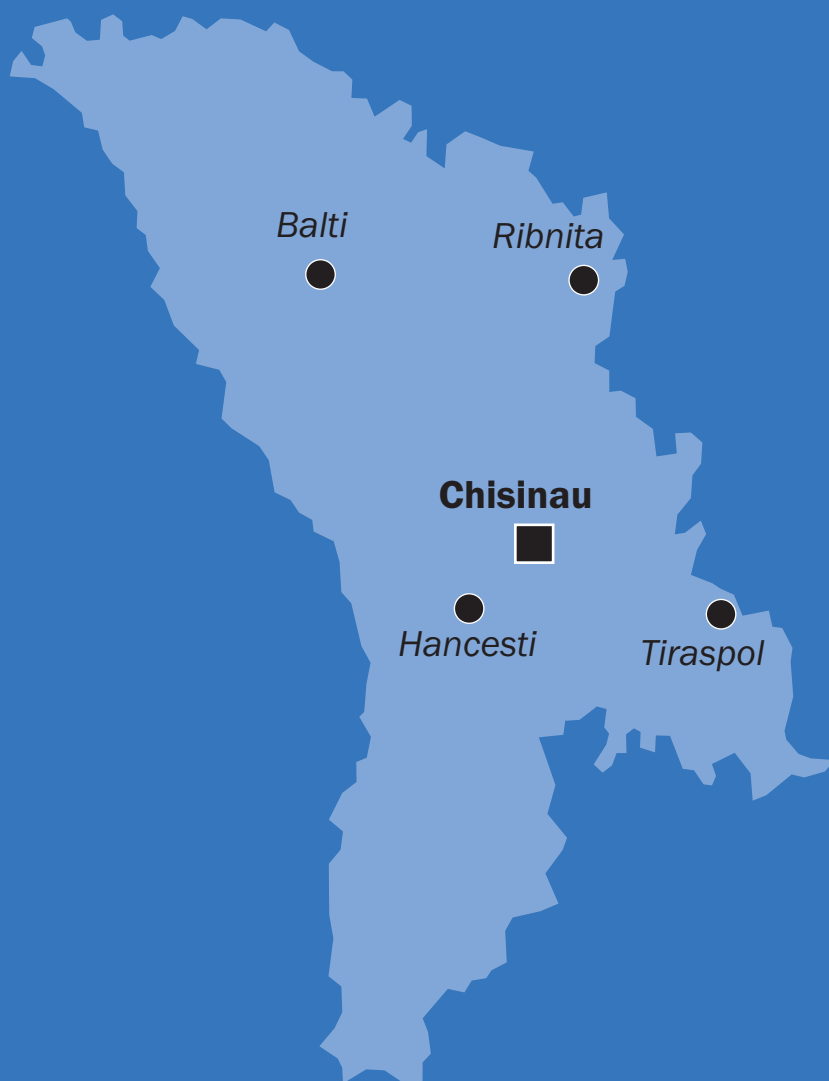


## Republic of Moldova

### The impact of HIV/AIDS in the world of work

Sabine Beckmann

Pallavi Rai



Country profile  
produced within the  
ILO-GTZ partnership

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Deutsche Gesellschaft für  
Technische Zusammenarbeit (GTZ) GmbH

