Global Business Coalition
West and Central Africa Workshop
Accra, Ghana

Obuasi Limited

MALARIA CONTROL
as a best practice
Corporate Social Responsibility Programme

OBUASI - GHANA

Steve Knowles ï AGA Malaria Programme
Steve Knowles (malaria Programme Director) says:

The AngloGold Ashanti Malaria Control programme is the best example of a sustainable Corporate Social Responsibility programme with a win–win for Company and community.

London Financial Times

The above statement is very true—i.e., an effective, efficient malaria control programme embracing the community in which the company operates, is the best CSR for a company operating in a malaria endemic area.

At Obuasi it has not only reduced the burden of malaria in the community, increased school attendance and won the gratitude of the community (and recognition of the Govt.) but has also reduced absenteeism at the mine, increased productivity and reduced the cost of malaria medication to our employees and dependents.

At corporate level it has a return on investment and has the backing of the shareholders.

Why are we doing the Governments job?
AngloGold Ashanti is a global gold producer and operates in 22 countries including Argentina, Australia, Brazil, Ghana, Guinea, Mali, Namibia, South Africa, Tanzania, and the United States. With exploration in Alaska, China, Malaysia, Philippines, and Laos, AngloGold Ashanti strongly believes in Corporate Social Responsibility and regards local community involvement and development as a key issue for sustainable operations.

Extract from AGA mission:
“...strive to form partnership with host community, sharing their environment, traditions and values, we want communities to be better off for AngloGold Ashanti having been there...”

AGA believes that they should be involved and initiate social & environmental projects in the communities in which they operate. In addition to benefiting the people, the reduction of malaria in their community and mine makes good economic sense and the lessons learnt will be used to initiate similar projects in their other operations.
To quote from the AGA Report to Society 2004

“... Malaria remains the most significant Public Health threat to AngloGold Ashanti operations in Ghana, Mali, Guinea and Tanzania..”

You only have to superimpose a map of our global operations over the world malaria map to see the need for an overall group malaria strategy
MALARIA CONTROL PROGRAMME

Regional Malaria Prevalence

OBUASI
OBUASI MALARIA CONTROL PROGRAMME

Integrated Malaria Control Programme

Encompasses:
- The mine
- Town
- Surrounding villages

Initial Cost: USD $ 1.7 mill
Thereafter: USD $ 1.3 mill

Programme is forever!

AIM: Reduce incidence of malaria by 50% in 2 years
The Obuasi Mine hospital (Edwin Cade) saw on average 6800 malaria patients per month of a workforce of 8000.

Of these 2500 were mine employees. With an average of three days off per patient it equates to 7500 man shifts lost per month.

This coupled with the slow work rate during recuperation, resulted in a major loss in production.

Costs of medication for treatment was in excess of USD $ 55 500.00 pm

Government Hospital and clinics in Obuasi

- 12009 cases per month
- 48% of all cases seen at Obuasi hospitals / Clinics
- Heads the top 10 killers – 22% of all deaths
OBUASI MALARIA CONTROL PROGRAMME

Obuasi Integrated Malaria Control Programme

- Vector Control - Indoor Residual Spraying (IRS)
- Distribution of Insecticide Treated Nets (ITN’s)
- Larvicide of breeding areas (water bodies)
- Environmental Management (screens, lifestyle change)
- Surveillance, Monitoring & Evaluation, Research
- Advocate use of Repellants (night shift workers)
- Information, Education, Communication (community)
- Early, effective diagnosis & treatment
An average decline of over 5800 cases per month since 2005 (75%)
MALARIA - TOTAL CASES 2005-2009
Edwin Cade Hospital

- Round 1
- Round 2
- Round 3
- Round 4

Cases

Months

- 2005
- 2006
- 2007
- 2008
- 2009
## Malaria medication costs – Edwin Cade Hospital

