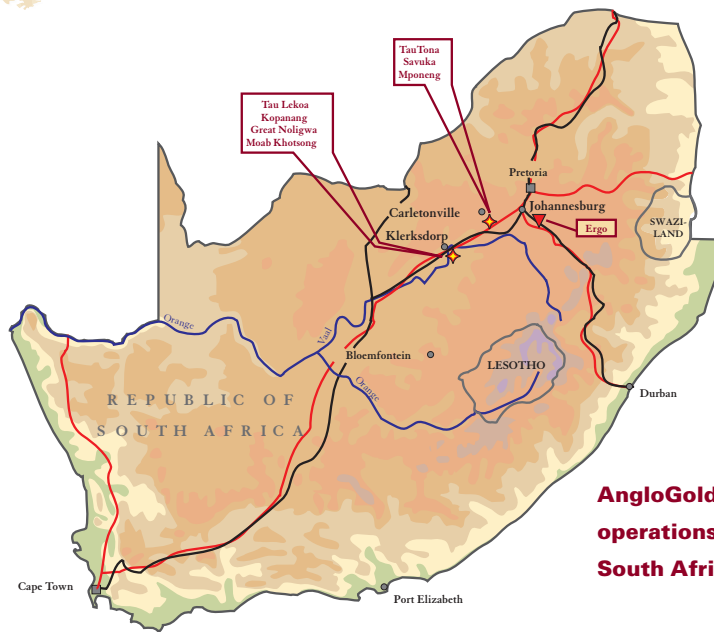




**AngloGold**  
Facing the  
challenge of  
HIV/AIDS  
2001/2002

## ABOUT ANGLGOLD



### AngloGold's global operations and AngloGold's South African operations

#### Front cover:

Masenute (Sunki) Moletsane, a professional nurse involved with the Lechabile Project, is one of a new breed of nurses who have adopted a different approach to treating people with sexually transmitted infections (STIs). She understands that the process of getting people to change their behaviour, and to use condoms, takes time. The Lechabile Project was one of the forerunners of the Mothusimpilo Project, based in Carletonville.

**A**ngloGold is one of the world's leading gold producers with an annual production of 6Moz in 2002. The company holds extensive ore reserves, sufficient for sustaining operations well into the 21st century.

#### 22 operations around the world

Directed from its headquarters in Johannesburg, AngloGold is a global company. Its production base spans four continents, with 22 operations (ten underground, 11 surface and one surface

reclamation operation) in Argentina, Australia, Brazil, Mali, Namibia, South Africa, Tanzania and the United States. AngloGold is also actively exploring for gold in ten countries on four continents.

#### 50,000 employees worldwide

The company employs about 50,000 people, with 44,000 from South Africa.

For more information about AngloGold, visit the company's web site at [www.anglogold.com](http://www.anglogold.com).

**A**ngloGold is acutely aware of the scale of the HIV/AIDS epidemic and its likely impact, today and in the future, on its employees, their families and communities, on the company and its shareholders, and on the social and economic fabric of the countries in which we operate.

Through this report we hope to provide a realistic picture of the impact of the HIV/AIDS epidemic on the company's employees and its business and to describe how AngloGold has adapted its response to the challenge over the past decade. The report focuses on some of the programmes, the people and activities that are making a difference in combating the social and economic consequences of the disease.

AngloGold has a comprehensive response to HIV/AIDS, from preventative management programmes to the provision of assistance to and treatment of those who are affected. This strategy will ensure that the company – which currently employs 44,000 people in southern Africa, the region worst hit by this epidemic – continues to function profitably.

Nevertheless, we do not believe that any company can sit back and say it has done enough. What is clearly needed is an inclusive and comprehensive campaign in which employers, trade unions, local and national government, non-governmental organisations (NGOs), research institutions, churches and the drug manufacturers co-operate in combating the epidemic.

Two responses to HIV/AIDS are clearly wrong and unhelpful:

- The first is to deny the extent and magnitude of the challenge that AIDS poses to societies in southern Africa. Particularly in South



Bobby Godsell  
Chief Executive Officer

Africa, what is needed at a national level is a consensual, coherent response to the epidemic and we look forward to participating in this.

- The second is to become defeatist and engage in dramatic and apocalyptic predictions of disaster. Throughout history, societies have faced major waves of disease. As medical science has progressed, and, more importantly, the material circumstances of populations have improved, so victory over specific diseases has been achieved.

AngloGold is both determined and confident of achieving success in the battle against HIV and AIDS. Given that this is clearly a disease, like many others, whose potency is greatly increased by poverty, it is vital that the company should succeed. All employees, their communities and our shareholders depend on this.

BOBBY GODSELL  
Chief Executive Officer

## FACING THE CHALLENGE OF HIV/AIDS

### ANGLOGOLD'S RESPONSE AT A GLANCE



#### The facts

- HIV/AIDS is the major economic, social and health care challenge in southern Africa.
- Comprehensive, reliable data enabling a thorough understanding of the prevalence and patterns of this virus, is not available.
- AngloGold's HIV/AIDS strategy has been developed over close on two decades and is one of the leading responses to the epidemic by a South African company.
- AngloGold's research (conducted in early 2001) indicates an HIV prevalence level of between 25% and 30% amongst its South African workforce of 44,000 people.

#### The response

AngloGold's comprehensive response comprises three thrusts:

- **Restricting the spread** of HIV/AIDS through education, promotion of condom use and effective treatment of sexually transmitted infections (STIs).
- **Caring for those infected** through voluntary counselling and testing (VCT), wellness clinics, the treatment of opportunistic infections and a compassionate ill health retirement system for those no longer able to work.
- **Ongoing health research**, supporting and directing the company's medical strategy.

#### Consequences

- The social cost of the disease far outweighs the economic cost.
- Anticipated cost to the company at the peak of the epidemic will be in the order of \$4 to \$6/oz. If the company were to do nothing to manage the epidemic, this would be likely to rise to \$9/oz.

It is estimated that approximately 28 million people or 70% of the world's HIV-infected population live in sub-Saharan Africa.

