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Health and Wellness

A business outlook

Employee health as a
strategic priority

Working towards
wellness – the
business rationale

TERI-BCSD India:
the year that was ...

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Editorial



This issue of the TERI-BCSD newsletter focuses on employee health, which is a subject where corporate and social interests overlap perfectly. The good health of the workforce of any organization is of direct and vital interest to the specific objectives of an organization itself, but even more important is the fact that if society consists of individuals who enjoy good health, social and economic welfare is enhanced considerably all round. This happens in a variety of ways, first because of the cheerful attitude and disposition of people who are healthy. This leads to a healthy and positive outlook on the part of the community or society involved. Second, this has a direct impact on the atmosphere that exists in every family and home. Healthy parents clearly provide a healthy home environment and children would be influenced positively as a result.

India as a country still has a large number of people suffering from a variety of ailments and unsatisfactory health conditions. Despite efforts over several years by the government and other stakeholders, India has several deficiencies in respect of our record. In 2007 of the global total of 9.2 million children under the age of 5, about 25 percent deaths occurred in India. Of the nearly 4 million global new born deaths in 2007, a total of 28 percent occurred in India. Our

record of immunization also needs substantial improvement, because 40% of all unimmunized children (9.7 million out of a total of 24.5 million) reside in India. More than two-thirds of all polio cases recorded in the world occur in India. The provision of sanitation is also deplorably poor in the case of India, with over half of the country's population practising open defecation (665 million out of a global total of 1.2 billion).

We also have large scale malnutrition and hunger across the country. It is essential that the corporate sector does its bit and provides a helping hand to solve some of the serious health problems existing in the country. What is an issue of growing concern is the fact that with the impact of climate change new stresses would be imposed on the health of the population in this country. Climate change is leading to more frequent and intense floods, droughts, heat waves and extreme precipitation events. There is also a trend towards greater prevalence of vector borne diseases as a result of climate change. One of the other major impacts of climate change is the trend towards decline in the yield of food crops, particularly wheat, as a result of which the problem of food security could become more serious leading to lack of nutrition and, therefore, unfavourable health effects. Overall, therefore, climate

change would create conditions that would only intensify some of the stresses on human health that we are likely to face in the future. All these, quite apart from enhancing human suffering and reducing productivity in the workplace and elsewhere, would lead to a decline in the overall health status of society in this country.

As is widely stated, business cannot succeed in a society which fails. Consequently, quite apart from direct impacts on productivity, and the bottom line of a company as a result of declining health of employees, an overall reduction in the health status of a society also creates conditions that influence the performance of corporate organizations in a negative manner. It is, therefore, essential for every company to draw up a strategy by which it can tackle unfavourable health conditions within the workplace and more importantly, reach out to society and do what is needed for improving the health of society at large.



R K Pachauri
President, TERI-BCSD India
and
Director-General, TERI

FEATURE

Employee health as a strategic priority

Dr K Srinath, President, Public Health Foundation of India
 Professor of Cardiology, All India Institute of Medical Sciences

Introduction

As India pursues a pathway of accelerated economic development, growth in the industrial and service sectors offer more employment opportunities. Often the preoccupation with productivity, in these settings overlooks the need to promote and protect the health of employees. At best, worksite health programmes provide some protection against occupational health hazards, and first line treatment for medical disorders. Promotion of employee health is not recognized as a priority, even though it is both a requirement of responsible corporate conduct, as well as a prudent investment for enhanced productivity. The growing realization that health and economic growth have a bi-directionally reinforcing relationship is now beginning to dispel this apathy to worksite wellness in many developed countries. Several international charters and declarations have recommended the adoption of workplace wellness strategies – the 1986 Ottawa Charter for Health Promotion, the 1997 Jakarta Declaration on Leading Health Promotion into the 21st Century, and most recently, the 2005 Bangkok Charter for Health Promotion in a Globalized World – which advocates the promotion of the health of employees and their

families as a ‘requirement for good corporate practice’.¹ It is important that India, too, adopts ‘worksite wellness’ as an important credo of its growth strategy.

Burden of chronic diseases

One of the largest public health challenges for India today is the unprecedented growth of non-communicable diseases. Heart diseases, stroke, cancer, diabetes, and chronic obstructive pulmonary disease are sharply on the rise and account for 53% of the total deaths in India, with cardiovascular diseases already having become the leading cause of deaths.² In 2000, India recorded 118 million people suffering from hypertension, 41 million living with diabetes, and 1 million deaths due to tobacco use. These figures are projected to rise to 214 million persons with hypertension, greater than 69 million people living with diabetes and over 2 million deaths due to tobacco use. Within industrial populations, the prevalence of risk factors is even higher than national aggregates. In a study examining 20 000 individuals across 10 industries, 48% of the population was found to be overweight, and 26% were hypertensive.³ The study also found that 60% of the population had three or more risk factors, and 43% had four or more risk factors. In 2000,

India lost 9.2 million potentially productive years of life, and this figure is expected to rise to 17.9 million by 2030, significantly denting national income. The WHO (World Health Organization) estimates that India suffered a loss of \$9 billion due to cardiovascular diseases, cancers, and diabetes alone in 2005. These losses are expected to total \$237 billion by 2015.

Today, 65% of the global population in the economically active age group is spending one-fourth of their time in the workplace. The workplace is often a high-stress environment and becomes a catalyst for adopting some of the major risk factors for chronic disease, such as an unhealthy diet, physical inactivity, and tobacco use. According to the WHO, if only these three risk factors for chronic disease were eliminated, at least 80% of heart disease, stroke, type II diabetes, and 40% of cancers could be prevented.⁴ In India, nearly 8.5 million individuals are employed in the private sector. Of these, 7.5 million work in large establishments (classified as greater than 25 personnel).⁵ The public sector, too, engages about 18 million employees. Intervening at the workplace is an opportunity to profoundly impact health by reaching out to millions, but has remained relatively untapped.

¹ Bangkok Charter

² National Commission on Macroeconomics and Health, 2005

³ K S Reddy *et al.* WHO Bulletin 2006

⁴ Preventing Chronic Diseases – a vital investment, WHO 2005

⁵ Ministry of Labour and Employment, Government of India

Employee wellness: an investment

This conversation is most pertinent in present times, when the global economy is receding and the temptation to cut costs is high. Employee wellness programmes can be expensive, especially in corporations that hire in large numbers. But a sick employee is far more costly to the company when the indirect costs of absenteeism and low productivity are taken into account, in addition to direct costs for health care. In the Indian context, employee wellness also holds immense implications for the economy as the service sector continues to grow, and the value of the individual employee has increased more than ever before.

A survey of Indian industry found that a quarter of the respondent firms lost 14% of their annual working days due to sickness.⁶ The survey also found that 27% of illnesses among employees were caused by lifestyle-related illnesses. Another study revealed that reducing just one health risk increased an employee's on-the-job productivity by 9% and cuts absenteeism by 2%.⁷

Various types of programmes have been observed to enhance productivity and profitability. One study found work health promotion to decrease sickness absences and enhance work ability,⁸ while another study also found an

employer incentive/disincentive approach to be effective in reducing illness-related absenteeism.⁹ Workplace physical activity programmes have also been seen to have positive effects in this regard, and has been found to reduce health-related impairments in time management, physical work, output limitations, overall work impairment, and short-term disability workdays lost.¹⁰ Another study found workday exercise to improve white-collar workers' mood and self-reported performance.¹¹ Overall workplace wellness programmes have been found to be economically beneficial for organizations, bringing about reductions in sick leaves, health plan costs, workers' compensation, and disability costs.¹²

Workplace wellness programmes in India hold

enormous promise for corporations, and need to be viewed as an investment in human capital, rather than an avoidable expense. Several corporations are now chanting the new mantra of CSR (corporate social responsibility). Investing in the health of employees is the most immediate and tangible place to begin—while altruistic in spirit, it is also pure enlightened self interest.

Course of action

There are several ways in which health promotion policies can be effective. Broadly, interventions may target the physical work environment, the psycho-social work environment, or behavioural changes at the individual level to promote healthy practices (Figure 1).

However, key ingredients for successful results are a

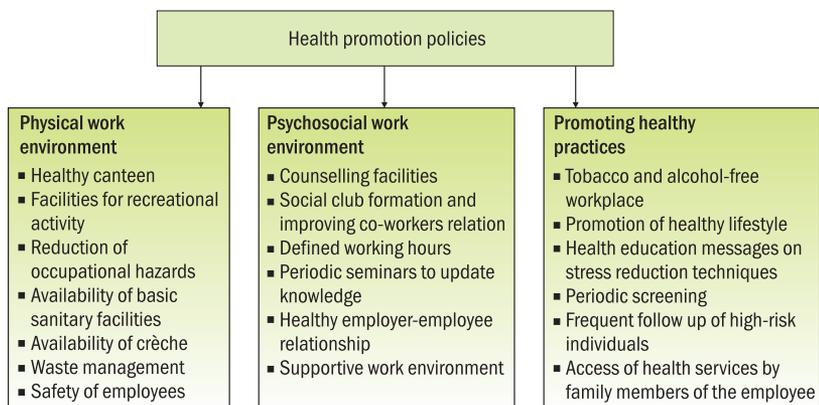


Figure 1 Types of workplace interventions (adapted from WHO India)

⁶ Impact of Preventive Health Care on Indian Industry and Economy, Indian Council for Research on International Economic Relations

⁷ 'Working Together for a Healthy USA'. *Fortune*. 5 February 2007

⁸ Kuoppala, J. et al. Working health

⁹ Stein, A. et al. Financial Incentives, Participation in Employer-Sponsored Health Promotion, and Changes in Employee Health and Productivity: HealthPlus Health Quotient Program. *Journal of Occupational and Environmental Medicine*, 2000, 42(12): 1148-55

¹⁰ Burton, W. et al. The Association of Health Status, Worksite Fitness Center Participation, and Two Measures of Productivity. *Journal of Occupational and Environmental Medicine*, 2005, 47(4):343-51

¹¹ Coulson, J C. et al. Exercising at work and self-reported work performance. *International Journal of Workplace Health Management*, 2008, 1(3):176-97

¹² Chapman, L S. Meta-evaluation of worksite health promotion economic return studies: 2005 update. *The Art of Health Promotion: Practical information to make programs more effective*, July/August 2005

multistakeholder approach that involves all stakeholders from management at the decision-making level, the buy-in of policy-makers and most importantly, employees at all levels. Ownership of the programme by employees makes programmes sustainable, and involvement of top management assures the allocation of adequate resources to the programme.

Success stories

Infosys, a multinational information technology company hiring over 100 000 employees, has a comprehensive health and wellness plan—HALE (Health Assessment Lifestyle Enrichment)¹³— that consists of offerings such as, preventive healthcare options for employees and families, health checks, expert-speak from medical professionals, consultations, fitness-related interventions, and health awareness campaigns. Under HALE, sessions with experts on diet and exercise, as well as a 24/7 counselling support centre is also available to employees. Team games, hobby sessions, and movie screenings have also been offered as avenues to manage stress. Health and safety practices are also extended to contractual workers, by giving them subsidized health checks.

