

THE ROLE PLAYED BY THE INSURANCE INDUSTRY IN PROVIDING
ANTIRETROVIRAL TREATMENT

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Assignment presented in partial fulfilment of the requirement for the degree of
Masters of Philosophy (HIV/AIDS Management) at Stellenbosch University



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March 2009

Declaration

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Date: 2009-03-10

ABSTRACT

Antiretroviral roll out has become a topic of concern to the public and the business community. Survival for people living with AIDS depends on antiretroviral treatment. To successfully roll out the provision of antiretroviral, resources from all sectors of society need to be harnessed. This researcher investigated the role played by the insurance industry in the provision of antiretroviral.

To determine whether the role played by the insurance industry in the provision of antiretroviral a survey was conducted. Thorough literature survey was done and a sample of the companies representing the insurance industry was conducted based on a pre-determined set of questions.

The study was conducted from insurance companies based in Cape Town, Johannesburg or Pretoria. Senior management and human resource managers were interviewed.

A major finding revealed that insurance companies do extend the provision of antiretroviral treatment to their staff as part of medical aid services. Clients who are covered by the medical scheme also get antiretroviral treatment. 13, 3 % of the uninsurable get antiretroviral treatment as spouse packages.

OPSOMMING

Die uitrol van antiretrovirale behandeling het 'n bekommernis vir die publiek en die besigheidsgemeenskap geword. Mense wat met VIGS lewe se oorlewing van hang van antiretrovirale behandeling af. Om die voorsiening van antiretrovirale behandeling suksesvol in werking te stel, is dit nodig dat hulpbronne uit alle sektore in die samelewing ingespan word. Hierdie navorser het die rol wat die versekeringsbedryf speel in die voorsiening van antiretrovirale behandeling ondersoek.

'n Opname is gemaak om die rol wat die versekeringsbedryf speel in die voorsiening van antiretrovirale behandeling vas te stel. 'n Uitgebreide literatuurstudie is gedoen en 'n uittreksel van die maatskappye wat die versekeringsbedryf verteenwoordig is ondersoek deur middel van 'n voorafbepaalde stel vrae.

Die studie is onder versekeringsmaatskappye uitgevoer wat in Kaapstad, Johannesburg of Pretoria gebaseer is. Onderhoude is met senior bestuur en menslikehulpbronbestuurders gevoer.

'n Belangrike bevinding is dat versekeringsmaatskappye, as deel van mediese hulpdienste wat hul aanbied, wel antiretrovirale behandeling aan hul personeel voorsien. Kliënte wat dekking deur 'n mediese skema het, ontvang ook antiretrovirale behandeling. Uit mense wat onversekerbaar is, kry 13,3% antiretrovirale behandeling as gade-pakkette.

ACKNOWLEDGEMENTS

This report would not have been possible without the help of the individual respondents approached and their contribution in completing the questionnaire.

Acknowledgement is also due to my study leader Prof. A Roux for his enthusiastic guidance and patience.

This report is dedicated to my loving husband, Rueben, my daughter Mmampei and my son Ipeleng for their untiring support.

I certify that this report is my own work and all references used have been recorded accurately.

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CHAPTER ONE: INTRODUCTION

1.1 INTRODUCTION

Since the beginning of the HIV/AIDS pandemic, the insurance industry has been at the forefront of societal response to HIV/AIDS. The industry has been blamed for its testing policies and lack of societal responsibility concerning AIDS [Ramaroson; 12:2003].

The lack of societal responsibility by the insurance industry has triggered this study. The researcher intends to determine the role that the insurance industry plays in the provision of antiretroviral treatment to both its employees and to the public in general.

The study is based on the following factors. First is that there is no cure for HIV/AIDS as yet but antiretroviral drugs improve the quality of life to people living with AIDS. Does the insurance industry then make provision for AIDS treatment?

The second factor is the principle of Corporate Social Investment (CSI). The study is also focused on how the insurance industry fares with Social Responsibility in HIV/AIDS issues especially in antiretroviral treatment. This study was also triggered by the Ipsos Survey of Insurance Companies' response towards Social Responsibility.

Table 1.1: Survey of industries Social Responsibility

Ranks	Industry	Number of Companies	Contributions per worldwide employee (\$) (2006)
1	Pharmaceuticals	09	6,585
2	Printing, publishing and media	05	1,549
3	Petroleum, gas, and mining	10	10,818
4	Finance	04	784
5	Banks	20	713
6	Utilities	27	629
7	Insurance	14	560
8	Other manufacturing	08	547
9	Food, beverages and tobacco	08	367
10	Computers and technology	19	339

[www.ipsos.pa.com 2006.]

Table 1.1 shows the social responsibility rankings of different industries. According to this survey the insurance industry ranked seventh regarding its contribution per employee. The researcher wishes to find out how the insurance industry in South Africa would rank in antiretroviral provisioning responsibility.

1.2 RESEARCH OBJECTIVES AND AIM OF STUDY

The researcher's primary aim in this study is to investigate the role played by the insurance industry in providing antiretroviral treatment.

The objective of this study is, therefore, the following:

- To determine the role played by the insurance industry in the provision of the antiretroviral treatment.

The research questions to be explored are:

- Do insurance companies provide financial resources for the provision of AIDS?
- If the insurance companies provide financial resources, to who are these resources provided? (Employees, clients or the public)?
- Do insurance companies sponsor medical research? (Experimental medical services)

1.3 PROBLEM STATEMENT

The HIV/AIDS death rate and high prevalence of the pandemic has turned attention on the issue of provision of antiretroviral treatment.

Medical researchers and general practitioners state categorically that although there is up to now, neither a cure nor vaccine for HIV/AIDS, antiretroviral drugs can give the people who are infected with AIDS a better quality life [www.diocesehighveld.org.za].

HIV/AIDS prevention and treatment is still a problem especially in developing countries. The life-saving drugs are not accessible and the infrastructure for the antiretroviral rollout is not adequate [www.diocesehighveld.org.za].

Although funds for antiretroviral treatment are a major problem in developing countries, the situation in South Africa is much better compared to other Southern Africa countries except Botswana. Research shows that South Africa ranks 57th in the world when it comes to the availability of funds and resources

for health; yet in terms of efficiency of health care delivery it is ranked 175th [Cohen,1999].