## Acronyms

|        |  |
|--------|--|
| AIDS   | Acquired immunodeficiency syndrome   |
| BSS    | Behavioural Surveillance Survey  |
| CIS    | Commonwealth of Independent States   |
| DFID   | Department for International Development (UK)                                      |
| GFATM  | Global Fund to Fight AIDS, Tuberculosis and Malaria                                |
| GDP    | Gross domestic product   |
| GTZ    | German Technical Cooperation (Deutsche Gesellschaft für Technische Zusammenarbeit) |
| HDI    | Human Development Index  |
| HIV    | Human immunodeficiency virus   |
| IDU    | Injecting drug use/user  |
| IEC    | Information, education and communication   |
| ILO    | International Labour Organization  |
| IMF    | International Monetary Fund  |
| FDI    | Foreign direct investment  |
| FSW    | Female sex workers   |
| MOH    | Ministry of Health   |
| MTCT   | Mother-to-child transmission   |
| NGO    | Non-governmental organizations   |
| OSH    | Occupational Safety and Health   |
| PAF    | Programme Acceleration Fund (UN Theme Group)                                       |
| PLWHA  | People living with HIV/AIDS  |
| STI    | Sexually transmitted infection   |
| UISR   | Ukrainian Institute for Social Research  |
| UNAIDS | Joint United Nations Programme on HIV/AIDS   |
| UNFPA  | United Nations Population Fund   |
| UNDP   | United Nations Development Programme   |
| UNICEF | United Nations Children's Fund   |
| USDOL  | The US Department of Labor   |
| VTC    | Voluntary testing and counselling  |
| WHO    | World Health Organization  |

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# Executive summary

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The objective of the paper is to discuss some of the issues that need to be taken into consideration when developing a support strategy for the Republic of Moldova, where HIV/AIDS may undermine development progress achieved since the country's independence. The focus of the paper is on an area that has received very little attention in the literature on HIV/AIDS in Eastern Europe: the effects of the epidemic on labour markets and its implications for sustained development. The ultimate goal of GTZ and ILO/AIDS is to help build the capacity of government, employers and workers in implementing policies to prevent the spread of HIV and reduce its impact.

According to the most recent estimates by UNAIDS, the prevalence of HIV in Moldova was about 0.2 per cent at the end of 2003. The epidemic is currently being driven by injecting drug use, but there are fears of HIV transmission in the general population. The high and increasing prevalence of sexually transmitted infections (STIs) indicates a serious potential for further HIV transmission.

The paper reports that the main determinants of the HIV/AIDS epidemic include:

- the current difficult socio-economic situation in the country;
- a diminishing health-care budget;
- the high rate of injecting drug use and its upward trend among teenagers and young adults;
- the high incidence of STIs, favouring the transmission of HIV;
- unemployment, deteriorated standards of living, and growing levels of recourse to sex work; and
- widespread out-migration of people of reproductive age in search of jobs.

The national response to HIV/AIDS has been inadequate due to socio-economic turmoil, deteriorating health-care services and the virtual collapse of social safety nets. Although efforts have been made to target high risk groups in Moldova, they have not had a significant impact on the epidemic. The epidemic is still regarded mainly as a health issue, and the Interdepartmental Committee on HIV/AIDS is chaired by the Minister of Health.

The report calls for the ILO and its constituents to:

- provide training and advisory services to government and the social partners;
- provide, in the context of HIV/AIDS, care and support at the workplace, ranging from protecting workers against stigma and discrimination to ensuring their access to available treatment and social security;
- support effective prevention programmes designed to reach large numbers of people at the workplace;
- develop national policies on HIV/AIDS in the workplace based on the *ILO Code of Practice on HIV/AIDS and the world of work*;
- integrate workplace policies into national action plans and strategies;
- work with trade unions to ensure that workers living with HIV/AIDS do not face discrimination from fellow workers;
- work with employers to set up structures for care and support, and liaise with available support structures if counselling and medical treatment are not available at the workplace;
- improve the occupational safety and health conditions of workers at risk of exposure, through the development of appropriate labour market policies; and
- ensure that the ILO's response goes beyond targeted interventions for those perceived to be at risk (injecting drug users, sex workers, etc.) to include the workplace in local HIV-prevention programmes.

