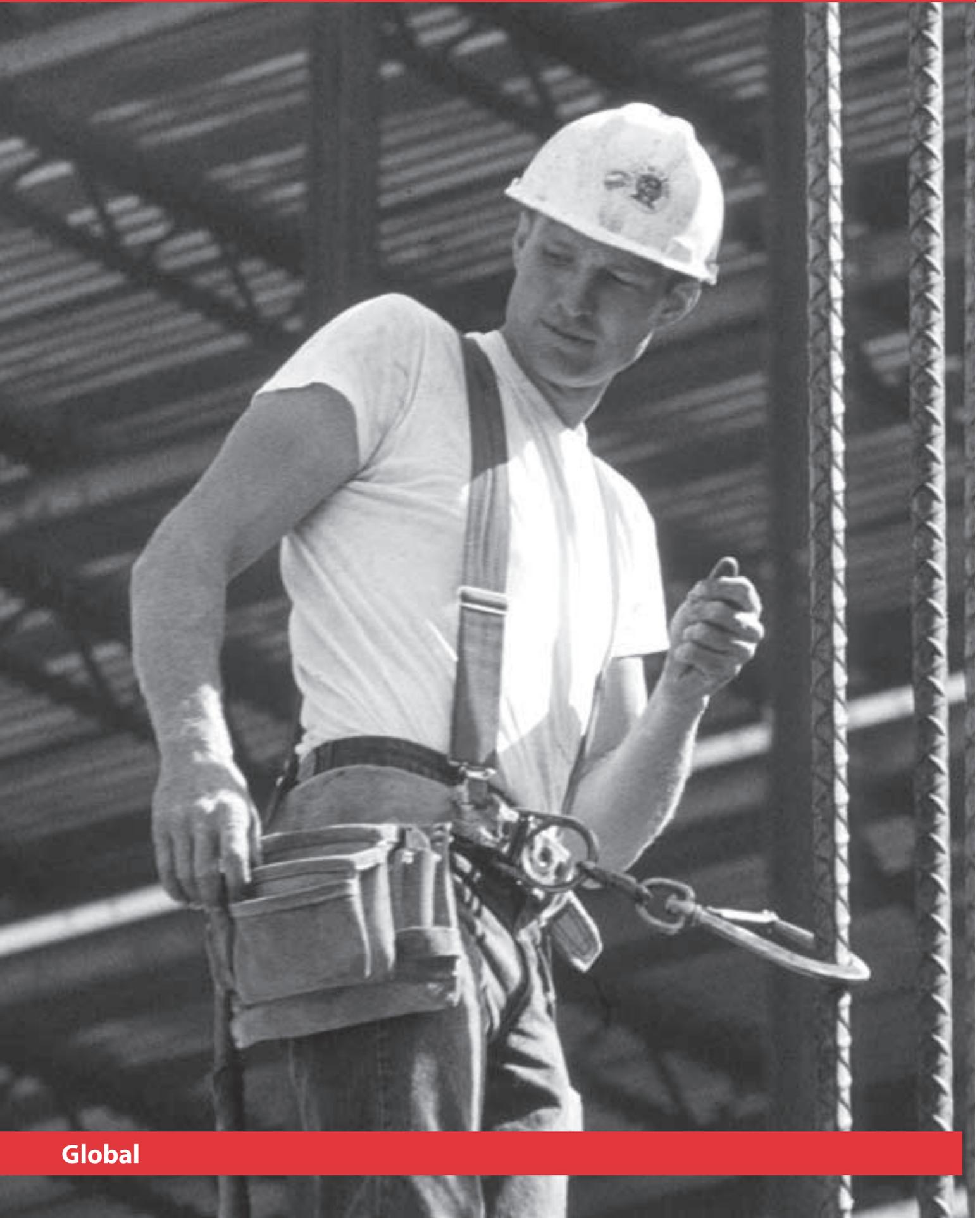


Action against AIDS in the workplace



The world in crisis: no region is untouched

Only 25 years ago HIV was unknown, but AIDS has already killed more than 20 million people and almost 40 million people were living with HIV by the end of 2004. The global increase in new infections was of nearly 5 million in the same year.

- ▶ **Sub-Saharan Africa** has just over 10% of the world's population, but is home to 70% of all people living with HIV. In 2004, 2.3 million people died of AIDS—75% of deaths globally.
- ▶ In the **Middle East and North Africa**, approximately 92 000 people acquired HIV in 2004, bringing the number of people living with HIV to 540 000; a further 28 000 people died of AIDS that year.
- ▶ In **Latin America and the Caribbean**, over 2 million people are living with HIV including 300 000 who were newly infected in 2004. Infection rates are higher on average in the Caribbean and Central America than in South America. Brazil is home to more than one in four of those living with HIV in Latin America.
- ▶ In **Asia and the Pacific**, over 8 million people are living with HIV. Over half a million are believed to have died of AIDS in 2004 and 1.2 million became infected. China and India are the most popu-

The workplace partners can become AIDS 'champions' if people living with HIV/AIDS need support to avoid danger in casual contact, no excuse for discrimination

lous countries in the world and although average prevalence is low, both countries have serious epidemics in a number of provinces. In Oceania, the most affected country is Papua New Guinea.

