clothing. Examples of in-kind donations abound. Most recently, companies have donated massive amounts of products to support the response to the Ebola outbreak in West Africa:⁶

⁴ Source: http://www.theglobalfund.org/en/mediacenter/newsreleases/2013-12-02_Private_Sector_Engages_in_Global_Fund_Replenishment/

⁵ Sources: http://www.theglobalfund.org/documents/core/financial/Core_PledgesContributions_List_en/;
<http://www.theglobalfund.org/en/partners/privatesector/>

⁶ Source: http://fts.unocha.org/reports/daily/ocha_R10_EI6506_asof___1412200301.pdf

- Royal Dutch Shell donated petroleum to last six months to fuel the trucks donated by Vivo Energy (to transport commodities) and also donated medical supplies.
- McKesson has donated 200 pallets of medical supplies through World Vision, including 4 million pairs of latex gloves, 30,000 liters of disinfectant, and a massive shipment of Personal Protective Equipment (PPE) kits.
- Airtel Sierra Leone donated 100 headsets to Nigeria's Ebola Emergency Operations Center and 150 phones to Sierra Leone's MOH.
- Baxter donated IV fluids to Sierra Leone and Liberia.
- The Sierra Leone Produce Marketing Company donated 300 bags of 25-kilogram rice bags.
- Clorox Company donated 12,000 bottles of Clorox bleach to help Ebola-affected communities in West Africa.
- BHP Billiton donated two ambulances to the Liberia National Red Cross Society to enhance its work in the midst of the Ebola outbreak.

It is important to note that donating large amounts of in-kind goods to public health programs in Africa is not always the most effective approach. In fact, in-kind donations sometimes work counter to local needs and infrastructure. The [USAID Statement of Principles Concerning Gifts in-Kind During Humanitarian Operations](#) notes the following:⁷

The American public often ... attempts to collect and donate commodities, also referred to as “gifts-in-kind” (GIK). GIK are most often inappropriate for relief programs and harmful to the environment and the local culture. They are expensive to transport, relative to the cost of procuring the same commodities locally. GIK use up scarce resources such as transportation routes, warehouse space, and staff time. They can adversely affect the regional economy by competing with similar commodities available locally. And GIK can contribute to negative images of the United States and its disaster response activities. Despite these problems, USAID often faces significant pressure to assist with or fund shipments of GIK to disaster settings.

For more on this topic, read: Pinheiro, Cristina P. "Drug donations: what lies beneath." *Bulletin of the World Health Organization* 86.8 (2008): 580A-580A.
<http://www.who.int/bulletin/volumes/86/8/07-048546/en/>

National-Level Coordination of CSR Programming

In low-resource settings, governments increasingly want to ensure adherence to standards, maximize the use of existing resources and infrastructure, and reduce overlap and duplication of efforts. National-level coordination is critical for maximizing resources. MOH officials interviewed as part of this study reported having developed policies, strategies, and/or mechanisms to work with the private sector. In Nigeria and Uganda, the MOHs have established a unit within the MOH to coordinate private sector activities. However, units responsible for PPPs within MOHs can often be staffed with public servants and health professionals with limited experience working in corporate environments and in developing partnerships with the private sector. Since the private sector motivations, culture, and “language” differs significantly from the public sector, government officials responsible for engaging with corporations could benefit from coaching, mentoring, and on-the-job training on skills related to PPP design, implementation, and evaluation.

⁷ Source: <http://www.docstoc.com/docs/20577925/Statement-of-Principles-Concerning-Gifts--In-Kind-During#>

Almost universally throughout Africa, the private sector has self-organized to provide a better platform for participation in CSR and PPP. Formal and informal associations exist in almost every country in the region. The age, reach, and effectiveness vary greatly, but in most cases there is a central organizing principle around doing business and doing good. The South African National Business Initiative, the Kenya Private Sector Alliance, the Private Sector Foundation Uganda, extractive Industries in Angola (which hold bimonthly international oil companies fora), the South African Business Coalition on HIV/AIDS, and more recently the Private Sector Health Alliance of Nigeria (PHN) are good examples of the private sector’s understanding of the need for considered health-related engagements with the communities and countries in which they operate. The PHN was developed under a large grant from Dangote Cement. It was formed with the strong membership of Nigeria’s premier private sector companies as founding members. The MOH is working with PHN to ensure that services are available, that corporates are targeting needed areas, and that best practices are determined.

Considerations for Increasing Engagement with CSR Programs

The development, implementation, monitoring, and coordination of CSR programs evolve over time. Different companies, governments, and civil society are at different levels of maturity, depending on the scale of commitment and type of experiences they have had with CSR implementation. A study conducted in 12 African countries by Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH and the University of Stellenbosch in 2010 showed stages of commitment when processes around CSR begin and as they gain momentum in a specific country. The following two charts show what can be expected by a stakeholder as it progresses at each level of participation in CSR within a continuum.

