



Knowledge, Policy and Action

HIV/AIDS Management

in the oil and gas industry

In association with the
Global Business Coalition on HIV/AIDS



GLOBAL BUSINESS COALITION ON HIV/AIDS

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This guide to *HIV/AIDS Management in the oil and gas industry* is also available in PDF format on the accompanying CD-ROM of the same title. Hyperlinks are included throughout the document to facilitate access to related information on the Internet, and to supporting documentation included on the CD-ROM. The hyperlinks are indicated in this printed version by the [blue underlined text](#).



Introduction

The Human Immunodeficiency Virus (HIV), which leads to Acquired Immune Deficiency Syndrome (AIDS), has become one of the most serious public health challenges of modern times. The increasing prevalence of AIDS and the lack of a permanent cure threaten to seriously disrupt normal commercial activity. This growing and very real business issue must be carefully and responsibly managed to maximize the protection afforded to our employees, and to minimize the social, business and economic impacts on oil and gas industry operations.

This document and CD set is intended to provide a set of resources for oil and gas industry professionals tasked with formulating policy and implementing best practices across their organizations. It includes:

- This document—*Knowledge Policy and Action: HIV/AIDS management in the oil and gas industry*—an introductory report summarizing the basic facts surrounding HIV/AIDS, looking at policy issues that may need to be addressed when dealing with HIV/AIDS in the workplace, and presenting links to several case studies specific to the oil and gas industry, with particular reference to developing countries.
- UNAIDS: *AIDS in Africa: three Scenarios to 2025* ([Reference 1](#))
- International Labour Organization: *A Code of Practice for HIV/AIDS* ([Reference 2](#))
- Institute of Employers Handbook: *HIV/AIDS—a Guide for Action* ([Reference 3](#))
- UNAIDS/Global Business Council/Prince of Wales Business Leaders Forum: *Business Response to HIV/AIDS: Impacts and Lessons Learned* ([Reference 4](#))
- International Association of Oil and Gas Producers (OGP): *Guidelines for the Control of HIV, Hepatitis B and C in the Workplace* ([Reference 5](#))
- OGP/IIPECA: *A Guide to Health Impact Assessment in the Oil and Gas Industry* (2005)—a ‘pocket guide’ ([Reference 6](#))
- OGP: *Strategic Health Management* ([Reference 7](#))
- USAID/FHI: *Monitoring HIV/AIDS Programs* ([Reference 8](#))
- Global Business Coalition on HIV/AIDS (GBC): *Stigma, Discrimination, and HIV—A Core Business Issue* ([Reference 9](#))
- Global Business Coalition on HIV/AIDS (GBC): *HIV Pre-Employment Testing* ([Reference 10](#))
- World Bank/IFC: *Good Practice note on HIV/AIDS in the workplace* ([Reference 11](#))
- Global Business Coalition on HIV/AIDS (GBC): *Business AIDS Methodology (BAM™)* ([Reference 12](#))

Knowledge and education

What is HIV/AIDS?

The symptoms known as AIDS (Acquired Immune Deficiency Syndrome) are caused by infection with the Human Immunodeficiency Virus, or HIV, which belongs to the viral family called retroviruses. HIV is able to weaken or suppress the natural immune mechanism of the body, leaving it open to attack by disease causing agents that would normally be rendered harmless. The virus is transmitted when blood, semen or any bodily fluids are exchanged, for example through unprotected sexual intercourse, through the sharing of needles during intravenous drug abuse, and from an infected mother to her child during pregnancy, delivery and breastfeeding. Although these are the main routes for transmission, there are many more potential exposure routes, with varying degrees of risk attached to each (see below).

The body responds by making antibodies to the virus but, for a variety of reasons, these are not effective. Their presence does however indicate infection by the virus, and all but the most sophisticated tests rely on the detection of these antibodies rather than the actual virus to demonstrate infection. The appearance of 'Aids Related Complex', a constellation of minor symptoms related to the disease, provides for many the first indication that their health may be impaired, and up until this time the infected person is usually able to work as normal.

An individual testing positive to the virus is said to have 'seroconverted', or to be HIV positive (HIV+); this conversion occurs between three weeks and six months after infection (known as the 'window period') during which time the infected person could theoretically transmit the virus, but will test negative for it. This poses a threat to blood supplies, and precludes reliance on the use of an antibody test alone as an accurate tool in

ensuring prospective employees are not infected with HIV. A further difficulty may be encountered when testing for HIV because, with the most common screening system, 'false positives' can occur, increasing the need to reconfirm the diagnosis using more sophisticated tests. Such results can also be statistically misleading in low-risk populations.