Financial problems with the provision of antiretroviral are alleviated by the active role that the private sector plays. For instance in Botswana, Debswana is playing a critical role in the provision of antiretroviral to its employees? There are other industries like banks and pharmaceuticals that play a major role in providing AIDS treatment in South Africa.

This study therefore seeks to establish the role played by the insurance industry in the provision of antiretroviral treatment as part of social responsibility.

In essence the research problem to be determined and analyzed is:

Do the insurance companies provide antiretroviral treatment?

1.4 DEFINITIONS OF TERMS

This section explains the most important terms and concepts relevant to this study.

Insurance

Insurance is a form of risk-management that is used primarily to hedge against the risk of contingent loss. Insurance can also be defined as the equitable transfer of the risk of a potential loss from one entity to another in exchange for a premium [Barnhart C. ed, 1994:1095]

Life insurance companies

These are businesses which sell life insurance, annuity and pension products [Barnhart C.ed, 1994: 1095]. Insurance industry is a collection of insurance companies.

Insurance clients

These are policy holders with a particular insurance company. That is, people who pay insurance policy premiums regularly.

HIV

HIV is an acronym for Human Immunodeficiency Virus.

AIDS

AIDS is an acronym for Acquired Immune-Deficiency Syndrome

Antiretroviral Drugs (ARV)

Antiretroviral drugs are AIDS medication treatment. Antiretroviral treatment is a combination of drugs that reacts against retroviruses.

The antiretroviral drugs work by interfering with the life cycle of Human Immune Virus. An antiretroviral drug boosts the CD4 count and reduces the viral load in the body. These drugs do not cure AIDS, but give one a better quality of life [www.hst.org.za].

Accessibility

Accessibility refers to the affordability and availability of the antiretroviral drugs. By affordability in this study one refers to providing antiretroviral at no cost. Availability refers to constant regular local supply of good medication.

1.5 SCOPE OF THE STUDY

The target population is all listed life insurance companies in South Africa. The accessible population will be listed insurance companies with head offices in Cape Town, Johannesburg or Pretoria. The sampling frame is all human resource managers from these companies with head offices either in Cape Town, Johannesburg or Pretoria.

By provision of antiretroviral the researcher refers to drugs provided to employees who are without medical insurance. Medical insurance provides ARV to those that are covered by their insurance. It also refers to employees who are not covered by any medical scheme or benefits whatsoever. It also refers to providing for antiretroviral treatment to people who are not linked to any insurance company whatsoever.

1.6 RESEARCH BOUNDARY

Due to both the financial and time constraints the researcher could not travel to study the population. The sample was only studied through e-mailed questionnaires and telephonic interviews. Sampled populations with head offices in Johannesburg, Cape Town and Pretoria were studied.

The study of the population was limited due to time-frames allocated to this study and financial constraints. As a result the researcher relied on samples that are easily accessible and willing to participate.

1.7 IMPORTANCE OF THE STUDY

This study has the potential to assist the government especially the Department of Health in its search for partnership with other structures and companies in their fight against HIV/AIDS.

The insurance companies in South Africa could become aware of the role (positive or negative) they play in combating HIV/AIDS in the country.

The need for Corporate Social Investment in HIV/AIDS matters may become a focal point and effective and efficient strategizing may be done in this regard.

1.8 FRAMEWORK OF THE STUDY

This study is divided into two main sections. The first section sets out a theoretical basis for the study. The second section reports on the empirical investigation on the roll played by the insurance industry in provisioning of antiretroviral drugs.

The first chapter will serve as an introduction to this study report. The background to the study and challenges in the provision of antiretroviral treatment in South Africa will be highlighted.

The research objectives, scope of the study, importance of the study, delimitation of the study and framework will be outlined in the first chapter.

The second chapter provides a brief history of HIV/AIDS pandemic in resource-limited countries especially in Sub-Sahara Africa. Challenges of a comprehensive antiretroviral treatment (ARV) rollout plan in South Africa will also be briefly discussed.

Chapter three will consist of a study of relevant material pertaining to the subject of the insurance industry and the provision of HIV/AIDS antiretroviral treatment. Literature dealing with corporate social investment in HIV/AIDS matters will also be discussed.

The research methodology used will be discussed in chapter four. Topics such as questionnaire selection, validity and reliability of the tool used, sampling design, data collection, measuring instruments and the method of data analysis will be described.

The research results will be presented in chapter five. The chapter will analyse the response rate achieved from the sample and the results will be presented in a table form.

The findings revealed in chapter five will be discussed and analysed in chapter six.

Concluding remarks and appropriate recommendations will be made in chapter seven.

CHAPTER TWO: FOUNDATION OF THE STUDY

2.1 INTRODUCTION

A report released by UNAIDS in 2007, estimated that 33,2 million people around the world are infected with the HI virus; 30, 8 million of which are adults [www.unaids.org]. South Africa has the 6th highest prevalence rate in the world [www.aids.org]

South Africa's high prevalence of HIV/AIDS poses major challenges for the government, civil society and business. It is estimated that 6 million South Africans will die within the next 10 years from AIDS- related illnesses [www.nyhealth.gov].

The increase in deaths and illness due to HIV/AIDS in South Africa, poses dire economic and social consequences. A view that is not widely shared forecasts that the HIV/AIDS pandemic will lead to the collapse of the global economy unless something is urgently done to curb the pandemic [www.gbaid.com]. The hope of a better quality of life of those infected is in the antiretroviral treatment.

Researchers have proven that if antiretroviral treatment is taken responsibly, the infected individuals' health can improve so much that they can resume their employment [www.hst.org.za]. Although non-adherence may lead to resistance, nevertheless, without vaccine, antiretroviral treatment is the only hope in providing a better quality of life.

Some of the developing countries such as South Africa argue that it might be better to invest in prevention programmes than in antiretroviral treatment [www.hst.org.za] these countries argue that the cost of the antiretroviral drugs is too high.

South Africa has launched what is to be the world's largest comprehensive AIDS treatment plan.