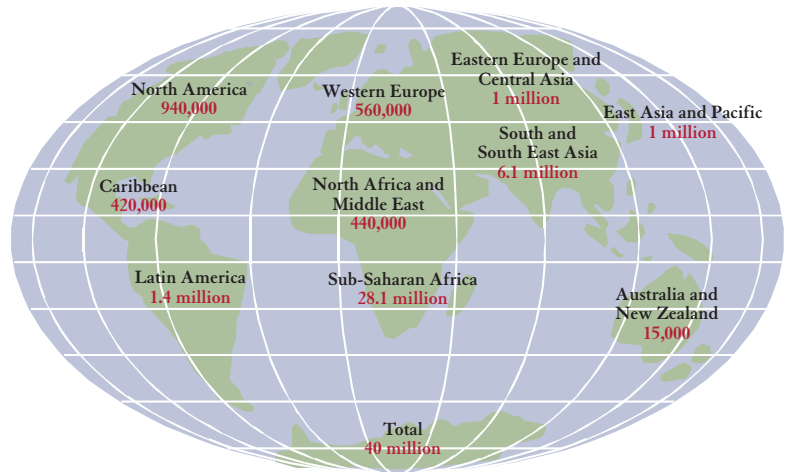
As AIDS is not a notifiable disease in South Africa and, because compulsory testing is not permitted, no reliable data exists as to the real extent of the national population already infected with HIV, nor of the number of people who have already died of AIDS-related illnesses. A recent report by the South African Medical Research Council released in October 2001 indicates that AIDS-related deaths now account for 25% of all deaths in South Africa making AIDS now the single largest cause of death in this country. This percentage is likely to rise as the epidemic in South Africa has lagged behind that of other countries in sub-saharan Africa and has not yet reached its peak.

Both the available research and the changing pattern of the disease are, however, evidence enough that AIDS, together with tuberculosis (TB), constitutes the major health care and socio-economic challenge facing South Africa and the AngloGold operations in the country.

AngloGold's own research into the incidence of HIV/AIDS amongst its employees in South Africa, using data gathered from STI clinics and voluntary anonymous testing, indicates a prevalence level of between 25% and 30%, depending on the location of the operation. This relates to a specific population comprising only sexually active, employed males. By way of comparison, the national South African prevalence level, estimated from data gathered at antenatal clinics, ranges from a low of 8.7% in the Western Cape Province to a high of 36.2% in the KwaZulu-Natal Province.

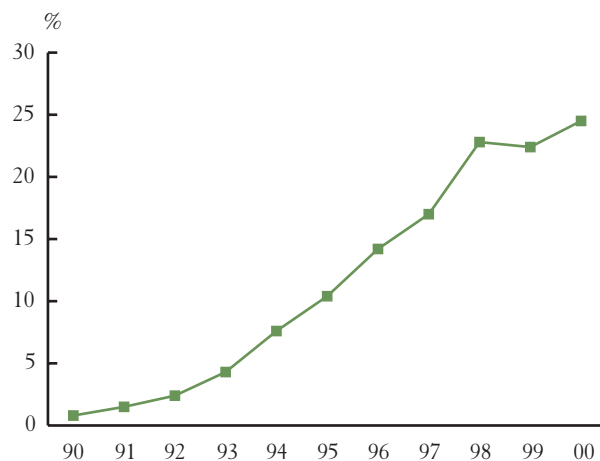
HIV first infects people most at risk, namely women engaging in sexual behaviour that places them at risk of HIV infection as well as people with STIs. It then moves into the general adult population between the ages of 20 and 64, indicated by the steep rise in HIV-positive pregnant women attending antenatal clinics. HIV finally progresses into the third wave of the epidemic and infects youth under the age of 20.

**Adults and children estimated to be living with HIV/AIDS in December 2001.**



Source: UNAIDS. AIDS epidemic update, December 2001.

**% HIV-positive pregnant women attending antenatal clinics in South Africa: 1990 – 2000**



**HAART – a controversial issue**

The use of highly active anti-retroviral therapy (HAART) has become a controversial and emotive issue in South Africa. HAART is a regimen of drugs which in most cases reduces the viral load in the body, improving the body's immune system and the quality of life of the individuals living with HIV/AIDS. HAART has been shown to be effective in urban communities in developed societies, with access to world-class

Source: Department of Health, Summary Reports, National HIV sero-prevalence survey of women attending public antenatal clinics in South Africa.

health care, where the patient's treatment can be regularly, consistently and accurately managed.

Not only is HAART in its current form and application costly, but the strict medical regimens within which it must be administered, its extensive and frequently debilitating side-effects, along with growing rates of resistance to the therapy, have all combined to complicate the issue.

Abel Titebe of Morning Star Children's Centre in Welkom playing with one of the 40 HIV-positive babies being cared for at the day-care centre. The centre for HIV-positive babies has been operational for close to two years. The majority of these children are AIDS orphans. Some have been abandoned by their mothers who have subsequently died of AIDS, while others are being cared for by their grandmothers. For those children who are unable to come to the centre, food parcels are sent to their homes as the majority come from families who are unemployed. AngloGold has provided the centre with much-needed funding.



Despite these complexities, AngloGold believes that anti-retroviral therapy has a role in the treatment of patients with the HI virus. The company is committed to participating with the state and industry in developing a research programme to establish the appropriate application of this type of therapy. This must take into account the realities of Southern African regional development and the company's operating environment, in the best interests of both individual employees and their families and the health status of the communities in which they live.

### **Development of an AIDS vaccine**

As people continue to become infected with HIV, the development of an AIDS vaccine will remain a critical goal. Clinical trials of vaccines are currently being conducted in various centres around the world. Despite this, an AIDS vaccine for South Africa that can be feasibly provided to at-risk populations is unlikely to be available in the foreseeable future. One of the dangers of a shift in focus to vaccines and treatment is that scarce resources are being diverted, with the result that less funding is available for other programmes aimed at preventing new infections.

### **Prevention efforts can succeed**

Many believe that education-based prevention efforts have failed, despite considerable evidence to the contrary. Several countries in different parts of the world such as Thailand and Uganda, with significant populations of people with HIV or AIDS, but few resources, have managed to reduce their rates of infection dramatically through sustained and focused prevention programmes. For this reason it remains critical to increase and sustain campaigns for healthier and safer sexual behaviour.

It is within this context that AngloGold has developed the intervention and management programmes described in this report.

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Anglogold Health Service (Pty) Limited (AHS), a wholly-owned subsidiary of AngloGold Limited, provides health care services to AngloGold's 44,000 employees in South Africa – and a significant and growing number of their dependants – through its extensive network of hospitals, community-based clinics and on-mine medical stations.

AHS employs some 1,000 people, three-quarters of whom are health care professionals. The company owns and operates two hospitals – one in each of AngloGold's two South African mining regions.