CSR Country Map – Levels of Engagement			
Sector	Low	Medium	High
Private Sector	<i>Philanthropy:</i> CSR activities are mainly of an ad hoc nature with a primary focus on donations or voluntary contributions to communities in areas of identified need such as education, health care, poverty alleviation, and community development.	<i>CSR:</i> CSR activities are aligned with core businesses on the one hand and societal priorities on the other. Initiatives are budgeted for and properly managed. Some initiatives may even be delivered by specialist service providers.	<i>Strategic CSR:</i> CSR activities are strategically chosen to be aligned with core business practices. They are explicitly policy driven, anchored in relevant legislation, and aligned with recognized benchmark standards. Collaboration may be sought with industry forums, government, or global institutions. Reporting becomes common practice.
Public Sector	Government pays little attention to what companies do in strengthening the social sphere.	Government creates an environment in which companies can align their CSR activities with nationally identified development priorities.	Forum and/or partnerships between government and business are used as vehicles to achieve greater sustainability.

Civil Society	Civil society organizations (CSOs) are loosely structured and work in isolation while soliciting funding from companies and donor organizations on an ad hoc basis.	CSOs are better structured, better funded, more strategic, and more vocal in their approach to advocacy, and they are more inclined to challenge corporate behavior in public.	CSOs actively collaborate with government and business in finding solutions for sustainable development challenges.
Learning Institutions	There is no evidence of academic interest in CSR.	Academia is involved in policy critique and research with respect to CSR.	Business education includes CSR in programs that may range between more eclectic approaches to ones where it is regarded as part of the core curriculum. Various academic disciplines contribute and collaborate in finding solutions to CSR challenges.

Once the level of participation is determined, the next decision is the kind of intervention that is envisioned by the possible players at various points of leverage. This second chart offers the various options of leverage points for CSR advancement in a specific country.

CSR Country Map - Leverage Points for CSR Advancement	
Spaces for CSR Advancement	Intervention Possibilities
Within companies	• Basic CSR orientation
	• CSR policy development
	• CSR skills development
Within broader business circles	• Chambers of commerce
	• Learning forums
	• Industry protocols
Between companies and government	• National agenda for CSR
	• CSR standards and protocols
	• PPPs
Between companies and nongovernmental stakeholders	• Collaborative interventions
	• Social capacity-building
	• CSR teaching and research
Between companies and global role players	• Participation in global forums
	• Application of international standards
	• International best practice case study

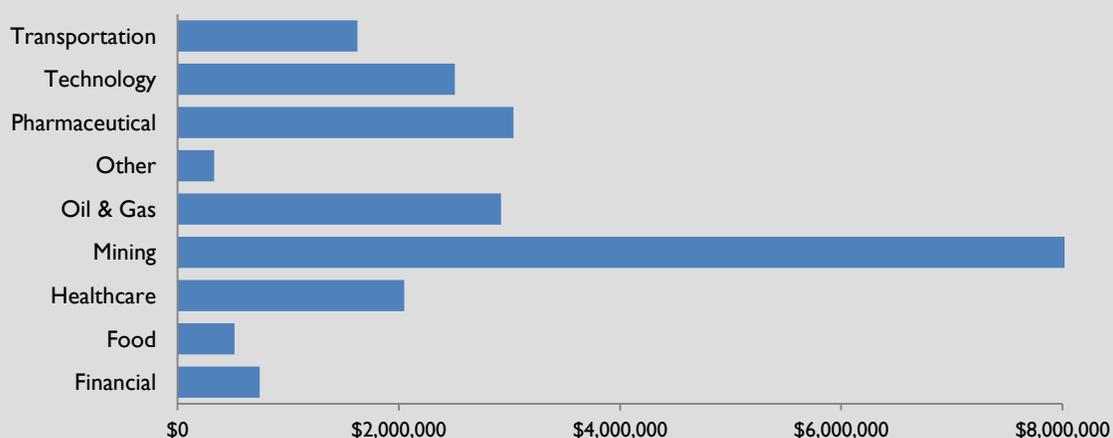
Adapted from: *Shaping Corporate Social Responsibility in sub-Saharan Africa Guidance Notes from a Mapping Survey*, GIZ Center for Cooperation with Private Sector and University of Stellenbosch (2013)
<https://www.giz.de/expertise/downloads/giz2013-en-africa-csr-mapping.pdf>

CASE STUDY: THE CORPORATE RESPONSE TO EBOLA

The outbreak of Ebola virus disease in West Africa in early 2014 created a crisis environment in the West African region generally, and in Liberia, Guinea, and Sierra Leone specifically. The gradual realization of the extent of vulnerability in these countries brought together both public and private sector representatives to discuss how best to respond to the situation.

