2016 BE Health Annual Review
Spreading health from the workplace to the local community
In 2016, we continued to prove that we can build capacity in health at the workplace and transfer it to the local community to empower people.

We also showed our members that their donations are invested in the changes they want to see.

Letter from our Chairman of the Board

We believe in a world where health is contagious. We have proved over the last four years that health can be effectively spread from the workplace to the local community.

Four years of effective implementation has enabled our ambition to be achieved. The commitment and work of every single team member and healthcare partner have made a positive impact on the communities in which our company members operate.

We received invaluable advice from our Advisory Board. We hired high-qualified coordinators in Bangkok and Djibouti. We trained exceptional employees to become peer health educators and extraordinary slum dwellers to become community health volunteers. We organised various tuberculosis and HIV prevention campaigns both at the workplace and in local communities. We developed, together with our public healthcare partners, community-based projects such as active TB case finding, social protection for poor TB patients, TB and HIV patient accompaniment and the tracking back of lost TB patients to avoid multi-drug resistant TB.

Although we are proud of what we have done so far, we are aware that we can do more.

We aim to extend our activities in Bangkok and Djibouti by inviting additional mid-sized companies to join our programmes as every company has an interest in improving the quality of its business health environment. Good health brings company’s social and economic objectives into alignment.

I thank each of those who made and will make it possible for our ambition to be realised.

Markus Semer, Chairman
We believe that we can bring mid-sized companies’ workplace and their local communities closer together by implementing straightforward and measurable actions to contribute to reduce infectious diseases such as HIV/AIDS, Tuberculosis and Malaria in employees’ local communities. We give vulnerable communities the knowledge they need to protect themselves against these diseases and support those who need assistance.

Our foundations

International mid-sized companies experience the same recurrent health issues in their business context as large multinationals which are able to contribute with substantial funds to reduce health risks. Mid-sized companies have though limited financial resources to set up large-scale projects to have a positive impact on their health environment. We provide mid-sized companies access to ready-to-implement health programmes that enable them to impact their business context.

The workplace is not only a place where work is done, it is also an environment where people cooperate and exchange knowledge and information. The workplace is therefore a privileged environment that makes people knowledgeable about infectious diseases. BE Health believes that it can bring mid-sized companies’ workplace and their local communities closer together by implementing straightforward and measurable actions to contribute to reducing infectious diseases such as HIV/AIDS, tuberculosis and malaria in employees’ local communities. We give vulnerable communities the knowledge they need to protect themselves against these diseases and support those who need assistance.

The workplace is also an open door to employees’ local communities, where information, knowledge and support can be brought to family members and their neighbourhoods. BE Health allows employees and people from their communities to acquire basic and essential knowledge which contributes to positive changes in behaviour and reducing the rate of infectious diseases among high-risk populations in low- and middle-income countries.

We invite its company members to associate their stakeholders in collecting the necessary funds to finance BE Health’s activities at the workplace and in the local communities.
BE Health spreads health by bridging the workplace to the local communities and by empowering high-risk populations to reduce infectious diseases such as HIV/AIDS, tuberculosis and malaria.

We believe that, like health, positive thinking is contagious. It helps to overcome obstacles and difficulties and brings often positive results. That is why OPTIMISM is part of our values.

And so is COOPERATION, because we believe that working effectively together with our members and public healthcare partners generates powerful outcomes for the local communities where we are operating.

We also believe in OPENNESS because innovative solutions and solidarity without prejudice open doors to health for people in need.

EMPOWERMENT stays at the centre of our world, because helping people to help themselves and building capacity lead to the SUSTAINABILITY of our impact.

Khun Natta Srinongmek was breathless and fevered before being diagnosed with TB. Today, she is cured.

“Daily injections for three months caused pain throughout my body. My knees were aching; I lost my appetite and looked dreadful. I felt so bad that I didn’t even want to go to see the doctor anymore. But I had to go if I wanted to be cured. I felt so bad during the first three months of my treatment, but my husband encouraged me to do some physical exercise, while the friendliness and advice of BE Health’s peer educators reassured me. They motivated me to take care of myself and to regularly see the doctor to be cured. Today, I take good care of myself. I quit smoking and even avoid smoke, dust and other people’s coughing, because I don’t want to be sick anymore.”
Alerted to how widespread tuberculosis is in the world (1.5 million deaths in 2015), our founding member, Kempinski Hotels, started a company-wide communication campaign to raise awareness of the disease among all its employees and guests. It appeared during these campaigns that employees in low- and middle income countries were in regular contact with tuberculosis.