Each AHS hospital has medical, surgical and maternity wards, an intensive care unit, operating theatres, casualty and outpatient facilities, as well as radiography, physiotherapy and occupational therapy services. All AngloGold employees have unlimited access to these health care facilities.

Through the Health Value Chain (an AHS-led association of health care service providers), pharmacy, optometry, audiology and other services are provided.

AHS also operates two full-scale occupational health centres on behalf of AngloGold. At these centres all new recruits to AngloGold's mines and employees returning from leave undergo medical examinations, in terms of legislation, to ensure that they are fit to work. A primary objective of this routine surveillance is the early detection and treatment of occupationally related diseases and conditions.

In 2000, AHS embarked upon an ambitious project to bring its health care facilities and expertise closer to the rural-based families of its employees through AngloGold's Rural Health Initiative (RHI). The first manifestation of the RHI is a fully equipped and staffed AHS clinic at Lusikisiki in South Africa's Eastern Cape Province, which provides health care not only to AngloGold employees' dependants and pensioners in the area, but also to members of the surrounding community.



AngloGold employees being treated in a TB ward at one of AngloGold Health Service's hospitals. It is estimated that 80% of current TB patients are HIV-positive. An essential part of AngloGold's HIV policy is to treat those who have HIV against TB and other opportunistic infections. Employees are treated for TB at the Wellness Clinics, which form part of the Voluntary Counselling and Testing programme.

Aurum Health Research, a wholly-owned subsidiary of AHS was started in 1998 to focus on HIV, TB and occupational lung disease research. Staffed by world-class doctors and researchers, Aurum works with various international organisations such as Johns Hopkins University, the London School of Hygiene and Tropical Medicine and the World Health Organisation and collaborates locally with the National Institute of Virology and the National Health Laboratory Service, among others. Through Aurum, AngloGold is able to conduct fundamental research, the findings of which can be quickly and effectively implemented into the work situation. Thus the traditional gap between research and implementation is significantly shorter than would normally be the case.

A peer educator at an AngloGold mine educating off-duty employees about the use of condoms and the need to protect themselves from contracting HIV. This peer educator has recently gone through intensive training and is one of an increasing number of employees who have voluntarily agreed to become peer educators.



**D**ealing with the HIV/AIDS epidemic has become a major challenge for all South African companies. AngloGold is no exception.

**An overview – extending healthy and productive lives**

It is AngloGold's overriding aim to extend the health, and in so doing, the productive life of its employees infected with HIV, and to offer confidential support and care to those with HIV, whilst ensuring that the company continues to run its business profitably.

As the epidemic has progressed and best practice has emerged, AngloGold has revised and adapted its strategy. In a continuing attempt to reduce HIV transmission, change high-risk sexual behaviour and remove social stigmatisation and discrimination, AngloGold will concentrate on preventing new HIV infections.

AngloGold has in place a comprehensive in-house medical service, AngloGold Health Service (AHS), the largest private employer-funded non-profit medical service of its kind in the world. (See description on page 5).

Despite the ownership relationship, there is a clear, functional separation between AHS and

the AngloGold operations. AHS is therefore able to offer confidential and informed HIV testing services to employees who, through the Voluntary Counselling and Testing (VCT) programme, are identified as HIV-positive and are offered wellness therapy as part of a programme that monitors their state of health independently from their place of work. Prolonged well-being and a productive lifespan result from this strategy, with the consequent reduction in absenteeism and hospitalisation costs, as well as the obvious benefits for the individual.

In order to manage the growing number of employees who present AIDS-related symptoms and illnesses, AngloGold has instituted supervisory training aimed at better equipping line managers and supervisors with the skills necessary to deal with employees who are incapacitated by illness, regardless of cause. By enabling quick access to incapacitation benefits, AngloGold assists those employees whose productivity and health have deteriorated to a point where they are no longer capable of meeting their job requirements and for whom alternative employment in a less arduous job has not been found. Substantial numbers of employees declared medically unfit – regardless of the cause – are given lighter duties.

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## COSTS CAN BE CONTAINED

AIDS is an issue facing not only our industry, but the country as a whole and one which has to be handled with sympathy, compassion and innovation, says **Dave Hodgson**, Chief Operating Officer of AngloGold.

“The challenge of the epidemic in the workplace can be successfully managed if we work together. Despite the magnitude of the problem in the country and the desperate human suffering that will result, the impact on AngloGold can be managed effectively.

“To address HIV/AIDS at an operational level we need to encourage people to participate in confidential and anonymous Voluntary Counselling and Testing and, if found to be HIV-positive, to utilise the Wellness Clinics and the unlimited access to AHS. In this way we can get people into the system, which will both improve the quality of and prolong their lives, and limit the impact on the company.

“The deep-level mining industry has faced numerous challenges over the years, including safety and occupational health challenges and, as we have dedicated effort and resources towards these issues, we have overcome many obstacles and achieved a great deal of success. So it is and will be with HIV/AIDS.

“We are now seeing a manifestation of the disease on our operations, although not nearly at the level that was anticipated. Absenteeism rates for medical reasons currently stand at 2.8%, in line with the industry average. Health care costs are higher, but manageable, particularly because we have had a world-class medical facility in place for many years. The increase in TB is being aggressively managed by means of world-class prevention and treatment regimens.

“We currently estimate the cost of HIV/AIDS to AngloGold in South Africa to be in the region of between \$4/oz and \$6/oz (against a background of a total cash cost of \$178/oz for the year 2001). If we do nothing to manage the impact of HIV/AIDS on our operations, we expect that this cost could rise to \$9/oz.

“In the longer term the only way we are going to manage the disease is through a collaborative effort, particularly with unions. The tripartite structures that are in place for occupational health and safety issues in terms of the Mine Health and Safety Act work well and, in a similar vein, there is an AIDS committee at every operation.”



Dave Hodgson, Chief Operating Officer, AngloGold.



Luleka Ntshela is an AngloGold peer educator who is enthusiastic about the role she plays on the mine.



TB patients at the West Rand Region Hospital gather round as one of the many committed counsellors from the Wellness Clinic explains the need to use condoms. AIDS education in the hospital takes place on an ongoing basis. The hospital, with a staff of 600, is now in the process of setting up its own peer education programme and has called for volunteers to become peer educators amongst the staff.

Where alternative suitable employment is not available to the employee within AngloGold, a selected employee representative, an occupational medical practitioner and a human resources representative meet to discuss the employee's separation from the company in terms of its ill health retirement policy.

