Making HIV programmes work: The Heineken workplace programme to prevent and treat HIV infection 2001-2010
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About the author  
Stefaan Van der Borght has been the head of the Global Health Affairs department at Heineken International in Amsterdam for three years. It was a fortuitous first meeting with Dr. Rijckborst, his predecessor, in a refugee camp in Goma - Zaire in 1994, and a subsequent one in Phnom Penh in early 1995 that made him consider a career switch. To start working for a private for-profit company after a professional career of 12 years overseas with a large international humanitarian organisation was not an easy move to make. Some of his previous colleagues questioned his judgement: what was to be expected from the private sector in terms of responding to people's health needs? Could companies go beyond the desire to make money and genuinely contribute to significant improvements to health and wellbeing?

Stefaan believes that the pioneering role of Heineken in the battle against HIV/AIDS has proven that everyone can make a difference; certainly this company has shown how the private sector can contribute in a positive way to health improvements in the workplace and beyond.

Working with Médecins Sans Frontières  
In 1985, after obtaining a certificate in Tropical Medicine in Antwerp, Stefaan leaves with his partner Mit Philips for Chad and eight months later for Darfur, Sudan. At the time, the Sahel region was still suffering the consequences of years of poor rainfall. In Chad and Sudan food shortages and civil conflict were causing excessive mortality and displacement. The same time the health facilities in rural areas were barely functioning. Through Médecins Sans Frontières (MSF), Stefaan was involved in health care rehabilitation efforts to facilitate a transition from the acute emergency phase to reconstruction.

In 1987 he moved to Ethiopia; in Eritrea and Tigray the nutritional problems were aggravated by an armed uprising against the regime. In 1988 president Mengistu ordered all foreigners out of Tigray.

As it was impossible to continue the projects in Tigray and Eritrea, Stefaan returned to Khartoum. In Sudan civil war and destitution forced numerous Southern Sudanese to flee; Northern Sudan too received an important influx caused by this forced migration, but even outside the war zone, these displaced Dinka (and Nur) were subject of attacks, looting, rape and abduction, often by Arab militia.

From 1988 to 1990 Stefaan remained in Sudan. The emergency situation in South Sudan continued, the first armed tensions in Darfur
arose and the military coup in 1989 made things even worse. Western relief organisations were suspected to be Christian missionaries, aiming to proselytise the north’s Islamic population. A small relief plane of MSF was shot down whilst taking off from the airstrip in Aweil, hampering further relief to the isolated towns in the south and contributing to a grim relief situation overall. The harassment and threats to the relief organisation increasingly limited operations and access to the population and finally resulted in the withdrawal of MSF France and MSF Belgium from North Sudan.

In 1990 Stefaan and his family moved to Angola, another country affected by civil war. MSF operated programmes in several provinces, where the civil population was caught up in military operations between the government and UNITA rebellion. Also the first HIV prevention activities were started up in Luanda and several provincial capitals. Up to then, the civil war and the difficulties for people to move around the country had somewhat protected the country from the HIV epidemic that was causing much damage in the neighbouring countries.

After 2 years in Luanda Stefaan went to Nairobi to coordinate the MSF operations in the region (Somalia, South Sudan) and to prepare for the influx of ten thousands Somali refugees in Eastern Kenya. The refugee camps he helped to set up unfortunately still exist and have continued to grow since.

An additional degree, Master in Public Health at the London School of Hygiene and Tropical Medicine allowed Stefaan to consolidate the gained experiences into a more scientific framework. It was good to take a step back from day-to-day practice to gain a better knowledge and understanding of the mechanisms that underlie injustice and inequality in health care, and to get in-depth insight in governance, policy and finance problems that often cause poor performance of health services.

In 1994 the Van der Borght family moved to Cambodia, another country suffering a civil war. During the two years based in Cambodia, Stefaan started up a private-not-for-profit clinic for the Cham minority and a STD treatment centre in the red light district of Phnom Penh, including comprehensive HIV prevention activities. Simultaneously he was regional advisor to the MSF programmes in the East Asian sub region. Thailand was probably the first country to tackle the HIV epidemic with a comprehensive prevention plan. In terms of patient care, MSF teams supported courageous Buddhist monks in the pagodas of Cambodia and Thailand who were looking after AIDS patients.
Most patients were terminally ill and often their only hope was to die with dignity. Some however never gave up on the hope they might live long enough to receive pills that might bring a cure or a chance at survival.

Over the years Stefaan also travelled for short term assignments to other countries, such as Liberia, North Korea, Iran, China. While on detachment to lead MSF operations in Goma, DRC, where a large number of Rwandan refugees arrived after the genocide in 1994, he met Henk Rijckborst and other Heineken international staff.

In 1996 Stefaan was recruited to work as medical director Africa for Heineken. Based in Kinshasa, Zaire, he was responsible for improving the health services and policies for Heineken and its operating companies, benefiting the brewery employees in Zaire, Congo-Brazzaville, Rwanda, Burundi, Ghana, Sierra Leone, Angola and Nigeria.

In Kinshasa the public health services are underfunded and lack resources to assure effective health care; private companies can thus not rely on public services to assure adequate health care services to their employees and family members. That situation worsened when a rebellion started in East Congo.

In absence of effective care, many HIV-infected persons simply died. Even well-intending companies could only improve the prevention programmes and just hope that for every disappearing senior manager a timely replacement could be found. Some in Zaire learned that in the West drugs could prolong life and asked the question: "Why can we not receive the drugs?"

Gradually the international paradigm around AIDS treatment changed and the issue of providing treatment to the Heineken employees was put on the agenda.

The Heineken workplace programmes that included treatment of HIV-infected persons were started in 2001.

At that time Stefaan had already moved to Europe, working as medical advisor in the Health Affairs Department of Heineken's headquarters in Amsterdam. Later, after the retirement of Dr. Rijckborst in 2007, Stefaan took the post of medical director.

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**Working for Heineken**

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The role of Heineken as one of the first companies to offer free HIV treatment to all its employees and their family members was considered by many stakeholders in HIV/AIDS as best practice. The example served beyond the private sector into the wider
community committed to the fight against HIV/AIDS. Dr. Rijckborst and Stefaan pro-actively shared their experience in several international meetings and with peer companies.

Cooperation between private sector, public sector, international and local organisations showed the way forward to tackle HIV. Investing in bridging linkages was of importance to Stefaan, as he firmly believes in the synergetic potential of these partners working together, additional to each one’s separate impact. He has devoted considerable time to fostering this collaboration. Heineken has been for many years a respected partner of the Global Business Coalition on HIV/AIDS, Tuberculosis and Malaria. Stefaan was elected as the private sector representative in the STOP TB Board. Until today he has been participating actively in the private sector delegation to the Global Fund to fight AIDS, TB and Malaria. Cooperation between private sector, public sector and international and local organisations showed the only way forward to tackle this important problem and Stefaan Van der Borght has devoted much time to bringing these partners together to improve the potential impact of each of them separately.