More than 120 global and local companies are responding to the outbreak with an impressive amount of in-kind and financial donations. According to the UN financial tracking system, as of December 16, 2014, corporations have donated more than \$22 million to contribute to the Ebola response. This amount does not include the monetary value of in-kind contributions such as ambulances (Chevron), a six-month supply of petroleum (Shell), and smartphones (Samsung). Neither does it include the more than \$84 million in uncommitted pledges (nonbinding announcement of an intended contribution or allocation by the donor), which include a \$10 million pledge from Google and another \$10million pledge from MTN.⁸

Private Sector Funding for the Ebola Response by Sector



Data Source: UNOCHA Financial Tracking Service, December 2014

Motivation for this response is based on both humanitarian commitment and corporate profitability. For global corporations without operations in the affected countries, such as IKEA, IBM, and Exxon, contributions are likely to be partially humanitarian as well as an opportunity for being recognized as a socially responsible brand concerned with the health of underserved populations. There is perhaps also a commercial interest in containing the epidemic so that it does not affect global operations. Conversely, for companies with operations in the affected countries, such as Firestone, Alcoa, and Dangote, the Ebola outbreak hits home. These companies are working on the front lines in Liberia, Guinea, and Sierra Leone – dealing with a workforce threatened by the virus. Many of these businesses are in remote areas with little access to health services. They intervene in large part to help their host communities but also to protect their existing investments in infrastructure and human resources, as well as to maintain their relations with local and national governments.

⁸ Neither does the total dollar amount include the more than \$100 million donated by current and former CEOs of companies from their personal foundations (e.g. former Microsoft cofounders Paul G. Allen and Bill Gates donated, through their foundations, \$55 million and \$25 million respectively).

Coordinated Private Sector Response to Ebola

Upon realization that the threat was not time-limited, the private sector established a taskforce across multiple corporate entities to coordinate the response. The taskforce is mandated to work with public authorities, primarily MOHs, to advance a broad-scale response. The group, calling itself the Ebola Private Sector Mobilization Group (EPSMG), formed in August 2014 with the intent to support the Government of Liberia and the Liberian people during this time of crisis.⁹

EPSMG is now a collection of over 80 companies, across all sectors of the economy, which are involved in advocacy, education, and direct support to the global effort to respond to Ebola. Most importantly, since the end of August, the EPSMG has set up operational teams in the affected countries, coordinating with the frontline health and humanitarian response.

Collectively, EPSMG members are building Ebola Treatment Units (ETUs), leveling roads, making available logistics and infrastructure to donors and host governments, providing paid personnel to the sensitization campaigns, and donating supplies such as diesel fuel, chlorine, mattresses, vehicles, ambulances, and communications equipment. They are also supporting financial appeals from the WHO, the World Bank, the UN, and a number of first responders in the theatre of operations.

At the global level, the Business Engagement Guide published by the UN Mission for Ebola Emergency Response outlined key characteristics of the disease and ways companies can contribute to the response.

“How Firestone Stopped Ebola in Its Tracks”

Jason Beaubien, NPR

One example of this kind of a response to the Ebola outbreak came from Firestone Incorporated (tire and rubber), which operates a rubber tree plantation in an area of approximately 185 square miles within Margibi County, Liberia. Employees and their dependents live in 121 communities inside the Firestone District. Firestone provides health services to about 80,000 people, including employees, retirees, dependents, and the residents of the densely populated surrounding communities. Firestone health facilities average nearly 5,500 patient visits per month.

The company responded with rapid establishment of an incident management system, active and passive Ebola surveillance, immediate isolation of Ebola patients in a dedicated unit, and enforcement of standard Ebola infection control guidelines. Firestone also implemented a robust risk communications and social mobilization campaign to boost community awareness of Ebola and how to prevent transmission.

“Now the only Ebola cases on Firestone’s sprawling plantation are patients who’ve come in from nearby towns.”¹

The company’s response contributed to reducing the number of cases in the region where Firestone operates. In an article published in *Morbidity and Mortality Weekly Report*, the CDC highlights the Firestone response as a success story and discusses unique elements of the company’s response that “enhance existing Ebola control guidelines.”²

Sources:

- (1) <http://www.npr.org/blogs/goatsandsoda/2014/10/06/354054915/firestone-did-what-governments-have-not-stopped-ebola-in-its-tracks>
- (2) <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6342a6.htm>

⁹ Liberia: Ebola Private Sector Mobilization Group Formed to Fight Ebola. Press Release, Golden Veroleum Liberia. <http://goo.gl/dyYFCZ>

RECOMMENDATIONS

Based on findings from the multicountry study of existing CSR for health in Africa, the ASH project outlined recommendations to help USAID missions and MOHs intensify opportunities to leverage financial and technical resources from companies active on the continent. These actionable recommendations are intended to facilitate the development of meaningful relationships with local and international companies interested in investing in health programs in African countries to generate stronger public-private partnerships that sustainably contribute to the improvement of health outcomes.