The plan will cost about R12 billion and it envisaged that by 2011 the HIV infection will be reduced by 50% [www.idoh.gov.za]. Although there are still challenges with the ARV treatment roll out it nevertheless gives hope to an almost hopeless situation.

The government's comprehensive roll out plan is facing difficulties. For an example, Kwa-Zulu-Natal has a population of 9.4 million people with only 17 antiretroviral service points. The plan was to provide 54 health facilities so that an average distance of 50km radius could be served by these service points. Infrastructure is a major problem for distributive justice.

Currently between 400 000 and 600 000 South Africans need antiretroviral treatment [www.idoh.gov.za]. The AIDS' activists argue that the HIV- infected do not get treatment because of limited resource and service delivery challenges.

Table 1.1 (industries social responsibility) shows that the bulk of antiretroviral delivery is from the public sector followed by non-profit sector then the corporate sector. There is little or nothing from the joint public, private partnership (PPP's) initiative [www.hst.org.za].

According to one study, companies have HIV/AIDS risk management processes. The HIV/AIDS management process is made up of four steps namely: identification, evaluation, control and financing of HIV/AIDS programmes. Unfortunately most companies reach up to step three only (control) and leave out financing [www.popcouncil.org/horizons.org].

With HIV/AIDS risk management the consequences of risk are transferred to another party usually an insurable organization. An insurance organization will –

in exchange for a premium take on a number of insurable risks associated with HIV/AIDS. [www.popcouncil.org/horizons.org].

Companies have HIV/AIDS programmes which are meant for the employees and not their families. A company which extends antiretroviral treatment to their staff, sees this as a fringe benefit and as such taxes employees for this benefit [www.popcouncil.org/horizons.org].

Unless business plays a key role in the provision of antiretroviral treatment, the majority of Sub-Sahara's working age group will die. Business in general has a key role to play in funding future research, sharing and co-ordinating research and in forming partnerships for active research.

The situation is grave. Life expectancy is dropping due to the impact of HIV/AIDS. Table 2.1 shows life expectancy in Sub-Sahara before the onset of HIV/AIDS and life expectancy with HIV/AIDS.

Table 2.1: Average life expectancy in 11 African Countries.

Average life expectancy in 11 African countries	Without AIDS	2010
Angola	41.3	35.0
Botswana	74.4	26.7
Lesotho	67.2	36.5
Malawi	69.4	36.9
Mozambique	42.5	27.7
Namibia	68.8	33.8
Rwanda	54.7	38.7
South Africa	68.5	36.5
Swaziland	74.6	33.0

Zambia	68.6	34.4
Zimbabwe	71.4	34.6

[Ndlovu: 2005]

From Table 2.1 it can be seen that life expectancy in all Sub-Saharan countries will fall drastically due to HIV/AIDS. In South Africa life expectancy will fall from 74 to 36 years by 2010.

CHAPTER THREE: LITERATURE REVIEW

3.1 INTRODUCTION

The literature on antiretroviral treatment and HIV/AIDS is voluminous. There is however a paucity of literature when it comes to the insurance industry and HIV/AIDS, especially with regard to antiretroviral treatment.

3.2 ANTIRETROVIRAL DRUGS

Antiretroviral are drugs that work by interfering with a class of viruses called retroviruses found in the immunodeficiency virus [www.medicine.plosjournals.org.]

Antiretroviral (ARV) drugs are medication for treatment of infection by retroviruses especially the human virus. The combination of more than three drugs is known as Highly Active Anti- Retroviral Therapy (HAART) [www.medicine.plosjournals.org.]

The main treatment for AIDS is through antiretroviral therapy. Antiretroviral treatment is not a cure for AIDS. Antiretroviral drugs slow down the replication of HIV in the body [www.tthivclinic.com]. These drugs help the AIDS patient to get a better quality of life if there is 100% adherence. AIDS patients on this treatment live longer and healthier lives [www.who.int/3by5].

There are five groups of antiretroviral drugs. These are the Nucleotide Reverse Transcriptase inhibitors, Non-Nucleotide Reverse Transcriptase inhibitors, Protease inhibitors, Fusion and Integrase inhibitors [www.avert.org]. In addition to the generic drugs there are fifteen other drugs on the market. There are branded and non-branded antiretroviral drugs. The non-branded drugs are also referred to as generic drugs. The generic drugs are a non-branded copy of a

branded drug [www.avert.org]. Generic drugs are safe because they are an equivalent copy of the branded drug and are also used for AIDS treatment.

There are some recent developments when it comes to antiretroviral treatment. The (IMOD) is an abbreviation for ‘Immuno-Modular Drug’. IMOD was developed by Scientists in Iran. It’s a herbal drug that is said to boost the immune system [www.avert.org].

Table 3.1: Drug combinations and equivalents

Combination	Co-blister pack	Food Drug Combination
AZT+3TC+EFV	Yes	No
AZT+3TC+ABC	Yes	Yes
AZT+3TC+NVP	Yes	Yes
d4T+3TC+NVP	No	Yes
TDF+FTC+EFV	No	Yes
ABC+3TC	No	Yes
AZT+3TC	No	Yes
d4T+3TC	No	Yes
LPV/r*	No	Yes
TDF+FTC	No	Yes

[www.avert.org]

Table 3.1 shows the fifteen drugs that are in the market and their generic equivalents.

South Africa launched its first generic drug in 2003. These generic antiretroviral drugs were manufactured by Aspen Pharmacare and were cheaper compared to their counterparts [www.avert.org].

The World Health Organization (WHO) scales up antiretroviral therapy in resource limited setups as follows: Drugs should be taken in combination of three. There should be the first line regiment, the second and the third [www.who.int/3by5]. Problems with resistance, toxicity and any other special reason may make the patient's drug regiment to be changed.

Table 3.2: WHO drug line regiment

First drug	Second drug	Third drug	
Preferred	AZT or TDF	3TC or FTC	EFV or NVP
Alternative	d4T or ABC	3TC or FTC	EFV or NVP
Triple NRTI	AZT	3TC or FTC	ABC or TDF

[www.avert.org]

Table 3.2 shows the line regiment for drugs. The recommendation is that doctors should prescribe the first, then the second and then the third line regiment in that sequence.

