

Lafarge employs approximately 7,000 people, i.e. 9% of the group's workforce, in 10 African countries among those worst hit by the AIDS epidemic: Benin, Cameroon, Kenya, Malawi, Nigeria, South Africa, Uganda, Tanzania, Zambia, Zimbabwe. Confronted with this serious threat to public health and with the lack of infrastructure in many of the countries in which it operates, Lafarge has a responsibility, due to its size and influence, to take a stance on this issue. The Group started various specific actions in 2000 to improve the management of health in Africa, and particularly the HIV/AIDS problem.

## LAFARGE APPROACH

To fight HIV/AIDS, Lafarge adopts a multi-partnership approach that involves relationships with the public sector, non governmental organisations (NGOs) and the medical sector.

In 2002, Lafarge was the first French Company to sign a partnership with the Global Business Coalition on HIV/AIDS which now includes more than 200 multinationals.

The Group encourages dialogue and transparency whilst preserving confidentiality and the anonymity of its employees who are affected by the virus.

### Basic Principles of Lafarge's HIV/AIDS policy:

#### At the Group level

- Respect of national legislation,
- No pre-employment screening
- No discrimination
- Total confidentiality
- Working conditions adapted for all sick employees.

#### In Africa:

- Education and prevention (distribution of free condoms and educational programmes by peer educators)
- Anonymous and voluntary screening, accompanied by advice
- Treatment and assistance for victims of sexually transmitted infections (STIs), opportunistic diseases and prevention of mother-child transmission
- Antiretroviral treatments in all operational units in Sub-Saharan Africa for employees and their families

## PEER EDUCATORS: KEY-PLAYERS IN THE PROGRAM

The peer educators are workers who have volunteered to receive HIV/AIDS training. Their objective is to make their colleagues aware of risks related to the epidemic and to encourage them to adopt a responsible attitude, to break the silence and combat against discrimination.

## THE PARTNERSHIP WITH CARE

In 2003, Lafarge signed a partnership with CARE for five years. CARE is a NGO committed to the fight against all forms of poverty in the world, among which HIV/AIDS. HIV/AIDS refers to long term social issues and to sustainable development. Lafarge and Care work together on two types of actions, global and local to:

- Implement a programme within the Group against HIV/AIDS in the workplace, especially in badly affected geographical areas
- Transfer expertise to Lafarge management
- Provide a contribution to the institutions and some sustainable initiatives in terms of methodology in the fight against HIV/AIDS in the work place
- Build a replicable information and organization system within the Group with respect to social issues in developing countries

The next step of this partnership will consist of developing public/private partnerships to extend and perpetuate the programme to include local communities.

## CONTINUITY OF THE PROGRAM: THE HEALTH COMMITTEE FOR AFRICA

The Health Committee for the African region was launched at the start of 2002. It is made up of Health & HIV/AIDS managers from each division, a corporate representative, a CARE representative and a medical adviser. The Committee meets every quarter with the aim of coordinating their programmes and exchanging experiences and local good practices. To ensure the continuation of local programmes, the Committee established a "Road Map", which lists the significant and successive stages that BUs have to achieve. Exact indicators allow development of each unit to be assessed and represent a key management and progress-check tool.

## RESULTS IN 2006

- 90% of employees in Sub-Saharan Africa benefit from prevention and information activities and from distribution of free condoms.
- 40% of the employees have voluntarily participated in testing campaigns
- 9 countries offer access to antiretroviral therapies (ART) for workers and their families
- About 300 people are currently under antiretroviral therapy.

**ACTIONS IN 2005-2006****Extension of our programmes to include local communities and contractors:****In Uganda**

The Hima cement plant is very remote and therefore cannot benefit from government anti-HIV/AIDS programs. Following the programme initiated in the workplace, the subsidiary launched a partnership with USAID in 2003 to extend its activities to neighbouring populations who now have access to the internal clinic for prevention and accompanying anonymous testing.

More recently, this public-private partnership allowed local communities to have free access to antiretroviral therapies. In addition to our employees and their families, 120 people are currently concerned.

**In Cameroon**

The HIV/AIDS programme is based on prevention, anonymous testing (in partnership with the public day hospital La Quintinie of Douala and the Pasteur Institute in Garoua), and treatment. Our subsidiary Cimencam has extended its awareness campaigns and testing to sub-contractors and customers. In July 2006, 389 sub-contractors and 143 customers took part in an information campaign and in voluntary, anonymous and free testing.

**Extension of our programmes to other geographical areas:****China and India**

The experience and expertise acquired by the Group in the Sub-Saharan Africa pilot project is currently being extended to other areas of the world. Since 2004, China and India have launched information campaigns concerning HIV/AIDS in the workplace, particularly to coincide with World AIDS day on 1st December.

**Extension of our programmes to malaria:**

An internal study carried out in mid-2005 showed that 35% of the visits to our medical centres were linked to Malaria.

This high percentage led the Group to launch Malaria programs (prevention and treatment) at the end of 2005 in our business units in Sub-Saharan Africa.

**CONTACTS****COMMUNICATION**

Stéphanie Tessier : 33-1 44-34-92-32

[stephanie.tessier@lafarge.com](mailto:stephanie.tessier@lafarge.com)

Lucy Wadge : 33-1 44-34-19-47

[lucy.wadge@lafarge.com](mailto:lucy.wadge@lafarge.com)

Louisa Pearce-Smith : 33-1 44-34-18-18

[louisa.pearce-smith@lafarge.com](mailto:louisa.pearce-smith@lafarge.com)

**PERSPECTIVES FOR 2007****Arab League Countries**

In spite of a rather low prevalence rate, the Middle East and North Africa are experiencing rapid growth of the virus. According to UNAIDS, 67 000 people are living with HIV/Aids in the region. With nearly 3 000 employees in these countries, Lafarge has decided to participate in the UNDP programme to implement campaigns against HIV/Aids.

**Russia - Ukraine**

In 2006, the GBC merged with TPAA (Transatlantic Partners Against Aids), a NGO specialized in the fight against HIV/Aids in Russia and the Ukraine. This merger will give Lafarge the opportunity to develop prevention programmes among its employees in these countries.

**Public-Private Partnerships**

In order to extend its HIV/AIDS programme to local communities, Lafarge would like to work more closely with international funds (Global Fund to Fight AIDS) as well as with bilateral cooperation agencies (GTZ, USAID...) as part of public/private partnerships.

**THE COST FOR LAFARGE**

The HIV/AIDS epidemic decimates the working population and endangers the level of economic and social development in affected countries. The epidemic therefore has a significant impact on human resources on the one hand, and on market durability on the other hand, which results in significant costs for companies.

In 2004, before the launch of the Lafarge action plan, the Boston University School of Public Health analysed the spread of costs generated by a colleague living with HIV/AIDS, in a factory in Uganda.

The estimation of the annual cost generated by a person living untreated with HIV/AIDS is approximately €4.600. As well as the visible costs of 7% absenteeism, 3% additional medical care and 5% death and retirement benefits, the study highlighted the hidden costs: 29% in reduced productivity, recruitment and training replacement worker 29% and supervisor time 27%.

This study strengthened the validity of Lafarge's approach, as the Group has decided to be a responsible actor, concerned about the human crisis, and conscious of economic issues in the short and long term.

In 2006, the budget devoted by Lafarge to the fight against HIV/Aids is more than €1 million.