- ▶ An estimated 1.4 million people are living with HIV in **Eastern Europe and Central Asia**, up from about 160 000 in 1995; more than 80% of them are under the age of 30.
- ▶ Approximately 1.6 million people are living with HIV in **high-income countries**, and infection rates are rising. In Western Europe, an estimated 580 000 people have HIV compared to 540 000 in 2001. In the USA, approximately 950 000 people are HIV-positive, an increase of 50 000 since 2001. The great majority of those who need it have access to antiretroviral therapy but AIDS is nevertheless the leading cause of death in the USA among African-American women aged 25-34.

The scale of HIV infections globally means that care and treatment are of vital concern, but the need for effective prevention remains crucial. Some two thirds of the new infections projected to occur during the period 2002-2010 can be prevented (AIDS epidemic update, December 2004).

How HIV and AIDS affect economic growth and social development

- ▶ reduces labour supply
- ▶ causes loss of skilled and experienced workers
- ▶ increases absenteeism and early retirement
- ▶ increases labour costs for employers including health insurance and employee re-training
- ▶ reduces productivity, contracts tax bases and negatively impacts economic growth
- ▶ weakens demand, discourages investment, development and undermines enterprises' profit
- ▶ causes stigmatization of, and discrimination against, workers living with HIV
- ▶ adds pressure on social protection systems and health services
- ▶ causes loss of family income and household productivity, which exacerbates poverty
- ▶ increases the number of female-headed households
- ▶ forces children to work and quit school
- ▶ leaves many girls and women with little option but to sell or exchange sexual favours to survive
- ▶ reduces informal transfer of knowledge and skills between generations
- ▶ forces elderly people to remain economically active

A workplace issue

Two out of three people living with HIV go to work each day—this makes the workplace a vital entry point for tackling HIV and AIDS.

A report from the ILO, *HIV/AIDS and work: Global estimates, impact and response* (ILO, 2004), shows that as many as 36 million of the 38 million people living with HIV are engaged in some form of productive activity.

Cumulative losses to the labour force worldwide are projected by the ILO to reach 28 million in 2005, 48 million in 2010 and 74 million in 2015—in the absence of increased access to treatment.

- ▶ Women's increasing risk of HIV infection is due to gender-based economic inequalities, sexual harassment and violence at work, lack of access to education and health services, and the different social roles assigned to men and women which affect behaviour and the capacity to protect oneself from the virus.
- ▶ The epidemic cuts the supply of labour and threatens the livelihoods of workers and those who depend on them. By 2020, the ILO estimates that the labour force in high-prevalence countries will be 10%–30% smaller than without the epidemic.

Champions' and promote the vital message that live positively and keep working: there's no discrimination, and no need to fear each other.

- ▶ Discrimination against people with HIV and AIDS 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 increasing. Tax revenue, markets and investment are also undermined.
- ▶ Workers in the informal economy—the main source of employment in many countries—are particularly vulnerable to the epidemic's impact, due to the precarious nature of informal employment, the lack of social protection and the limited access to health services.
- ▶ The loss of skilled workers and managers not only undermines productivity today but also threatens the capacity of nations to deliver essential goods and services for decades to come.

The International Labour Organization developed a **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.

Signs of hope

Concerted action by governments and civil society has been shown to reduce the spread of the epidemic—examples include Australia, Brazil, Cambodia, Senegal, Thailand, and Uganda. Key factors have been leadership, multisectoral and multi-level strategies combined with effective targeting, popular participation, non-discrimination, and the provision of treatment. Brazil, for example, has reduced the number of AIDS-related deaths by 50% since 1993.

In high-income countries, AIDS morbidity is falling because people living with HIV and AIDS have access to antiretroviral treatment. However, there is no room for complacency, and the many new infections in 2004 highlight the need for renewed prevention programmes.

What are the next steps?

Every workplace needs an AIDS policy and programme, which should include three main components: prevention; treatment, care and support; and protection from stigma and discrimination.

Success is when...

- ▶ Companies take responsibility for acting on HIV and AIDS, in collaboration with workforce representatives.
- ▶ There is a 'zero tolerance' policy for discrimination in the workplace.
- ▶ Clear and concise HIV and AIDS information is regularly provided to all employees.
- ▶ Peer education and support for behaviour change form the basis for gender-sensitive prevention programmes.
- ▶ Practical measures to support prevention include information on the treatment of sexually transmitted infections and access to condoms.
- ▶ 'Know your status' campaigns encourage voluntary counselling and testing.

The inserts to this brochure provide more detailed guidance and examples of action.

To find out more, contact:

International Labour Organization:

ILO Programme on HIV/AIDS and the World of Work
Geneva, Switzerland
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(there are HIV/AIDS focal points in field offices in all regions)

UNAIDS:

Joint United Nations Programme on HIV/AIDS
unaids@unaids.org

World Economic Forum Global Health Initiative:

Francesca Boldrini, Associate Director
globalhealth@weforum.org

International Organisation of Employers:

ioe@ioe-emp.org

International Confederation of Free Trade Unions:

www.icftu.org

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

www.unaids.org or www.unaids.org/partnership
www.ilo.org/aids, www.theglobalfund.org
www.businessfightsaids.org, www.worldbank.org/aids
www.thebody.com, www.developmentgateway.org
www.iaen.org, www.hivatwork.org

The Joint United Nations Programme on HIV/AIDS (UNAIDS) brings together 10 United Nations organizations: UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, 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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