Drugs combination (HAART) helps to reduce resistance. As already mentioned the antiretroviral drugs do not cure AIDS nor prevent transmission [www.tthivclinic.com]. According to WHO guidelines drugs should be started when the CD4 count is below 200 for stage 1 or 2. However, these guidelines keep on changing.

The WHO guidelines indicate that patients at stage IV should take drugs irrespective of their CD4 count. The debate continues on whether treatment should be started earlier when the CD4 count is 300-500 or later at 200 CD4 count. [www.tthivclinic.com]

South Africa has one of the world's most comprehensive AIDS treatment plan. The plan includes the following:

- Provision of antiretroviral drugs to those who need it.
- Treating opportunistic infections
- Family support of the infected
- Prevention strategies
- Sustained Community education [www.southafrica.info.htm].

Although South Africa supports the reduction of drugs price, it does not see the provision of the ARV drugs as the only solution. According to South Africa, drugs are of secondary importance. What is important is an effective and efficient health service [<http://l11bmj.com/cgi/content>]. This could be a subject for another study.

Fixed dosage is also a recent development. It is a combination of multiple-drugs combined into a single pill [<http://l11bmj.com/cgi/content>].

Synergistic enhancers are used to enhance the effect of drugs if taken concurrently with antiretroviral drugs. [<http://l11bmj.com/cgi/content>].

3.3 THE EFFECTS OF ANTIRETROVIRAL DRUGS

Although there are 15 drugs available, only a limited number of combinations are used. The problem is drug tolerance and efficiency. Drugs offer suppression of

viral activity but some may cause major metabolic side effects
| [www.health.inafrica.com].

Side-effects are common with antiretroviral treatment. This is well understood because of the low CD4 count and a weak immune system. Poor adherence may result in resistance to some drugs and this may lead to serious side -effects [www.thewellproject.org].

Even with HAART, research has proven that young and old people's immune systems respond differently to treatment. The older the patient is, the more likely they are to have other opportunistic diseases which weaken one's immune system [www.tthivclinic.com].

Unfortunately, when HAART becomes resistant to HIV infection, the drug options become limited. Mega-HAART may be used as an alternative solution. Mega-HAART is a salvage therapy wherein the patient takes one or two drugs only. This however, often increases the side effect [www.tthivclinic.com].

3.4 ACCESSIBILITY OF ANTIRETROVIRAL DRUGS

The demand for antiretroviral drugs exceeds the supply. The poor health infrastructure in South Africa is the cause of the limited number of ARV treatment and health care centres [[http.medicine.plosjournals.org](http://medicine.plosjournals.org)].

HIV/AIDS patients especially the poor and the marginalized travel long distances for treatment. An example is KwaZulu-Natal where a population of 9.4 million is served by only 19 antiretroviral centres [[http.medicine.plosjournals.org](http://medicine.plosjournals.org)].

Table 3.4: Providing antiretroviral treatment in Southern Africa.

	Population (Millions)	Est. no. of Adults Living with HIV (%)	No. of Clients- PMTCT	No. of Clients- PMTCT (2002)	Est. no. of Public/NGO ART Sites (2003)
Angola	12.8	5.5	0	0	0
Botswana	1.7	38.8	*	6791	6
Lesotho	1.8	31.0	0	100	1
Malawi	11.6	15.0	*	1000	3
Mauritius	1.2	0.10	8500	35	6
Mozambique	18.2	13.0	0	0	0
Namibia	1.9	22.5	0	0	0
Seychelles	0.1	*	*	*	*
South Africa	44.4	20.1	38168	30000	48
Swaziland	1.1	33.4	*	*	*
Tanzania	36.6	7.8	1961	0	*
Zambia	10.6	21.5	5307	500	3
Zimbabwe	12.8	33.7	N/A	500	4

*** Number Unknown**

[Human Development Report, 2003, Who 2002. MSF 2003. Red Ribbon 2003. UNAIDS]

Table 3.4 shows that South Africa had the highest number of ARV treatment sites in 2003. Looking at the population one can see that the ARV treatment sites even then were not enough.

Accessibility and affordability of ARV drugs in South Africa is still a problem. Maximizing drug access will improve the quality of life of many infected people. This is where government partnerships with business become a necessity.

The issue of drug affordability will always be a problem in developing countries. One of the reasons why the 2005 target to have three million people on antiretroviral drugs treatment could not be reached is because of poor health infrastructure. Although the cost of drugs is decreasing [www.hst.org.za], the pandemic is increasing the burden on health resources.

The annual cost of antiretroviral treatment for a patient in 1998 was R48 000; while in 2004 it was R10 000 per annum. Currently HAART treatment costs US\$730 per patient per year. This is still costly. In South Africa the universal provision of antiretroviral was estimated to cover 1.2 million people by 2008 and 1.7 million between 2003 and 2010 [www.thewellproject].

The availability, accountability, responsibility of the wellness centres and the price of drugs and monitoring requirements all add to the unaffordability and inaccessibility of drugs.

3.5 CONCLUSION

In conclusion, this section covered the context of antiretroviral treatment and challenges in South Africa. Although there might be side effects with antiretroviral drugs, the ARV treatment is still the best so far.

CHAPTER FOUR: RESEARCH METHODOLOGY

4.1 INTRODUCTION

The non- experimental research approach can be dichotomized into qualitative and quantitative. In this study research the qualitative research methodology is used. “A qualitative research study is one that collects some type of non-numerical data to answer a given research question” [Christendom, 2004: 32].

The survey method will be used in this research as a non-experimental research technique. A survey method is a field of study in which an interview technique is used to gather data on a given state of affairs in a representative sample of the population [Christensen, 2004:44].

This study is a survey research. The objective of this study is to explore the role the insurance companies play in social responsibility especially in HIV/AIDS matters.

The research objectives will be reached by collecting and analyzing data collected from questionnaires (primary). Data from the literature (secondary) source has been collected and analyzed.

4.2 RESEARCH DESIGN

A research design is an outline, plan or strategy that specifies procedure to be used in seeking answer to a research question [Christensen, 2004:269]. The research objectives were achieved by using two qualitative formal instruments.