The time period between infection and chronic debilitation is usually given as between 8–10 years (although this is highly variable) and depends to some extent on the nutritional, environmental, immunological and psychological well-being of the infected individual. The progression of the disease may be slowed or even halted through the use of anti-retroviral medications, to a point where, in Western societies at least, it may be managed as a chronic condition rather than as a terminal illness. This is rarely the case in developing countries where access to the required medication is often beyond the reach of both patient and the host country state health system.

Risk of transmission

Because resources are always limited, design of the prevention elements of an in-house HIV/AIDS programme must necessarily be based on an understanding of risk, so that resources are targeted in the most cost-effective manner. Estimates of HIV infection risk associated with various activities are regularly published, and can provide a useful guide during programme design. The estimates given in Table 1 are suggested as broadly typical for HIV transmissibility.

It should be remembered however, that these are estimates and will change from situation to situation, and country to country.

In summary, the disease is not transmissible through normal social contact, through mosquito bites, through blood donation, or



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Table 1 Estimates of HIV infection risk associated with various activities

Type of activity	% probability of infection (from single exposure)
Sexual activity (depends on type)	0.001–3
Exposure to blood	
Accidental wounding	≤ 0.5
Injecting drug use: shared equipment	<1
Unscreened infected blood transfusion	100
Mother to child transmission	≤ 40
With Anti-Retroviral Therapy (ART)	less than 10
With ART and Ceasarean delivery	less than 5

through contact with objects that an infected person has handled. The virus is quite fragile and does not survive for very long out of contact with body fluids; the risk of workplace infection is therefore extremely small in normal circumstances, but may become significant during injury situations on a plant site when bleeding has occurred.

For this reason, arrangements should be made to train staff and to provide protection where contact with body fluids is possible. Further details are given in the companion publication *Guidelines for the Control of HIV, Hepatitis B and C in the Workplace* (Reference 5) from the International Association of Oil and Gas Producers (OGP).

Why is this an issue for business?

Quite apart from the devastating human, social and personal impacts of this disease, the HIV/AIDS pandemic has critical impacts for business, both in terms of the general business environment and on the business enterprise directly (Reference 3). Because the disease is associated with the economically active, it leads to:

- reduced earnings;
- increased care demands;
- increased absenteeism, loss of productivity and an increase in unit labour costs;

- increased staff turnover, and recruitment and training costs;
- decreased workforce morale, and the potential for the disruption of normal workplace routines;
- increased expenditure on health for both employer, employees and dependants;
- impacts on pension fund, and social security benefits for both employer, employee and country;
- funeral costs and dependant care.

The oil and gas industry and the spread of HIV/AIDS

Every industry has a spread of activities that, on a risk basis, may be ranked as being of greater or lesser significance in terms of HIV/AIDS transmission. With respect to the oil and gas industry, HIV/AIDS transmission risk is commonly linked to the following:

- activities that are associated with a sudden increase in economic activity and employment, particularly in areas of high unemployment or where income of expatriates is high compared to that of local workers (e.g. construction activity in remote areas or developing countries);
- activities that increase the migration of a workforce, or otherwise permanently alter the population dynamics of the area (e.g.

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- operation of a new production facility or refinery);
- activities that involve the regular transport of goods or material across distances (e.g. road distribution of petroleum products); and
 - activities that separate employees from their partners for extended periods of time.

When evaluating risk, oil and gas industry activities may be divided into broad categories that describe both facility construction (e.g. of a pipeline or production facility) as well as operations (exploration and production/upstream, refining, distribution, retail marketing). While individual circumstances will alter this categorization, Table 2 suggests typical activities accompanied by the attendant category of risk. Different types of activity have different risk categories and the reasons for those differences vary: for example, pipeline and production facility construction have higher risks of transmission because of mobility, extended

separation from familial support structures, poor levels of awareness, and high disposable income. Similarly, other employment categories will have their own attendant risk factors and levels.

When setting up a formal HIV/AIDS programme, this kind of basic risk analysis should be conducted at an early stage to customize and focus the response effort towards the areas of greatest risk. It is important to realize that the increased risk for mobile populations includes the spouses and partners of employees as well as the employees themselves. It is also critical to understand that HIV/AIDS is an ‘across the fence’ issue: many of the behaviours, risks and vulnerabilities lie outside the immediate control of the business or workplace. It is therefore important to understand all the stakeholder groups that interact with the business (e.g. communities, contractors, expatriates, local hires) so that appropriate, targeted interventions may be made.