Conduct periodic opportunity mapping assessments

To better understand opportunities to partner with local and international companies, USAID missions and MOHs should conduct in-depth opportunity mapping assessments. This report documents findings from a broad desk review and interviews conducted with a limited number of key informants in four African countries to provide an overview of health-focused CSR initiatives in Africa. Since each country has its own set of actors and contexts, each USAID mission and MOH interested in partnering with the private sector should conduct its own, in-depth assessment of partnership opportunities. Ideally, to ensure country ownership of the findings and recommendations, these assessments should be conducted jointly by both the unit of the MOH in charge of PPPs and the USAID mission. Also, since the number and type of companies doing business in a specific country can change over time, with new companies establishing presence or gaining new interest in CSR, USAID missions and MOHs should plan to conduct assessments at least every three to five years.

USAID has developed a methodology and tools for conducting opportunity-mapping assessments—either for Single Sector Alliance Assessment (e.g. for health only) or for Multi-Sector Alliance Assessment. These tools are designed to provide guidance for “those undertaking a strategic planning process and desiring a 360-degree view of how, when, and where private sector alliances can have the most impact across a diverse program portfolio” or only in the health sector.¹⁰

Participate actively in local business councils

In most African nations, groups of companies from various industries meet at a certain frequency to discuss issues related to doing business in that country, including CSR-related issues. These meetings may be under the umbrella of business councils or as local chapters of the US Chamber of Commerce. Units in charge of PPPs within MOHs and at USAID should seek to participate in these meetings periodically to explore areas of mutual interest. The commercial and/or economic officer at the US Embassy can be a useful resource for learning about such business council meetings. In some cases, groups of companies have already organized around health-related issues (e.g. the South African Business Coalition on HIV/AIDS and Nigeria’s Private Sector Health Alliance) and engage the MOH on issues of mutual interest. Often, it is a case of “catch-up” for the international NGO as CSR activities may have been in place for some time. It is important to be aware of the private sector and look for places that corporate goals match social goals.

¹⁰ Integrating Alliances into Sector Assessments: Framework for Developing Development Sector Alliance Strategies and Programming. USAID, May 2010. http://sbg-advisors.com/files/2013/12/GDA_Integrating_Alliances_Into_Sector_Assessments.pdf

Conduct study tours to health-focused CSR sites

One of the best ways to learn how existing health-focused CSR initiatives are implemented and to explore potential partnerships is to visit one of the sites where the initiative is carried out. Examples of such sites can be a health facility managed or supported by a specific company (e.g. a health clinic in a mining community) or an HIV-prevention, family planning, or immunization campaign funded or carried out through a CSR program. Ideally, these visits would be conducted jointly by a representative from the company, USAID, a district-level MOH official, and the central-level MOH unit responsible for PPPs. The purpose of these visits is to identify unique elements (both negative and positive) of the company's service delivery model as well as potential approaches and resources that could be leveraged, while also identifying approaches that should not be replicated or leveraged.

Organize an annual high-level private sector forum or roundtable with companies

A number of Missions have organized private sector forums or roundtables to introduce USAID to corporations with in-country operations or to discuss a specific development challenge. These meetings are typically high-level—with participation of the US Ambassador and CEOs from some of the profitable companies in the country. The roundtable discussions present unique opportunities to build awareness of USAID programs. The meetings also help establish a footprint in the country and identify potential corporate partners for the mission. The gathering typically involves a keynote address (often by the US Ambassador), presentations, Q&A sessions, and a networking reception. The US Embassy as well as the USAID Center for Transformational Partnerships (formerly the Office of Development Partners/Private Sector Alliances) and the Legislative and Public Affairs (LPA) staff at USAID/Washington can be key resources to assist missions in organizing these events and should be consulted during the planning stage.

Strengthen the organizational capacity of MOH and local organizations to engage with the private sector

Units responsible for PPPs within MOHs can often be staffed with public servants and health professionals with limited experience working in corporate environments and developing partnerships with the private sector. Since private sector motivation, culture, and “language” differs significantly from the public sector, government officials responsible for engaging with corporations might benefit from coaching, mentoring, and on-the-job training on skills related to PPP design, implementation, and evaluation. In line with USAID Forward's objective to build local capacity, USAID missions could support PPP-related capacity development not only for MOHs but also for a selected group of high-performing local NGOs with a proven record of implementing community-based programs. A number of resources are available online for this type of capacity-building, including courses from the [Institute for Public-Private Partnerships](#) and USAID's free basic [online course on PPP development and management](#). Other approaches that have been used successfully in the past for organizational capacity development include seconding private sector experts (e.g. a manager from Standard Bank) within the government institution or the selected local NGO.