An interrogation/interviewing approach was used as a method of data collection in this research. The telephonic method was used to interview the participants.

A structured questionnaire was constructed to collect data from participants. The questions are open ended survey questions.

The above mentioned questionnaire is presented in the appendix.

4.3 SAMPLING DESIGN

A population is defined as a totality of events, records, units, persons with which the research problem is concerned [Schulze, 2002: 31]. Christensen concurs with Schulze when he says population is all things, events or individuals to be represented [Christensen, 2004: 50].

In this study the target research will be policy-makers and resource managers in all life insurance companies with headquarters in Johannesburg, Cape Town or Pretoria. A sample will be studied in order to understand the population.

Random sampling was done in this study. Out of a population of 80, through random sampling, 35 became the target number. Each individual in the population was given a number from 1 to 80. Numbers were used for identification process.

From the target group only three were pre-tested to identify and rectify questions that were biased or ambiguous. The questionnaire was pilot- tested at one insurance company. The resource managers and senior managers were asked to record their response time and indicate questions that they could not understand.

Problematic questions were then re-phrased on the basis of their response. Questionnaires were then finalized.

4.4. DATA COLLECTION

A literature survey, questionnaire and interviews are used to collect data.

From the literature survey, (in Chapter three) information was gathered through reading articles, mini-dissertations and thesis. This made the researcher aware of what was happening in terms of antiretroviral drug treatment in the world, particularly in South Africa. Data from documents and internet formed the framework of this study.

Although there are several methods of data collection, the survey data was collected by telephonic method and electronic survey method. The electronic survey method involves contacting people over the internet and asking them to complete the questionnaire.

The electronic survey was selected for its speed, ease of use and inexpensiveness. Telephone interviews were used as a follow-up. This method was selected because its not expensive compared to face –to –face interviews, where one might have had to incur travel cost. These two methods proved to be effective and efficient as the researcher had time and financial restraints.

The questionnaire was used as a means of obtaining information from participants. 90% of the questionnaire was close-ended while 10% was open-ended. In close ended questions the respondents were requested to answer 'YES' or 'NO' only.

The procedures for data collection were as follows:

- The researcher compiled the sample names from the South African insurance index from the internet.

- E-mail addresses and telephonic numbers were obtained.
- The questionnaires were e-mailed to the participants with a covering letter from the researcher.
- A two-week deadline was given to the respondent for completion of the interview.
- Where e-mail addresses could not be found telephonic interviews were conducted.

4.5 DATA ANALYSIS

According to Gay, collected data must be accumulated, scored and systematically organized in a manner that facilitates analysis [Gay, 19981:278]. Data collected from this survey was collected from sampled insurance companies.

The following procedure was used in analyzing the data:

- Data from the questionnaire were coded and summarized.
- The data was manually re-coded according to the research questionnaire. Out of 35 only 15 respondents' questionnaires were fully completed. Some left blanks on the answer sheets, while some wrote no comment while others submitted late.
- Spoilt responses (where there were blank spaces, late submissions and where there were no comments) were discarded.
- The findings were presented in the form of tables.

CHAPTER FIVE: RESEARCH FINDINGS

5.1 INTRODUCTION

Chapter five presents the results revealed by the distributed questionnaires. Each sub-section will include a short discussion interpreting the data presented.

5.2 QUESTIONNAIRE RESPONSE

A total of 35 respondents were selected. All 35 respondents confirmed their willingness to take part in the study by completing the questionnaire.

Of the 35 respondents who participated, only 5 did not complete the questionnaire in time. The other 15 responses were spoilt. The spoilt responses were those who left blanks or wrote no comment. The spoilt responses were excluded. The responses received were from human resource managers and senior staff members.

The 15 respondents' data were analyzed to assist the researcher in answering the research question: 'Do the insurance companies play a role in the provisioning of ARV drugs?'

The questionnaire scores will be divided into three categories. The first category will be leading questions. The second category will be defining questions while the third category will be concluding questions.

5.3 ANTIRETROVIRAL DRUGS PROVISION SCORES

Results for Leading Questions

By leading questions the researcher refers to opening questions. The main purpose of these questions is to make the respondent relax before the major questions. The questions are also meant to give the researcher a general idea about the status quo of the respondents to HIV/AIDS matters. Questions 1, 2, 3, 5, 11 and 12 are the leading questions. The questions cover the companies

	Q1 – Role played by company in HIV/AIDS matters	Q2 - Role played by company in HIV/AIDS education and awareness campaigns	Q3 - Role played by company in partnershi ps to combat HIV/AIDS	Q5 - Company' s policy in relation to giving cover to HIV/AIDS applicants	Q11 - Role played by company in social service	Q12 - Does compan y pay for HIV/AIDS related claims?
001	Y	Y	Y	Y	Y	N
002	N	Y	Y	Y	Y	N
003	Y	Y	N	Y	Y	Y
004	Y	Y	Y	Y	Y	N
005	Y	Y	N	Y	Y	N
006	N	Y	Y	Y	Y	N
007	N	N	N	Y	Y	N
008	Y	Y	Y	Y	Y	N
009	Y	Y	Y	Y	Y	Y
0010	Y	Y	Y	Y	Y	Y
0011	Y	Y	Y	N	Y	N
0012	Y	Y	Y	N	Y	N
0013	Y	Y	N	Y	Y	Y
0014	N	Y	N	N	Y	Y
0015	N	N	Y	Y	Y	Y
Average % Yes	67	87	67	80	100	40