Results of the study

Since the introduction of HALE, work-related incident rates for all operational sites in India—including all employees, contractors and vendors working on Infosys campuses— was

0.0378 for every 100 persons per year, translating to a frequency rate of 4.732 for every 100 000 hours worked. Utilization of the health club by employees has doubled after the introduction of HALE, from 6 440 employees in 2006–07 to 12 912 employees in 2007–08. The turnout at health week annual medical check-up also increased from 5300 to 6000 after the introduction of HALE, indicating a positive disposition to health.

A CCDC (Centre for Chronic Disease Control) involving 20 000 persons across 10 industries was conducted from 2002–2006. Following a baseline survey, the population was surveyed in 2005–06 to assess the impacts of various health promotion interventions that were introduced to the group.

The study introduced the following interventions.

- Messaging through posters in visible areas
- Distribution of books in multiple languages with health information for employees and their families
- Private counselling sessions for high-risk individuals
- Working with the management to alter foods made available in cafeterias.

Results of the study

With the implementation of the WHP programme, the study observed positive trends and results in behavioural changes as well as health indicators. Physical activity levels among the group increased by 17%, fruit and vegetable consumption increased by 36% and a self-reported effort to decrease fat consumption

increased by 31%. Results also indicated a nearly 50% reduction in salt consumption among males and females. A health assessment revealed that the prevalence of overweight declined from 48% to 28.5% and tobacco use declined from 15% to 4% during this period.

Resources for employee wellness in India

There is increasing global recognition of the benefits of investing in employee wellness. Several international organizations such as the WEF (World Economic Forum) and the WHO are pushing the agenda of employee wellness in the corporate sector. Following several recent consultations in Davos and Dalian, the WEF and the WHO jointly convened a meeting on ‘Employee Health as a Strategic Priority in India’ in New Delhi in November 2008. Participation included multiple industry leaders such as British Telecom, Johnson & Johnson, Satyam Foundation, PepsiCo, Reliance Industries, as well as academics and civil society organizations such as the Centre of Chronic Disease Control, the American Cancer Society, and International SOS. The Public Health Foundation of India was identified as a key organization positioned to play a convening role in bringing together multiple stakeholders on a platform for action, with support from organizations such as the Confederation of Indian Industry, the Indian Association of Occupational Health, and the International Labour Organization.

¹³ Infosys Sustainability Report 2007–08

POINT OF VIEW

Working towards wellness – the business rationale

Paul Litchfield, Chief Medical Officer, BT

Our people are our greatest asset—this is a common phrase used by chief executives around the world in every economic sector and yet many companies place safeguarding the health of that asset as one of their lowest priorities. Most senior managers recognize their duty to prevent injury and illness caused by work and the legal and financial penalties of failing to do so. They, therefore, see accident prevention and the control of workplace health hazards as an integral aspect of running a good business, but the extension of that concept to health conditions not caused by work remains a matter that has been ignored for long. Traditionally, many managers have viewed the health of the workforce as a private matter for the individual and an area in which the company should play no part in. However, this attitude is changing, and the change is being driven by economics and the shifting pattern of disease.

The world is in the grip of a silent epidemic of chronic (non-communicable) diseases. These diseases, which include heart disease, stroke, cancer, chronic respiratory diseases and diabetes, now account for 60% of all deaths worldwide according to the WHO (World Health Organisation) and the proportion is rising. A generation ago these conditions would have been considered the preserve of affluent first world countries but that is no longer

the case since, some 80% of deaths now occur in low- or middle-income countries, where the epidemic is advancing most rapidly. India is in the frontline on this issue, since a combination of genetic and social factors coupled with changing lifestyles has resulted in an explosion of diabetes and heart disease that have earned the country the unenviable title of ‘the diabetes capital of the world’. Furthermore, these diseases are appearing at a much younger age than seen historically in the west and this, combined with a global extension of working lives in the organized sector, is resulting in many more employed people becoming incapacitated and disabled as well as dying from chronic diseases. The economic impact of these conditions is considerable. The WHO estimates that India will lose more than \$236 billion of national income as a result of these diseases in the decade up to 2015.

Simple lifestyle changes, mainly improved nutrition, increased exercise, and reduced consumption of alcohol and tobacco, can prevent up to 80% of these chronic conditions occurring as well as mitigating the effects for those who become unwell. The WHO has developed an action plan in support of its global strategy for the prevention and control of non-communicable diseases. According to this plan the workplace is a key element in fulfilling the objectives of

the plan. There is strong scientific evidence to demonstrate that the workplace is a highly effective venue for the promotion of good health and that men, in particular, respond well to messages communicated in this forum. However, experience also shows that programmes delivered in the workplace by third parties such as state agencies or NGOs (non-governmental organizations) are much less effective than those developed by companies for their own use.

Consequently, there is a moral argument for companies to run health promotion programmes for their employees and India has a strong tradition of philanthropic employers, spending considerable sums for the benefit of their workers as well as the local community. However, such philanthropic drivers can only operate in limited circumstances. The ‘good cause’ must compete with other, perhaps more emotionally engaging projects and programmes, which need to be long term to be effective, run the risk of closure in difficult times because they are not seen as supporting the commercial success of the business. The approach, which is therefore, favoured increasingly by multinational corporations is one based on standard business principles in which there is a tangible return on investments made in workplace health. This has been described as ‘enlightened self interest’.

But, it is sustainable and there is growing evidence that companies that operate in this way are more successful than their competitors and deliver a greater shareholder return.

The WEF (World Economic Forum) has been championing activity in this area through its 'Working towards Wellness' initiative. In January 2008 at Davos, 16 high profile leaders from business, government, and civil society made a call to action to raise employee health on the corporate agenda. The WEF has published well researched material that makes the business case for workplace wellness and provides practical guidance on creating, operating, and sustaining programmes. The costs and benefits to businesses broadly fall into four main categories—health care costs, productivity and performance, human capital, and sustainability. Health care costs have a significant impact on the economy and currently account for 2.1% of the GDP in India; even if not borne directly by employers they contribute to the taxation burden of doing business. Productivity costs result both from absenteeism and reduced effectiveness of sick employees at work, often known as presenteeism, these costs greatly outweigh employer health care costs and, even in the USA, they have been calculated as being four times higher. Health promotion is a highly cost effective way of investing in human capital and there is a wealth of evidence to show that employee motivation and retention are improved; the important factors for companies operating in highly competitive employment markets such as IT and business process outsourcing. The factors driving the chronic disease epidemics are intertwined with other issues

such as global warming and malnutrition so that companies seeking to improve their environmental credentials must take a holistic view of their operations.

BT (formerly, British Telecom) has been at the heart of the WEF initiative and has taken an integrated approach to workplace wellness as one of the five key themes in its people strategy. Early in this decade a rolling health promotion programme was created as a joint venture with the company trade unions under a brand called WorkFit. The programme seeks to encourage small but sustained lifestyle changes among the workforce using, as far as possible, the company's own products and services. Working with a selection of partner NGOs, specific campaigns have been run to address issues concerning nutrition and exercise, smoking cessation, mental health, cancer, and diabetes. The underlying message in each campaign has been the same in relation to simple lifestyle changes. But presentation and communication channels have been varied to appeal to different target audiences. The provision of small incentives to secure initial engagement and practical tools to help sustain involvement have been helpful in building a trusted programme, which is now a standing resource for BT people.

Regular evaluation of Work Fit has shown active participation rates of up to 25% with passive impact on a similar number in the workforce. Both groups have demonstrated improved knowledge about the issue and a sustained improvement in lifestyle factors. This has contributed to a 30% reduction in sickness absence rates over the five year life of the programme with a similar

reduction in medical retirement rates. The company's image has been enhanced both internally and externally and the programme is now embedded in the way that BT runs its business. WorkFit began life as a UK initiative and many lessons have been learnt in transforming it into a true multinationals programme for a multinational company. Simply translating materials into other languages or 'cutting and pasting' elements of programmes simply does not work. It is essential to engage local stakeholders in each geographical area, making sure that local health and business priorities are addressed within the context of local cultural norms. This does not mean reinventing the wheel in every part of the company, but it does involve putting in time and effort up front to plan activities appropriately.

India is becoming an economic powerhouse. The Indian workforce is still young by world standards, but history dictates that increasing affluence will bring ageing. The changing pattern of chronic disease is a particular issue for India's economic growth in the next generation if not addressed now. With world class medical and IT skills, India has the essential components for installing a cost-effective delivery system. Leadership will be the key to success and the Indian business community is well placed to deliver much of what is required. It does not matter if the drivers of change are philanthropy or enlightened self interest. The most important thing is that workplace wellness becomes a part of the Indian employment landscape. If that happens then the benefits will accrue to businesses, workers, and society in general.

Sustainable occupational health practice: the case of Reliance Industries

Dr S M Shanbhag, Corporate Medical Advisor, Occupational Health and Medical Services, Reliance Group of Industries*

Introduction

India is the world's largest democracy, a country of more than a billion people, and the fourth largest economy in the world. The majority of its workforce is engaged in the agriculture sector. It has more than 300 000 factories, employing nine million people. It has a large unorganized sector with more than 5000 chemical factories. It is the fastest growing IT super power with a growing woman workforce.

It is a well known saying that 'prevention is better than cure'. However, in real life a doctor is expected to carry out curative services. In view of this belief, medical services in industries also tend to focus on curative services. OH (occupational health) services in industries should ideally provide preventive health services to prevent occupational diseases, many of which do not have antidotes or curative treatment. The concept of preventive health is absent in developing economies and all the stakeholders, including medical professionals, believe that doctors are supposed to come into the picture only after the disease has set in. Therefore, the approach to health care is more 'reactive' rather than 'proactive'.

Medical professionals are employed in industries, merely

to fulfil statutory obligations, and are not perceived to be adding value to business. This is viewed as a welfare activity with emphasis on curative services and managing accidents, and is therefore, considered to be 'cost centred'. It is rather very unfortunate that important human resources are not as well monitored as other resources like money, material, and machinery. Medical professionals who join the industry also believe that their job is curative and hence, they do not lay stress on OH. They do not try to convince the management to introduce an OHP (occupational health programme). They are content with providing emergency and curative services to the employees. The long, latent period of occupational diseases, the apprehension of industry related problems if employees become aware of the hazards, and the fear of penalties on reporting occupational hazards are also responsible for making OH an area of neglect. It has, therefore, not received the kind of importance it deserves.

The focus of the governments and managements is mainly on curative health. Four sectors, namely, mining, construction, ports, docks, and factories are covered by legislation. Large number of self employed workers, particularly those in the agriculture and unorganized sectors do not get access to basic

OH services. This is probably due to the fact that primary health and occupational health are not integrated as OH, under the purview of the labour ministry. India needs to take steps to increase the OH coverage, so as to compete in the globalized world.

The Reliance experience

The activities of Reliance Industries Pvt Ltd span various sectors of the economy including textiles, polyester, petrochemicals, exploration, refining, and marketing of petroleum products. The group has six major manufacturing sites—the Jamnagar refinery, Hazira Petrochemical and Polyester, Patalganga Polyester Fibre and Yarn, Baroda Petrochemicals and Fibre Intermediates, Nagothane Petrochemicals and Polymers, and Gandhar Petrochemicals and Polymers. A typical Reliance site has 3000–4000 employees. It is a progressive, and safety-conscious enterprise and has a corporate health, safety, and environment policy in place. The sites have received ISO 9000 and ISO 14 000 certifications at all the locations.