# A. Situation analysis



## 1. Recent economic trends and labour market background

Formerly ruled by Romania, the Republic of Moldova became part of the Soviet Union at the close of World War II. It has been independent since 1991 and is the second smallest member of the Commonwealth of Independent States (CIS) after Armenia. Moldova has an estimated population of 4.3 million, and the highest population density of all independent states of the former Soviet Union. Since its independence, the Republic has suffered a severe social and economic crisis, largely due to the breakdown of Soviet-era trade and supply links, price shocks, and population dislocation caused by the loss of the breakaway region of Transdnestr<sup>1</sup>. As the majority of Moldova's heavy industry was located in Transdnestr, the secession of the region left Moldova with a less diversified economy heavily reliant on agriculture and food-processing. As a result of the loss, the industrial sector's contribution to the total GDP of Moldova's economy fell from nearly 40 per cent in 1993 to less than 20 per cent in 2000. Land reforms undertaken in the agricultural sector in the late 1990s and the creation of many small private farms have nevertheless provided a buffer for workers from displaced industries.

Migration is now a growing phenomenon. According to official government estimates, the equivalent of one-seventh of the current population is living and working abroad,

although the figure differs according to different sources and may exceed a million<sup>2</sup>. Migrants are nevertheless a major source of income for the national economy, with remittances from those abroad estimated at \$300 million per year<sup>3</sup>. Additionally, the country is experiencing some instability and unrest due to the continued economic hardship faced by the population, and dissatisfaction with the direction and pace of implementation of new policies. According to observers, this may have played a role when the Communist Party of Moldova resumed power in 1994.

Although Moldova was ranked at independence as a middle-income country, and economic recovery is now in its second year, poverty levels rose throughout the 1990s, and are still high. An estimated GDP per capita of US\$448 in 2002 places the country on a par with some of the poorest countries in Africa and Asia<sup>4</sup>. Moldova has in the meantime also become one of the region's most heavily indebted countries.

Criminality has also risen, notably in the form of trafficking of young women, girls and children, and drug trafficking. At the same time there has been a noticeable increase in HIV transmission since the mid-1990s, with a 25-fold rise in registered HIV cases (see Figure 1 opposite).

## 2. Trends in HIV prevalence

### (i) Characteristics of the epidemic

According to most recent estimates, Moldova has a prevalence rate of 0.2 per cent, with 5,500 adults (aged 15–49) and children HIV-positive at the end of 2003 (UNAIDS, 2004). Until 1995, fewer than 10 cases per year had been reported, and by the end of 2001, a cumulative total of only 1,400–1,500 HIV cases had been reported, primarily associated with injecting drug use (see Figure 1).

Some regions show higher prevalence than the national average. The highest rates have been found in the municipality of Balti (393 cases) and in Balti Judet (135 cases). Transmission is occurring most rapidly among injecting drug users (IDUs), who account for 82 per cent of cases. Sexual transmission is reported in 13.5 per cent of cases. The age groups most affected

1. Two years prior to Moldova's independence in late 1991, two separatist movements proclaimed breakaway republics. The Moldovan parliament gave special legal status to Gagauz-Yeri-Gagauzya in December, 1994. In Transdnestr, the war lasted over two years, resulting in hundreds of deaths. Negotiations continue today with respect to this region, and existing agreements mean that it could be granted special legal status in the future, although the resolution is not yet in sight. The Russian presence has dwindled to 2,600 troops, and a peace agreement states that they will be withdrawn completely. Continuing concerns, however, include a stockpile at Colbasna of 38,000 tonnes of old Soviet military equipment and the overseas destination of weapons produced and exported by the steel plant at Ribnitsa.

2. According to official local sources, it is estimated that 600,000 to one million Moldovan citizens are working abroad, most of them illegally in Russia, Italy, Ukraine, Romania, Portugal, Spain, Greece, Turkey, and Israel. Only about 80,000 are estimated to be in their destination country legally. Human trafficking is a prominent manifestation of this outflow (The Moldovan Intelligence and Security Service (2003) quoted in International Centre for Migration Policy Development (ICMPD) (May 2003) report accessible at <http://www.migrationinformation.org/Profiles/display.cfm?ID=184>)

3. Quoted from IOM "Migration Management Assessment on Moldova (2003)" accessible at: [http://www.iom.md/materials/migr\\_assessment.pdf](http://www.iom.md/materials/migr_assessment.pdf)

4. The data relating to macroeconomic indicators and economic analysis in the paper come largely from consulting papers published by the Centre for Strategic Studies and Reforms, Chisinau, accessible at [www.cisr-md.org](http://www.cisr-md.org).