Kempinski realised that, as a mid-sized international company, it had to take appropriate action to protect employees and guests from infectious diseases. A company cannot function in isolation from communities where it operates. Hotels fully depend on local employees while the success in business depends on both external and local guests. Kempinski therefore wanted to align its economic and social goals to improve the quality of its business environment in countries where new tuberculosis cases appear every day. That is how the idea of BE Health came into existence.

Together with Hellweg, Landor, Bloch & Partners, and Bridge over, Kempinski decided to leverage its resources with the aim of contributing to reducing the spread of tuberculosis to protect employees, their families and communities. HIV and malaria were adjoined to this vision since it would not take more resources in addition to the expected prevention efforts. Our goal is to make health contagious. BE Health builds a bridge between businesses and high-risk communities burdened by tuberculosis and HIV/AIDS by bringing the necessary knowledge which enables them to protect themselves. BE Health’s prevention activities target employees at the workplace and people in the local community. BE Health also supports actively tuberculosis patients and people living with AIDS, in particular those living in poor social conditions.

In 2013, we launched its first programme in Bangkok. Education and awareness in health through peers are amongst the most successful and cost-effective ways to prevent the spread of infectious diseases and to build capacity. In collaboration with Raks Thai Foundation, we trained our first 27 employees from Siam Kempinski Hotel to become a peer health educators in tuberculosis and HIV.

After their training, our peer educators transferred their knowledge about tuberculosis and HIV to more than 300 colleagues. Three months later, they started to empower people in Khlong Toei, Bangkok’s biggest slum, near the river.

At the end of 2014, we expanded our activities by implementing a second programme in Djibouti, where more than 100 new cases of tuberculosis are registered every week. We trained 24 employees in partnership with Djibouti’s Ministry of Health. They have been active ever since and organised more than 60 prevention sessions amongst their colleagues. They also got organised to find lost tuberculosis patients who abandoned their medication. This activity is vital to avoid multi-drug resistant tuberculosis.

We built solid partnerships with Bangkok’s Metropolitan Administration and Djibouti’s Ministry of Health. From there, we collaborated with Khlong Toei’s Healthcare Centre 41, and our peer educators followed up on their tuberculosis patients to help them to avoid social isolation and medical treatment withdrawal. We also launched ten health promotion campaigns in Khlong Toei together with the NTP department. This year, we started active TB case finding in Khlong Toei and we provide social protection to those tuberculosis patients who are living in extreme poor living conditions in Khlong Toei.
Our operating model ensures that health knowledge, people empowerment, support and detection of infectious diseases are delivered with care and effectiveness. It makes sure that our objectives are accurately implemented and that donations are straightforwardly invested.
Enhance and build capacity to spread health from the workplace to the local community

**Objective 1 – progress since implementation**

The implementation of our objectives is straightforward and our programmes have measurable outcomes. The workplace and local community activities have been built up and consolidated over the years. Our outcomes numbers show the cumulated activities.

- **20** The number of active PEER HEALTH EDUCATORS
- **193** The number of prevention sessions at the workplace
- **17** The number of special health promotion events at the workplace (tuberculosis, HIV, stop smoking, healthy lives).
- **1650** The number of employees reached through prevention activities (group sessions and communication campaigns)
Objective 2 - progress since implementation

Empower people in the workplace and local community in order to prevent infectious diseases

<table>
<thead>
<tr>
<th>The number of community visits by Peer Health Educators</th>
<th>The number of special health promotion events at the local community</th>
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<tbody>
<tr>
<td>536</td>
<td>9</td>
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<table>
<thead>
<tr>
<th>The number of active COMMUNITY HEALTH VOLUNTEERS</th>
<th>The number of people screened for TB and/or HIV in the local community</th>
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<tbody>
<tr>
<td>8</td>
<td>1349</td>
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In order to ensure the sustainability of our programmes in Bangkok and Djibouti, BE Health partners with the public sector in both countries. We believe that public-private partnerships and a joined commitment can make the most vulnerable people durably stronger.
Since September 2016, BE Health’s COMMUNITY HEALTH VOLUNTEERS undertake active TB case finding in Khlong Toei. At the same time, we also launched social protection for tuberculosis patients. We will steadily expand our work to keep the poorest tuberculosis patients in treatment until their complete curing.