ANNEXES

ANNEX I: Field Interview Contact List

Organization	Interviewee	Contacts
ANGOLA		
Total Foundation	Henda Ducados External Relations Director	E-mail: henda.ducados@total.com Avenida 4 de Fevereiro n° 197, 18th Floor, Room B1868 Total Luanda, Angola
Refriango	Gloria Mendes, Support Office for Developers Manufacturing Unit	E-mail: gloria.mendes@refriango.com Refriango Kikuxi - Viana Telephone: +244 222 290 633 (Ext. 2131) Mobile: +244 912 879 163; +244 941 184 350 Web: http://www.refriango.com
ESSO Exploration Angola	Miguel Cordeiro, Community Relations Supervisor	E-mail: miguel.cordeiro@exxonmobil.com ESSO Exploration Angola (Block 15) Limited Avenida 4 de Fevereiro n° 197, 18th Floor, Room B1868 Luanda, Angola Telephone: +244 222 679000 (Ext. 6079) Telephone (US): +1 832 254 6079 Mobile: +244 912 704 565 Fax: +244 222 679000 (Ext. 6162)
New Network of Supermarkets Angola (NRSA)	Nuno Miguel Marques dos Santos, Sustainability Manager	E-mail: nmsantos@nrso.co.ao Telephone: +244 222 67 4845 +244 913 82 6249 Web: http://www.nrso.co.ao/
Odebrecht	Jorge Preto, Adriano Freire Paloma do Vale Alencar Social Responsibility DS Angola	E-mail: jorgepre@odebrecht.com adrianofreire@odebrecht.com palomadovale@odebrecht.com Via AI – Av. Talatona, Condomínio Belas Business Park II Torre Cabinda 8º Andar Luanda, Angola
ENI	Dr. Eugenio Malfatti, Health Manager - Eni Angola	E-mail: eugenio.malfatti@eni.com Avenida Lenine, 58 P.O. Box 1342 Luanda - Angola Tel. (Public Service): +244 222 391844 Ext. 2223 Mobile Phone: + 244 923 63 99 53
USAID/Angola	Gastão Lukanu, Ph.D., Public Private Partnership Officer, Mission Environmental Officer General Development	E-mail: glukangu@usaid.gov Luanda, Angola Work: +244 222 641 264 Mobile: +244 924 694 034 Fax: +244 222 641 262
NIGERIA		
Federal Ministry of Health Nigeria	Dr. Bolanle Olowu, Director PPP and Diaspora Unit	New Federal Secretariat Complex, Phase III, Ahmadu Bello Way, Central Business District, Abuja FCT, Nigeria Telephone: +234-9-5238 362 Mobile: +234(0) 8035949524 Fax: +234-9-5234590
USAID/Nigeria	James Lyko, Private Sector and Trade Officer Nancy Lowenthal, Director, Health Populations and Nutrition Office	E-mail: jlykos@usaid.gov Mobile: +234-803-629-0975 E-mail: Nlowenthal@usaid.gov Murjanatu House No. 1 Zambezi Crescent, (Off Aguiyi)

Organization	Interviewee	Contacts
		Ironsi Way) Maitama, P.M.B 519 Garki, Abuja Mobile: +234-803-408-1056
Agip/ENI Nigeria	Unit Officer Anonymous	NAOC Abuja, Nigeria
International Finance Corporation (IFC)	Dr. Olumide Okunola, Senior Operations Officer	E-mail: OOkunola@ifc.org IFC World Bank/Nigeria 102 Yakubu Gowon Crescent Opposite Economic Community of West African States (ECOWAS) Secretariat PO Box 2826, Garki Abuja, Nigeria Mobile: +234(0) 8055243463
SOUTH AFRICA		
Aspen Holdings South Africa	Stavros Nicolaou, Senior Executive, Strategic Trade Development	Aspen Park 98 Armstrong Avenue La Lucia Ridge Durban 4019 Telephone: +27 31 5808600/ Mobile: +27-82 458-3135.
Tiger Brands	TBD	E-mail: tigercsd@tigerbrands.com 3010 William Nicol Drive Bryanston PO Box 78056 Sandton, 2146 South Africa Telephone: +2711 840 4000 Fax: +2711 514 0084
Vodacom SA Foundation	TBD	E-mail: foundation@vodacom.co.za ctwenquiries@vodacom.co.za Vodacom Corporate Park, 082 Vodacom Boulevard, Vodavally, Midrand, 1635 Postal address is: The Vodacom Foundation, Private Bag X9904, Sandton, 2146 Telephone: +27 (0) 11 653 5229 Mobile: +27 (0) 82 1307055
UGANDA		
Ministry of Health Republic of Uganda	Dr. Timothy Musila, Senior Health Planner	E-mail: timothymusila@yahoo.co.uk info@health.go.ug Mobile: +256-(0) 701410323 P.O. Box 7272 Kampala, Uganda Plot 6 Lourdel Rd, Nakasero General Telephone: +256-414-340874 /231563 /9 Permanent Secretary's Office: +256-414-340872 Fax: +256-41-4231584
Uganda Baati, manufacturers of building materials	Dennis Tusabe, Administration Manager/CSR Coordinator	E-mail: dtusabe@ugandabaati.com Plot 14/28, Kibira Road, Industrial Area/Box 3554, Kampala-Uganda Mulwana (Kibira) Rd, Kampala, Uganda Telephone: +256-41-4254108 Mobile: 256-(0) 772681809
USAID Uganda	Andrew Kyambadde, Deputy Team Leader HIV/AIDs System Strengthening	E-mail: akyambadde@usaid.gov USAID/Uganda U.S. Mission Compound-South Wing, Plot 1577 Ggaba Road PO Box 7856 Kampala, Uganda Telephone: +256 0414 306 001 Mobile: +256-(0) 772138524
ASSOCIATIONS		