All the manufacturing sites have well equipped medical centres, managed by qualified medical professionals. Prior to 1997, the main focus was on curative health care. However,

* The author is grateful to the management of Reliance Industries Ltd, to all the employees who participated in various OH initiatives, to the OH teams at all the participating sites, the NIWL (National Institute for Working Life), Sweden, for conceptual and training inputs. The author is also grateful to all the OHPs at all the Reliance sites, especially to Dr S R Pingle, who was the coordinator of the CASH project—the major initiative undertaken by the company for changing the HSE culture across all manufacturing sites.

a conscious decision was taken by the management to change the focus to preventive health. This article focuses on the measures taken up by the OH department, their practical experiences, and the outcomes of their efforts to create an enterprise with a safe and healthy working culture.

The working of the medical department was reviewed, and as a first step, it was decided to rename the medical centres as OHC (occupational health centres). It was also found that compliance of the annual medical examination was poor and manual record keeping was not congenial to analyse health problems. It was decided to address these issues in right earnest.

Annual medical examination compliance

The following steps were initiated to ensure compliance of the annual medical examination.

- Awareness was created amongst the employees, regarding the importance of this examination and they were also assured of intervention in case of any medical issues.
- A close follow-up of the employees, attending the examination was conducted by the OHC.
- The compliance of the apex management committee was monitored and reviewed.
- Weightage was introduced in the annual performance appraisal of the employee and the plant manager.

The above steps helped in increasing compliance and by the year 2000, all manufacturing sites started reporting 100% compliance of annual medical examinations.

Computerization of medical records

The project of computerization of medical records was initiated simultaneously and a comprehensive software was developed and introduced as a pilot project at the Jamnagar site. The software was refined and later implemented at all manufacturing sites.

The software helped the OHC in the following ways.

- Monitoring the health of individual employees
- Analysing problems within the various departments
- Identifying susceptible groups in the enterprise
- Trending of incidence of diseases
- Introducing targeted interventions

The data from the above analysis helped the occupational health physician to plan an intervention either at the individual or the group level. The interventions were in the form of lectures, workshops, exhibitions, and demonstrations to target various chronic lifestyle issues such as hypertension, diabetes, obesity, and other ailments. Two major interventions implemented are given below as examples.

The HSE (health, safety, and environment) department was very happy with the progress made in the field of OH and decided to give a further thrust to the initiative. A brain storming session was held amongst all HSE chiefs and chief medical officers of the all sites. The outcome of this session brought out two major issues pertaining to occupational health. All the participants agreed that employees at all levels did not consider health as a priority and the major reason for it was

that all of them lacked awareness, regarding OH hazards, and their effect on the human body. The meeting decided and recommended to undertake a pilot project in at least one plant at every site. The main object was to bring about a positive change and continual improvement in OH practices at the enterprise—leading to improved quality of work life. It was decided to train a few employees in a plant, regarding occupational hazards and the ways and means to tackle them. These employees were then expected to train the other employees in their respective plants and carry out projects to manage OSH (occupational health, and safety) problems, through planning and implementing innovative measures to prevent, correct, and reduce the impact of unhealthy work practices, thereby, leading to improvement of the workplace, and reducing, and preventing work related diseases and injuries. It was decided to name the project, ‘Project CASH (change agents for safety and health)’ and call the team members ‘change agents’.

Identification of priorities and preparing the training plan

Planning and organizing the training workshop was a very time-consuming, but exciting experience. It included budgeting, selection of venue, organizing logistics, identification and availability of faculty members, and communication with participants and their superiors.

It was preceded by a study of the relevant literature, including a few WHO publications, like the

‘Educational handbook for health personnel’, by J J Guilbert, and *‘Positive Programme: trainers manual for occupational safety and health’*, by Kogi & Kawakami. Both these books were useful for planning the training programme. The training manual, entitled *‘Workplace, Safety, and Working Conditions’*, published by the SJISC (Swedish Joint Industrial Safety Council), was the core training material issued to all participants. There were also lectures by experts of national repute. Topics included modern trends in OSM (occupational health management); noise; VDUs (visual display unit); heat; ergonomics; human factors in OSH, and training methodology. Special guidelines were given on implementing work environment improvement measures.

Training the selected ‘change agents’

Forty hours of training was planned for the CASH agents and the first part was conducted in February 2003 in Mumbai. The next part of the training programme was conducted at the Jamnagar refinery site in June 2003. This was a residential workshop, comprising of lectures, discussions, syndicate discussions, workplace audits, along with presentation of observations, and reading of the course manual.

Twenty-eight participants attended the workshop, an average of four participants from each of the seven sites. For the syndicate discussions,

workplace visits, and training manual discussions, the participants were divided into groups of six. Each group had an OHP, acting as coordinator and facilitator. On the last day of the workshop, all the team leaders presented their workplace improvement and training plans for employees in the CASH area. The president of the group manufacturing plant reviewed these presentations.

Validation of training

The project coordinator validated the training during his follow up visits to all sites, through interaction and witnessing the application of learning at their workplace. The visits were also used to revise the learning, gained during the training workshop at the Jamnagar site, to re-motivate CASH agents, to review progress of activities at the ground level, to offer suggestions for improvements, and to interact with workers in the project area.

The ‘change agents’ were also given data regarding international standards as a benchmark for their various projects to bring about workplace improvement. The company also set up a competitive exercise amongst the various sites and awarded a trophy named after the founder chairman to the best project. The engineers taking up OH projects were also given due weightage in their annual appraisals.

Results achieved

The above initiatives resulted in various projects, which were

taken up by the ‘change agents’. These projects made a significant improvement in the areas of noise, heat, dust, chemical exposures, and ergonomics. The management was pleased with the achievements of the ‘change agents’ and decided to expand the project. Over the last three years this project has been successfully implemented at all the sites. The project has created a change in the OHG culture across all sites of the company.

The above experiences are clear indicators that creating awareness and empowering the operating personnel are key factors in implementing any programme related to OH. Training and benchmarking have gone a long way in achieving the above objectives. Top management commitment has gone a long way in initiating the change. The line managers and workmen have committed themselves to making the programme successful, once they are convinced and have seen the results of implementing workplace improvements to control occupational hazards. The Reliance experience also proves that OH pays for itself and does not require additional investments for controlling the workplace environment. Various interventions described in this article prove that implementing such innovative interventions and projects is a win-win prospect and makes good business sense.



The business of health – the health of business

World Business Council for Sustainable Development & International Business Leaders Forum, (WBCSD-IBLF) 2006

Traditionally, promoting good health and ensuring adequate access to health services has been a function of government. However, it is increasingly apparent that companies are paying greater attention to ensuring the well-being of their employees. In addition to ensuring safe working environments, protecting the health of employees means business faces the challenge of dealing with infectious diseases like malaria and HIV/AIDS, as well as chronic conditions, such as mental health, heart disease, stroke, diabetes and cancer.

Health concerns burden corporate competitiveness through absenteeism, decreased ‘on-the-job’ productivity and employee turnover. In developed countries, employers often foot the bill for health insurance. Business leaders are increasingly aware of the challenges: CEOs in the US ranked health care costs as their number one economic pressure,¹ and in many Fortune 500 companies health care costs are greater than their net profit.

Research shows that companies that invest in health benefit from increased productivity and morale, as well as lower absenteeism and health costs.² Corporate engagement in health

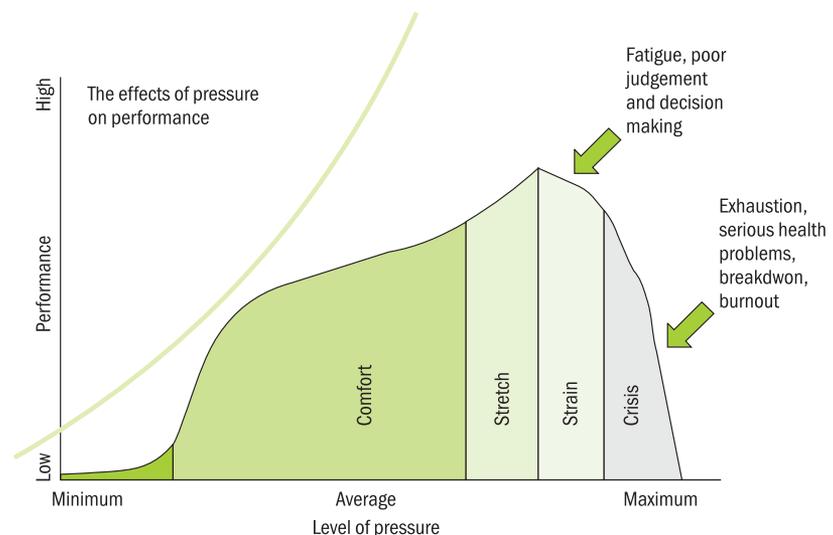
initiatives in the marketplace and community can also improve reputation and help companies find business opportunities. The WBCSD-IBLF, working with various companies, have produced a publication³ on this subject. Below are some examples detailed in the publication.

GlaxoSmithKline: mental health

The global pharmaceutical company GlaxoSmithKline (GSK) has found that employees with mental ill-health are likely to be absent from work 7.5 times longer than those with a physical illness. Therefore, while the number of employees absent may be fewer, the effect on the business is potentially far greater.

The initial step GSK and its Environmental Health Management (EHM) team took was to identify a company understanding of what it means to be resilient: *The ability to be successful, both personally and professionally, in the midst of a high-pressured, fast-paced, and continuously changing environment.*

Based on this definition, the company offers a series of interventions following consultation with the organization’s business leaders. These include a personal resilience programme, following the completion of a health and work-life assessment offered to all employees through their local sites, which assesses an individual’s health risks and identifies areas where the individual has a desire to



¹ Berry L L, Mirabito A M, and Berwick D M . 2004. A health care agenda for business. *MIT Sloan Management Review* 45(4): 56-64

² Ozminowski R J *et al.* 2002. Long-term impact of Johnson & Johnson’s Health & Wellness Program on Health Care Utilization and Expenditures. *Journal of Occupational and Environmental Medicine* 44 (1)

³ http://www.wbcd.org/DocRoot/9LN77c9HaPclogNscMEq/business_of_health.pdf

change, for example, to stop smoking or reduce body mass index. Then the team members collectively review the combined results of their team's online resilience assessment (no individual results can be identified).

As support, health professionals are available on-site to deal with health issues and to run sessions where needed, for example, smoking cessation. In addition there is a confidential helpline available 24 hours a day.

Since introducing the enhanced focus on resilience and mental well-being, GSK has experienced a 60% reduction in global incidences of new cases of work-related mental illness and a 29% reduction in days lost due to work-related mental ill-health.

Lafarge: HIV-AIDS

The construction materials company Lafarge has nearly 7000 employees (10% of the Group's 77 000-strong workforce) in nine countries in sub-Saharan Africa, an area particularly affected by HIV/AIDS. High HIV/AIDS rates in the workforce and surrounding community affect a company's market impacts on wage rates and insurance premiums as well as physical security. It is also a management burden and results in production disruptions, loss of workforce morale, cohesion and experience, and labour disputes.