Address and empower tuberculosis patients and patients living with Aids

**Objective 3 - progress since implementation**

- **8200**
  - The number of people reached for prevention activities in the local community

- **97**
  - The number of tuberculosis patients and PLWA followed by peer educators

- **99**
  - The number of suspected cases referred to the Healthcare Centre

- **20**
  - The number of detected TB cases, reported to BE Health
Objective 4

Strengthening relationships between BE Health and the private & public sector to create shared value

In Bangkok, we partner with the Ministry of Public Health, the Health Department of Bangkok, the Healthcare Centre 41 in Khlong Toei and with Chumchon Mooban Pattana School in Khlong Toei.

In Djibouti, we partner with Djibouti’s National TB and HIV Programmes and with Hospital Dr. Chakib Saad.

BE Health’s corporate members and corporate donors.
Revenue

2013 - 2016

CHF 1,655,414

2016

CHF 442,396

92% MEMBERS’ DONATIONS

8% INDIVIDUAL DONATIONS

The costs of the setting up and achieving our objectives have been built over the first years of activities. This is why we have merged the first four years, while highlighting 2016.

Expenses

2013 - 2016

CHF 1,592,803

2016

CHF 392,620

33% PROGRAMME BANGKOK

31% PROGRAMME DJIBOUTI

36% OPERATING EXPENSES

We work today on scaling up our activities in Bangkok and Djibouti to raise additional funds, and increase our activities and impact.

We are mainly financed and supported by our members through corporate donations. Both members, Kempinski Hotels and Hellweg, associate their hotel guests and store customers to collect funds for our activities. We also receive donations in kind such as legal advice, accounting services, marketing and communication assistance.
Active TB case findings

Active case finding is vital to prevent tuberculosis from spreading amongst the most vulnerable and those living in poor living conditions. In Bangkok, we trained eight COMMUNITY HEALTH VOLUNTEERS living in Khlong Toei to identify people with suspected active tuberculosis. Since September 2016, they have been endlessly crisscrossing, during their free time, the narrow alleys of their neighbourhoods to go from door to door to screen their fellow slum dwellers. During each outing, they identify eight to ten suspected tuberculosis cases, who are sent to Healthcare Centre 41 to undergo diagnostic tests. They will continue their work throughout 2017.

Tuberculosis is the highest occurring opportunistic infection among HIV/AIDS in Thailand, which is the reason why suspected TB cases we screen are also systematically screened for HIV.

Social Protection for TB patients

Social protection for one pulmonary tuberculosis patient costs on average THB 18,000 (CHF 517), while a multi-drug resistant tuberculosis patient needs THB 47,500 (CHF 1,364) to support him through his medication.

Our Peer Health Educators will follow up on the diagnosed tuberculosis patients who were detected by our Community Health Volunteers. Our team experienced that poverty is often at the root of tuberculosis and that the traditional curative approach to end tuberculosis is not enough. Adequate nutrition, improved housing conditions and empowerment are vital for extremely poor patients during their entire medical treatment. A six-month treatment prevents tuberculosis patients from earning a living, sending them into a downward poverty spiral. Multi-drug resistant tuberculosis patients need 20 months’ medical treatment to be back on their feet.

This is why BE Health took the decision to provide at least 30 TB patients with social protection in 2017 and increase this number every year. Social protection retains tuberculosis patients into the health care system and complements tuberculosis prevention and treatment programmes.
Khun Sukanya has two small children and lives, together with her aunt and four grand-children in one room in the middle of Khlong Toei. Kuhn Sukanya has been infected with tuberculosis and because she is too weak to work, she lost her job and daily wage of CHF 8.50 at the factory.