Organization	Interviewee	Contacts
CCA	Ashleigh Cooper, Director, Health Lead, ICT	E-mail: acooper@africancl.org 1100 17th Street, NW, Suite 1000 Washington, DC 20036 Telephone: +1 202 835-1115 Fax: +1 202 835 1117
World Cocoa Foundation	Tim McCoy, Senior Advisor/Outreach	E-mail: tim.mccoy@worldcocoa.org 1411 K Street, NW, Suite 500 Washington, DC 20005, USA Telephone: +1 202 737 7870 Direct: +1 202 261 3624 Fax: +1 202 737 7832
South African Business Coalition on HIV/AIDS (SABCHOA)	Susan Preller, Acting CEO	E-mail: susan@sabchoa.co.za 200 Smit Street Fairland, Randburg Mailing Address: 2170 PO Box 950 Parklands 2121 Telephone: +27-11-476-4270 Fax: +27-11-476-4307
USAID		
USAID/Tanzania	Gene Peuse, Senior PPP Advisor	Email: gpeuse@usaid.gov Tel: +255-22-2668490 ext. 4613 Mobile: +255-789788103 Fax: +255-22-2668421
USAID/Washington	Tom Hall, AFR Health/PMI AFR/SD/Health Division. Alternate COR African Strategies for Health (ASH)	E-mail: thall@usaid.gov US Agency for International Development 1300 Pennsylvania Avenue, N.W., RRB 4-07.033 Washington, D.C. 20523 Direct: +1 202 712 1645 Mobile: +1 703-303-7915
USAID/Washington	Patrick J. Cook, Program Manager - Africa FORWARD	E-mail: pcook@usaid.gov U.S. Agency for International Development 1300 Pennsylvania Avenue, N.W., RRB 4-07.033 Washington, D.C. 20523 Telephone: +1-202-712-1617
USAID/Washington	Andrea Dee Harris, Senior Technical Advisor Private Partnerships GH/PRH/SDI Private Sector Team	E-mail: aharris@usaid.gov U.S. Agency for International Development 1300 Pennsylvania Avenue, N.W Washington, D.C. 20523 Direct: +1 202 80803891 Mobile: +1 571-232-1370
MSH Field Offices		
MSH Angola	Ana Diaz, Projecto Construir Capacidade Local (BLC)	E-mail: adiaz@msh.org Management Sciences for Health Rua Eduardo Mondlane 207/207A Bairro Sagrada Familia Maianga, Luanda, Angola Telephone: +244 927-005-470
	Gemma Salvetti, Program Manager	E-mail: gsalvetti@msh.org
	Guiseppe Cristino, Capacity-Building Advisor	E-mail: gcristino@msh.org
MSH Nigeria	Adaeze Umolu, Technical Advisor, Country Office Management Unit	E-mail: aumolu@msh.org Direct: +234 (0) 80 55 098 022; +234 810 036 7513 Skype: adaezeumolu Block B, Plot 564/565 [Off Independence Avenue] Central Business District Abuja, Nigeria
MSH South Africa	Ziyanda Ngoma, Senior Manager for Strategic	Management Sciences for Health Ditsela Place

Organization	Interviewee	Contacts
	Integration	1204 Park Street Hatfield Pretoria, South Africa Telephone: +27-12-364-0400 Fax: +27-12-364-0416
MSH Uganda	Grace Opiro, Business Development Senior Specialist	E-mail: gopiro@msh.org Management Sciences for Health Kampala, Uganda Telephone: +1-703-667-3962

ANNEX 2: Private Sector

Company	Interviewee	Contribution to the Health Sector	Reason for Contributions	Target Population	Value/ Accountability/ Future	Other
ANGOLA						
TOTAL Foundation	Henda Ducados, External Relations Director	CSR globally, primarily in health, including maternal and child health. Other areas include education, economic development, and sustainable energy. Build health centers, supply medical equipment, support training, HIV/AIDS prevention, and vaccination	Co-financing of an \$80-million MOH and World Bank project to reinforce the municipal health (MOH 15%, Total Trust Fund 5%) Guarantee health, environment, and safety in the workplace	Services primarily for employees	\$5.9 million Targets set, indicators tracked, financial reports on monthly basis. Field visits \$7.2 million in coming year as more oil produced	CSR interventions are initiated by company headquarters through a dialogue with the MOH. Amount allocated to CSR is calculated as \$0.50 for each barrel of oil produced.
Refriango	Gloria Mendes, Support Office for Developers Manufacturing Unit	HIV, malaria, maternal and child health Transport for Women's Health Program School feeding, education, and volunteering	Seeks to decrease the rate of absenteeism and expect return in increasing healthy behaviors among workers and through word of mouth to others	Employees, families, communities	TBD Increase	Participation of employees is sometimes mandatory and sometimes voluntary Alcohol levels measured daily at random
ESSO Exploration Angola (Block 15) Limited	Miguel Cordeiro, Community Relations Supervisor	Malaria, reproductive health Construction of facilities Training in community health	Building health centers, supplying medical equipment Health promotion training Bed nets purchase and distribution Building/reconstruction of schools orphanages/health centers/community centers Team-building initiatives by	Employees, communities	\$8 million 20 percent of health funding from three mechanisms: Block 15 (depends on concessionaire - Sonangol for CSR Exxon Mobile Foundation Esso Angola 100%) Ongoing review,	Assessment needed in communities to determine relevant stakeholders and civil society to determine strategy.