**Table 1: Population and demographic characteristics, Moldova, 1990-2005 (United Nations, 2003)**

| Year  | 1990      | 1995      | 2000      | 2005 |
|---|-----------|-----------|-----------|------|
| Total population (millions)                             | 4.36      | 4.34      | 4.28      | 4.26 |
| Population change (per cent change over 5-year periods) | 1990-1995 | 1995-2000 | 2000-2005 |      |
|   | -0.12     | -0.26     | -0.11     |      |
| Crude birth rate (per 1,000)                            | 15.5      | 11.9      | 11.5      |      |
| Crude death rate (per 1,000)                            | 11.1      | 11.3      | 10.7      |      |
| Net migration rate (per 1,000)                          | n.a.      | n.a.      | -1.9      |      |

are 20–29-year olds (59 per cent of cases), followed by 30–39-year olds (22 per cent) and 15–19-year-olds (14.4 per cent).

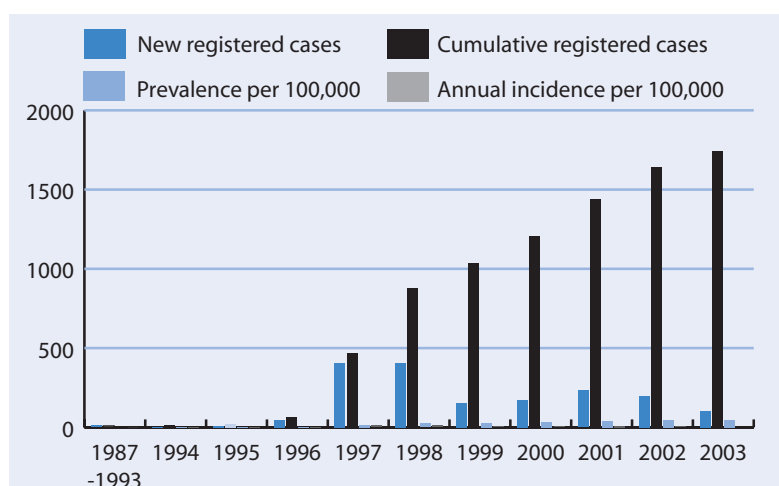
The epidemic in Moldova has certain characteristics that are common to the Eastern European region. At the same time, there are fears that transmission is occurring in the general population through transmission to the sexual partners of persons in high-risk groups (principally IDUs and sex workers; all blood donations have been systematically screened for HIV since 1991).

Some projections suggest that in the absence of effective interventions, HIV prevalence could reach 2 per cent by the beginning of 2011<sup>5</sup>. Figure 1 below shows the growth in numbers of registered cases since the first reports in the 1980s.

**(ii) Factors contributing to the transmission of HIV**

The main determinants of the HIV/AIDS epidemic appear to be:

- the current difficult socio-economic situation in the country;
- a diminishing health-care budget, and a serious shortfall in public funding for HIV/AIDS/STI programmes;
- limited infrastructure and capacity to provide comprehensive HIV/AIDS-related services covering prevention, care, support and treatment;
- the high and growing rate of injecting drug use among teenagers and young people;
- a high incidence of STIs, favouring the transmission of HIV;
- unemployment, falling standards of living, and recourse to sex work;
- violence against women;
- widespread migration of people in search of jobs and having recourse to sex work in other countries in Central or Eastern Europe, as well as forced displacement;
- stigma and discrimination against people living with HIV/AIDS and the misperception that HIV affects only high risk, marginalized groups; and
- lack of data on the magnitude, location and growth of the epidemic.