**Best practice intervention**

The pattern of HIV transmission is well understood. High levels of poverty, inadequate medical care and a high incidence of STIs play an important role in the transmission trends evident in developing countries.

A best practice HIV/AIDS intervention needs to address three crucial elements to impede the spread of the virus, namely to:

- reduce or eradicate the incidence of new infections;
- prolong the health and productive life of those infected and provide support for those affected by the loss of a breadwinner; and
- conduct health research which supports and directs the other elements of the strategy.

As a business, AngloGold is particularly well placed to address these elements. The care component is being tackled directly by AngloGold and increasingly in conjunction with various community-based organisations and NGOs to ensure that this support network is in place as the toll of the epidemic increases.

**Prevention – restricting the spread of HIV/AIDS**

The spread of HIV/AIDS can only be restricted through a change in high-risk sexual behaviour. Ultimately, it is only the individual who can effect such a change. A few strategies have emerged that can be practically applied in an attempt to reduce the risk of infection.

**EDUCATION**

At-risk individuals cannot and will not change their behaviour if they are not aware of or do not fully understand the risk associated with their behaviour. Even then, they may decide to change their behaviour only if alternative options are available.

AngloGold incorporates HIV/AIDS education in the workplace in the form of mass awareness activities, routine induction training programmes and, most notably, peer education programmes which have emerged as the most effective means of awareness and education. Here, trained volunteer educators speak to their peers, either individually or in groups in a familiar setting. According to UNAIDS, peer education contributed to a reduction in HIV prevalence rates in Uganda from 31% in 1990 to 8.4% in 1998. Trained peer educators currently number 160; by the end of the year AngloGold anticipates that it will have more than 400 trained peer educators.

**THE TREATMENT OF STIS**

Aurum Health has confirmed the results of international research which show the strong link between STIs and the sexual transmission of HIV. The presence of an untreated STI can increase the likelihood of both the acquisition and transmission of HIV by a factor of up to ten. In a landmark trial in Tanzania, improved STI case

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Dr Colin Eisenstein, Managing Director: AngloGold Health Service and Medical Consultant to AngloGold.

“There’s no guide book on how best to manage the HIV/AIDS epidemic,” says Dr **Colin Eisenstein**, Managing Director of AHS and Medical Consultant to AngloGold. “In many respects, AngloGold has been a pioneer in this area and has established a process that is unique in South Africa.

“We are in a robust position today because, as far back as 1985, before there were obvious manifestations of the disease amongst employees, we knew the epidemic would arrive and started putting in place prevention programmes and medical interventions.”

There hasn’t been a right or wrong approach to the management of HIV/AIDS, says Eisenstein.

“The only way to manage this disease is in an evolutionary fashion so we have changed and adapted our responses as we have gone along. In a manner akin to the mutation of the virus itself, as the problems change, so must the medical response and the social dynamics that surround it. And today there is still no manual. This is an epidemic with a 30- to 40-year time horizon, so what you are seeing today is a snapshot of both the problem and the responses. As time goes by we must expect developments and changes.

“At AngloGold our driving principle has always been that whatever we do must be fair – fair to the company and to its shareholders on the one hand and fair to employees on the other.”

Eisenstein notes that an aspect that is not fully recognised is that any company tackling the problem of HIV/AIDS cannot possibly manage without an enabling environment. Two other parties are key, namely the State and trade unions.

“A challenge for the industry is to ensure that all parties are active partners in this process. Business cannot overcome this problem alone and I would rate the absence of a national supportive framework as the single biggest challenge in coping with the HIV/AIDS epidemic. From the State we need an overall plan that recognises the severity of the epidemic, with adequate budgetary allocation in terms of support and infrastructure for the people of South Africa.

The AngloGold HIV/AIDS programme is actively supported by all trade unions representing employees on the company’s South African operations.

“An employee whose HIV status is undetected, who is untreated and does not enjoy any support, has a far greater chance of not only exacerbating the epidemic and shortening his own lifespan, with repercussions for the company, but more importantly of acting to the detriment of himself and his family.”

Eisenstein notes that from an ethical standpoint, as a medical practitioner, he is satisfied with the approach that AngloGold has taken.

“In AngloGold the CEO and an executive committee of the board have all been directly involved in determining the route forward and have committed the company to a well-funded, company-wide intervention that has its absolute support and commitment. AngloGold’s approach is without a doubt outcomes-orientated. Our HIV policy is not a written statement of good intent; the policy position is effective work in progress which is manifestly visible.”

An employee with TB being cared for by one of the many dedicated nurses assigned to the TB wards at AngloGold Health Service. Hospital staff are seeing the impact of the virus on a daily basis. One nurse said she had noticed greater fatigue and stress amongst the staff as they deal with increased workloads.





The Lechabile Project has a number of teams who go out and target different communities. Sunki Moletsane, a professional nurse, is involved in educating both women at high risk and miners in the surrounding communities. This dynamic woman is not afraid to stand up before a group of miners and demonstrate to them how to use a condom. She understands that this work has to be done or the increase in new infections will continue.

In 1996 and 1997 a study (later called the Lesedi Project) was carried out in the Free State Province in collaboration with AIDSCAP, Harmony Hospital and the National Reference Centre for Sexually Transmitted Diseases. The aim of this study was to provide women at risk of HIV and STIs in the community with an accessible STI service.

The study found that more than 50% of the women who had multiple sexual partners carried STIs, either symptomatically or asymptotically. Even in the presence of symptomatic infections, these women would often not seek medical assistance owing to poor access to health services and a judgmental attitude from health care workers.

Of these women at high risk, just over 400 were recruited into a programme that became known as Periodic Presumptive Treatment (PPT). They were offered examination, non-judgmental counselling on risk reduction, identification and treatment of currently symptomatic STIs (known as syndromic management), and monthly observed administration of a drug effective against most common sexually transmitted pathogens to which it was assumed these women were repeatedly being exposed.

It emerged that women at high risk had an 80% reduction in STI prevalence following PPT. A significant reduction in STIs was also found in miners. The conclusion of the project was that STI services (including PPT) to women at risk in South African communities with large populations of men with disposable income and away from their families, led to sustainable and replicable control of STIs among both the men and women.

The success of this outcome encouraged local mining companies – AngloGold, Harmony, Gold Fields and African Rainbow Minerals – to view PPT as a long-term intervention strategy. Together they established the Lechabile Project in Welkom and continued to fund the Lesedi Project in the Virginia area. Funding assistance is also received from the provincial health authorities and both the unions and local communities support the endeavour.