Company	Interviewee	Contribution to the Health Sector	Reason for Contributions	Target Population	Value/ Accountability/ Future	Other
			employees to foster cohesiveness and motivation		monitoring and evaluation Maintain	
New Network of Supermarkets Angola (NRSA)	Nuno Miguel Marques dos Santos, Sustainability Manager	Malaria Vaccinations Purchase from local farmers	Health workers produce more and appreciate the investment the company is making.	Employees, communities	\$40,000/month in last year Administer satisfaction surveys Measure weekly absenteeism Expect to increase CSR	Follows the CSR vision of Odebrecht to “create a culture of health” among employees and communities Coordinate with churches
Odebrecht Angola	George Black, Adriano Freire, Paloma Alencar, Social Responsibility DS Angola	Malaria, HIV, maternal health Infrastructure Midwifery training Volunteer projects	Corporate Code of Ethics globally Long-term economic sustainability Brand differentiation Involvement of employees Professional development	Employees, communities Other populations per request of national authorities	\$53 million globally 11 projects in Angola	Odebrecht Groups supports the same CSR globally in its 23 countries of operations.
ENI	Dr. Eugenio Malfatti, Health Manager - Eni Angola	40 percent of CSR activities are in health Kilamba Kiasiorented Children’s health and vaccination (\$2 million over four years) Infrastructure and training	Petroleum agreements establish a specific percentage of income for social projects. MOU with the government, but ENI usually makes the proposals Completes feasibility study before investing	Civil servants, midwives, nurses, technicians, doctors	Kilamba Kiasiorented Children’s Health and Vaccination (\$2 million over four years) Infrastructure and training Contribution will be 5 percent of production or \$5 million annually	ENI has similar programs in every country in which it operates. Partner with local organization, no funding to governments
NIGERIA						
Agip/ENI Nigeria	Anonymous CSR unit	Health Centers in Selected communities	Responsible company taking CSR taken seriously	Local communities	\$590,000 Sustained for two years then handed over to	Projects initiated Internally by Community

Company	Interviewee	Contribution to the Health Sector	Reason for Contributions	Target Population	Value/ Accountability/ Future	Other
			Good health in communities		community local government area or state government. No response to future contributions	Development Department and Nigerian National Petroleum Corporation (NNPC)
SOUTH AFRICA						
Aspen Holdings South Africa	Stavros Nicolaou, Senior Executive, Strategic Trade Development	Financial support for training medical students Supporting SA Public Health Enhancement (SAPHE) – 22 private sector companies supporting the Health Leadership Academy	Enhancing the social cohesion of the country	Medical students Activities also in 27 other countries	\$1.4 million for CSI \$4.4 million for SAPHE Extensive M&E to measure progress and ensure governance Maintain	Group executive team initiated CSR, but National Department of Health also for fund contributions
Tiger Brands	Matilda Mbhele, TBD	Food Security, HIV/AIDS, hygiene and sanitation	Food suppliers to learners/families In-school Breakfast Feeding Program for 39,000 children/day in 60 nonfee schools in six provinces Orphans and vulnerable children (OVC) Skill development for parents Health and breakfast programs have reduced obesity, increased learner attendance Support to HIV/AIDS NGOs	Students, families, communities, HIV/AIDS patients	\$2 million for CSI Regular review of impact Increased funding for 2015 to 2016	Group Executive Team initiated CSR working with Department of Basic Education
Vodacom SA	TBD	Funding/cellphones to Integrated School Health, Stock Visibility Solutions, Ndlovu Care Group, OVC, Smile Foundation, South African National	Stock Visibility Solution enables 680 clinics in KZN to manage medications and avoid stock-outs	Students and NGOs Communities	TBD Projects have monitoring systems to determine efficiency and effectiveness. Not sure of increase, but	Foundations also in Lesotho, Mozambique, Tanzania, and the Democratic Republic of Congo (DRC)

Company	Interviewee	Contribution to the Health Sector	Reason for Contributions	Target Population	Value/ Accountability/ Future	Other
		Council for the Blind, protection re: gender-based violence, volunteer programs			no decrease	CSR/CSI initiated by management
UGANDA						
Uganda Baati Manufacturer of Building Materials	Dennis Tusabe, Administration Manager/ CSR Coordinator	Financial contributions, Building materials	Lower costs for employee health expenses, healthier staff, productivity increases Awareness in health community Corporate image improved Relationship with government improved Enhanced ability to recruit, develop, and retain staff			

