

Lafarge

BUSINESS OVERVIEW:

Lafarge is a multinational company producing and selling building materials and is the world leader for cement production. It ranks first in aggregates production and third in the production of concretes and gypsum. The Lafarge group operates in 13 African countries where it employs around 12,500 people, representing about 16% of its global workforce. Sub-Saharan Africa represents about 10% of its group sales, which makes it a region of importance, especially in consideration of its potential as a fast growing market with a strong demand for Lafarge products.

At Lafarge, health and safety is a top priority, embodied in the company's ambition to be among the healthiest and safest companies in the world and to be recognized as such by all stakeholders. Lafarge's strong conviction is at the core of its Principles of Action that states, "There cannot be a sustainable leader without respect for the environment and social responsibility." The company recognizes that health is part of the business strategy and that emerging markets are essential for Lafarge's future, since they play an equally significant role in the company's sustainability strategy. In order to address inequalities and expectations in low and middle-income countries, Lafarge strives to create value for new staff. Health is part of this strategy, as it is related to productivity and profitability.

PROGRAM DESCRIPTION

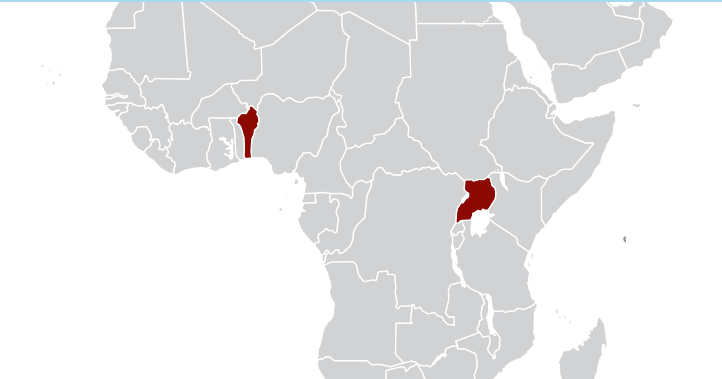
Health has always been a concern for Lafarge and has been historically managed at the business unit level. With the integration of Blue Circle in 2001, Lafarge faced new health issues and quickly became involved in efforts to prevent and treat HIV/AIDS in sub-Saharan countries. Since 2001, its mobilization efforts have resulted in a dramatic reduction in the mortality rate in its business units. But malaria continues to affect employees and their families in

nine countries of operation. It is the second largest reason for consultations to the company clinics and causes 45% of absenteeism in Nigeria. Since malaria and HIV/AIDS are not the only diseases impacting its activities, the company is moving toward more comprehensive health strategies, including insurance, systematic periodic medical check-ups, checking of chronic and degenerative diseases and regular quality assessments of its retainer hospitals.





REGION: BENIN, UGANDA



INTERVENTION TYPE: COMMUNITY INVESTMENT

INDUSTRY TYPE: BUILDING MATERIALS

WEBSITE: www.lafarge.com

Comprehensive Malaria control

Lafarge developed a comprehensive Malaria control Road Map that targeted at its employees, their families and also contractors. Lafarge’s malaria control program includes awareness creation, malaria control in pregnancy, vector control, diagnosis, anti-malarial treatment and home-based management of malaria.

Goal

To promote a healthy workforce through the provision of a comprehensive integrated healthcare system

Program Scope

Lafarge’s malaria program covers contractors and employees’ families. In Benin and Uganda, the program extends to the surrounding local communities.

Outcome

- In Benin and Uganda, there were noticeable results such as decrease in malaria- related absenteeism (41% in Benin between 2005 and 2008).
- Reduction in malaria cases in the community (see graph).
- The combination of an aggressive prevention strategy (distribution of mosquito nets to employees and families), education and awareness programs, systematic usage of Malaria Quick Tests and prescription of ACTs to all simple cases show the cost efficiency of addressing malaria seriously in the workplace.
- Lafarge’s success led to the building of stronger alliances and deeper relationships in the regions of operation. In September 2010, the Benin unit received financial support to enrich its health project from the GlaxoSmithKline Foundation.

Malaria Prevention and Treatment

Lafarge’s malaria road map is about prevention and treatment. All business units are expected to have awareness and education programs in place, provide treated nets to their entire staff, and implement adequate vector control measures in their working sites and housing estates. In every site, Lafarge’s malaria program covers contractors and employees’ families. In two pilot business units (Benin and Uganda), Lafarge is extending its malaria program to the local communities. This is based on the recognition that only large-scale prevention programs can have an impact on the mosquito population and individual behavior, whether in terms of net coverage or indoor residual spraying (IRS). From the treatment point of view, all sites also provide adequate prophylactic treatment to all pregnant women, perform systematic bio-diagnosis and provide recommended anti-malaria treatments.

Emphasis is therefore placed on the “prevention is better than cure” slogan. Lafarge believes that by protecting its stakeholders from malaria, it will not only decrease the burden of patients in its clinics, but will also achieve positive impacts on medical expenses.

CRITICAL SUCCESS FACTORS

Engaging Active Employee Peer Educators

Peer educators are essential for any employee health program. In Lafarge, these are employee volunteers who use education and communication to ensure that their colleagues and other members of the community are aware of the local health challenges. They do not receive extra pay for the job they carry out. In Lafarge, there is approximately one peer educator per 20 employees. This group has been incredibly valuable for initiating dialogue with various groups.

Building strong partnerships

For Lafarge, building partnerships with public or non-governmental organizations to deal with health related issues was paramount as the company was quick to realize that health does not fall under its core competency. For the public organizations on the other hand, forming partnership with Lafarge created a forum and an entry point to reach a network of people through its supply chain: contractors, suppliers, etc. Such private-public partnership constitutes a good entry point

to engage a large number of people, who otherwise would be difficult to reach (e.g. truck drivers – a mobile population).

Persistent Leadership to Overcome Challenges

Though beneficial in the end, partnerships can prove difficult to build at the beginning while implementing malaria programs, as there are challenges associated with identifying potential partners. There are also challenges associated with reaching out to target groups. For instance, Lafarge’s pilot unit sites (Benin and Uganda) are located in remote areas where the populations are often “forgotten” because they are very far from towns (sometimes more than a two hour driving distance). In both cases, the company was persistent in reaching out to various organizations and was continually referred from one organization to another, until it found a fit with partners in an existing project. Though discouraged at first, the company invested a lot of time, energy, resources and motivational efforts in this process in order to reach agreements and achieve results in the end.

Likewise, diversity of partners can mean diversity of messages and focus areas. In the case of malaria, this can be confusing, as one organization could support IRS as the strategy to be adopted, while another might support mosquito net coverage as the better strategy. On a global level, Lafarge prides itself in partnering with worldwide organizations, such as CARE and GBC, and maintaining long-lasting local relationships with strong and sustaining partners, such as GTZ, USAID and the GlaxoSmithKline Foundation.