The main elements of the programme include improved STI care and the promotion of condom use through peer education to women at high risk. The service is provided at the mine hospitals and is also delivered to communities lying further afield by means of mobile clinics.

This programme has been extended to Carletonville in the form of the Mothusimpilo Project and is being extended to Orkney.

management at primary health care level resulted in a 42% reduction in new HIV infections. Active STI identification and treatment coupled with counselling, condom promotion and supply, and partner notification, is a cornerstone in the prevention of HIV transmission and reducing the incidence of new HIV infections.

Through AHS, AngloGold has been providing appropriate STI treatment to its employees for decades. This intervention has been supported by the widespread availability of condoms. However, as STIs are highly communicable diseases, it has become clear that untreated infections in the surrounding communities are a constant source of re-infection for employees. To address this, AngloGold supports and funds community programmes aimed at the treatment of STIs.

**Caring for those infected**

In addition to providing access to world-class medical facilities provided by AHS, AngloGold has implemented a Wellness Programme comprising two phases:

- Voluntary Counselling and Testing (VCT); and
- Wellness Clinics for those with HIV/AIDS.

**VOLUNTARY COUNSELLING AND TESTING (VCT)**

In an environment where the vast majority of people remain unaware that they are infected with HIV, cost-effective preventative therapy can obviously only be made available to those who know their HIV status. Yet HIV/AIDS remains highly stigmatised within South Africa and many people who are at risk choose not to be tested because they fear discrimination and rejection, both in their community and at work.

However, the process of treatment that can extend healthy and productive life within a highly confidential environment managed by dedicated health care professionals, provides a meaningful and positive inducement for at-risk individuals to undergo testing and counselling. AHS offers individuals confidential and informed HIV counselling and testing on a voluntary basis.



Research has also shown that those undergoing VCT display greater behavioural changes than those given information only.

VCT has two main objectives.

First, to prevent new infections by:

- identifying people who do not have HIV and to change high-risk behaviour so as to reduce their risk of acquiring HIV;
- providing STI treatment to reduce HIV transmission rates; and
- identifying those who have HIV so as to modify their risk behaviour and to reduce HIV transmission.

Second, to identify employees with HIV in order to refer them to the next stage of the Wellness Programme, namely the Wellness Clinic.

**WELLNESS CLINICS**

By the end of December 2001, 1,820 employees had undergone VCT and 3,082 patients were enrolled at AngloGold's Wellness Clinics (introduced in 1999). These results are encouraging in the light of both denial and continued fear of discrimination. AngloGold's aim is to have all HIV-infected employees enrolled in the Wellness Programme, but this is entirely dependent on employees themselves and cannot be enforced.

A field worker shows some women from a nearby settlement how to use a female condom. These field workers spend a lot of time in informal settlements, building relationships with the women so that they can eventually ensure their attendance at AIDS counselling and education sessions. An essential part of their work is to encourage women to use condoms and empower them to negotiate this with their sexual partner. AngloGold funds and staffs a number of these community interventions.

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Keratilwe Modiga, Assistant Manager, of AngloGold's HIV/AIDS programme.

**Keratilwe Modiga**, assistant manager of AngloGold's HIV/AIDS programme, is matter-of-fact and modest about the work she does in AngloGold in the fight against HIV/AIDS.

Modiga says that one can never become blasé about the basic facts of HIV/AIDS. Training modules are designed to emphasise the informational aspects of the disease. At the operations, supervisors need to be informed about the HIV/AIDS epidemic and comprehensive communications strategies are used to support the campaign, each of which is designed around the equipment and strategies at the various operations.

Until fairly recently, some operations were using outsiders in their peer education training. But Modiga is emphatic that anyone who can be trained to foster awareness and to take the outreach programme into surrounding communities can be a peer trainer.

In training potential trainers, it is essential to remember that changing any health behaviour is difficult, but changing sexual behaviour is even more of a challenge. Trainers will not succeed in altering their peers' sexual behaviour without having internalised the knowledge and made the requisite changes to their own lifestyles.

In many ways the programme focuses on empowerment – people need to know what their rights are and that prevention is within their control. At the same time, peer trainers need to know the facts about health, hygiene, alcohol abuse, STIs, HIV/AIDS and other related lifestyle issues.

Peer education encounters do not rely solely on a classroom situation, or on sophisticated equipment. Frequently such encounters take place in informal environments such as bars or minibus taxis, or in any other appropriate situation.

Modiga has developed a comprehensive network of HIV/AIDS champions at every shaft. These contact people in the operations also need to be exposed to the entire HIV/AIDS programme, including peer education, and are supplied with evaluation checklists which provide her with valuable data on the success of the training. Modiga says that the operations are now becoming more serious about AIDS and that the network provides a valuable medium for sharing good practice.

Modiga's attitude is marked by an enormous sense of pragmatism. As much as she is driven by the need to succeed, she will not be put off by singular failures.

"If I have setbacks, it's a case of picking myself up, dusting myself off and continuing with the work."

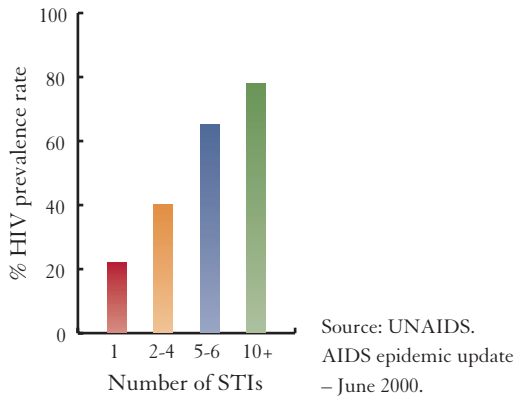
Modiga is keen to extend the HIV/AIDS awareness programme and peer education training to the visitors' centres at the mines in order to reach the wives and families of employees who spend some 14 days visiting their husbands.

"A lot of work can be done in a window period of 14 days, particularly with regard to creating awareness of TB, HIV/AIDS and also providing courses in child care and other basic life skills."

As though this is not enough to occupy her busy schedule, she also sees opportunities to train union officials and traditional healers. And in the longer term she intends to provide peer educators with counselling skills.



**HIV prevalence rate and frequency of sexually transmitted infection (STI) episodes, Carletonville miners, 1991-1998**



Employees who test positive for HIV may elect to attend the Wellness Clinics to:

- have their disease progression and health status monitored;
- receive ongoing counselling; and
- obtain preventative therapy to reduce the risk of acquiring opportunistic infections such as TB and bacterial pneumonia.