Table 2 Typical business activities and corresponding categories of risks and reasons		
Type of activity	Risk category	Key reasons
Upstream/E&P		
Pipeline—construction	Very high	Mobility/low level of risk awareness/ high discretionary income
Production facility—construction	Medium	Lack of prevention methods
Normal facility operations	Medium to low	Lack of prevention methods
Refining and distribution		
Construction	Medium to high	Low level of risk awareness/ high discretionary income
Operations—road transport	Very high	Extremely mobile/ low level of risk awareness
Normal facility operations	Medium to low	Lack of prevention methods
Retail/commercial operations		
Construction	Medium to low	Low level of risk awareness/ high discretionary income
Normal facility operations	Low	Lack of prevention methods
Travelling sales representatives	Medium to high	Extremely mobile/ low level of risk awareness



Policy, principles and commitment

Clearly defining and communicating company positioning on HIV/AIDS

In the twenty years since the discovery of HIV/AIDS, organizations have wrestled with the best way to manage their expressed commitment to the issue.

According to the United Nations Programme on HIV/AIDS (UNAIDS) and the International Organisation of Employers (IOE), it is desirable to document policy and principles that:

‘... states the company’s position and practices for preventing the transmission of HIV and for handling HIV infection amongst employees. It is usually designed to establish consistency within the company and compliance with local and national laws, as well as setting standards of expected behaviour for all employees. In addition the policy aims to provide guidance to employees on how to address HIV/AIDS, and where to go for assistance.’ (Reference 3).

While there are many approaches that can be employed, the principles of a sound workplace HIV/AIDS programme include the following:

- clear and visible management commitment and leadership;
- description of goals, objectives and approach for preventing the transmission of HIV and for handling infection among employees;
- defined programme structure and responsibilities, including where to go for assistance;
- use of identified local and international best practices;
- sensitivity to local cultures, baseline knowledge and identified educational needs;
- respect for employees and their basic human rights, including those who may be HIV positive or have AIDS; and
- adherence to local and national laws.

How these principles are enshrined and implemented will depend on each company’s philosophy and practice on corporate-wide programmes; while some companies may wish to use a formal stand-alone HIV policy to state their position on the HIV/AIDS issue, others may elect to wrap these HIV/AIDS principles into existing corporate policies and guidance frameworks.

Further references on how to approach policy and statement formulation and what they might contain are given in [Reference 2](#) and [Reference 3](#).

HIV, discrimination and employee confidentiality

Programmes and policies that establish a culture and commitment to non-discrimination on the basis of actual or perceived employee HIV status are the cornerstone of any effective HIV workplace programme, underpinning campaigns to promote the take-up of Voluntary Counselling and Testing (VCT) as well as treatment. Companies have learned that it is not enough to simply develop written statements of principle or policy: to be fully effective the active endorsement of senior management who ‘walk the talk’ is needed centrally, regionally and locally. A number of companies have developed specific campaigns tackling stigma and discrimination in the workplace. Many such company approaches have first been developed by heavily-affected subsidiaries in the regions before being rolled out company-wide.

As well as fostering a more supportive workplace environment, the adoption of non-discriminatory policies or statements is a clear public commitment that helps to counter the fear and stigma that still typify many communities’ responses to the epidemic.

While in many nations screening for HIV is prohibited by law, in a few developed and developing countries around the world, HIV

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screening is mandatory for immigration, and is routinely enforced by employers in recruitment.

The International Labour Organization (ILO) code of practice ([Reference 1](#)) specifically prohibits screening for HIV in recruitment and employment. This practice is increasingly being adopted by industry, in part because of the complex humanitarian issues involved but also for the following reasons:

- i) Due to the window period described above, pre-employment screening for HIV does not guarantee the hiring of a non-infected individual, and there is no guarantee that the employee will not contract the disease after he/she has started employment.
- ii) The administration of screening tests obliges the company to maintain the burden of confidentiality, and the potential of exposure to litigation if a positive test result becomes common knowledge.
- iii) Screening can substantially delay the application process.
- iv) Screening can undermine action to reassure existing employees that there is no danger of infection at the workplace; it appears contradictory to them that the employer educates on the basis that the disease cannot be spread in the workplace, but then rejects applicants who test positive.

