

# Action against AIDS in the workplace



Latin American and Caribbean Region

# A humanitarian, human rights and development crisis

- ▶ More than 2 million people are living with HIV in Latin America and the Caribbean, the majority in the prime of their working lives.
- ▶ The Caribbean is the second-most affected region in the world. Three countries in the Caribbean have HIV prevalence levels of at least 3%—the Bahamas, Haiti, and Trinidad and Tobago.
- ▶ By 2003 AIDS was the leading cause of death in adults aged 20–29 in El Salvador, in adults aged 25–35 in Panama, and in adults aged 30–34 in Jamaica.
- ▶ The Mexican government declared AIDS a national security problem in 2001.

Socioeconomic disparities, high unemployment, labour mobility and gender inequality are significant precursors to the epidemic, which threatens to reverse development gains. Discrimination is blocking progress in prevention and care. Workplaces can become models of ‘zero tolerance’ for discrimination.

*The workplace partners can become AIDS ‘champions’ living with HIV/AIDS need support to live positively in contact, no excuse for discrimination, and no need*

## A workplace issue

- ▶ The epidemic cuts the supply of labour and threatens the livelihoods of many workers. By 2010, for example, Haiti will have lost more than 10% of its labour force (ILO, 2004).
- ▶ Discrimination against people living 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, market demand and investment are also undermined.
- ▶ Workers in the informal economy—the main source of employment in many 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.
- ▶ A recent study by CAREC and the University of the West Indies Health Economic Unit estimated that Jamaica’s gross domestic product (GDP) could be 6.4% lower by 2005 due to AIDS. According to the ILO’s model, income in eight Latin American and Caribbean countries would have grown by 0.5% more per year without the HIV epidemic (2004).

### How HIV and AIDS affect economic growth and social development

- ▶ reduces labour supply
- ▶ causes the 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 base and negatively impacts economic growth
- ▶ weakens demand, discourages investment and 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

# Rising to the challenge of HIV and AIDS

Concerted action by governments and civil society has reduced the spread of the epidemic. In Latin America, some governments have adopted policies that make antiretroviral drugs freely available. An estimated 210 000 people in the region, mainly in Brazil, were receiving treatment at the end of 2003.

Brazil's rights-based approach to prevention and treatment has reduced the number of AIDS-related deaths by 50% since 1993.

This represents savings of more than US\$1.1 billion on hospitalizations and US\$2 billion on out-patient care as a result of AIDS-related illnesses. Argentina, Costa Rica, Cuba and Uruguay also guarantee free and universal access to treatment through the public sector, although provision is not universal in practice.

## The Latin America and Caribbean Regional Statistics

- ▶ Population (2003): 534,000,000
- ▶ HIV infections (2004): 2,140,000
- ▶ Cumulative labour force losses by end 2005 in 8 countries (as predicted in 2003): 1,153,000

*ions' and promote the vital message that people  
vely and keep working: there's no danger in casual  
d to fear each other.*

In Guatemala, for instance, 3000 persons received antiretroviral treatment in 2003 but fewer than half of them obtained it through the social security system. An initiative in Barbados to make antiretroviral drugs universally available and the introduction of voluntary counselling and testing services in January 2002 has resulted in a 43% drop in the number of deaths due to AIDS.

## Action in the world of work

Governments, employers' and workers' organizations, NGOs and other stakeholders in the region, notably in the Caribbean, have taken collective and separate action in response to the epidemic, which include workplace policies and programmes to reduce the spread of HIV and the impact of AIDS.

- ▶ The Pan-Caribbean Partnership against HIV/AIDS and Regional Strategic Framework for HIV/AIDS, 2002–2006, represent a commitment by the members to scale up action on AIDS and to involve a wide range of sectors. The various national planning bodies bring together representatives of the nations' top policy- and decision-makers from the private sector, trade unions and key government ministries to contribute to the formation of policies and programmes.
- ▶ At the 2002 ILO consultation on HIV/AIDS and the world of work in the Caribbean, representatives of the tripartite constituents adopted a *Platform for Action on HIV/AIDS and the World of Work in the Caribbean*, undertaking to develop policies and programmes within the framework of the ILO **Code of Practice on HIV/AIDS and the world of work** and other relevant ILO instruments.
- ▶ In Latin America, the Government of Brazil has put in place a comprehensive, integrated programme, providing prevention, treatment, care and support; it includes promotion of the ILO Code of Practice in the workplace context. This package provides a framework for action against the epidemic at enterprise level.

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.

# 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 against 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 behavioural 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:

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### International Organisation of Employers, Geneva:

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### International Confederation of Free Trade Unions (Inter American Regional Organisation of Workers (ORIT))

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## 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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