AngloGold's 18 VCT centres are based close to employees on mines as well as at regional medical facilities, while Wellness Clinics are based at the company's two hospitals.

**TREATING OPPORTUNISTIC INFECTIONS**

The progression of HIV infection to AIDS is characterised by the onset of opportunistic infections, which the compromised immune system is progressively less able to resist and overcome. It is these opportunistic infections that ultimately give rise to high rates of morbidity and mortality (disease and death) in AIDS cases.

One such opportunistic infection which is present in most developing countries, and which is frequently exacerbated in an underground mining environment, is TB. AngloGold's long-standing and world-class TB programme meets the standards for prevention and treatment set by the World Health Organisation.

Research conducted by Aurum has shown that, following preventative treatment with



INH, an anti-TB drug, people with HIV/AIDS who do not have an active TB infection, are 60% less likely to develop one within a context of high TB prevalence.

Similarly, prevention therapy for the opportunistic infections with the antibiotic cotrimoxazole, given to patients with advanced disease, has been shown to reduce mortality risk by 46% and to reduce hospitalisation by 43%.

As expected, TB infection rates have risen with the AIDS epidemic. Through its proactive management of TB, and the very successful Directly Observed Treatment (DOTS) programme, AngloGold aims to stabilise these rates in the short to medium term.

**COMPASSIONATE ILL HEALTH RETIREMENT**

Employees who, on the grounds of ill health, are no longer capable of performing their jobs and who cannot be placed in alternative employment, receive benefits through a compassionate and effective ill health retirement system. AngloGold recognises that employees and their families cannot be expected to cope on their own, and is committed to putting in place support systems, some of them in partnership with other organisations.

**Health research**

The development of an effective HIV vaccine is considered to be crucial in gaining control of the HIV epidemic. Aurum is exploring the possibility

Head of the Wellness Clinic at West Rand Region Hospital, Dr Julia Botha, and nurse Anna Mpoelang in the process of counselling an HIV-positive employee. Many HIV-positive employees deny their HIV status, despite in-depth counselling prior to and post testing. The ongoing stigmatisation of the disease remains one of the largest hurdles faced by the company and the country.

*Continued on page 15*

## LOOKING FOR THE MOST EFFECTIVE CHANGE



Dr Petra Kruger,  
Manager HIV/AIDS  
at AngloGold.

Head of AngloGold's HIV/AIDS programme, **Dr Petra Kruger** is another example of the calibre of person at AngloGold dedicated to fighting the spread of HIV/AIDS. At times the magnitude of the task and the way the disease is wreaking havoc in South African society is overwhelming for Kruger, but she is quite clear about what needs to happen.

Kruger says, "As a public health issue we have to look at what will bring about the most effective change in the largest part of the population.

"It is all about prevention through solid, mass education and care. Anti-retrovirals will come into it," she says, "but for many people care is a case of putting food in their stomachs."

Kruger has come to realise that medication is not the solution to all problems.

"Disease," she says, "is generally a manifestation of basic lifestyles, behaviour and circumstances. Medication cannot necessarily change that."

If the country is going to prevent an increase in new infections, education leading to behaviour change is at its core. Therefore, central to AngloGold's HIV/AIDS policy is the need for

peer education which, in turn, is critical to the success of its VCT programme.

"The company," she says, "does not see AIDS as a social disease that makes a person a misfit and outcast. Our approach is to ensure that someone with HIV is able to work as long as possible, as is the case with someone who has high blood pressure or any other chronic disease."

Kruger sees the strengthening of a partnership with the unions as critical to the future success of both peer education and VCT.

"Management and unions need to jointly fight the spread of the disease," she says, "The challenge for me is to ensure that our peer education and VCT programmes are intensified."

Peer education awareness is necessary to inform people of the benefits of VCT, while VCT in turn reinforces the education, which can ultimately lead to behaviour change.

"Such education should not be limited only to employees on the mines," she says, "but we need to have constant reinforcement about the disease throughout all company structures. This is critical if we are to deal with the stigma surrounding the disease."

## REACHING OUT TO THE COMMUNITY



Stori Ralepeli,  
who heads up the  
Lechabile Project.

**Stori Ralepeli** and her staff at the Lechabile Project work tirelessly to gain acceptance and trust from the women and communities they target. (See case study on Page 10).

Ralepeli, who heads up the project, explains that it is important not to hold prejudiced and uninformed views about both the status and role of the women in the community and the circumstances in which they live.

The project, which has been operational since April 2000, was set up along the lines of the Lesedi Project, which focuses on educating and treating women in the mining communities who are perceived to be at high risk. It was found that

condom use amongst these women increased by 65% after this intervention.

Projects like Lechabile deal with the results of the cycle of poverty, an issue that Stori and her team face every day.

Many women come from rural areas to the mining towns to seek work and expose themselves to risky sexual behaviour.

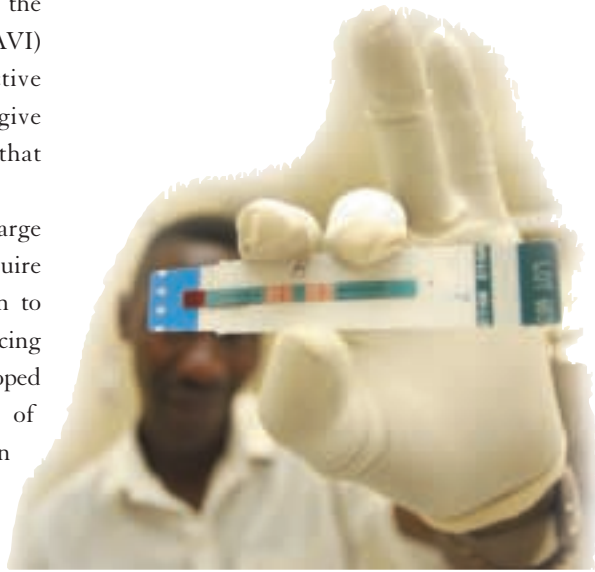
"It is either that or going back to the poverty in the rural areas.

"A key component of our work is the empowerment of women, to assist them in negotiating their way through sexual relationships and to ensure that they use condoms," says Ralepeli.