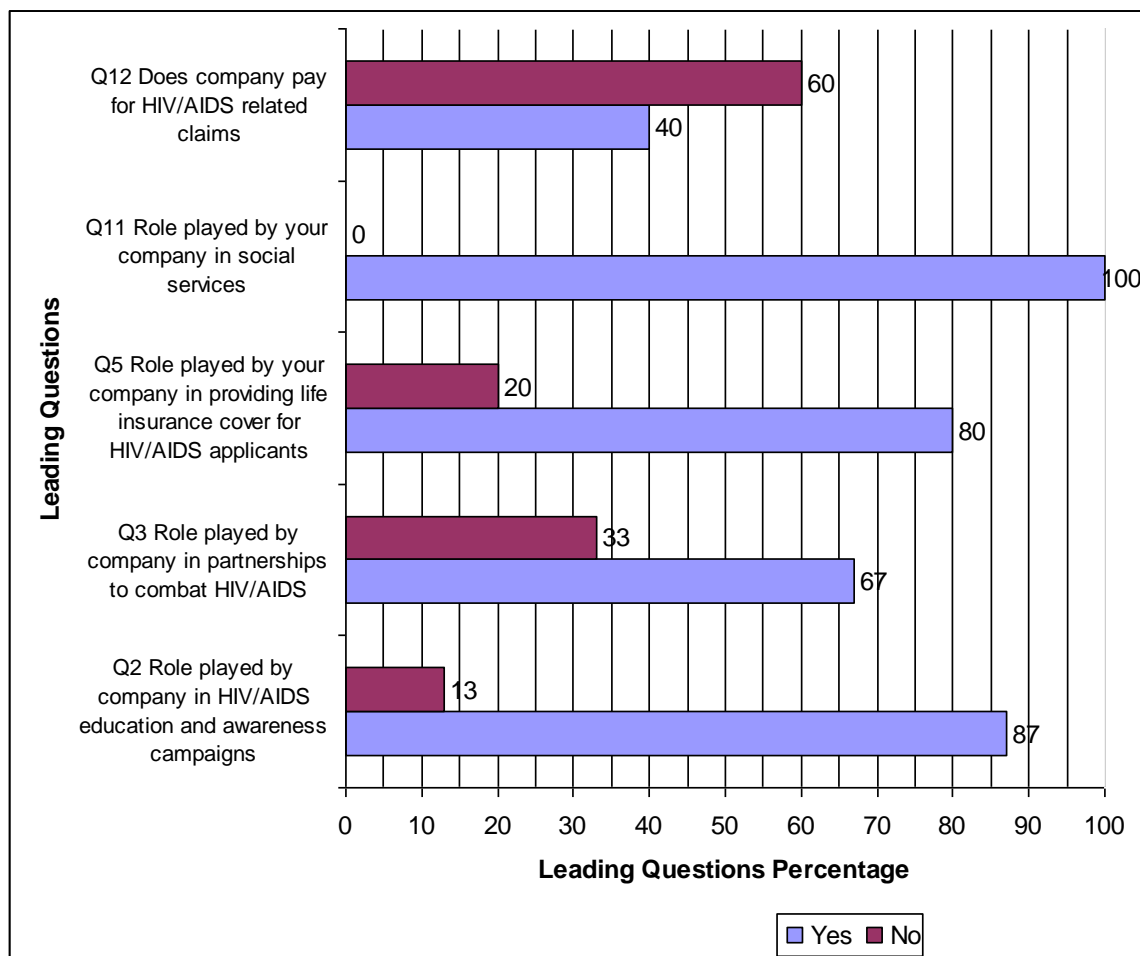
HIV/AIDS related activities.

Table 5.1 presents scores for the leading questions

Table 5.1 Leading questions score

Inspection of Table 5.1 reveals that all the respondents answered 'Yes' to the question that dealt with the role that a company would play towards social responsibility. The respondents scored lower (40%) to the question of whether HIV/AIDS clients' claims would be honoured. The graphic presentation of scores from table 5.1 is as follows:

Figure 5.1 Graphic presentations of responses of leading questions



Inspection of figure 5.1 reveals that on the average the respondents scored higher with the leading questions.

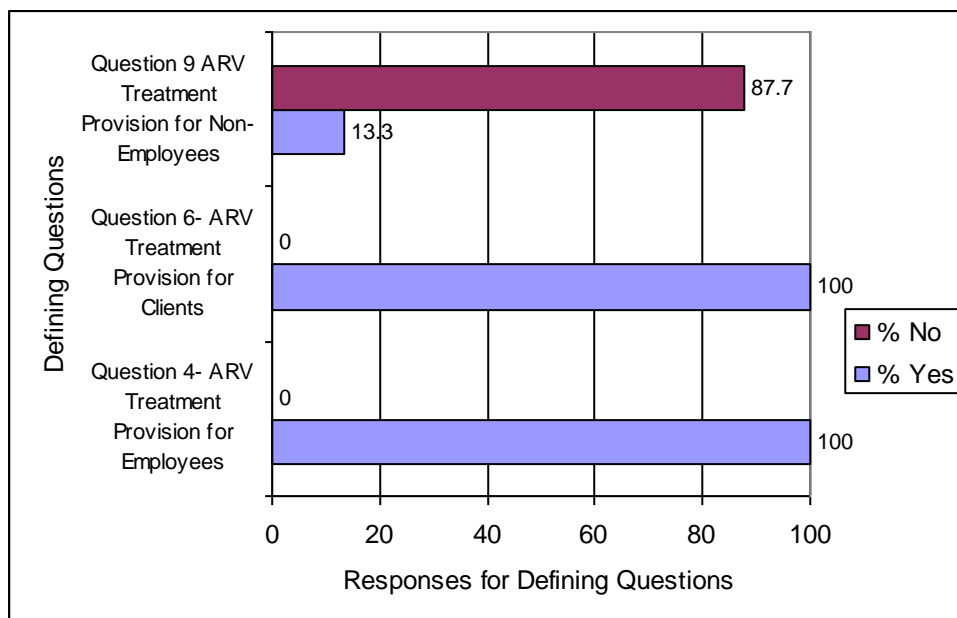
Results for Defining Questions

By defining questions the researcher refers to questions that deal precisely with provisioning of antiretroviral drug treatment.

Question 4, 6 and 9 are results for the defining questions. Question 4 deals with the role the company plays in provision for antiretroviral treatment for its clients and employees.

Question 6 deals with the role the company plays in sponsoring medical treatment for HIV/AIDS employees with limited income. Question 9 deals with the role the company plays in donating money for antiretroviral treatment or whether it provides antiretroviral drugs to a Non-governmental Organization

Figure 5.2 Graphic presentation of the response of the defining questions.