Places of detention also represent a major high risk location for HIV transmission. National minorities may be at greater risk of HIV where there is social exclusion and lack of access to medical services. Similarly, the growing numbers of abandoned children and street children are particularly vulnerable to HIV transmission.

**Figure 1: HIV cases in Moldova, 1987-2003: new and cumulative registered cases, prevalence and annual incidence based on registered cases (per 100,000)**

**3. Demography**

There has been a decline in the population of Moldova in recent years, even taking account of the secession of Transdniestria, whose population is currently estimated at around 650,000. The total population of the Republic is estimated to have fallen by about 60,000 between 1995 and 2000, and is projected to decline by about 25,000 more by 2005 (United Nations, 2003; see Table 1).

Unlike other countries in the region, Moldova's birth rate kept ahead of the death rate until the mid-1990s, but the rate of growth was negative throughout the 1990s and into the 2000s. More important for the loss of population has been the high level of out-migration: the net migration rate projected for 2000-2005 is -1.9 per thousand. As this emigration is largely for work, it is persons of working-age who are leaving the country, which has meant that the dependency ratio inside Moldova has tended to increase, putting

5. See World Bank, 2002.



a strain on its social protection systems. Fifty-four per cent of the population live in the rural areas.

#### 4. Poverty

Widespread poverty has resulted in deteriorating health. A new phenomenon for Moldova—malnutrition—affects not only those with low incomes, but also middle-income earners employed in the public sector (teachers, public servants, medical workers), due to frequent delays in the payment of wages. Life expectancy at birth was seen to decline from a high of 64.1 years in 1985-1990 to 63.5 in 1995-2000, although regaining ground since then<sup>6</sup>.

AIDS has the potential to deepen poverty and increase inequalities at every level—household, community, regional and national. Poverty and AIDS reinforce each other, creating a vicious circle. For example, loss of labour from a farming system may result in failure to maintain infrastructure, such as terracing, leading to soil erosion and decreasing agricultural productivity. This, in turn, impoverishes households and communities, reducing their ability to sustain themselves and resulting in poorer socialization, less formal education and, ultimately, cultural as well as material impoverishment. Already as many as 64 per cent of persons under the poverty line live in the rural areas.

#### 5. Unemployment:

Unemployment and underemployment are manifest in all sectors of Moldova's economy. Government data show that the slow pace of economic restructuring was reflected in a gradual rise in unemployment from 1.8 per cent of the workforce in 1996 to 2.1 per cent in 2000. This is likely to be unrepresentative of actual unemployment levels. National statistics cover only registered unemployment, but unemployment benefits in Moldova are so meagre that the majority of unemployed persons do not find it worth their while to register with the authorities. According to data calculated by applying ILO definitions, unemployment in Moldova averaged 8.5 per cent in 2000 (9.7 per cent for men and 7.2 per cent for women), an improvement over the unemployment rate of 13 per cent in the aftermath of the 1998 regional financial crisis. Any accounting fails to

reflect, however, the fact that 10–15 per cent of the workforce are working only part-time or are on unpaid leave.

In 2000, the proportion of population that was economically active was only 45.4 per cent (47.4 per cent for men and 43.5 per cent for women). The highest unemployment rate is among 15–34-year-olds and persons over the age of 54. According to observers, high unemployment levels contribute to the country's transmission of HIV (Teosa, 2001).

The informal economy in Moldova, which is estimated to be large and growing, probably provides the economic sustenance for many families, but the trend towards informalization of the economy undermines the security of workers. The situation is exacerbated by the fact that workers' organizations are losing membership and influence<sup>7</sup>.