Since early 2000, Lafarge has been committed to the fight against HIV/AIDS. The Group aims to fight HIV/AIDS among its employees, their families and local communities. Lafarge's global HIV/AIDS policy has dedicated guidelines for Africa, combining prevention, anonymous screening and access to care with the guiding

principles of non-discrimination and confidentiality.

Lafarge must deal with difficulties surrounding the disease, including stigma and taboos, the size of the target population and the limited perimeter of the company's actions, as well as a lack of health infrastructure in developing countries. Therefore, dialogue with public authorities is necessary to contribute to building the capacity of public health systems. Lafarge feels that it is necessary to work with the governments because there is a mutual interest in scaling up health services locally, and the public sector will ultimately ensure the sustainability of the programmes that are being launched by the private sector today.

Among the lessons learned are the following.

- To ensure an appropriate response to local needs as well as the strong involvement of all stakeholders and a long-lasting effort, Lafarge systematically seeks to associate local communities to its health initiatives at the various steps of the project.
- It is of utmost importance to establish mutual trust between the workers and management. Therefore, the personal involvement and the leadership of the top managers are crucial, as is confidentiality.
- Experience has shown that it is to the company's advantage to apply a managerial methodology and to use simple but efficient tools such as a road map, assessment indicators, objectives, and cost follow-up.
- Setting up a comprehensive programme requires patience and modesty: a step-by-step approach with precise

objectives is preferable (guidelines/ policy → prevention/peer education/condoms distribution → voluntary counselling and testing → antiretroviral distribution).

Unilever: hygiene education

While Unilever has supported hygiene education programmes in India for many years, in 2002 the *Lifebuoy* brand team devised a way to have a real impact on reducing diarrheal diseases. In India, this is important because diarrhoea, caused by invisible germs, is the second largest cause of death among children below the age of five. The programme's objective is to educate 200 million Indians – 20% of the population – to wash their hands with soap after defecating and to achieve this goal within five years. The campaign, called *Swasthya Chetna*, or health awakening, is the largest rural health and hygiene education programme ever undertaken in India. Its objective is to educate people about basic hygienic habits. It has been developed around the insight that people mistakenly believe 'visible clean is safe clean'.

The programme establishes the existence of 'invisible germs' and the associated risk of infection. The campaign has been divided into various phases. In the initial phase, an HDF (health development facilitator) and an assistant initiate contact and interact with schoolchildren and influencers of the community, like village community representatives, medical practitioners, and school teachers. The first interaction with schoolchildren is then

Continued on Page 21 ▶▶▶

Health promotion at worksites: preventing cardiovascular diseases in the Indian industrial population

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Prof. K Srinath Reddy, President, Public Health Foundation of India & Professor of Cardiology, All India Institute of Medical Sciences, New Delhi

Dr Shifalika Goenka, Assistant Professor, Indian Institute of Public Health, Delhi, and Public Health Foundation of India, New Delhi

In India, while we are trying to combat infectious diseases like tuberculosis, diarrhoea, cholera, we have largely ignored the looming epidemic of chronic diseases. Most people are under the misconception that chronic disease and more specifically cardiovascular diseases only affects the rich and the uppermost class of the people and therefore majority of the Indians wont succumb to it. The reality in terms of statistical facts is however quite different.

Fifty-three per cent of all the deaths in 2005 were on account of chronic diseases and 29% were due to cardiovascular diseases alone. It is estimated that by 2020 cardiovascular diseases will be the largest cause of disability and death, as a proportion of all deaths in India. India already has 40.9 million people with diabetes and 118 million people with hypertension, which is expected to rise to 69.9 million and 213 million respectively, by 2025, unless urgent preventive steps are taken. The WHO (World Health Organization) estimates that India lost 9 billion dollars in national income from premature deaths due to heart disease, stroke and diabetes in the year 2005 and is likely to lose 237 billion dollars by the year 2015.

Of grave concern is the fact that Indians are succumbing to diabetes, high blood pressure and heart attacks 5-10 years

earlier than the white-western population, in their most productive years, when they are rising in their jobs, rather than after retirement. Unfortunately, scientific data also shows that socio-economically disadvantaged sections of population are now at a higher risk of cardiovascular disease and its risk factors, and the rural people are also succumbing to it. Large-scale, systematic international research conclusively demonstrates that prevention is the only viable strategy to reduce chronic diseases.

High burden of cardiovascular diseases at worksites

We did a baseline-clinical and biochemical cross-sectional survey for assessing the risk of cardiovascular disease in the Indian Industrial population. Ten, large and medium-to-large industries (private and public, employing 1500-5000 people) across India were selected. The study subjects were the employees and their family members. These industries were located in (or near) Bangalore, Chandigarh, Coimbatore, Delhi, Dibrugarh, Lucknow, Ludhiana, Nagpur, Pune, and Trivandrum. A medical college in proximity to each of these 10 industries served as that industry's study centre. A representative sample was scientifically drawn with employees list as the sampling

frame and the industry as the sampling unit. As already mentioned families of the employees were an integral part of the survey.

Information on the behavioural, clinical and biochemical determinants was obtained through standardized methods in 19, 973 individuals, through the survey and in 10, 442 individuals through blood tests (biochemical) tests. All individuals and family members aged 20-69 years of age were eligible (>90% response rate). The data was collected and analysed centrally at Delhi. Strict quality control methods ensured the integrity and validity of all measurements included biochemical measurements.

This large multi-centre study, done across ten locations throughout India, revealed a high prevalence of all the cardiovascular risk factors. The mean body weight was more than desirable— 51.9% of the women and 50.9% of the men were overweight. To compound this further central obesity was present in 30.9% of the men and 32% of the women. Central obesity means having more fat in and around your stomach. This further predisposes a person to develop diabetes and cardiovascular disease earlier than expected. Even if a person's weight is within normal limits but if he is

centrally obese then he has a higher risk than another person who is not centrally obese at the same weight. Scientifically, central obesity is defined as a waist circumference > 90 cm in males; > 85 cm in females. In addition, a large section of the population were also dyslipidemic (the dyslipidemic individuals have high blood fat levels and low good cholesterol levels).

Although the self reported prevalence of diabetes was 5.3% and that of hypertension (high blood pressure) was 10.9%, on biochemical and clinical evaluation, however, it was found the actual prevalence of both diabetes and hypertension were more than double that reported (10.1% and 27.7% respectively). This is despite the universal availability of health care to these individuals due to their worksite's in-house health facilities.

Higher burden of cardiovascular disease in the lesser educated

Even within the industrial population what was striking was that the tobacco use and hypertension were significantly more prevalent in the low (56.6% and 33.8%) compared to the high education groups (12.5% and 22.7%). In the urbanised industries even obesity and diabetes was significantly more prevalent in the less educated than the more educated industrial populations.

Health promotion intervention

A health promotion programmes targeted to change lifestyle behaviours was designed and delivered at 7 of the 10

industries. It was a relatively low cost intervention which consisted of scientifically developed posters, banners, films, handouts, one-to-one interactions, group interactions, accompanied by policy changes and environmental changes in the industry. The latter included initiatives like changes in the quality and quantity of canteen food's ingredients, changes in the canteen menus, changes in composition of the tea served and banning tobacco on the premises, and so on.

Measurable impact of the health promotion programmes

We carried out an intermediate evaluation after the first year of the health promotion and also a final evaluation two years thereafter. Both a cross-sectional analysis (a scientific random cross sectional sample) and cohort analysis (where you analyse the same individuals over a period of time) were conducted.

We observed a statistically significant decline in the cardiovascular risk factor levels in the anthropometric, clinical and biochemical profiles of the population was noted both in cross-sectional and cohort analysis.

As compared to the baseline survey, at the end of the first year, and also at the end of three years, there was a statistically significant increase in the physical activity levels, in the entire population. Self reported overall physical activity levels and fruits and vegetable consumption increased by 17.1% and 36.3% respectively among the study subjects.

Almost one-third (31.3%) of the study population reported

conscious efforts to decrease fat consumption after the intervention. The age adjusted prevalence of CVD risk factors including overweight (body mass index > 23 kg/m²), central obesity (waist circumference > 90 cm in males; > 85 cm in females), tobacco use, hypertension and dyslipidemia (total cholesterol/ HDL-cholesterol ratio > 4.5) decreased significantly in both men and women. Overall, 6.1 mm of Hg (95 % CI: 5.4–6.8) mean reduction in systolic blood pressure and 5.6 mm of Hg in mean reduction in diastolic blood pressure (95 % CI: 5.2–6.1) was achieved.

To compare, we did a repeat assessment at the end of the study period in an industry where no intervention was given. Here, in contrast, systematically all the risk factor levels went up, further highlighting the importance of the results. The increasing risk factor profile in the non-intervention industry concurred with the population's secular trends in the risk factors.

We conclude that the burden of cardiovascular disease and its risk factors is high in the Indian Industrial population. However, worksite based scientifically designed primary prevention interventions can significantly reduce this burden.

This worksite programme costs approximately Rs 370/per person per year, but would cost even less if implemented on a large scale. For example, in a programme involving 1000 people would cost approx. 3–5 lakh which could come from the corporate social responsibility fund.



Employee health is a company's wealth

Johanna Ralston, Vice-President, Global Strategies
Meenu Anand, Director, Strategic Initiatives, American Cancer Society

Investing in employee health across the globe

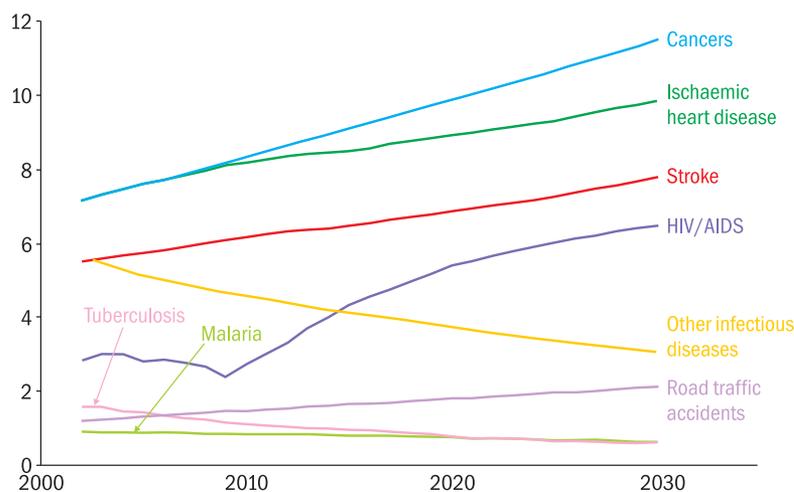
The Sydney resolution of the Oxford Health Alliance (February 2007) states, 'The way we live is making people sick. It is also making our planet sick. It is not sustainable. We can do better.'¹ The globalization of business is coincidental with the globalization of health, and as the following chart from the WHO (World Health Organization) suggests, chronic diseases have emerged as a major health issue in the low and middle income countries, and chronic diseases such as cancer, stroke, and heart disease are the leading causes of deaths worldwide.

Many factors have contributed to the increase in chronic diseases related deaths. As countries improve their ability to combat communicable (infectious) diseases, the risk of

non communicable (chronic) diseases has grown. The consumption of tobacco, which killed 100 million people in the 20th century, is projected to kill one billion in the current century, mainly in the low- and middle-income countries. Chronic diseases have increased, following urbanization and adoption of western lifestyles which, in addition to the use of tobacco, include limited physical activity and poor nutrition.

