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# **HIV/AIDS and the World of Work in Latin America and the Caribbean: Opportunities and Challenges**

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Latin America and the Caribbean**

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# **HIV/AIDS and the World of Work in Latin America and the Caribbean: Opportunities and Challenges**

## **I. Background**

In the last twenty years, around 600,000 people in the Latin America and the Caribbean (LAC) region have died from AIDS. Today, two million people live with HIV/AIDS and over 500 contract the virus every day. According to the latest *AIDS Epidemic Update*<sup>1</sup>, despite examples of good practices in the region, Latin America saw the highest number of new infections ever during 2005, totalling more than 200,000. The combination of injecting drug use and unsafe sex continue to drive the epidemic, with stigma and discrimination hampering efforts to reach those in need of prevention, care and treatment. While the Epidemic Update noted a marked increase in access to treatment - with coverage in Argentina, Brazil, Chile and Cuba now greater than 80 per cent - some key challenges and trends are apparent. These include: the rising HIV prevalence in smaller countries, (e.g. greater than 1 per cent prevalence in Belize, Guatemala and Honduras); increasing AIDS mortality among women (e.g. Honduras); stigma and discrimination in the workplace with reports of workers being dismissed on the basis of HIV status; and persistent social and economic inequalities on ground of race, gender and sexual orientation, that intersect with vulnerability to HIV/AIDS. Although the capacity for surveillance and monitoring is uneven, evidence shows that there is enormous diversity in the HIV epidemics across Latin America. The Epidemic Update reports that the role of sex between men is a more prominent factor than is commonly acknowledged. In nearly all the Latin American countries, the highest levels of HIV infection are found among men who have sex with men. Sex between men is estimated to account for 25-35 per cent of reported AIDS cases in Argentina, Bolivia, Brazil, Guatemala and Peru.

The impact of HIV/AIDS is especially pronounced in the Caribbean, where the epidemic claimed an estimated 24, 000 lives in 2005, making it the leading cause of death among adults aged 15-44 years. A total of 300,000 people are living with HIV in the Caribbean, including the 30,000 who were newly infected in 2005. The Caribbean status as the second-most affected region in the world masks substantial differences in the extent and intensity of the epidemics, ranging from less than 0.2 per cent in Cuba to over 3 per cent in Haiti. The region's epidemics are predominantly driven by heterosexual intercourse, with commercial sex a prominent factor. New HIV infections in women are surpassing those among men, with young women in particular facing considerably higher likelihood of becoming infected than young men. For instance, HIV infection levels are six times higher among 15 to 19 year-old females than young males of the same age. While the overall HIV prevalence showed no change in 2005 compared with 2003, a few countries appear to have made progress in dealing with their epidemics (e.g. Haiti), although inadequate surveillance and continuing stigma, for example around men having sex with men, hampers a detailed understanding of recent trends.

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<sup>1</sup> *AIDS epidemic update, December 2005* (UNAIDS and WHO, Geneva, 2005)

Among the major factors that make people vulnerable to HIV infection are poverty and unemployment, compounded by gender inequality: of a total population of about 551 million people in Latin America, at least 213 million live in poverty<sup>2</sup>. This situation reflects what is happening in the labour market, the main source of livelihoods and advancement for families. In Latin America over 23 million out of 239 million economically active individuals are affected by open unemployment, and approximately 103 million are employed in the informal sector, often without labour rights or social protection<sup>3</sup>. According to the ILO's regional employment report (*Panorama laboral*) issued in late 2005, some 18.3 million urban dwellers were out of work in Latin America, and 6 out of 10 new jobs were created in the informal economy. Likewise, the Caribbean's status as the second-most affected region in the world is occurring against a backdrop of severe poverty, high unemployment and gender inequalities.

In a context where an estimated 85 per cent of all new employment opportunities globally are created in the informal economy, the issue of job quality is a key concern with poor working conditions, lack of security and low earnings often insufficient to lift people out of poverty. The two groups most likely to be found in the unprotected informal economy are women and young people. For them, the rising tide of HIV infections and the decent work deficit are concurrent trends. Among young people of 15-24 years in Latin America, an estimated 0.4 per cent of women and 0.6 per cent of men were living with HIV in 2005. In the Caribbean, UNAIDS reports that infections among young people, and young women in particular, are rising. For most youth in Latin America, temporary work in the informal economy offers the best labour market opportunity for new entry. Usually these jobs have little if any social security, are poorly paid and offer few opportunities for young people to work themselves out of poverty. Poverty and scarcity of employment opportunities render young people more vulnerable to the risk of HIV infection, including through sex work and trafficking for sexual or labour purposes.