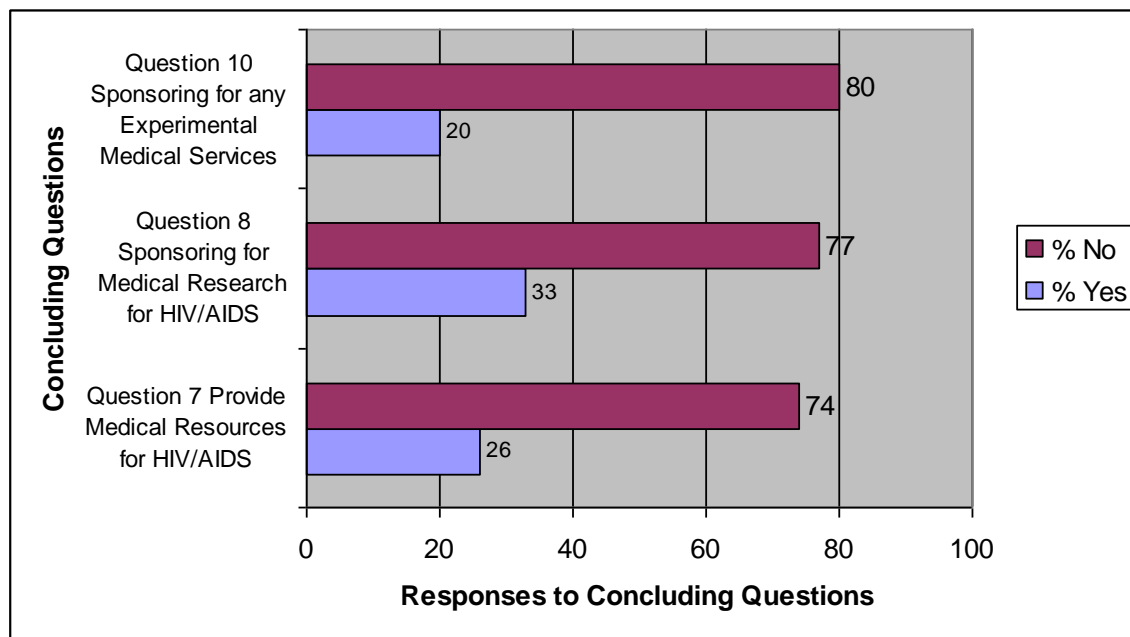


Inspection of figure 2 reveals that the respondents scored the highest (100%) with provision of antiretroviral treatment to both the clients and employees. Respondents scored 13, 3% with provision of antiretroviral treatment to non-employees that is the general public.

Results for concluding questions

By concluding questions the researcher refers to questions that deal with companies' investment in HIV/AIDS related matters. Question 7 deals with companies providing funds for HIV/AIDS trial prevention medication. Question 8 addresses the question of companies sponsoring HIV/AIDS medical research. Question 10 deals with issues of companies sponsoring experimental/ investigational medical services. Figure 3 is the graphic representation of the scores for questions 7, 8 and 10.

Figure 5. 3 graphic presentation of response of concluding questions



Inspection of figure 3 reveals that question 10 (not sponsoring for any experimental medical services) has the highest score where 80% of respondents said they do not sponsor any experimental/ medical services.

Conclusion

The survey findings were presented in this chapter in the form of tables and figures. The analysis of the findings will be done in chapter six.

CHAPTER SIX: ANALYSIS OF THE RESULTS

6.1 INTRODUCTION

Chapter five presented the information extracted from the 10 questions received. The main aim of this chapter is to present a short discussion and analysis based on the results of the chapter five.

6.2 ANALYSIS OF THE RESULTS

The objective of this research is to examine the role played by the insurance companies in the care and provision of HIV/AIDS antiretroviral treatment. The following analysis gives results of this survey.

Question 1 is about the role that the company plays in Social Responsibility on HIV/AIDS matters. Evidence proves that 67% of the respondents had a Social Responsibility Policy on HIV/AIDS matters.

Question 2 is about the role played by companies in sponsoring HIV/AIDS programmes. Evidence proves that 87% of respondents sponsored HIV/AIDS education and awareness programmes.

Question 3 refers to the role played by the company in partnership to combat HIV/AIDS. The results prove that 67% of the respondents had a partnership with a specific organization in combating HIV/AIDS.

Question 5 addresses the role played by companies in response to giving life cover for to people with HIV/AIDS. The responses revealed that 80% of the respondents do not give cover to people with HIV/AIDS.

Question 11 is about the future role played by companies in social responsibility. The results indicate that 100% of the respondents see themselves playing a significant role in social services.

In question 12 the researcher wanted to know if the companies pay for HIV/AIDS related claims. Evidence revealed that only 40% of respondents paid for HIV/AIDS related claims. 60% of the respondents do not honour HIV/AIDS related claims.

Evidence gathered from the leading questions (1, 2, 3, 5, 11, and 12) proves that respondents' insurance companies are involved with HIV/AIDS matters. Although these questions were not the core of the research, they did help in softening the respondents. The researcher got an overview of the companies' HIV/AIDS policies and activities.

Defining questions

Question 4 is about the role that the respondents played in the provisioning of ARV treatment to their employees. Evidence proves that 100 % of the respondents provided antiretroviral drug treatment for clients from their capital returns.

Question 7 refers to the role respondents played in the provisioning of ARV treatment to their clients. The results revealed that 100% of the respondents provide ARV treatment to their clients.

Question 9 is about the role that the respondents play in the provisioning of ARV treatment to non-employees. Evidence shows that 33.3 % of the respondents provide ARV treatment to non-employees.

The research questions to be explored were:

- Do insurance companies provide financial resources for the provision of AIDS treatment?
- If the insurance companies provided financial resources, to employees, clients or public for antiretroviral treatment.

Inspection of evidence on companies providing financial resources for AIDS treatment proves that the respondent companies also make provision for antiretroviral treatment. Evidence proves that respondent companies give generously (100%) to their employees and clients. 13, 3% say they donate financial resources to the NGO of their choice to acquire antiretroviral drugs.