The evidence to support the economic case for employer investment in chronic disease varies greatly across countries. However, some publications such as *Preventing Chronic Disease: a vital investment*, published by the WHO, and the Indian Council for Research on International Economic Relations study, *Impact of Preventive Health Care on Indian Industry and Economy*, can provide foundational data on the

evidence. The WHO study estimates that the cost of the national Chinese economy for preventing chronic diseases, excluding cancer (which would presumably add significantly to the final cost) between 2005 and 2015 is \$500 billion, while the India study estimates costs in the range of \$200 billion over the same period of time.² Mortality, absenteeism, and other factors associated with chronic diseases means that the cost for employers will be significant, in every country, no matter what the employee profile. A study by the US CDC (Centers for Disease Control and Prevention) found that for every dollar invested by employers in health promotion programmes there is a return of \$3 within three years. However, the US health care system differs in one respect. It provides health insurance through employers. But, the largest driver in cost reduction has not reduced health care premiums, but improved productivity. So, it can be assumed that the data that is available is relevant in many countries. Organizations ranging from the WEF (World Economic Forum) and the WHO to the ACS (American Cancer Society), and the OHA (Oxford Health Alliance) are seeking to bridge the gap between promising practices in chronic disease prevention and the employers who wish to improve the lives of their most valuable resources as well as save money and increase productivity.



Leading causes of death 2000-30, WHO
Source www.who.in

¹ www.oxha.org

² Preventing Chronic Diseases: a vital investment, World Health Organization, 2005

In the case of the ACS, our involvement in employee health internationally is the result of two converging streams of opportunity. Our US-based employer initiative was developed in 2005 (following a McKinsey study on our work with the private sector) as a comprehensive means of building relationships with large employers in terms of mission delivery and support, including chronic disease prevention programmes for employees. It is because of the similarities in risk factors across major chronic illnesses that most wellness programmes do not focus on a single disease but on all the key non-communicable diseases. The ACS's employer initiative also follows this policy with notable success. In fact, as soon as the programme was launched there were requests by large employers that employee wellness programmes be made available to the staff worldwide, especially in newer markets such as China and India. This demand had several drivers, for example, many companies seek to provide equitable – if not exactly the same – benefits to employees across the globe; there was increasing recognition that the burdens of tobacco and poor nutrition/physical inactivity were affecting employees, especially in emerging economies; and there was interest in realizing the demonstrated financial and intangible benefits of wellness programmes across markets. At the same time, the Society's International Affairs Department, which was formally launched in 2001 to

work with NGOs and the public sector on issues related to cancer and tobacco control in key countries including India, Mexico, Brazil, and China. It had also identified that, like in the US, employers represented a critical and promising channel for a systems-based approach to cancer prevention and health promotion, and had started to pilot workplace-based programmes around tobacco control and disease prevention.

Employee wellness in India: a case study

The ACS's first engagement with employers in India occurred in 2006, with a study of 35 companies, which focused on their employee health needs and opportunities for engagement. The goals of this study needs to be assessed. There were two main goals of the study: (a) adapt the ACS Employer Practices Survey for employers in India, (b) learn about current implementation of cancer prevention and control best practices among these employers, and (c) identify opportunities for programme development and collaboration with these employers. The survey was led by our staff on the ground in Jaipur. Dr Rakesh Gupta, who travelled to five states, including Maharashtra and Rajasthan, to meet with a broad range of employers from the manufacturing, service, transportation, agricultural, and IT sectors, at companies comprising indigenous Indian and country offices of MNCs (multinational companies), and ranging in size from 250 to over 10 000 employees.

The survey was adapted from one used by the ACS in the United States, with specific questions tailored to characteristics unique to the Indian corporate environment, for example, the tobacco section included questions on smokeless tobaccos and corresponding issues related to oral cancers, and the section on diet was adapted to local norms. The survey questions corresponded to best practices proven effective to improve health and recommendations of expert scientific review boards like the Task Force on Community Prevention Services that affect key health behaviours like tobacco use, physical activity, diet, and cancer screening. The survey was divided into five sections: health insurance benefits, workplace policies, employee programmes, tracking, and communication. The findings were analysed by partners at the University of Washington³ and resulted in the following conclusions and recommendations.

- Nearly half of the employers reported using a health risk appraisal, or employee health behaviour survey; all reported that the survey measured overweight/obesity and most reported that the survey measured tobacco use.
- Overweight/obesity estimates ranged from 1%–80% (most estimates fell in the 20%–40% range).
- Tobacco use estimates ranged from 5%–55% (most estimates fell in the 20%–30% range).
- The key opportunities for intervention, collaboration,

³ Hannon P, Kuniyuki A, Harris J. *The American Cancer Society's India Workplace Program Assessment: preliminary findings & recommendations for future workplace initiatives in India*, Alliance for Reducing Cancer, Northwest University of Washington Health Promotion Research Center, August 2007

and programme development among these employers were employee programmes in the areas of nutrition, physical activity, and tobacco cessation.

- Most employers did not have tobacco cessation programmes in place, and most of the employers who have physical activity programmes reported that these programmes did not allow for individual goal-setting.
- The presence of nutrition programmes was not assessed.

In addition, the pilot year activities included adapting two ACS signature programmes, namely, Active for Life and Freshstart. Active for Life® is a 10-week programme, aimed at increasing and maintaining the physical activity according to the ACS recommended guideline of 30 minutes per day. Freshstart® is a group-based tobacco cessation counselling programme, aimed at creating an environment for establishing tobacco-free policy and providing practical tips and tools to tobacco users to make them quit smoking. Both the programmes were implemented at work sites in Jaipur, including the Rajasthan Police Academy, which declared itself tobacco-free upon completion of Freshstart on 'World No Tobacco Day', celebrated on 1 May 2008. The programme completion

surveys at each work site and for both programmes indicated that employees overwhelmingly value health and wellness programmes as a perk and would like their employers to continue such activities at work sites.

An additional critical factor for success is the work with local partners. In the case of the ACS, partnering with NGOs is a key, and we have been fortunate to work alongside key partners, including HRIDAY, Tata Memorial Hospital, and the Public Health Foundation of India. With the initial engagement in India, we have also been able to explore other opportunities for expansion by widening our reach to other markets as well as deepening our efforts by offering more programmes in India. Our global efforts include focus groups and a pilot Global Employer Programme conference in Boston for CMOs (chief medical officers) of multinational corporations, where best practices were shared and collaborations were initiated. Other efforts include ongoing work around supporting companies in going smoke free, an issue to which India committed this past October when the legislation banning smoking at the workplace was passed. In China, we worked with multinational and indigenous Chinese companies to sign a declaration during the Olympics, committing to

smoke free worksites in Beijing and, in some cases, across China. Some of the lessons learnt in this successful initiative may be replicable in India, where employers are eager to align with new smoke free legislation and extend that commitment through support for cessation among employees.

In December, the ACS initiated its Quitline service in India. ACS Quitline®, a telephone based tobacco cessation counselling programme, was developed based on Public Health Service Clinical Practice guidelines for treating tobacco use and dependence. Operational in the US since 2000, Quitline has helped employees who smoke double their chances of successfully leaving the habit so they can be healthier and more productive. The delivery of the protocol to India has been adapted to appropriately address the realities of tobacco use. The service during the first year will be delivered in English and Hindi, and it will be available to employers nationwide.

There is much to be done to address employee health concerns in India, and the leadership of the corporate sector is critical. Together, global and India-based employers, public sector partners, and NGOs can reduce the growing burden of chronic disease by combining evidence-based interventions with vision and leadership.



NEW MEMBERS AT TERI-BCSD INDIA



ArcelorMittal India

ArcelorMittal is the world's leading steel company, a leader in all major global steel markets, including automotive, construction, household appliances and packaging, with leading R&D and technology, as well as sizeable captive supplies of raw materials and outstanding distribution networks. The company is a new entrant in the Indian Steel sector. With 60 employees at present, it has its plants located in Jharkhand and Orissa. The company has not started its operations in India yet. However, it has an estimated annual capacity of production of 24 MT of steel in India.

The company's social responsibility commitment is aimed at minimizing the likely impacts of its proposed business on stakeholders, and the community, in particular. It aims at putting into practice an integrated approach to sustainable human development that encompasses capacity building of communities through development interventions in the area of creating opportunities for livelihood, skills development, formal and functional education, health, environment and promotion of sports and culture. The company is committed to promote and carry out the best environmental practices in all its business activities, and even beyond.

Areas of Interest

- Poverty reduction and creation of opportunities for livelihood
- Formal and Functional Education for all
- Rural Health and sanitation program
- Climate change
- Environmental education and awareness

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BT Group Plc

British Telecommunications plc (BT), a wholly-owned subsidiary of BT Group plc, is one of the world's leading providers of communications solutions and services operating in 170 countries. It consists principally of four lines of business, namely BT Global Services, Openreach, BT Retail and BT Wholesale and its principal activities include provision of networked IT services globally; local, national and international telecommunications services; broadband and internet products and services; and converged fixed/mobile products and

services. With an annual turnover of more than £20,000 million in 2008, the Group is listed on stock exchanges in London and New York.

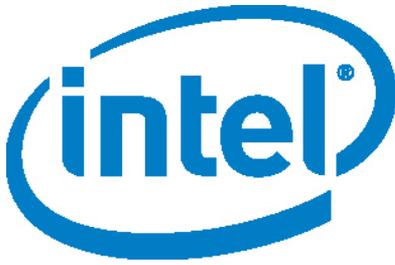
BT's CSR strategy is for maintaining a responsible business with a world class CSR performance and focuses on three key areas – use of communications technology to help tackle climate change; enabling sustainable economic growth that benefits everyone but within environmental limits; and helping in creation of a more inclusive society. The Group aims to reduce the carbon stabilization intensity of its global business by 80% and these commitments have been recognized by Dow Jones, which has rated BT the best-performing Telco Company in its sustainability index for eight years running. The Group also holds the UK Queen's Award for Enterprise for Sustainable Development.

Areas of Interest

- Climate change
- Green Buildings
- IT applications for rural development/digital inclusion
- Rural and renewable energy
- Environmental education and awareness

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Intel Technology Pvt. Ltd

Intel is one of the world's leading companies in the semiconductor/information Technology sector. With around 2500 employees, the company has offices across India at Bangalore, Delhi, Mumbai, Chandigarh, Kolkata, Ahmedabad, Pune, Hyderabad, Cochin and Chennai.

Intel views corporate responsibility as an integral part of how it does business. Protecting the environment is enshrined in its code of conduct and it is working to minimize the environmental footprint of its operations by incorporating environment-friendly principles into every step of its design and development processes. The company also has a unique practice of linking individual annual employee bonus to environment goals. Education is a key focus area for Intel and it believes in inspiring the next generation of innovators through a variety of teacher- and student-focused programs. Intel Education has trained more than one million teachers and teacher educators as well as more than 85 000 students across more than 20 states in India till date. Its employees also get directly involved with communities through the Intel Involved volunteer program. In 2007, Intel won the prestigious Helen Keller Award in 2007 for promoting employment opportunities for the differently-abled and has been

ranked as the technology super-sector leader for eight years in a row by the Dow Jones Sustainability index.