#### 6. Impact on businesses

There is little evidence to date that AIDS-related mortality is eroding the capacity of any economic sector or having significant repercussions. Yet there is a conspicuous absence of studies addressing the impact of HIV/AIDS in the research literature on Moldova's development, especially with respect to the private sector, and there is a gap in our knowledge of the impact of HIV/AIDS on businesses and workers' organizations and how they are responding. The literature is more abundant with respect to the public sectors of education and health, because UN system organizations and agencies have worked in these areas. Reference to HIV/AIDS is also more elaborate in studies on trafficking and prostitution, but these studies do not have a specific focus on the social and economic impacts of the disease. Most research to date has failed to address the possibility that HIV transmission might be occurring in the general population, and thereby having an impact on businesses. Basic field research is required in this area.

6. *United Nations*, 2003.

7. *ILO Mission Report, Moldova, April 2001*.

## B. Policy options

The Government of the Republic of Moldova now recognizes that HIV/AIDS is a complex societal issue requiring a multisectoral approach. Nevertheless, to a large extent, HIV/AIDS is still perceived as a health problem and, thus, controlling the epidemic is seen as the responsibility of the health sector. The national response to HIV/AIDS has been inadequate due to socio-economic turmoil, deteriorating health-care services and the collapse of social safety nets. Although there have been various efforts to target high risk groups in Moldova, they have not yet had a significant impact on the epidemic.

### (i) National response

The Republic of Moldova responded early to the epidemic with a 1993 Law relating to the prevention of HIV, and the implementation of the first National Programme on Prevention and Control of HIV/AIDS and STIs (1995–2001). The National Programme was developed under the guidance of the Ministry of Health by the National Scientific-Practical Centre of Preventive Medicine, together with the National Centre for AIDS Prevention and Control (AIDS Centre), the dermatology services specialized in venereology, and Judet Centers for Preventive Medicine. Activities dealt mainly with prevention, epidemiological surveillance and treatment. For most of the early years of its implementation, the National Programme was funded at only 15 per cent of the total deemed necessary, which was usually only enough to cover blood safety programmes and staff salaries. Much of the real preventive work was funded by UN agencies through the UN Theme Group on HIV/AIDS, which also helped the first NGOs working on HIV prevention in the country. Further assistance is received from the World Bank, which started a 'Moldova AIDS Control Project' in 2003 to reduce transmission, mortality, and morbidity associated with HIV and other STIs.

The government established an Interdepartmental Committee on HIV/AIDS in 2003. This coordinates the activities of ministries, state departments and the few NGOs in the country involved in implementing HIV/STI-prevention activities, in accordance with the 1993 Law.

In 1999, a National Team for Strategic Planning was established with the task of

developing and overseeing the implementation of a strategic plan for addressing HIV/AIDS, which led to the following:

- A situational analysis of HIV/AIDS (translated into English)
- An analysis of HIV/AIDS activities
- The development and approval of the second five-year National Programme on Prevention and Control of HIV/AIDS/STIs 2001–2005
- The development of a draft action plan under the national programme.

The second National Programme was adopted by the government in 2001. It focuses on the prevention of infection among youth and high risk groups, the prevention of nosocomial infections<sup>8</sup>, and on the social, legal, ethical and human rights aspects of HIV/AIDS. Priority has also been given to improving health and social services to support people living with HIV/AIDS.

The National HIV/AIDS Strategy has been designed as a flexible document to guide the national multisectoral response to HIV/AIDS from 2001 to 2005. Based on research and careful analyses carried out during 1999 and 2000, it identifies the critical areas where increased attention is expected to have the greatest effect on preventing the transmission of HIV/AIDS and on reducing its social impact.

There is good coordination between several ministries (Health, Education, and Justice) and NGOs. The Ministry of Labour, Family and Social Protection is represented among the executing institutions, and has the following responsibilities:

- The guarantee of a minimum state social assistance for people living with HIV/AIDS
- Coordination of a social assistance interdepartmental team including local public administrations and NGOs
- Implementation of social rehabilitation programmes for persons at high risk of HIV and/or STI transmission.