## ANGLOGOLD'S RESPONSE

of becoming an HIV vaccine unit as part of the South African AIDS vaccine initiative (SAVI) collaborative network. Should an effective vaccine be found as a result, it would give AngloGold's workforce rapid access to that vaccine at an affordable price.

Even if an effective vaccine is found, a large number of infected individuals will still require care and support. HAART has been shown to be effective in improving the health and reducing mortality of HIV-infected individuals in developed countries. Aurum is considering a range of options for evaluating the selective provision of anti-retroviral therapy to HIV-infected employees.



Teboho Piri, a nurse at one of AngloGold Health Service's hospitals has just completed a strip test to determine whether his patient is HIV-positive. This test has revolutionised the VCT programme as it takes about 15 minutes to receive the results. The VCT process, which is anonymous, begins with a pre-counselling session. If the patient agrees to a test, the counsellor remains with him until the results are known. The patient receives post-test counselling, whether the results are positive or negative, with the objective of maintaining the patient's HIV-negative status.

## DENIAL: A HUGE PROBLEM

"It is soul-destroying seeing people repeatedly come back to the clinic denying knowledge of their HIV status," says the head of the Wellness Programme at AngloGold's West Rand Region Hospital, **Dr Julia Botha**, "because their attitudes do not enable us to help them."

Botha and her team of nurses and HIV/AIDS counsellors have driven the VCT programme since it was started up in February 2001. Botha firmly believes that VCT is critical in the fight against AIDS. She has been involved in the industry for the last ten years and has seen the rate of infection rise from 10% to close on 30%. "The only way to stop the disease," she says "is through a change in behaviour. That is what VCT seeks to achieve." This, however, becomes difficult in the face of the general attitude of denial, the stigma still attached to the disease and a lack of knowledge which remains within communities.

"People remain in denial rather than face what is happening," she says.

On a daily basis Botha and her staff are faced with the full impact of the disease. Staff in the TB ward especially are increasingly stretched, as

they have to tend patients who are now unable to do much for themselves. In addition, nurses have become actively involved in AIDS education in the wards. More than 80% of TB patients are now HIV-positive while death amongst these patients has tripled over the last four years.

"It is depressing to see a continuous stream of young, previously healthy men dying," a nurse in the TB ward said. "Before we used to treat strong fit young men in the hospital for general ailments, but now we only see young, thin, ill patients."

It is this that has motivated Botha and her staff to promote VCT. The VCT programme is based largely on patient participation in their own diagnosis as well as ensuring that they too take responsibility for their treatment. The philosophy behind VCT is to keep HIV-negative patients negative and to get HIV-positive patients into the Wellness Programme. Their behaviour, she says, has to limit risk or exposure.

Peer education is critical to the success of the VCT programme.

"With good peer education you are likely to see a good VCT turnout," Botha says.



Dr Julia Botha, head of the Wellness Programme at AngloGold's West Rand Region Hospital.

## RURAL HEALTH INITIATIVE PILOTED AT LUSIKISIKI



South African Deputy President Jacob Zuma (centre) at the opening of the AngloGold Health Service clinic at Lusikisiki in South Africa's Eastern Cape Province. This pilot facility provides health care to dependants of AngloGold employees and to members of the surrounding community.

In December 2000, AngloGold launched its pilot health care facility for rural-based families of mineworkers in Lusikisiki in South Africa's Eastern Cape Province. The AngloGold Medical Centre forms part of the AngloGold Rural Health Initiative which aims to bring basic medical care to the dependants of employees living in rural southern Africa (who comprise 71% of the total employee base of the company). The clinic plays an important role in caring for employees who are too ill to continue strenuous physical work, irrespective of cause.

Currently funded and managed by AngloGold, the centre provides a range of primary health care services to both AngloGold families and the community at large. With qualified nursing staff, the centre has the capacity to treat 100 patients per day.

The success of the Lusikisiki Project will determine whether similar medical facilities are established in other rural areas.

## BAMBISANANI HOME-BASED CARE PROJECT SUPPORTING RURAL FAMILIES

The Bambisanani Project was founded in November 1999, through a consultative process between the Eastern Cape Provincial Department of Health and the community, as a result of an identified need to provide support for families affected by HIV/AIDS. The provincial health and social services are able to cope neither with the needs of the terminally ill and dying, nor with the AIDS orphans resulting from the disease.

The project was initiated in August 2000 and is being piloted in three districts in the north-

eastern part of the Eastern Cape Province, namely Bizana, Umzimkulu and Lusikisiki. This is a dense labour-sending area for both the mining and the sugar industries. Its population is also severely affected by HIV/AIDS. AngloGold is involved in this project through its support of TEBA (a rural development and recruitment agency) and the supply of pharmaceuticals at cost to the project. Further support is likely in the future.

For Dr **Gavin Churchyard**, who heads up Aurum Health Research, health research in the mining industry is about making a difference to the lives of ordinary people.

“We at Aurum are not conducting research for its own sake. If that is the case, we should not be here.”

Nor is it merely about doing academically stimulating work but rather, he says, about trying to improve the overall health of miners and the surrounding communities.

The work done by Churchyard and his dynamic team of doctors, researchers and nurses has attracted medical students and researchers from across the globe. It is not unusual to find a continual stream of researchers, health administrators and the like passing through their offices to learn first hand what the industry is doing to halt the spread of the virus.

The main areas of research conducted by Aurum have been in the area of HIV, TB and occupational lung disease. Some of this research has been done in collaboration with various international and local institutions.

One of the studies conducted by Aurum into the relationship between TB and HIV led to the establishment of Wellness Clinics, which have become an integral part of AngloGold’s strategy in dealing with HIV/AIDS.

Churchyard says this intervention has improved the health of miners. However, in the long term there needs to be more intensive integration between prevention and care. The industry, he says, also has to work towards more integration between the mines and the broader surrounding communities. Past interventions to reduce the number of infections failed because the focus was on miners and the outside communities were ignored. In the midst of an AIDS epidemic, it makes no sense, he says, to ignore the broader community.

“Ring fencing does not work, it is critical that the broader community is involved,” he says.

This has led to community interventions being broadened not only to include women, as well as those at high-risk who have multiple partners or sex workers, but beyond that, to address the youth as well.



Dr Gavin Churchyard, Head of Aurum Health Research.



Laboratory technician Victoria Moloi from Aurum Health Research is currently involved in a project investigating the effect of TB on the HI viral load of the HI virus. Moloi, like many of her colleagues at Aurum, is totally committed and focused on the work she is doing.



Buti Kulwane, project manager, Khutsong home-based care project.

