



VCT, key to success of HIV/AIDS programme

Encouraging and promoting attendance at voluntary counselling and testing (VCT) centres is a vital aspect of AngloGold Ashanti's HIV/AIDS programme, which aims to prevent the spread of infection, to care for those infected or affected by HIV/AIDS and to provide outreach and support to the community. In order to do this effectively, it is vital that people know their HIV/AIDS status – hence the importance of testing for infection with the virus. For those who test negative, the counselling is aimed at helping them ensure that they maintain this status; for those who test positive, it is intended to assist them to cope with the disease in the best way possible so as to ensure that the effect on their quality of life is minimised. It is important that programmes are established which overcome public resistance to testing, since only once a person knows his or her status can they make informed decisions about their behaviour.

AIDS

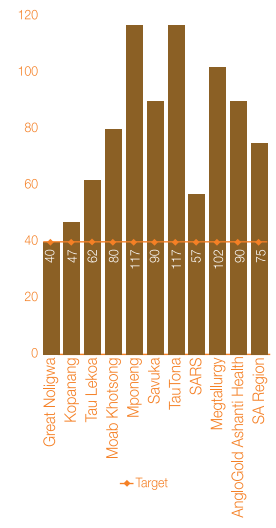
Frequently employees approach the clinics only once they are AIDS-ill with AIDS-related conditions when it may be too late to begin effective treatment. To counter this, it is important that employees attend VCT centres, learn their status and understand how either to prevent themselves from contracting HIV/AIDS in the future or how to deal with the disease should they test positive.

In particular during 2006, a campaign entitled 'SAVE lives' was run to encourage VCT attendance. The 'SAVE lives' message was central to the prevention programme.



A result of this increased focus was a significant increase in uptake of VCT. In 2006, 23,389 encounters were recorded which, assuming a single annual test per person attending, is equivalent to 75% of the South African employee base. This was an increase of 129% on the 10,219 encounters recorded in 2005, and exceeded the target of 40% set for the year. The 2006 figure compares with VCT rates of 32.4% and 10% in 2005 and 2004 respectively.

VCT 2006:
Assume single annual testing
% uptake



S
A
V
E

= **safe** sex

= **access** to care

= **voluntary**
counselling and testing

= **education**

VCT, key to success of HIV/AIDS programme cont.

Economic impact of HIV/AIDS on the South Africa operations

Given the potential for far-reaching economic effects of HIV/AIDS on the company, and in order to plan adequately for future preventative and therapeutic measures, AngloGold Ashanti recognises the importance of quantifying the economic impact of HIV/AIDS as far as this is possible.

Total expenditure on the AngloGold Ashanti HIV/AIDS programme in 2006 amounted to R21.5 million (R19.4 million in 2005) or R694 per employee in the South African operations. This total cost (which amounts to 1.2% of basic pay – or in production terms, \$1.24/oz – is broken down as follows:

- prevention programme – R1.1 million
- treatment programme (including the provision of VCT and ART) – R16.63 million
- support programme – R3.8 million

The total direct financial costs to the company include the cost of the entire HIV/AIDS programme (i.e. prevention, treatment, support) as well as the cost of treating the side-effects of medication and the cost of treating opportunistic infections to which people may succumb as a result of having HIV/AIDS.

The economic impact of HIV/AIDS on the company, however, is far more complex than simply taking into account the financial expenditure incurred. The Aurum Institute for Health Research, of which AngloGold Ashanti was the founder and remains a substantial funder, has made significant progress through its Health Economics and Systems Research Programme in data analysis and model building to determine the full economic impact of HIV on AngloGold Ashanti and to estimate the cost and savings associated with having in place a comprehensive programme that includes the provision of ART to HIV-positive employees, in order to combat HIV/AIDS.

This programme of work, begun in 2003, has included the estimation of the potential economic impact of untreated HIV/AIDS on AngloGold Ashanti as part of an independent Anglo American



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group-wide assessment funded by GlaxoSmithKline and undertaken by Aurum. This study indicated that the economic impact of HIV to AngloGold Ashanti would continue to rise from 2003 (that is the potential impact of not undertaking treatment and support) and would reach 6% of payroll in 2006. The greatest impacts lie in medical care (47%) and absenteeism (36%).

Early indications from the Aurum research programme suggest that in the medium term, the provision of ART to HIV-positive employees has had cost benefits for AngloGold Ashanti. These benefits include a decrease of more than 50% in deaths in service, a decline in hospital admissions in excess of 70% as well as a decrease in medical absenteeism and, consequently, a fall in the number of lost shifts. These statistics are limited to those on the ART programme and do not represent global statistics for the South African operations.

Initial indications are thus that the 'savings' resulting from the provision of ART outweigh the overall cost of the programme over a two- to three-year period. The costs of providing AngloGold Ashanti's HIV/AIDS programme include:

- VCT costs of R56 per employee tested; and
 - Wellness clinics cost R280 per patient per month on the programme including the provision of prophylaxis against opportunistic infection and ongoing counselling.
- A comprehensive cost per employee on ART per month of R1,290 declining over the four-year implementation period as a result of a decline in drug and laboratory costs and gaining economies of scale in treatment delivery. At the start of the programme this cost was about R2,000 per employee per month;

There has been a significant increase in VCT uptake, with a resulting increase in patients attending the wellness clinics (almost 40% increase in 2006) and patients taking ART (57% increase in 2006). Nevertheless efforts to mitigate the economic impact of HIV are constrained by the still relatively low uptake of ART on the part of employees, their reluctance to be tested (although this has improved significantly – by 129% – over the past year) and late presentation for treatment. The more recent increase in VCT uptake is encouraging and has resulted in an increase in patients attending wellness clinics – an increase of almost 40% in 2006 – and in patients taking ART – a 57% increase in 2006. The high number of HIV-positive employees not remaining on ART after starting treatment also exacerbates the situation. However, this gives added impetus to the importance of the prevention aspects of the HIV/AIDS programme and to encouraging employees to attend VCT and the wellness clinics.

The final report of the Aurum research programme is scheduled for release in mid-2007.