The objective of this research was to examine the role played by the insurance companies in the care and provision of HIV/AIDS antiretroviral treatment. From the evidence gathered from respondents one can say that insurance companies do play a positive role in the antiretroviral treatment provisioning and care.

Concluding questions.

Concluding questions were a direct response to the following research questions.

- Do insurance companies sponsor for experimental medical services?

Question 6 was about whether the insurance companies paid for medical services for company members with limited income. Evidence proves that 60% of the respondent insurance companies paid for medical services for company members with limited income.

Question 8 was about whether insurance companies sponsored medical research on HIV/AIDS. Evidence proves that 41.7% of the respondent insurance companies sponsored medical research on HIV/AIDS.

Question 10 was on whether the insurance companies saw themselves having a role to play in sponsoring medical research. Evidence proves that 80% of the

respondent's insurance companies saw themselves having a positive role to play with sponsoring in medical research.

Evidence from the concluding questions which dealt with sponsoring medical research as an investment in combating HIV/AIDS proves that the respondents' insurance companies do play a positive role in sponsoring medical research.

It is concluded from this study that few insurance companies cater for the provision of anti-retroviral treatment but a great majority of companies cater for their employees and clients.

6.3 Conclusion

Findings were analysed and discussed in this chapter. The implication of the findings in relation to the research objectives and the aim of the study were discussed.

CHAPTER SEVEN: SUMMARY AND RECOMMENDATIONS

7.1 INTRODUCTION

A brief summary of the first six chapters will be provided and conclusions emerging from the study will be drawn. The implications from the findings will be briefly discussed. Finally recommendations will be made on how private and public partnerships could be built and maintained as a way of combating HIV/AIDS and providing adequate resources for antiretroviral treatment.

7.2 IMPLICATIONS

Consistent with the research on the impact of HIV/AIDS antiretroviral drugs in South Africa, this study finds that although the respondents' companies claim to cater for their employees and clients, it's a futile exercise unless the spouse is also provided for.

Though some businesses have responded to the AIDS crisis by having HIV/AIDS policies and programmes in place, they do not, however, have AIDS treatment policies in place. Some companies believe that antiretroviral provision is not their business but the government's responsibility.

If businesses provide antiretroviral drugs for 13, 3% it means that the great majority of unemployed will have to be provided from inadequate government resources. With the current socio-economic status partnership with business in providing antiretroviral drugs would be an ideal.

7.3 SUMMARY

The first chapter served as an introduction and orientation to the study. The second chapter was a brief history of HIV/AIDS pandemic. The third chapter was

a review of literature that dealt with antiretroviral treatment and all the challenges thereof.

Chapter four focused on the methodology and the purpose of the study. The importance of choosing the methodology was elaborated in detail. In chapter five findings were presented. In chapter six the results were analyzed. In chapter seven the research is now concluded by making practical recommendations about the direction that needs to be followed.

7.4 RECOMMENDATIONS

In this study it was found that few insurance companies do play a significant role in provision of ARV treatment through Non-Governmental Organizations. It is felt however that a further study is required in this area. Although the companies do provide for ARV for their employees and clients, it would seem that this is done through medical aid group schemes (rand for rand contribution). Further investigation is required in this regard.

In addition, the results of this study may be used to inquire into the reasons as to why other insurance companies do not provide antiretroviral drugs.

Comprehensive social responsibility training on antiretroviral treatment may be necessary. Educational awareness on the long term impact of HIV/AIDS in a workplace may be necessary.

Guideline on Corporate Social Investing on HIV/AIDS matters should be accorded legal status.

The private sector as a whole needs to be regularly reminded by government that HIV/AIDS is not only a health matter but also a political and socio-economic matter.

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APPENDICE 1

National survey on the role that the Insurance Industry plays in the HIV/AIDS pandemic

Hello

You are invited to participate in this survey. Please complete the survey questions. It will take 10minutes of your time.

Your participation in this study is completely voluntary. There are no foreseeable risks associated with this project. However if you feel uncomfortable answering any questions you can withdraw from the survey at any point. It is very important to learn your opinions.

Your survey responses will be strictly confidential and data from this research will be reported in aggregate. Your information will be coded and will remain confidential. If you have questions at any time about the survey or the procedure you may contact MABUSELA M.A. (0721814151).

University of Stellenbosch

Thank you very much for your time and support.

1. Do you have a Company Social Responsibility Policy on HIV/AIDS matters? YES / NO
2. Does your company sponsor for HIV/AIDS education and awareness campaigns? YES/ NO
3. Are you in partnership with any company or organization to combat HIV/AIDS? YES / NO .If yes specify.....

4. Does your company provide for Antiretroviral for your clients from its capital returns? YES/ NO

5. Does your company deny health disability or life insurance because of an applicant's HIV/AIDS status? HIV/AIDS? YES / NO

6. Does your company pay for medical service for company members with limited income?

YES / NO

7. Does your company provide for medical resources for HIV/AIDS trials prevention medication? YES / NO

8. Does your company sponsor for medical research on HIV/AIDS? YES /NO

9. Does your company donate money for antiretroviral treatment / care to a Non –Governmental Organization? YES /NO

10. Does your company sponsor for any experimental/Investigational medical services? YES /NO

11. Does your company see itself as having a role to play in social service?
YES /NO

12. Does your company pay for HIV/AIDS related claims? YES /NO

THANK YOU.

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National survey on the role that the Insurance Industry plays in the HIV/AIDS pandemic

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16. Does your company provide for Antiretroviral for your clients from its capital returns? YES/ NO

17. Does your company deny health disability or life insurance because of an applicant's HIV/AIDS status? HIV/AIDS? YES / NO

18. Does your company pay for medical service for company members with limited income?

YES / NO

19. Does your company provide for medical resources for HIV/AIDS trials prevention medication? YES / NO

20. Does your company sponsor for medical research on HIV/AIDS? YES /NO

21. Does your company donate money for antiretroviral treatment / care to a Non –Governmental Organization? YES /NO

22. Does your company sponsor for any experimental/Investigational medical services? YES /NO

23. Does your company see itself as having a role to play in social service? YES /NO

24. Does your company pay for HIV/AIDS related claims? YES /NO

THANK YOU.