**Buti Kulwane**, project manager of the Carletonville home-based care project, is extremely proud of the fact that this is fast becoming the model for community-based care programmes. What saddens him, however, is that while Carletonville is attempting to do something to deal with the scourge of HIV/AIDS, other communities will wait until it is too late.

Kulwane has been seconded by AngloGold to run the project. He has been involved in running the project since 1999 and has been instrumental in its development from a counselling support group to the provision of home-based care to AIDS patients, since the beginning of 2000, with an increased focus on AIDS orphans.

Sustainability of the project is what drives him. He has seen other pilot projects run into problems and believes that visionary management and leadership is the key to the success of such projects.

Kulwane knows what needs to happen whilst at the same time understanding the complexity of trying to raise awareness of the disease.

“We are still dealing with the stigma of HIV/AIDS. There was a time when people who came to our centre were branded as being HIV-positive, although we also treat other terminally ill patients.”

In recognition of the battles ahead, the model being developed in the Carletonville region is being named after Percy Mabote – the first person to publicly announce his HIV status to the Carletonville community in 1994.

The project currently supports 61 children in child-headed households in the township and provides home-based care to more than 100 terminally ill patients a month.

On average eight of these patients die in a month and are almost immediately replaced. The majority of them have not disclosed their status to their community.

People like Kulwane and his group of counsellors and those providing home-based care face death every day.

“We have accepted that death is part of life and when God gave us tears he knew that we would need them when we are in pain.”

## CARLETONVILLE HOME-BASED CARE



The Carletonville home-based care centre provides care for HIV/AIDS and other terminal patients in Carletonville and its adjacent townships of Khutsong and Wedela. Only a small ribbon on a board in the garden identifies this centre as one which deals with AIDS patients – a sad reflection of the stigma attached to the disease in the community despite the numbers dying.

The initial partners for the Carletonville home-based care programme were AngloGold, the Saambou Foundation and Gauteng departments of health and social services. More recently the UK-based Save the Children Fund has also become a significant benefactor. The centre has four key focus areas:

- palliative care by volunteer care-givers providing home-based care to the bedridden;
- support groups for people living with HIV or AIDS but who are still mobile;
- income generation and poverty alleviation programmes; and
- orphan care comprising the sourcing of welfare grants, food parcels and day-care for the young.

INTERVIEW

CASE STUDY

The AngloGold Fund and Educational Trust (the Fund) was established following the creation of AngloGold in June 1998 to take over the work undertaken by the Anglo American and De Beers Chairman's Fund on behalf of the gold companies. The latter, to which the gold mining operations had contributed for many decades, was one of the oldest and largest private sector social responsibility initiatives in the country. During 2001, the AngloGold Fund contributed some R16.5m to 262 projects across southern Africa.

The Fund's philosophy is to support people and organisations who make a real difference to their communities and who are helping themselves to improve their own circumstances. In this way the Fund is able to reach those people and communities who have been marginalised from mainstream society and provide access to other sources of funding. Although the focus of the Fund has traditionally been education – indicating one of the most pressing areas of need in the South Africa region – community health issues have become increasingly important as the consequences of the HIV/AIDS epidemic have become evident.

The Fund evaluates grants on merit from all over the country, although there is a clear need to support specifically those areas in which the company operates or from which its employees are drawn.

Some of the projects that have received funding from the AngloGold Fund during 2001 are described below.

### **National Association of Childcare Workers (NACCW), Eastern Cape**

Responding to the developing orphan crisis in the Engcobo region in the Eastern Cape is a pilot project of the National Association of Childcare Workers (NACCW), an organisation established in 1975 to train, support and develop child and youth care workers in both residential and rural community settings, who work with troubled children and young people at risk.

With the help of community leaders and provincial departments of welfare, NACCW identified sites of poverty with high incidences of HIV/AIDS infection. The aim of the project is to

train community workers to work with children who have been orphaned, who are at risk of contracting HIV/AIDS, or who are heading households as a result of the deaths of their parents and care givers. Through a range of interventions, the project will assist the children while they remain in their own communities, yet at the same time ensure that they develop to their full potential. Keeping the orphans within their communities rather than institutionalising them, is critical in preserving the social fabric of these communities and is in line with South African government policy.

### **Goldfields Hospice, Welkom**

Situated in the mining community of Welkom in the Free State, the Goldfields Hospice provides a wide range of services to towns around Welkom and is focused on providing community-based home care for terminally ill people, especially those with HIV/AIDS. The organisation also works extensively in the training of community care workers, particularly in townships and informal settlements around Welkom. The funds contributed by AngloGold provide assistance with the establishment of a new training centre and general support towards operating costs.

### **Paediatric HIV Working Group – University of Witwatersrand and Chris Hani Baragwanath Hospital**

The Wits Paediatric HIV Working Group (WPHWG) was established in 1999 to address the ever-increasing numbers of HIV-infected children being seen at public hospitals. The group comprises staff from three paediatric HIV clinics run at the Chris Hani Baragwanath, Coronation and Johannesburg hospitals and it includes paediatricians, counsellors, nursing assistants, dieticians, a psychologist, a medical officer and clinic co-ordinator. The aim is to renovate an area at the Chris Hani Baragwanath Hospital which will be used as a clinic, as a training centre for both health care workers and patients, and as a research facility. The funding provided by AngloGold will thus not only contribute towards the creation of a novel working unit, but will support a worthy cause in the fight against the disease and its impact on children.

## CONCLUSION

It is both impossible and foolish to ignore the devastation that AIDS is wreaking on the social fabric of South Africa and the broader southern African region. The scale of the tragedy is immense and as the epidemic moves into the symptomatic phase – where people become sick with AIDS-related illnesses – without a significant and affordable medical breakthrough, the death of 7 million people can be anticipated over the next ten years and more.

Although the costs of dealing with HIV/AIDS for AngloGold will be significant in the short to medium term, it will not have an impact on the prosperity of the company. AngloGold's extensive intervention programmes,

at work and in communities, in restricting the spread of the epidemic and in caring for those infected, will increase the time lag between HIV and AIDS and, in so doing, minimise the cost to the company and increase the healthy and productive lives of many employees.

AngloGold's efforts will not stop there, however. The company is committed to continuing its efforts to reduce the rate of HIV infection, to working at both international and national level in conducting vaccine trials and developing other therapies, and to promoting and supporting a national response to this crisis by reaching out into the communities to lessen the suffering of all those infected and affected.



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