<table>
<thead>
<tr>
<th>Year</th>
<th>TOTAL $</th>
<th>EMPL$</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>55 000.00</td>
<td>22 000.00</td>
</tr>
<tr>
<td>2006</td>
<td>26 000.00</td>
<td>9 000.00</td>
</tr>
<tr>
<td>2007</td>
<td>15 000.00</td>
<td>4 000.00</td>
</tr>
<tr>
<td>2008</td>
<td>11 000.00</td>
<td>3 000.00</td>
</tr>
<tr>
<td>2009</td>
<td>10 000.00</td>
<td>2 000.00</td>
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</table>

## Lost man days due to malaria

<table>
<thead>
<tr>
<th>Year</th>
<th>Average monthly</th>
<th></th>
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<tbody>
<tr>
<td>2005</td>
<td>6983</td>
<td></td>
</tr>
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<td>2006</td>
<td>4423</td>
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<td>2007</td>
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<td>2008</td>
<td>338</td>
<td></td>
</tr>
<tr>
<td>2009</td>
<td>282</td>
<td></td>
</tr>
</tbody>
</table>

## Incidence Rate / 1000 employees

<table>
<thead>
<tr>
<th>Year</th>
<th>Average monthly</th>
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</thead>
<tbody>
<tr>
<td>2005</td>
<td>238</td>
</tr>
<tr>
<td>2006</td>
<td>16</td>
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<tr>
<td>2007</td>
<td>61</td>
</tr>
<tr>
<td>2008</td>
<td>46</td>
</tr>
<tr>
<td>2009</td>
<td>41</td>
</tr>
</tbody>
</table>

Results have shown an average incidence reduction of 75% (5800 cases)
OBUSA MALARIA CONTROL PROGRAMME

- 4th year started in Feb 2009 in Town, mine, and surrounding villages
- The downward trend of cases continued (76% reduction since 2005)
- 139,000 structures sprayed (approx. 36,000 houses)
- Positive response & acceptance from community
- Community Education programme using committees, radio, media, banners
- 128 jobs created from community
- International recognition; Global Business Coalition - Business Excellence Award and two Pan African Health Awards
- US PMI - Assistance with, training at Obuasi and key per's secondment to assist with the implementation of IRS in the North
- The Global Fund Grant will be implemented in December 2009 and is based on scaling up the ÑObuasi Modelòto 40 districts in Ghana ($133 mil)
OBUASI MALARIA CONTROL PROGRAMME

Future

- Apply the “Obuasi Model” at other sites:
  - AGA mines in Africa and global
  - Assist other companies operating in Ghana
  - Rural areas - assisting Govt. programmes
- Ultimately become part of the Govt. National Programme
- Funding:
  - Seek external funding for sustainability (GFATM, WB, USPMI)

The Global fund to fight Aids, Tuberculosis and Malaria (GFATM)

Ghana is the recipient of a USD $133 million grant for an Indoor Residual Spraying linked Malaria Control Programme. The Grant is to be based on the “Obuasi model” and be implemented by Anglo Gold Ashanti. It is the first time a Private sector company will be the Principal Recipient of a GFATM grant in Africa.
AngloGold Ashanti's programme is a partnership with Ghana Health Service, the National Malaria Control Programme (NMCP) and the local Obuasi Municipal Assembly coupled with the benevolent approval of the Ministry of Health.

A Private Sector Malaria Control Programme would be impossible without the support and consent of the National Government. By the very nature of using Insecticides and involving the public approval must be received from the Ministry of Health but also the Environmental Protection Agency and the national malaria people on the ground. It must conform to the National plan.

In fact in Obuasi case we are so interlinked with the NMCP that the Obuasi model has become the national plan.
Together against Malaria

AngloGold Ashanti

Ghana Health Service

Obuasi Malaria Control Programme

Obuasi Municipal Assembly

EPA
MALARIA CONTROL PROGRAMME

CONTROLLING MALARIA IS OUR PASSION

SAVING LIVES IS OUR GOAL

OBUASI - GHANA

THANK YOU!