Areas of Interest

- Climate change
- Environmental education and awareness
- Green buildings
- HIV/AIDS
- Rural and renewable energy

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environmental performance of its products and its day-to-day activities by 2012. Its earlier programmes were – Philips Environmental Opportunity Program in 1994, followed by EcoVision programme in 1998 (till 2001) and EcoVision II in 2002 (till 2005).

Areas of Interest

- Climate change
- Rural and renewable energy
- Water conservation

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Philips Electronics India Ltd

Philips Electronics India Ltd, a company with an annual turnover of Rs 3000 crore, is in the business of Lighting, Consumer Lifestyle & Healthcare. With 2500 employees, in India, the company has plant locations in Mohali and Vadodara.

Seeing environmental improvement as an opportunity for innovation, the company works continuously to minimize the impacts of its products, processes and services. To drive progress it has been establishing solid action programs with measurable targets since 1994. The company is currently working to achieve the targets of its latest programmes – EcoVision III, which began in 2006 and runs through 2009, and EcoVision4, which focuses on further improving the



Nokia

Nokia is a world leader in mobile communications, driving the growth and sustainability of the broader mobility industry. Nokia connects people to each other and the information that matters to them with easy-to-use and innovative products, equipment, solutions and services.

Nokia's vision is a world where everyone being connected can contribute to sustainable development. Nokia's environmental work is based on life cycle thinking. This means that we aim to minimize the environmental impact of our products throughout our operations, beginning with the extraction of raw materials and ending with recycling, treatment of waste, and recovery of used materials.

Nokia has laid out a robust recycling infrastructure India with over 1300 recycling bins and also working on Remade, a concept phone made entirely of recycled material.

Areas of Interest

- Climate change
- Environmental education and awareness
- IT applications for rural development
- Rural and renewable energy
- Water conservation

Contact details of the nodal person for TERI-BCSD India

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Johnson Controls

Johnson Controls is a global leader that creates smart

environments, bringing ingenuity to the places where people live work and travel. Johnson Controls makes buildings in 120 countries more comfortable, safe, energy efficient & sustainable. Johnson Controls is one of the lead partners of energy efficient solutions and technologies. We are a single source of integrated heating, cooling, lighting, fire, security and wireless infrastructure products for buildings and industrial plants. Our comprehensive life-cycle approach to in-building technology & operations includes planning, design, installation and integration optimization and maintenance.

Johnson Controls is the world's largest energy efficiency provider, saving billions of dollars of energy costs for customers. Johnson Controls sustainability performance has been recognized by its inclusion on several of the most respected corporate social responsibility indexes, including, Dow Jones Sustainability Index, FTSE4Good, Domini 400 Social Index etc.

Our people give freely of their time, skills and energy to improve and strengthen the

hundreds of communities we call home.

Area of Interest

- Climate Change
- Environmental education and awareness
- Green buildings
- Rural and renewable energy
- Solar power

Contact details of the nodal person for TERI-BCSD India

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Continued from Page 13 ►►►

the community. This includes recruiting schoolchildren, parents and other villagers as volunteers to start up health clubs that, in turn, organize events such as community bathing at the pond villagers use for washing.

To enable people on low incomes to buy soap, an 18-gram bar of *Lifebuoy* soap has been introduced, enough for one person to wash their hands once a day for 10 weeks. This sells for two rupees, equivalent to the

price of four cups of tea or enough wheat for a meal for one person. Unilever has learned the following lessons from its experiences in India.

- Soap needs to be divided into smaller portions in order to make it affordable for local populations.
- Take into account cultural differences and make them work for you. Washing with soap has become a kind of ritual, that is, it has been accepted.

- Use multistakeholder relationships as a tool to ensure that the social and educational aspects of the project are clear to the public;
- Be transparent about the company's role to show that the company is not just doing this to make money;
- Engage local actors to help in the process, they have the influence.



TERI-BCSD India: The year that was ...

2008-2009

BCSD India

TERI-BCSD India had an eventful 2008-09, in meeting its sustainability agenda. At present, the network has grown to a total of 84 corporate members (as against 76 last year). Projects and activities undertaken by the network stressed on opportunities by the industry to create a better future.

1. To provide focused discussions on the role of the corporate sector in achieving and promoting sustainable development, the 2008 CEO Forum titled 'Sustainable development and climate change: the business outlook' was held on 6 February 2008 in New Delhi. It witnessed a diverse participation, including more than 150 CEOs, heads of multilateral and bilateral organizations, and various national and international governments and institutions.
2. The business council under its 'Talking Tomorrow' interactive series on 19 March organized a talk on 'Climate Change and Human Development: a journey ahead', by Mr Kemal Dervis, Administrator, UNDP. He highlighted the need for differentiated responsibility with long-term flexibility, and special focus on technology transfer from developed countries in countering climate change.
3. TERI-BCSD, in collaboration with GTZ, organized a capacity building workshop to scale up corporate response to HIV/AIDS on 2 April 2008 in Bangalore to strengthen Indian industry's response to the AIDS epidemic. The workshop brought together 16 major companies and SACS (State AIDS Control Societies) on a common platform to address this issue.
4. Mr Thomas F Schuler, Vice-president and General Manager, DuPont Building Innovations, gave a talk on the role of airtight building envelopes in promoting energy efficiency as a part of the 'Talking Tomorrow' series on 3 April 2008 in New Delhi. At the event, TERI and EI Dupont (select member) signed an MoU to work jointly for the promotion of air- and water-tight building envelopes to help the cause of energy efficiency. More than 60 experts from a variety of disciplines, representing the building industry attended the talk.
5. TERI-BCSD conducted a workshop for the ceramic cluster in Morbi, Gujarat, on 14 September 2008. This was part of the ongoing study on 'CSR in SMEs' that the business council is undertaking with HSBC India Ltd and UNIDO. The findings of a survey on 'CSR practices in the ceramic cluster' were shared with the participants of the workshop.
6. On 10 November 2008, TERI-BCSD, in collaboration with HSBC, conducted a one-day workshop for SMEs in Delhi and NCR. Heads of relevant organizations like NISTADS, FISME, and specialists from TERI provided their insights on the concept of CSR and sustainability in SMEs. SME associations, individual entrepreneurs, and research professionals attended the workshop.
7. With a focus to make the Indian cement industry sustainable, TERI-BCSD India in association with the WBCSD's CSI (Cement Sustainability Initiative) and the European



Cement Research Academy organized a series of international stakeholder dialogues during 18–20 September 2008 in New Delhi. Issues revolving around benchmarking methodologies, voluntary targets in wake of Clean Development Mechanism, feasibility of industry sectoral approaches, future energy efficient technologies, and financial options available were discussed. A highlight of the dialogue was the participation of six select cement companies and their proposed action plan to institutionalize CSI in India under TERI-BCSD. Over 50 Indian and international industry specialists, multilateral cooperation agencies, consultancy firms, key government officials, and equipment suppliers participated in the dialogue.

8. Business, government, and other stakeholders came together for a one-day stakeholder dialogue on access to energy in India, organized by the WBCSD and TERI-BCSD India, on 18 September 2008. The discussion mainly focused on understanding the government's ongoing efforts to reach remote rural areas, on exploring business models for sustainable-energy services and identifying the enabling factors and incentives to scale up the successful models.
9. Recognizing the urgency to generate awareness and build consensus on the climate change agenda in India, TERI-BCSD India launched a major initiative in Mumbai on 29 September 2008 to bring out a clear definition of actions by business and industry, to facilitate the development of specific policies towards implementation of the NAPCC (National Action Plan on Climate Change). About 70 senior industry representatives, including CEOs from all relevant sectors, put forward their ideas and success stories to the industry-led task forces to chalk out an action plan for the business role in NAPCC.

On 17 December 2008 in New Delhi, the second consultation with corporates and select industry associations was organized. In this consultation about 44 senior representatives from 28 organizations participated in four parallel breakaway sessions, discussing opportunities and implications of the eight national missions of NAPCC for their businesses. The recommendations put forth by the participating industry associations on each national mission were incorporated to further fine tune the white paper.

TERI-BCSD India organized the third successful consultation – Inter-Ministry Meeting of the NAPCC Corporate White Paper – on 8 January 2009. This was the first time that eight select ministries came together to note the draft findings of the project. The forum also facilitated a discussion with senior government representatives and member companies on the industry's role in the NAPCC. Mr Shyam Saran, Special Envoy of Prime Minister on Climate Change, chaired the meeting.

A meeting with the UN Secretary General HE Mr Ban Ki-moon and select CEOs of TERI-BCSD India was also organized on 30 October 2008 to discuss the business action on climate change.

The goal of this initiative is to submit a white paper to the Prime Minister's Advisory Council on Climate Change by February 2009, which may well be identified as the Corporate Action Plan on Climate Change.

10. TERI-BCSD India hosted the Global Compact Society Monthly Meeting for December 2008 on 29 December, focusing on 'Practical Elements of Sustainability Reporting: a sharing of experiences'. Around 35 representatives of the member companies of Global Compact Society and TERI-BCSD India attended the meeting.



ON THE MOVE

Securing success among SMEs

In continuation of TERI BCSD's (The Energy and Resources Institute-Business Council for Sustainable Development) interaction with SMEs (small and medium enterprises), a study on 'Promoting CSR (corporate social responsibility) in SMEs' (small and medium enterprises) was undertaken by TERI-BCSD and HSBC India Ltd. The study aimed to investigate and create awareness among SMEs on the concept of CSR—encompassing social as well as environmental responsiveness. TERI carried out this project as SMEs are an integral part of the societies and communities in which they operate.

The aim of the project was designed to develop an understanding of how SMEs address their core business as well as social issues. This project also provided a platform to disseminate information about the special award instituted for the SMEs under the TERI Corporate Award's—HSBC Living Business SME award. The Award has been launched for enterprises with a turnover of less than or equal to Rs 100 crore per annum. The award aims at recognizing SMEs who have made outstanding contribution to the environment and community in India to sustain long-term business success. The HSBC Living Business is a programme that helps SMEs to

become more competitive and productive by implementing socially and environmentally responsible practices.

The first phase of the project was the survey that was carried out in the Morbi ceramic cluster in Gujarat, a resource intensive industry based on familial ties brought out the need for institutionalizing a human resource department. The growth in this cluster has been much influenced by this predominant organizational structure. Keeping this in mind BCSD provided stimuli for formation of women's association to facilitate interactions among workers and the enterprise owners. Shri Karsanbhai Adroja, President, Sanitary Wares Manufacturers Association, in his address stressed the need for taking serious note of the human resource as part of CSR. Whereas the survey conducted in the IT service sector, brought to the fore the need to undertake further in-depth study to fully understand the impact and potential of CSR activities being carried out by them.