Today, Khun Sukanya has just the strength to wash her neighbour’s cooking pots. She earns CHF 7.- a week for this, which is not enough by far to feed her two children and to pay her part of the rent and for her daily transport to the Healthcare Centre where she gets her medication.

Khun Sukanya won’t be able to keep her head above water alone during her treatment. She needs support until she is cured.

Thanks to our donors, we can help her with her daily transport to Healthcare Centre 41, bring her food for herself and her children and contribute to her rent until she is fully cured and back at work.
Teamwork is our strength. We aim to build strong and committed teams to fulfil our objectives. Our targets are clear-cut and our engagement is forceful. At the same time, we are aware that if we want to build capacity and empower people in the local communities, we need to start with our teams. Driven by their generous commitment towards their peers, our peer educators and community health volunteers joined our programmes voluntarily. And although they were thoroughly trained in tuberculosis/HIV and in communication skills by healthcare professionals, they were also in need of support and guidance. In addition, their activities had to be connected to existing national tuberculosis and HIV programmes. Cooperation and teamwork were therefore the foundations for making the changes we wanted to achieve.

Along the way, we encountered challenges, which we met together. Each team member brought personal value and creative ideas to handle unique situations. We collaborated closely with our company members’ management to coordinate peer health educators’ work at the workplace and in the local communities. From the beginning, we cooperated with Bangkok’s National TB programme to screen Khlong Toei’s slum dwellers during community events. We pooled resources with Healthcare Centre 41 in Khlong Toei to support poor TB patients, coordinate active TB case finding and design our social protection model. In Djibouti, we collaborated with the Ministry of Health to train our peer health educators and to locate tuberculosis patients who dropped out of their medical treatment and bring them back to their healthcare centre. We have learned from each other over the past three years during the various activities we conducted together - we helped each other to meet our targets.

This close teamwork would not have been possible without the commitment of BE Health’s coordinators in Bangkok and Djibouti. They brought their experience, skills and commitment to fulfil our objectives. They brought their human insight and passion to support and strengthen our peer health educators work. They brought their expertise to help our goal bridge those of our public health partners. Together, we set our strategy for the upcoming two years: to increase the number of people to be reached in terms of TB and HIV prevention at the workplace and in the local community, to continue our active TB case finding programme, to consolidate social protection for TB patients and to reduce the number of TB patients who withdrew from their medication. I know that, together and only together, we can achieve our goals.

Anne Marie Bettex, Managing Director
Khun Nattapon, laundry supervisor at Siam Kempinski Hotel in Bangkok, joined BE Health as a peer educator in 2013 and has carried out more than 80 home visits to TB patients in Khlong Toei.

“I received a special training in TB and HIV information and facts before going to Khlong Toei. I also learned about risk assessment and how to best communicate with sick people. I love discussing things with elderly patients, those who are often abandoned by their children because they have or had TB. Some of them really suffer because they need to take their medication for months and months. They can tell me what and how they feel and I listen to them. My listening puts them at ease and relaxes them, and they feel encouraged to carry on with their treatment. I am happy when I see them smiling with a friendly twinkle in their eyes. At that moment, I know that our hearts are connecting. I am proud to help other people. When I started going to Khlong Toei, I thought I had a difficult life. Today, the patients I visit have taught me that my life is much better than I thought.”
Our THANK YOU to

Advisory Board
DR. MARIO RAVIGLIONE
DR. JINTANA NGAMVITHAYAPONG-YANAI
DR. YOGAN PILLAY
DR. JAAP BROEKMAN

Members’ in kind contribution
KEMPINSKI HOTELS
BLOCH & PARTNERS
LANDOR
BRIDGE.OVER

Partners
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Programme Nationale de Lutte contre la Tuberculose
Programme de Lutte contre les IST, VIH, SIDA
DJIBOUTI PALACE KEMPINSKI

MINISTRY OF PUBLIC HEALTH THAILAND
Health Department Bangkok
Healthcare Centre 41, Khlong Toei
CHUMCHON MOOBAN PATTANA SCHOOL in Khlong Toei
SIAM KEMPINSKI HOTEL BANGKOK

Our SPECIAL THANK YOU to

all Kempinski Hotels guests and Hellweg customers who contributed with their donations to making a difference in spreading health.
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