### (ii) NGOs

The UN Theme Group on HIV/AIDS has established several networks including, in 2001, the Network on Harm Reduction, which consists of six NGOs (its Chisinau branch has longstanding experience in HIV prevention.).

*8. Infections originating in a hospital or health-care setting because of the development and transmission of resistant strains of pathogens.*

Following their example, the NGO 'Youth for the Right to Live' developed a network based on the same model, and has implemented projects financed by the Soros Foundation, the Canadian Embassy, UNAIDS, UNDP, the Human Rights Center, the European Commission, the Peace Corps Foundation and the local government. It works in close cooperation with the AIDS Centre, the Balti Mayoral office, local and regional schools, colleges and universities, other NGOs, youth clubs etc. Currently, 'Youth for the Right to Live' is implementing an HIV-prevention programme based on harm-reduction strategies. The NGO has been actively involved in partnership with the Ministry of Health in developing the National Strategic Plan for HIV/AIDS Prevention in 2001-2005.

### (iii) Legislation

According to the Government<sup>9</sup>, the Law on AIDS Prevention of 1993 guarantees people living with HIV/AIDS the right to medical assistance and social insurance. They also report that it prohibits discrimination in employment, hospitalization, or access to pre-school educational institutions based on the HIV status of individuals, and that the law also guarantees confidentiality of diagnosis.

The Labour Code, adopted in 2003, prohibits discrimination in the sphere of labour based on any grounds that are not connected to the qualifications of the workers<sup>10</sup>. This provision could be interpreted as prohibiting discrimination based on HIV/AIDS. The Labour Code is also intended to protect the confidentiality of medical data by prohibiting an employer to request information on the state of health of employees that does not concern their capacity to execute their labour responsibilities<sup>11</sup>.

The UNDP Project RER/01/001, 'Partnership against HIV/AIDS in Eastern Europe and CIS', has been in place since June 2002 to advise on the compliance of current legislation with human rights. A team of experts has been established to analyse and evaluate current legislation concerning HIV/AIDS, STIs, injecting drug users and other high risk groups<sup>12</sup>.

### (iv) ILO response

HIV/AIDS in the workplace is a new issue for the social partners in Moldova, understanding of the implications of HIV/AIDS for the world of work is limited, and tackling the epidemic is not a priority for all ILO constituents. The ILO has therefore been working to achieve the following objectives:

- Greater awareness of HIV/AIDS as a workplace issue on the part of political leaders and leaders of employers' and workers' organizations
- Capacity-building of ILO's tripartite constituents for HIV prevention and strengthening of links between the social partners for collaborative action
- Development of national policies on HIV/AIDS in the workplace based on the ILO Code of Practice
- Reform of labour laws to address HIV-related discrimination.

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9. Moldova: Follow-up to the Declaration of Commitment on HIV/AIDS (UNGASS), country report, reporting period : January- December 2002, see <http://www.unaids.org/en/geographical+area/by+country/moldova.asp>

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10. Section 8.

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11. Section 92.

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12. Moldova: Follow-up to the Declaration of Commitment on HIV/AIDS (UNGASS), country report, reporting period : January- December 2002, see <http://www.unaids.org/en/geographical+area/by+country/moldova.asp>

# C. Recommendations

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The initiatives of the Moldovan Government to tackle the HIV/AIDS epidemic should be extended to include the promotion and support of comprehensive workplace programmes covering prevention, treatment, care and protection of the rights of persons living with HIV/AIDS.

## (i) General

Given the threat posed by AIDS, a national response should be mainstreamed across all major sectors, starting with the ministries of health and education. A multisectoral approach should be fully incorporated into the planning process, targeting ways and means of reducing transmission and morbidity, and mitigating the negative impact of AIDS. Although organizations such as UNDP and the World Bank have commissioned situation analyses in certain regions, few comprehensive impact assessments have been made at the sectoral level. These would be invaluable to answer questions regarding: the impact on employees to date; the estimated scale of labour losses; the estimated direct and indirect costs of the epidemic; measures taken to date to prevent HIV transmission in the workforce; measures taken, if any, to maintain employee productivity; and proposed steps to contain the epidemic over the next few years.