In summary, there are more disadvantages than benefits to conducting a pre-employment screening for the HIV virus. This has been increasingly recognized by the many governments worldwide, who specifically prohibit HIV screening in recruitment and in employment.

The following are some of the questions that may be asked when deciding on a policy and what that policy should contain:

1. Do local statutes or regulations adequately regulate all aspects of the disease, such that actions taken in response to occurrences in the workplace are effectively proscribed by law? If the answer to the above is 'No', does the company health/welfare policy adequately address HIV/AIDS issues within its context, or should a formal policy/guideline on HIV/AIDS be established?
2. Does local regulation enforce or prohibit screening of employees for the HIV virus? If it is enforced, does it apply to existing employees as well as to job applicants? What will company policy be towards HIV+ applicants, or existing employees? How will the confidentiality of the data be maintained and how will HIV+ applicants be counselled?
3. What type of education programme should be implemented? Are the resources available to do this in-house, or should outside consultants be engaged? What areas should be targeted? Have the source material and baseline facts been agreed with the company medical practitioner/ union beforehand?
4. What is the company policy when the company becomes aware that an existing employee is HIV+? Have supervisory staff received adequate training to handle this situation? What labour legislation is there, and what action will be taken if co-workers refuse to work alongside an affected employee?
5. Will the company arrange for the employee to:
 - i) receive counselling?
 - ii) be provided with Anti Retroviral Therapy?
6. Have arrangements been made to determine impacts on the pension scheme, or on medical cover (if applicable)? Will policy be formulated regarding the extent of sick leave benefits, and/or medical leave of absence due to the disease? What is the desired action when the affected employee is:
 - i) unable to continue working in his/her present position?
 - ii) unable to work at all?
7. What other sources of medical care might there be (e.g. State aid schemes, industry employer associations, union assistance schemes, employee care/assistance programmes)?



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8. Has action been taken to minimize the possible transfer of the disease to emergency workers (e.g. gloves in first aid boxes, education of emergency response teams/first aiders)?
9. Has the company identified all external stakeholders (contractors, affiliates, communities, etc.)? How will the company promote HIV/AIDS management and good practices amongst these stakeholders?

With regard to existing employees, it is important to recognize that knowing an employees' HIV status does not give information about their fitness to work. In other words, where medical surveillance is carried out in the workplace, fitness to work should remain the focus, and not HIV infection.

Further reference should be made to the ILO *Code of Practice on HIV/AIDS*, ([Reference 2](#)) 'Appendix III: A Checklist for Planning and Implementing a Workplace Policy on HIV/AIDS' and the Global Business Coalition on HIV/AIDS (GBC) document: *HIV Pre-Employment Testing* ([Reference 10](#)).

Further links to workplace programme examples including policies and statements can be found in the published case studies on the GBC website at www.businessfightsaids.org.

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Situational analysis

The application of situational analysis tools will help form the basis of any action plan. These are often a part of the Health Impact Assessments for new projects ([Reference 6](#)). The situational analysis may also include a workplace assessment which helps compare historical local activities against international best practices; community resources availability survey which identifies and makes available local counselling, testing and treatment; and workplace surveys which can help identify a snapshot of local knowledge, attitude and practice.

Management: programme responsibilities

As with any safety and health programme, HIV/AIDS management programmes should be built on strong leadership, which includes clearly defined ownership and accountability across all relevant disciplines including, but not limited to, health.

Voluntary counselling and testing of employees

Encouraging employees to ‘know your status’ is often a key component of workplace programmes. Access to confidential counselling and testing can provide invaluable information to individuals and while availability may vary by location, this is a first step that helps individuals manage the illness.

This can be provided as part of a wider concept known as Strategic Health Management (SHM) ([Reference 7](#)). SHM provides a structured approach to incorporating workforce and community health considerations into major project development plans. The focus is on primary health care initiative with a focus on strengthening local programme development and ownership.

Treatment of employees

While none of the references cited mandate the provision of treatment by the employer, they do give several case study examples of where this has been successfully implemented. The provision of Highly Active Anti-Retroviral Therapy (HAART) is a proven means to manage the disease as a chronic, rather than terminal illness. This is an area that should form part of the company policy on HIV/AIDS and may vary from location to location.