The concluding workshop of this project was organized in Delhi. It witnessed an impressive line-up of eminent panelists such as Dr Parthasarathi Banerjee, Director, NISTADS (National Institute of Science Technology and Development Studies) Mr Prabir Sengupta, Former Secretary, Ministry of

Commerce and Industry, Mr Anil Bhardwaj, Director General, FISME, Dr Uddesh Kohli, Special Advisor, UN Global Compact Society in India, and Ms Malini Thadani, Head, Group Communications and Corporate Sustainability, HSBC India. Specialists from TERI also provided their insights on the concept of CSR and Sustainability in SMEs. The workshop was attended by heads of SME associations, individual entrepreneurs, and research professionals. This workshop brought to the fore the fact that CSR must be seen as a means to enhance value both for the enterprise and its stakeholders. Discussions took place about awareness, commitment, and capability on part of the SMEs, which pose a major challenge for all SMEs and these need to be looked into and worked upon to ensure CSR in SMEs. Only the local industry associations can take forward the agenda of CSR with the enterprises in the SMEs sector. Another major highlight of the workshop was the handholding exercise that took place for filling the application form under the TERI Corporate Awards—HSBC Living Business SME Award 2009. The participants, including many enterprise owners showed great enthusiasm and gave their consent to apply for the award.

A corporate action plan on climate change;

TERI-BCSD (Business Council for Sustainable Development) India has launched a major initiative to bring out a clear definition of actions by business and industry, which will facilitate the development of specific policies and augment the implementation of the NAPCC (National Action Plan on Climate Change). This initiative of TERI-BCSD India will culminate with the submission of a white paper, as a Corporate Action Plan on Climate Change, to the Prime Minister's Advisory Council on Climate Change.

The National Action Plan on Climate Change

The NAPCC, released by the Prime Minister's Council on Climate Change on 30 June 2008, serves as the first country-wide framework on climate change with the approval and support of the Government of India. The eight NAPCC missions map out long-term and integrated strategies to achieve key national goals from the climate change perspective. The NAPCC identifies measures that promote development objectives of the country, while producing co-benefits that address climate change effectively.

Following the announcement of the NAPCC, respective GoI ministries are in the process to prepare implementation plans for the

eight missions. To make all these missions a reality, the participation of all stakeholders is essential, particularly the business community in India. Recognizing the urgency to generate awareness and build consensus on the climate change agenda TERI-BCSD India urged its member companies to take the initiative in defining the new opportunities provided by NAPCC. Here, business has a key role to play in bringing about a change in direction towards greater sustainability of the country's economic activities in terms of finance, technology, policy influence, and decision-making.

Facilitating corporate response to NAPCC

This initiative was launched through a focused 'Corporate Consultation' on 29 September 2008 in Mumbai, in the presence of Mr Shyam Saran, Special Envoy of the Prime Minister on Climate Change. Thereafter an 'Industry Association Consultation' was held on 17 December 2008 in New Delhi to seek advice from relevant industry associations. To facilitate focused discussions four Task Forces were constituted with the TERI-BCSD India member companies. Through successive consultations, including an interactive session with HE Mr Ban Ki-Moon, UN Secretary General, these Task Forces have undertaken review of all

the eight NAPCC missions to determine opportunities and implications for their businesses. Seventy senior industry representatives including CEOs and 44 senior industry representatives, from all relevant sectors namely—steel, chemicals, paper and pulp, metals and minerals, oil and gas, cement, power, pharmaceuticals, ICT and finance, participated as part of the Task Forces in the consultations held in Mumbai and New Delhi respectively.

As a final step, TERI-BCSD India organized an Inter-Ministry meeting of the NAPCC Corporate White Paper on 8 January 2009 in New Delhi. This was the first time that 8 select ministries came together to note the draft findings of the initiative. The forum also facilitated a discussion with senior government representatives and TERI-BCSD India member companies on the industry's role in NAPCC.

A road-map for corporate sector initiatives in response to NAPCC will be enunciated as a White Paper to the Prime Minister's Advisory Council on Climate Change. The White Paper will be tabled at the World CEO Forum, which is scheduled on 4 February 2009, as the curtain-raiser to Delhi Sustainable Development Summit 2009.

For more details visit:
<http://dsds.teriin.org>

RESOURCES

International initiatives

Business Action on Health

Business Action on Health is a Business in the Community Campaign, which aims to highlight the business benefits of better health at work and report on health issues in the workplace. The campaign aims at promoting best practice through two awards on health and related issues. One award will be for organizations that have an integrated and comprehensive approach to health and well-being and a second award that will recognize smaller organizations, which have individual areas of best practice. The Business Health check, an evaluation tool, will help in turning health and well-being issues into systematized management information on which businesses can act. This will in turn show that wellness really can have an impact on the bottom line.

The objectives of the campaign are as follows.

- To engage business leaders through the robust business case and convince them that investing in a healthy workplace is a huge financial opportunity
- To provide businesses with practical guidance
- To establish reporting on health at work as commonplace in UK boardrooms
- To continually improve business impact on health at work, by promoting best practice

http://www.bitc.org.uk/workplace/health_and_wellbeing/about_our_campaign.html

Business for Innovative Climate and Energy Policy

The goal of BICEP (Business for Innovative Climate and Energy Policy), a project of Ceres, is to work directly with key allies in the business community and with relevant members of the Congress to pass meaningful energy and climate change legislation that is consistent with our core principles. BICEP offers a new arena for business involvement in advancing climate and energy policies to counter the far-reaching risks and challenges posed by global climate change. BICEP's members are primarily consumer companies that are not major greenhouse gas emitters, but will nevertheless be impacted by climate regulations and other climate-related issues.

- The guiding principles of BICEP are as follows.
- To set short- and long-term greenhouse gas reduction targets
- Stimulate 'green' job growth
- Adopt national renewable portfolio standard
- Capture vast energy efficiency opportunities
- Boost investment in renewable energy, energy efficiency, carbon capture, and storage technologies
- Establish cap-and-trade system with 100% auction of carbon allowances
- Encourage transportation for clean energy economy
- Limit construction of new coal plants to those that capture and store CO₂

<http://www.ceres.org/Page.aspx?>

Health, Work, and Well-being: working for health

Health, Work and Well-being is a UK Government-led initiative to protect and improve the health and well-being of working age people. The projects and activities of the programme include the following.

- Identifying and promoting good practice by gathering case studies to demonstrate best practice in the field; and promoting and encouraging good practice through award programmes.
- Working with stakeholders by developing a range of initiatives to engage, support, and advise health care professionals; developing and improving the range and capacity of OHS; encouraging public sector organizations to lead by example in managing health at work; and encouraging partners to work together at a regional and local level.
- Driving change by developing and improving the range and capacity of OHS; looking at measures to improve health and employment outcome for people with mental health conditions; providing tangible support for employers—in particular small businesses; and educating individuals and raising awareness through national communication campaigns.

<http://www.workingforhealth.gov.uk/Default.aspx>

Internet resources

Corporate Responsibility Officer

<http://www.thecro.com/index.php>

The CRO (corporate responsibility officer) blog covers sustainability, issues related to the environment; corporate responsibility; reporting; governance, risk, and compliance; socially responsible investing; business ethics; and other topics related to corporate responsibility. The website contains CSR wire news and the related event calendar. Information resources and services offered by the CRO include access to the CRO magazine, CSR and sustainability reports, CRO provider directory, and CRO profiles.

Business in the Community

<http://www.bitc.org.uk/>

Business in the Community is a membership organisation that works across four impact areas - workplace, marketplace, environment, and community. The top campaigning priorities of the organization are tackling climate change and developing the talent and skills of the existing and future workforce.

The campaign supports, inspires, and challenges companies to up skill, become healthier, and more diverse through networks, tools, and profiling opportunities.

Eco-Patent Commons

<http://www.wbcsd.org/web/epc>

The EPC (Eco-Patent Commons) is an initiative to create a collection of patents on technology that directly or indirectly protects the environment. The patents will be pledged by companies and other intellectual property rights holders and made available free of charge. The Commons is a resource for connecting those who have had success with a particular challenge in a way that benefits the environment and those who are facing similar challenges. The initiative taken by companies in partnership with the WBCSD (World Business Council for Sustainable Development) provides a unique opportunity for global business to make a difference – sharing innovation in support of sustainable development. The objectives of the EPC are to

facilitate the use of existing technologies to protect the environment, and encourage collaboration between businesses that foster new innovations.

International Business Leaders Forum

<http://www.iblf.org/>

The IBLF (International Business Leaders Forum) works with businesses, governments, and the civil society to enhance the contribution of companies to make their future sustainable. The IBLF provides strategic counsel to companies to enable them to understand and respond to the challenges they face in areas of development, particularly while operating in transition and emerging economies. It also manages a number of programmes that provide businesses with opportunities to directly enhance their impact on society. The IBLF helps businesses connect with other organisations and develop successful cross-sector partnerships.

Contributions invited

EnCoRE invites contributions from TERI-BCSD India members on themes related to sustainable development in the form of

- News
- Announcements
- Articles
- Technical notes
- Case studies
- Suggestions

All members are requested to send latest company annual reports; environment, corporate social responsibility, and sustainable development reports

For details on advertising and contributing in EnCoRE, please contact

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Publications

Cement Sustainability Initiative: climate actions

WBCSD. 2008
Geneva: World Business Council for Sustainable Development, 12p.

The publication details the results of industry efforts to address major sustainability challenges. These include a sector-specific CO₂ accounting and reporting protocol, a global database of cement plant energy and emissions performance, a new approach to the CDM (Clean Development Mechanism), and ways in which the cement industry could be a specific sector in the new global, post-2012 international climate scenario.

Corporate Governance and Climate Change: consumer and technology companies

RiskMetrics Group. 2008
Massachusetts, US: CERES, 58p.

The report found that select companies in various consumer and technology sectors are responding to the risks and opportunities presented by climate change, primarily by setting GHG (greenhouse gas) emissions reduction targets, boosting energy efficiency efforts, expanding renewable energy purchases and integrating climate factors into product design. But the found that many other companies are still largely ignoring climate change, especially at the board and CEO level. For example, the boards of only 11 of the 63

companies receive climate-specific updates from management, only seven of the CEOs among these firms have taken leadership roles on climate change initiatives and none of the companies have linked C-suite executive compensation directly to climate-related performance.

Nurture Your People and Grow Your Business

Business Action on Health campaign. 2008
UK: Business in the Community, 46p.

The publication contains key campaign milestones from 2007–08 with the latest research and examples of best practice. Research conducted by the campaign with FTSE100 companies reveals that 81% of the companies now report publicly the commitment to increase the health and wellbeing of their employees, up from 68% in the year 2007. Forty of these companies reported on the health and wellbeing of their employees in their annual report and 65 of them included these details in their CSR (Corporate Social Responsibility) reports.

The A to Z of Corporate Social Responsibility: a complete reference guide to concepts, codes, and organizations

Visser W, Matten D, Pohl M, Tolhurst N (eds.). 2008
UK: Wiley, 576p.

Compiled by ICCA (Institute for Corporate Culture Affairs)

and containing almost 400 terms, this reference guide covers everything from general concepts such as sustainability, stakeholder management, business ethics, and human rights to more specific topics such as carbon trading, eco-tourism, micro-finance, biodiversity, the base of the pyramid model, and globalization. The terms are split into core concepts, key words, and definitions to form the standard reference for managers, academics, teachers, students, officials, and volunteers in the field of CSR.

Corporate Social Responsibility as an International Strategy

Christina Keinert C. 2008
Germany: Physica-Verlag Heidelberg, 153p.

The publication discusses how CSR addresses business concerns of feasibility, barriers, and drivers of internal and external practice; and whether a CSR programme is likely to constitute success or failure. Increased financial performance and employee commitment are among the benefits offered by the CSR model to corporations. The publication presents practitioners and scholars with a unique examination of how firms can maximize productivity through the implementation of CSR programmes.

