

What are the next steps?

Every workplace should have a policy and programmes on HIV/AIDS. These should have three main components: prevention, care and support, and protection against stigma and discrimination.

What success looks like...

- ▶ The company takes responsibility for acting on HIV/AIDS, with support from the highest levels.
- ▶ There is a 'zero tolerance' policy for discrimination in the workplace.
- ▶ Clear and concise HIV/AIDS information is regularly provided to all employees.
- ▶ Peer education and peer support form the basis for any HIV-prevention programme.
- ▶ Programmes to promote and support behavioural change are gender-sensitive.
- ▶ Condoms are provided at an affordable cost, or are free.
- ▶ Voluntary counselling and testing (VCT) and the treatment of sexually transmitted infections are offered at the workplace or encouraged via community services.

The five inserts included in this document provide more detailed guidance and examples of action.

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For more information on HIV/AIDS in the workplace, consult these useful websites:

www.ilo.org/aids, www.unaids.org,
www.weforum.org/globalhealth, www.ioe-emp.org,
www.icftuafro.org, www.fhi.org, www.businessfightsaids.org

The **Joint United Nations Programme on HIV/AIDS (UNAIDS)** brings together eight United Nations organizations: UNICEF, UNDP, UNFPA, UNDCP, ILO, UNESCO, WHO and the World Bank. The global mission of UNAIDS is to lead, strengthen and support an expanded response to the epidemic.

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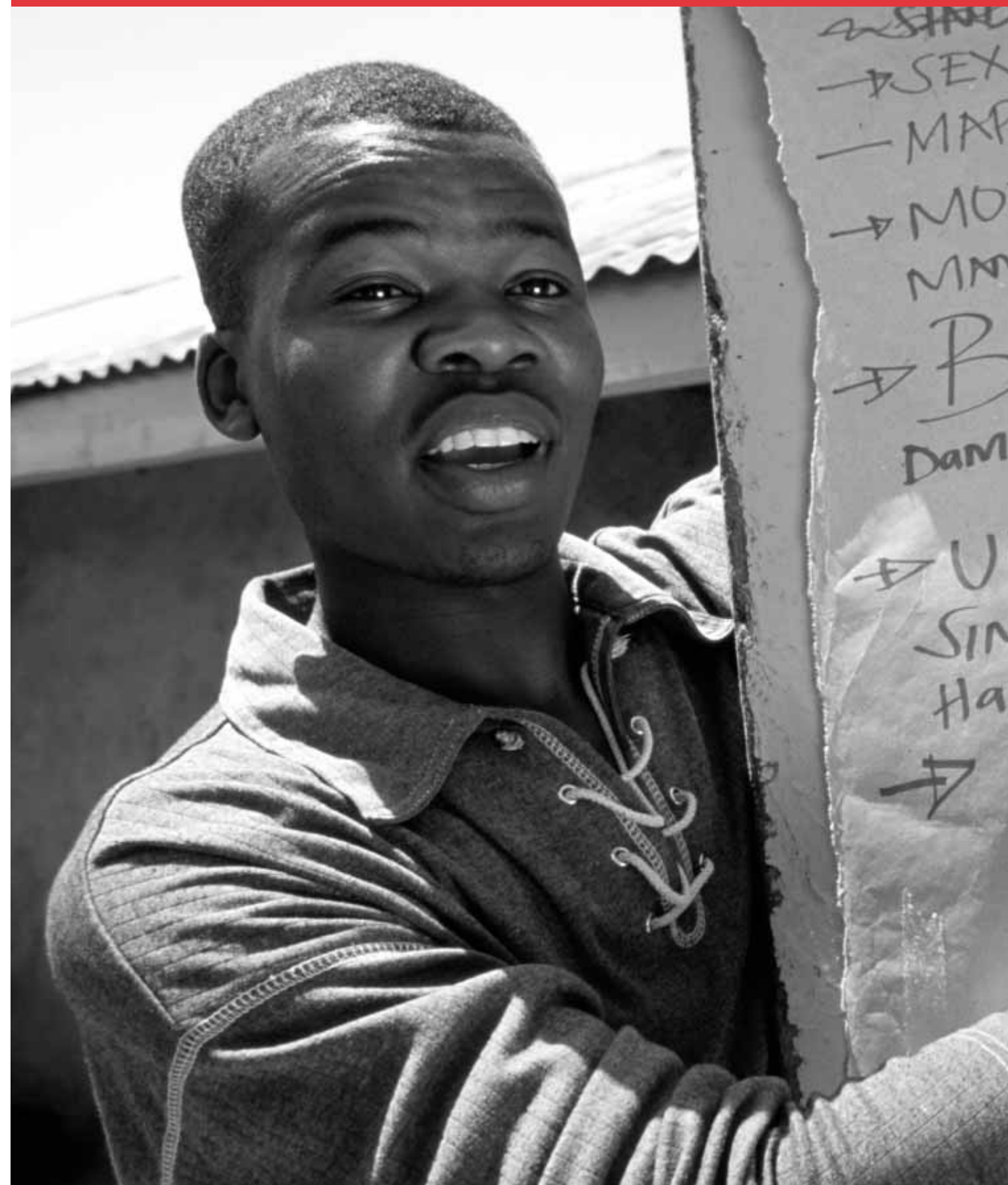


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Action against AIDS in the workplace



COVER PHOTO: UNAIDS/G. Pirozzi, HIV/AIDS peer education in Kenya.