Treatment may also focus on reducing the transmission of conventional Sexually Transmitted Infections (STIs) in the workforce. Studies have shown that the presence of conventional STIs (e.g. gonorrhoea, syphilis) in a given population substantially increases the likelihood and rate of HIV/AIDS transmission, and conversely, eliminating STIs in a given population, for example at the beginning of a large construction project, can in many cases substantially reduce the rate of HIV/AIDS transmission—in some cases to background levels. Additionally, treatment of these ‘primary’ STIs—in worksite clinics for example—provides another opportunity to interact with employees and provide information and education on personal protection against HIV infection/transmission. Many companies have noted increased treatment adherence and compliance when it is accompanied by partner notification and extension of treatment to spouses and dependents as needed. This broader approach, together with compliance counselling, can result in more effective treatment outcomes, which in turn, reduces the risk of developing resistance to treatment.

Educating and protecting employees in the workplace

The best protection against HIV/AIDS-related discrimination and disruption in the workplace is a sound behaviour-change edu-



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cation programme. Such a programme will have a far greater impact if employees have been exposed to the facts surrounding the disease, and afforded the opportunity to rationalize their fears regarding transmission prior to an incident actually occurring in the workplace. Reactive measures, i.e. attempts to educate staff immediately following the identification of an HIV positive person in the workplace, are of little value.

Wherever possible, training should address all areas of the organization, as misconceptions regarding the disease have been shown to be shared at all levels; in addition shared education and training may provide a common factual ground in which to resolve problems when they eventually arise. If the facility has organized labour, early and sensitive approaches to the appropriate unions/shop stewards and encouragement of their active participation in the education process is essential; without the active involvement, support and endorsement of the trades union, the education process stands little chance of success.

The early establishment of a source of information on the disease that is credible, accurate and uncoloured by political or ethnic slants is also important in establishing a fixed, mutually agreed baseline from which to proceed with policy formation. Working with suppliers and contractors and, where possible, integrating them into the organizational HIV/AIDS management strategy will help to facilitate a consistent and comprehensive industry response. For example, when a large influx of contractor workers are suddenly involved in construction work (e.g. during pipeline construction) this could increase the risk of HIV infection among communities, contractors and company employees. In such a situation the ability to ensure contractor access to HIV/AIDS education and services becomes critical for a successful response.

Monitoring and measurement

The aphorism ‘if you don’t know where you are going, any road will take you there’ is particularly true of HIV/AIDS control programmes, which by their nature are difficult to monitor and measure. A set of predefined measures designed to track both activity and outcome are key to providing meaningful data prior to any programme launch, to track programme progress, and apply valid measures of possible programme impact. Useful guidance is given in the USAID/FHI document *Monitoring HIV/AIDS Programs* ([Reference 8](#)).

Case studies

Many OGP and IPIECA members are members of the Global Business Coalition on HIV/AIDS (GBC). The GBC, in cooperation with the OGP/IPIECA Health Committee and joint member petroleum companies has provided several case studies giving examples of actions by the oil and gas industry in respect of HIV/AIDS management. These can be viewed on the GBC website at www.businessfightsaids.org.

Adopting a collaborative approach: getting additional resources

Although it should be possible to prevent the transmission of HIV/AIDS in the workplace, organizations should recognize early on that a large part of the problem—as well as the solution—lies beyond the traditional reach of company operations, oversight, and management and control systems. While the oil and gas industry has accepted that HIV/AIDS is an important issue that requires urgent management attention, it is unrealistic to expect HIV/AIDS management to become a core competency, and additional help in managing these programmes will be required. The vast majority of employees contract the

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disease outside of the work environment and efforts to control the spread of HIV/AIDS should therefore involve a wider partnership with stakeholders in the area. Identifying what resources exist in the wider community, and which stakeholders are active in local HIV/AIDS initiatives, can save time and money, avoid duplication of effort, and increase sustainability of HIV/AIDS responses. Partnerships with the community and with specialist organizations can help design and implement focused programmes, expand scope and reach, leverage resources and create better-supported and more sustainable action. It is equally important to work with the many donor and aid organizations that will likely be operating in the area, e.g. from agencies such as the IFC/World Bank ([Reference 11](#)).