* Archives of TERI-BCSD India media clips are available on the TERI-BCSD India website (<http://www.teriin.org/bcsd>).

Media Clips

Arunim gives business tag to sheltered workshops

For the economic empowerment of people with disability, the government-run National Trust is arming them with skill-sets to help them earn a livelihood. Set up by the Ministry of Social Justice and Empowerment, the Trust looks into the welfare of persons with autism, cerebral palsy, and mental retardation. The Trust has also formed a marketing federation, Arunim, to transform sheltered workshops into small business enterprises. Ms Sminu Jindal, Managing Director, Jindal SAW, has been appointed as Chairperson of the federation, set up with a corpus of Rs 1 crore, provided by the National Trust. Arunim (Association for Rehabilitation under National Trust Initiative of Marketing) will work with NGOs across the country to develop skills and improve product quality made in sheltered workshops, besides marketing the products in retail chains. The federation will be inaugurated on 22 September by former President Dr A P J Abdul Kalam. According to the census of 2001, at least 22 million people suffer from disability of some form or the other. Disabled people with mental health problems have the lowest employment rates of all impairment.

The Hindu, 22 September 2008

Quality Council of India Launches Standards for Healthcare and Wellness Industry

The QCI (Quality Council of India) launched the Standards

for the Indian Health and Wellness Industry, at the Quality @ Wellness workshop, held during the IRF (India Retail Forum) event, at Mumbai on 17 September 2008. Mr Girdhar J Gyani, Secretary General, QCI and CEO, NABH (National Accreditation Board for Hospitals and Healthcare) handed over the health and wellness standards structured by the QCI, to Dr R K Srivastava, Director General, Health Services, Ministry of Health & Family Welfare, GoI (Government of India), to launch the same officially. This launch comes post the announcement by Mr Giridhar Gyani, at the ACHSI (Australian Council on Healthcare Standards International) certification of MCC, in April this year, with regard to the QCI's plans to create a Standard for Wellness in India, at par with standards observed by health care industry in other parts of the world. The Standards for Health and Wellness are a set of regulations applicable for accredited health care and wellness companies offering services to consumers in India. This launch is considered to be a very important development as it will establish credibility globally, for Indian health and wellness industry. This accreditation would now serve as an assurance of quality services from a reliable, safe, and quality-conscious operator to the consumer desiring the best. The Standards for Health and Wellness accreditation will

require consideration of a variety of criteria in wellness service providers. These would cover aspects like technology, trained manpower, infrastructure, customer safety, processes and controls among many others, statutory and regulatory compliances. The standards would lay down stringent regulations for service providers to obtain mandatory full accreditation of the total services offered. The launch of the standards is the result of the initiative taken by major wellness industry players who conveyed the need for an indigenous Standard for Health and Wellness in India.

*www.andhranews.net,
22 September 2008*

*Last accessed on 12 January
2009*

Malnutrition and Infant Mortality to be reduced by DHL, UNICEF Tie-up

Nandurbar District of Maharashtra can hope to witness a sea change in its child survival rates with the new DHL, UNICEF (United Nations International Children's Education Fund), and the GoI's joint venture in support of efforts to reduce malnutrition and infant mortality in the selected area. DHL is the world's leading express and logistics company. DHL's grant will fund a three-year UNICEF project to empower communities to improve child survival rates in 1000 villages in Maharashtra, accelerating UNICEF's work with the government to achieve

Disclaimer

The information provided has been sourced from various print and web media. TERI is not responsible for the contents or reliability of websites and does not necessarily endorse the information provided therein.

the millennium development goals— to reduce the district's under five mortality rate to 41 per 1000 live births by 2015. Working together with the GoI, the Government of Maharashtra, NGOs, and other partners, UNICEF will use the \$ 650 000 DHL grant to strengthen health infrastructure. This will include educating villagers on the prevention and treatment of common communicable diseases, providing immunizations and micronutrients to infants and young children. The grant will be used to develop and implement village health and nutrition plans, setting up village information posts, training workers, midwives, and setting up computer equipment for staff training and support.

*www.medindia.net,
21 November 2008*

*Last accessed on 12 January
2009*

Centre AIDS patients with insurance cover

The Government is planning to offer medical insurance to patients suffering from AIDS, in a move that seeks to end discrimination against HIV-positive patients. AIDS patients will soon be eligible for mediclaim insurance under the Rastriya Swasthya Bima Yojana. The Government initially plans to launch the scheme with a select few public and private sector insurance companies for HIV-positive patients who fall in the below poverty line category. The modalities of the scheme are being worked out by the National Aids Control Organisation.

*The Economic Times,
17 November 2008*

Widespread use of sewage in irrigation puts health at risk: study

People in developing countries are facing growing health risks by the widespread use of sewage to irrigate crops, according to a study unveiled recently, at a global water conference in Sweden, attended by 2500 scientists, politicians, and officials from 140 nations. The report, by the International Water Management Institute, says more than half of the farmland near 70% of cities in developing countries is watered with sewage.

Experts say that 1.4 million children die every year from diarrhoea-related diseases and poor hygiene, and described the global sanitation crisis as 'the world's largest environmental problem'. An increasing need for water has spurred the use of sewage to water crops, but in many cases it is the only form of irrigation for farmers who lack clean water, the study shows. It is mostly used to produce vegetables and cereals. However, the report said sewage also provides a livelihood for many, by making possible the cultivation of land, and it recommends an increase in purifying water supplies rather than a total ban on the use of waste water.

*www.livemint.com,
18 August 2008*

Last accessed on 5 January 2009

Ministry to Formulate National Policy on Alcoholism and Drug Abuse Prevention

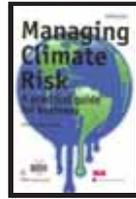
In order to deal effectively with issues related to the prevention of alcoholism and drug abuse,

the Minister for Social Justice and Empowerment Meira Kumar said that the Government will be formulating a comprehensive National Policy. Addressing the 1st meeting of the National Consultative Committee on Drug De-addiction and rehabilitation, Kumar announced that soon a sub-committee would be made to make the first draft proposal of the National Policy here today. The sub-committee will be given two months to submit its report. This will also include suggestions given by all the participants from different States. In fact, such sub-committees will be made in different States to provide region specific output. This policy would cover a wide range of issues such as prevention, treatment and rehabilitation aspects as well as institutional mechanisms and convergence of programmes in order to address the problem. The Government has been making concerted efforts at all levels to tackle illicit production, trafficking and distribution of drugs. A comprehensive, balanced and coordinated approach, encompassing supply control and demand reduction has been adopted. In this regard, it is pertinent to mention that whereas supply reduction is under the purview of the enforcement agencies with the Department of Revenue as the nodal Department, the demand reduction strategy falls in the domain of the Social Sector and the Ministry of Social Justice and Empowerment.

*www.medindia.net
12 December 2008*

New arrivals at TERI library

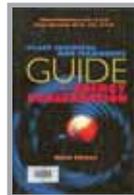
Jolly A (ed.). 2008
 London, UK: Thorogood
 Publishing, 224 pp.



Managing Climate Risk: a practical guide for business

The book explains how organizations can reduce their exposure to direct threats; improve their efficiency, and learn how to gain from shifts in the way their markets operate. The book explores techniques for identifying climate risks and systems for managing them, preparing for contingencies caused by extreme weather changes, options for controlling emissions and improving resource efficiency, finding alternative sources of energy and minimize waste, smarter working practices, flexible travel plans and greener buildings; and working on innovative responses to strengthen the brand.

Thumann A and Dunning S,
 2008
 Lilburn, USA: The Fairmont
 Press, 460 pp.



Plant Engineers and Managers Guide to Energy Conservation

Now in its fully updated eighth edition, this comprehensive handbook covers both management and technical strategies, which can be utilized to slash energy costs by as much as 40% in industrial facilities. The book covers cogeneration, gas distributed generation technologies, steam system optimization, geothermal heat pumps, energy outsourcing, electricity purchasing strategies, and power quality case studies. The book also has ready-to-apply guidelines for life cycle costing, electrical system optimization, lighting and HVAC (heating, lighting, and air-conditioning) system efficiency improvement, mechanical and process system performance, building energy loss reduction, financing energy projects, and strategies for establishing an effective energy conservation-oriented maintenance programme.

Najam A, Halle M, Meléndez-
 Ortiz R, Macmillan P. 2007
 New York, USA: Palgrave
 Macmillan, 282 p.



Envisioning a Sustainable Development Agenda for Trade and Environment

The book systematically explores the trade and environment interests of developing countries from a southern perspective. The contributors write explicitly about both the fears and hopes in the South regarding trade and environmental negotiations. The book contains essays from leading experts from various regions of the South and work to envision new, bold agendas, and priorities for their region.

Laszlo C. 2008
 Sheffield, UK: Greenleaf
 Publishing, 208p.



Sustainable Value: how the world's leading companies are doing well by doing good

The book illustrates how the competitive strategies of some of the world's largest businesses are changing as their leaders begin to take on a number of the world's most important social, environmental, and economic issues. The book outlines the new competitive environment in which societal challenges are becoming huge business opportunities. It showcases global industry leaders who are successfully integrating sustainability into their core activities as they respond to issues such as climate change, ecosystem health, and global poverty—not only from a sense of moral correctness, but because it makes good business sense. The book introduces the Sustainable Value tool-kit—a step-by-step approach to creating and managing value for stakeholders in a broad range of sectors in today's shifting competitive environment. The tool-kit is based on the authors many consulting engagements and executive working sessions in Fortune 1000 companies.

CALENDAR OF EVENTS

- New Delhi, **India**
4 February 2009
The World CEO forum 2009: Climate Change - fast tracking business action
BCSD Secretariat, TERI, Darbari Seth Block, IHC Complex, Lodhi Road, New Delhi - 110 003, India
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E-mail: bcsd@teri.res.in • Website: <http://www.teriin.org/dsds/2009>
- New Delhi, **India**
5-7 February 2009
DSDS (Delhi Sustainable Development Summit) 2009 Towards Copenhagen: an equitable and ethical approach
Summit Secretariat, TERI, Darbari Seth Block, IHC Complex, Lodhi Road, New Delhi - 110 003, India
Fax: +91 11 24682144 / 24682145
E-mail: dsds@teri.res.in • Website: <http://www.teriin.org/dsds/2009>
- New Delhi, **India**
4-5 March 2009
6th International Biofuel Conference
Winrock International India, 788, Udyog Vihar, Phase V, Gurgaon - 122 001, India
Tel: + 91-124-4303868/66 • E-mail: urvashi@winrockindia.org
Fax: + 91-124-4303862 • Web site: <http://www.winrockindia.org/>
- Copenhagen, **Denmark**
24-26 May 2009
World Business Summit on Climate Change, Copenhagen 2009
Copenhagen Climate Council, c/o Mandag Morgen, Valkendorfsgade 13, Postboks 1127, DK-1009 København K, Copenhagen, Denmark
Website: <http://www.copenhagenclimatecouncil.com/>
- City, **Spain**
12-14 May 2009
GENERA 2009: Energy and Environment International Trade Fair
Fax: (+34) 91 722 57 89
E-mail: convenciones@ifema.es
Website: http://www.ifema.es/ferias/genera/default_i.html