The Africa Region

A humanitarian and development crisis

- ▶ Three out of four people with HIV live in Africa. In Botswana, Lesotho, Swaziland and Zimbabwe, a third of the adult population are HIV-infected.
- ▶ Nearly 30 million Africans are living with HIV—the majority in the prime of their working lives.
- ▶ Adult HIV-prevalence rates range from less than 1% (mainly in North Africa) to nearly 40%.
- ▶ Heterosexual sex is the most common mode of transmission.
- ▶ An estimated 3 million children under the age of 15 are living with HIV. It is estimated that more than 90% were infected via mother-to-child transmission.
- ▶ Factors increasing vulnerability are closely linked to poverty, social and income inequality, and civil unrest: they include poor access to health prevention and medical services, high population mobility and gender inequality.
- ▶ Women are infected at early ages, with more than half of new infections among women occurring before the age of 24.

The scale of infections means that care and treatment are of vital concern, but the need for effective prevention remains crucial.

Workplace partners can become AIDS ‘champions’ and promote the vital message that people living with HIV/AIDS need support to live positively and keep working: there’s no danger in casual contact, no excuse for discrimination, and no need to fear each other.

A workplace issue

- ▶ The epidemic cuts the supply of labour and threatens the livelihoods of many workers and those who depend on them. The size of the labour force in 32 African countries will be between 5% and 35% smaller by 2020 than it would have been without HIV/AIDS.
- ▶ Discrimination against people with HIV threatens fundamental principles and rights at work, and undermines efforts for prevention and care.
- ▶ The loss of skilled and experienced workers causes productivity to fall just as business costs are rising: tax revenue, market demand and investment are also undermined.
- ▶ The direct and indirect costs of HIV/AIDS have already caused an estimated 2%–4% fall in GDP in sub-Saharan Africa.
- ▶ Workers in the informal economy—the main source of employment in most parts of the region—are particularly vulnerable to the epidemic’s impact, due to the precarious nature of informal employment, the lack of social protection and limited access to health services.
- ▶ The loss of skilled workers and managers not only undermines productivity today but threatens the capacity of nations to deliver essential goods and services for decades to come.

How HIV/AIDS affects economic growth and social development

- ▶ a reduced labour supply;
- ▶ the loss of skilled and experienced workers;
- ▶ an increase in absenteeism and early retirement;
- ▶ an increase in labour costs for employers, including health insurance and re-training;
- ▶ reduced productivity, contracting tax base and negative impact on economic growth;
- ▶ weakened demand, discouraged investment and enterprise development undermined;
- ▶ stigmatization of, and discrimination against, workers living with HIV/AIDS;
- ▶ additional pressure on social protection systems and health services
- ▶ a loss of family income and household productivity, which exacerbates poverty;
- ▶ an increase in female-headed households;
- ▶ the early entry of children into active employment; and
- ▶ pressure on girls and women to resort to sex work in order to survive.

Signs of hope

Concerted national action that involves civil society’s key players, including business and workers’ organizations, can change the epidemic’s course. Uganda, for instance, is a well-documented example of human intervention making a difference, with measurable behavioural change and declining infection rates and Senegal, a country that took early action against the epidemic, has maintained its infection rates below 1%.

Action in the world of work

Governments, companies and trade unions have implemented HIV/AIDS initiatives at the regional, national and enterprise levels. Several companies stand out as models of corporate social responsibility, with comprehensive education and treatment programmes for employees and their families

Regional statistics (end 2002)

- ▶ Population (sub-Saharan Africa and North Africa): 820 million
- ▶ People living with HIV/AIDS: 29.4 million
- ▶ Orphans (under 15) who have lost one or both parents due to AIDS: 11 million

(see insert on Business Action against AIDS). Trade unions, especially those in southern Africa, have pioneered innovative prevention methods, often focusing on measures to combat fear, stigmatization and discrimination.

- ▶ The African Heads of State endorsed the Abuja Declaration on HIV/AIDS, TB and other related diseases during the 2001 Abuja Summit. This document is now recognized as the African position on the Declaration of Commitment on HIV/AIDS, which was ratified at the United Nations General Assembly Special Session in June 2001.
- ▶ African employers’ organizations agreed at a meeting in 2001 to a time-bound action plan to combat HIV/AIDS (see ILO/AIDS website). Some countries have also set up specific business coalitions against AIDS, including Botswana, Cameroon, Ethiopia, Kenya, Namibia, Nigeria, South Africa, Swaziland, Uganda and Zambia.
- ▶ Industry sectors, such as the catering and hotel industry in Egypt’s tourist centres, use the International Labour Organization’s *Code of Practice* as the basis for their HIV/AIDS initiatives.
- ▶ The International Confederation of Free Trade Unions (ICFTU) in Africa produced a training manual for shop stewards in 2002. It is now working with the International Organisation of Employers (IOE) to promote a collaborative response to HIV/AIDS in the workplace, including training.
- ▶ The International Organisation of Employers, the International Confederation of Free Trade Unions and the World Confederation of Labour (WCL) have developed HIV/AIDS policies and programmes for their members. Corporate alliances, such as the Global Business Coalition on HIV/AIDS and the Global Health Initiative of the World Economic Forum, support companies’ action against the epidemic.

The International Labour Organization developed the ***Code of Practice on HIV/AIDS and the world of work*** following widespread consultations with governments, employers and workers. The *Code of Practice* provides practical guidance for developing national and workplace policies and programmes to combat the epidemic’s spread, as well as mitigate its impact.