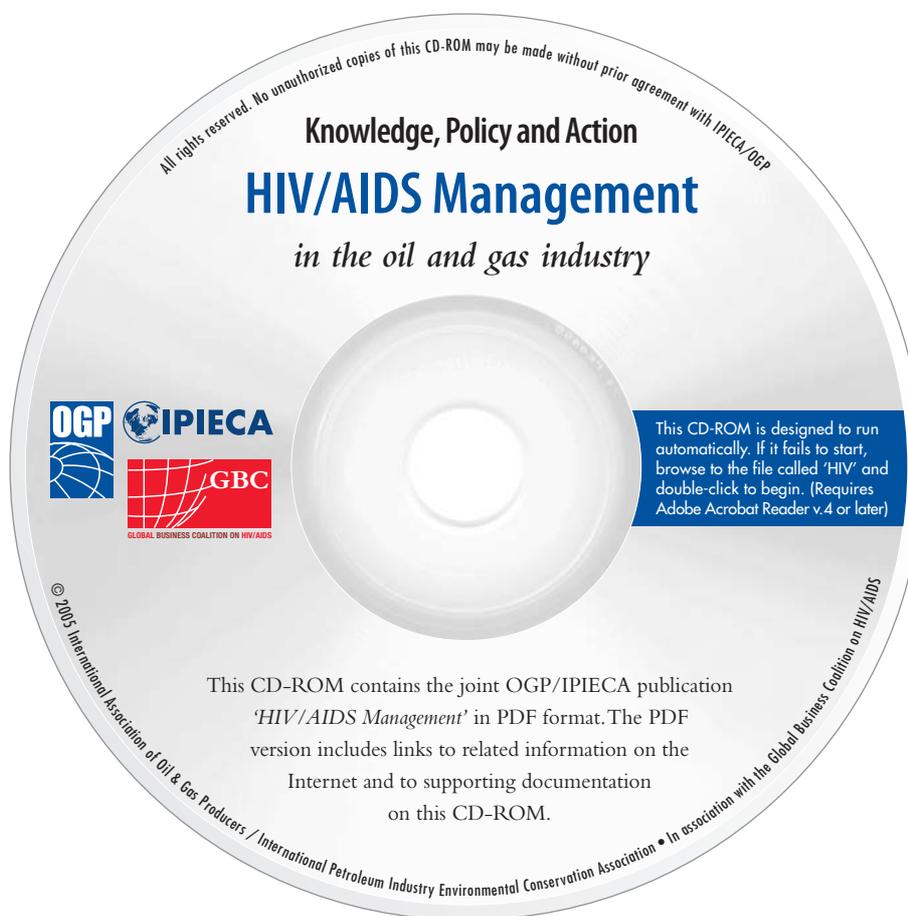
Integrating these different factors, agencies, and support organizations with business processes can be challenging, and specialist consulting assistance may be required. OGP/IPIECA member companies that are members of GBC have access to GBC's Business AIDS Methodology (BAM™) consulting service ([Reference 12](#)), which helps companies design and implement a customized approach for fighting HIV/AIDS utilizing a business management model.

'HIV/AIDS Management' on CD-ROM

This document is included on the attached CD-ROM in PDF format[†]. The file includes links to other files on the CD-ROM and to resources on the Internet^{*}. The links are represented in this printed version by the [blue underlined text](#).

[†]Requires Acrobat Reader™ — available from the Adobe website: www.adobe.com/products/acrobat/readstep2.html

^{*} Web browser and Internet connection required



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International Association of Oil & Gas Producers (OGP)

OGP represents the upstream oil and gas industry before international organizations including the International Maritime Organization, the United Nations Environment Programme (UNEP) Regional Seas Conventions and other groups under the UN umbrella. At the regional level, OGP is the industry representative to the European Commission and Parliament and the OSPAR Commission for the North East Atlantic. Equally important is OGP's role in promulgating best practices, particularly in the areas of health, safety, the environment and social responsibility.

International Petroleum Industry Environmental Conservation Association (IIPECA)

The International Petroleum Industry Environmental Conservation Association (IIPECA) is comprised of oil and gas companies and associations from around the world. Founded in 1974 following the establishment of the United Nations Environment Programme (UNEP), IIPECA provides one of the industry's principal channels of communication with the United Nations. IIPECA is the single global association representing both the upstream and downstream oil and gas industry on key global environmental and social issues including oil spill preparedness and response; global climate change; health; fuel quality; biodiversity; social responsibility and sustainability reporting.

The Global Business Coalition on HIV/AIDS (GBC)

The Global Business Coalition on HIV/AIDS (GBC) is the pre-eminent organization leading the business fight against HIV/AIDS. The rapidly-expanding alliance of 200 international companies is dedicated to combating the AIDS epidemic through the business sector's unique skills and expertise. The mission of the GBC is to harness the power of the global business community to end the HIV/AIDS pandemic. For more information on GBC membership and technical services, see www.businessfightsaids.org or call +212 698 2113.

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