An important operational challenge is to find practical ways to increase employment, as well as avert human capital loss. Human resources efforts need to focus on ensuring an adequate pool of skills at any given point in time and on replacing lost skills. At a macroeconomic level, the generation of employment through enterprise development and investment promotion should be made a priority, and entail, among other objectives, training of the unemployed youth labour force. There are not only high rates of unemployment among young people, but also apparently high dropout and repeat rates at the tertiary educational level (which are reportedly higher for orphans). Without assistance, it is feared that many young people may eventually enter the labour force with no vocational training or skills.

## (ii) The ILO Programme on HIV/AIDS and the World of Work (ILO/AIDS)

The role of the ILO is to strengthen ongoing initiatives in the world of work and assist the government in capacity-building to bring about a more effective implementation of workplace-related projects. The ILO's tripartite structure assists in the coordination of government, employers and workers to begin research involving a multisectoral assessment of labour demand and supply for the country, followed by programme aid to prepare individuals to be employed in what appears to be a volatile market. Its core areas of competence are employment generation, enterprise development, evaluating social security systems and providing skills and training. It also has wide-ranging experience in data-collection methodologies and research on recording market trends and on social issues, such as child labour and forced labour.

The Republic of Moldova's new National Programme for Prevention and Control of HIV/AIDS/STI for 2001–2005 is based on a strategy that emphasizes:

- prevention of the infection; and
- improvement in the social, legal and human rights of people living with HIV/AIDS.

These two strategy components are in harmony with principles developed by the ILO and its constituents. Guidance for policy development along these lines may be found in the ILO Code of Practice on HIV/AIDS and the world of work and accompanying tools, including a training manual, targeted guidelines and a data base of legal instruments related to HIV/AIDS and the world of work. It could be useful to adapt some of these materials in order to develop a workplace strategy for Moldova, ensuring adherence to key principles on HIV/AIDS and protection for workers. Together with donors and in technical cooperation, the Ministry of Labour, employers' and workers' organizations can work on integrating workplace issues in national AIDS plans, revising labour laws to address HIV/AIDS, and developing workplace policies and programmes on HIV/AIDS.

### **Policy components**

Key components of policies for the world of work that are outlined in the ILO Code of Practice include:

- A legal and policy framework conducive to workplace action and ensuring protection against discrimination in employment.
- Risk assessment with voluntary, anonymous testing of samples of employees in order to determine prevalence levels [baseline surveys] . This can help inform human resource development strategies with regard to the impact of HIV/AIDS.
- Enhanced care and support, including non-discrimination, access to statutory benefits, reasonable accommodation, the promotion of voluntary testing and counselling and provision of antiretroviral therapy.
- Relevant prevention campaigns and behaviour change communications activities, including the provision and instructions for use of condoms.
- Changes in working conditions and practices to mitigate the impact of HIV/AIDS at the workplace.
- Outreach to informal sector employers to share experiences and resources.
- Strengthening of social security nets.

### **The role of workers**

To support the development of a national workplace strategy, it will be important to mobilize and support workers' organizations and workforce representatives as part of wider efforts to sensitize enterprises about HIV/AIDS. Policy advice, technical guidance and training should be made available to trade union officials and workers' representatives to enhance their capacity to integrate HIV/AIDS-related issues in trade union activities and to collaborate with employers in the implementation of workplace HIV/AIDS programmes.

### **The role of employers**

Similarly, awareness-raising and advocacy with employers should promote workplace action and ensure that workplace policies and programmes are developed and implemented in collaboration with workers' representatives. It is advisable to seek to involve employers in the public sector, and in the informal economy to the extent possible.

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