ANNEX 3: Ministries of Health

MINISTRY OF HEALTH/SOCIAL WELFARE					
Interviewee Ministry of Health/Social Welfare	Corporations Active	Kind of Contribution	Trends in CSR	Cultivation of CSR	Other
NIGERIA					
Dr. I Bolanle Olowu, Director PPP and Diaspora Unit Federal Ministry of Health Nigeria	MTN Cellular, GE Healthcare, Dettol	Primary Health Care Health Promotions	Nothing specific	Important for private sector to understand how they can come in to assist with access to care for all	Private sector approaches the PPP Unit and MOH which determine which unit will manage the relationship
UGANDA					
Dr. Timothy Musila, Senior Health Planner Ministry of Health Republic of Uganda	Stanbic, Quality Chemicals, Tallow Oil	Communications: Airtel for MOH Ambulances Private Healthcare Providers: Hospital with Subsidized Public Wing	Greater numbers involved CSR is part of corporate marketing strategy. More likely to be compassionate focused	Small matching funds Clarity/transparency of activity Establish a PPP unit to promote advocacy for CSR	

ANNEX 4: Multilaterals

MULTILATERALS						
Interviewee/ Position	Organization	Contributors to the Health Sector	Types of Contributions	Value	Common Characteristics of Corporate CSR	Future Cultivation
Dr. Olumide Okunola, Senior Operations Officer	IFC World Bank Nigeria	Dangote Foundation, Access Bank, Coca-Cola, Shell, Wampco	Dangote funding PHN Saving One Million Lives (SOML)	\$30 million	Most listed on Stock Exchange	Government can reduce regulatory barriers. Companies need to see the business case for investing in health to have healthy workers. Facilitate grants and loans along the value chain. CSR/Health is an integral part of the business.

ANNEX 5: USAID PPP Advisors/Field

USAID PPP ADVISORS INTERVIEWED/Field Study						
Interviewee/ Position	Title	Contributors to the Health Sector	Types of Contributions	Value	Common Characteristics of Corporate CSR	Future Cultivation
USAID/NIGERIA						
James Lyko Nancy Lowenthal	Private Sector and Trade Officer Director, Health Populations and Nutrition Office	USAID/Nigeria wants CSR to be part of the organizational business model. Private Sector Health Alliance/PHN (Representatives of Private Sector) Dangote, Shell, ExxonMobil, Chevron (PIND), GE, Coca-Cola, National Company Cashew	Antimalaria, safe water, sanitation, USAID MOU with Coca- Cola Saving One Million Lives (SOML) Project with PHN GE/USAID/World Bank Health Clinics	PHN-\$24 million GE - \$10 million (loan) ExxonMobil \$4 million	Companies tend to be international/foreign based. Budgets are already set aside as corporate policy.	Moved out of CSR to be integral part of business Emphasis on Nigerian private sector Shift from PR to strategic policy
USAID/UGANDA						
Andrew Kyambadde	Deputy Team Leader HIV/AIDS System Strengthening	USAID focus is grant- making Uganda Private Health Supp Project (originally HIPS) Kakira Sugar Works, Nile Breweries, Dunavant Cotton, Roofings, Hima Cement, Kasese Cobalt, Flower growers	Privately supported health units for staff and community One-off contributions (ambulance) Allowance for health outreach	\$1 million Private Sector \$2 million	Big employers/ international companies with CSR Branding, tax rebates Links to business (e.g. paying salaries of medical personnel) Cost-sharing model	More opportunity for partnerships in health Understand interests of corporates and plan for that Problem-solving together
USAID PPP ADVISORS NOT INTERVIEWED/ Field Study						
USAID/ANGOLA						
Gastão Lukanu, Ph.D.	Public Private Partnership Officer, Mission Environmental Officers General Development Office, USAID	Active in developing opportunities for Angolan private sector to coordinate with public sector	Provided presentation at BP-sponsored forum on CSR Provides capacity-building support for ministries through USAID programming		Focus on sustainable public/ private sector partnerships. Long tradition in Angola of extractive industry support through PPP and CSR to social/economic/health	Follow-up on -Public- Private Sector Meeting

USAID PPP ADVISORS INTERVIEWED/Field Study						
Interviewee/ Position	Title	Contributors to the Health Sector	Types of Contributions	Value	Common Characteristics of Corporate CSR	Future Cultivation
					needs of workers/families.	
USAID/SOUTHERN AFRICA						
Patricia Mengech	Health Program/ PPP Advisor	Leads the Health Office's PPP initiative by exploring, implementing, and advocating for opportunities to bring the private sector onboard in the fight against HIV/AIDS.	Assists the Mission in developing and implementing effective strategies for outreach to private corporations and other potential alliance partners to further partner in health.			

African Strategies for Health Project

4301 N Fairfax Drive, Suite 400

Arlington, VA 22203

+1-703-524-6575

AS4H-info@as4h.org

www.africanstrategies4health.org