

PRESS RELEASE
October 27, 2003

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TWELVE MONTHS AND COUNTING: COKE'S HIV/AIDS TREATMENT PROGRAM IN AFRICA STILL JUST A PUBLIC RELATIONS PLOY

A year after an international advocacy campaign aimed at winning HIV/AIDS treatment for workers of multinational corporations in Africa, AIDS activists contend that Coca-Cola continues to stall rolling out treatment programs with its bottlers in Africa. Coke is being honored in Manhattan tonight at star-studded "Youth AIDS Gala" with an award from a social marketing group, Population Services International's program, for its effort to fight HIV/AIDS in Africa, but to date its efforts have been focused on publicity and signing agreements rather than actually initiating treatment on the ground.

Coca-Cola first announced its AIDS marketing program in June 2001 at a United Nations meeting on HIV/AIDS. Although it started treating its 1400 core corporate employees at that time, it neglected to address the treatment needs of the other 60,000 Coke-system employees who work with Coke's African bottlers and distributors. Beginning in

April 2002, Health GAP and other treatment activists launched a worldwide campaign against Coca-Cola for its failure to provide a comprehensive workplace HIV/AIDS care and treatment program for its workers in Africa and elsewhere who were employed directly or indirectly by Coke's affiliated bottlers and distributors. After demonstrations in New York, Washington, Atlanta, Boston, and Barcelona in the summer of 2002, an October 17, 2002 Global Day of Action on four continents increased pressure on Coca-Cola to commit to a comprehensive and sustainable workplace treatment program. As a result of this pressure, Coke announced an initiative to provide antiretroviral therapy to workers and their dependents on September 27, 2002, the Coca-Cola Africa Foundation and Bottlers in Africa HIV/AIDS Healthcare Program. On March 31, 2003, it announced that it had reached formal agreement with all of its bottlers.

Health GAP contends that Coca-Cola's cost-sharing and co-payment policies and lack of commitment to directly provide HIV/AIDS treatment have resulted in a dearth of programs actually available to its system's workforce. While nearly all of its bottlers enrolled in the program on paper, today only 5 bottlers out of 55 have launched actual HIV/AIDS treatment programs. These are Kenya, Nigeria, South Africa, Tanzania and Egypt.

"Where's the real thing?" asks Sharonann Lynch of Health GAP, coordinator of the "Treat Your Workers" campaign. "Coke must acknowledge that the number of programs implemented thus far and the limited enrollment of people living with HIV/AIDS are indicia of failure." Lynch continued. "Memoranda of understanding between Coke and its bottlers are no substitute for actually ensuring treatment for workers and their dependents dying every day of AIDS-related diseases."

"Coca-Cola has failed to show its commitment by insisting that bottling 'partners' cover 40% of program costs and that employees cover another 10% and by not honoring its promise that such 'cost-sharing' will not serve as a barrier to participation by all bottlers in Africa," said Amanda Lugg of Health GAP. "Bottlers are straggling because Coke let's them get away with paper promise," according to Lugg.

According to activists monitoring the initiative, the cost burden and lack of leadership from Coca-Cola are primarily responsible for the delay in program implementation. While other corporations, such as mining giant Anglo-American and Heineken and medical or health professionals in charge of its HIV/AIDS policies, Coke's program is still being run by public relations representatives, namely Robert Lindsay, VP of Public Affairs & Communication of its Coca-Cola Africa Foundation.

"Coca-Cola must integrate HIV/AIDS workplace policies and protocols into its system-wide operations and it must threaten to drop bottling partners who don't comply," said Brook K. Baker of Health GAP. "In addition, Coke must provide a clear timeline for extending coverage for AIDS treatment in Africa and must extend its treatment policy to operations in developing countries outside of Africa," Baker continued. "Coke reaps unearned praise while workers die; this is corporate complicity and sham compassion at its worst."