The informal economy is the source of livelihood for about half of the women employed in Latin America in 2003. Large numbers of women from indigenous groups face greater levels of poverty and encounter various forms of exclusion from the labour market and as well as higher levels of HIV prevalence. In Brazil, the proportion of black women (71 per cent) in the informal sector is higher than that of white women (61 per cent); in Guatemala, only 10.6 per cent) of indigenous people work in the formal economy compared to 31.8 per cent of non-indigenous workers.<sup>4</sup> High levels of poverty and insecurity among women as a result of gender inequality is a source of vulnerability to HIV and is often compounded by discrimination on other grounds.

## II. HIV/AIDS and the Decent Work Agenda

Creating decent work is a political priority linked to democratic governance and security in the hemisphere, with the demand for quality jobs at the heart of people's aspirations. The Decent Work Agenda, with its focus on rights as well as a means to poverty reduction, also provides the

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<sup>2</sup> The demographic estimates are taken from Latin American and Caribbean Demographic Centre (CELADE): *América Latina. Proyecciones de población urbana y rural 1970-2025*, Boletín Demográfico No. 76, Chile, 2005. The poverty estimates are taken from Economic Commission for Latin America and the Caribbean (ECLAC): *Panorama social de América Latina*, 2005.

<sup>3</sup> Decent work in the Americas : An agenda for the Hemispheres, 2006-2015 (ILO, 16<sup>th</sup> American Regional Meeting , May 2006)

<sup>4</sup> *Women's labour force participation rates in Latin America*, by Laís Abramo and María Elena Valenzuela, in [International Labour Review](#), special issue on "Women's Labour Force Participation", vol. 144, No. 4, International Labour Office, Geneva, 2005.

basis for helping achieve universal access to prevention and treatment through the world of work. These concerns were reflected in the March 2005 session of the ILO Governing Body where it was agreed that the promotion of decent work as a global goal is the ILO distinctive contribution to ensuring progress towards a fair globalization.<sup>5</sup> The 2005 World Summit Outcome Document reinforced decent work as a global goal while recognizing that HIV/AIDS epidemics threaten every aspect of the development agenda and achievement of the Millennium Development Goals. As in other developing regions, HIV/AIDS disproportionately affects the most productive workers, infecting about 1 in 200 adults between the ages of 15 and 49.

The loss of skilled workers and managers today threatens the capacity of nations to deliver essential goods and services, including those essential for a comprehensive response to HIV/AIDS. HIV/AIDS threatens future generations as children are orphaned or forced to leave school to care for family members or provide income. Projections suggest that public policy and human resource objectives will be increasingly difficult to attain as the epidemic worsens economic performance and undermines national capacity to respond not only to the epidemic but to other development priorities.

At the same time, however, the Decent Work Agenda provides the means for tackling HIV/AIDS in the world of work. The workplace is an ideal setting to respond to HIV/AIDS and is a vital component of national responses to HIV and AIDS. The world of work is an integral part of the community and has a key role to play in leveraging the wider struggle to limit the spread and impact of the epidemic. It has an important potential to combat the disease because it includes governments and their authorities in relevant ministries (usually labour, employment and social security), employers and their organizations, and workers and their representatives, in public and private sectors and in formal and informal economies. Nevertheless, its potential remains largely untapped.

Priorities for implementing the *ILO Code of Practice on HIV/AIDS and the world of work* in the context of the Decent Work Agenda relate to the following areas where decent work deficits are caused or worsened by HIV/AIDS: productivity and enterprise development; labour protection and occupational health and safety; social security and income protection; rights at work and gender equality; labour market monitoring, employment planning and skills development; sector-specific activities; and child labour. Linkages between the workplace and community, and extending initiatives into the informal economy, are also priority areas for action.

### **III. The world of work response: progress and barriers**

#### *✍ The perspective of government*

The ILO's 15<sup>th</sup> Regional Meeting of the Americas (Lima, Peru) in December 2002 identified HIV/AIDS as a priority for the region, and campaigns and activities have been developed to implement the ILO Code of Practice. The commitment to strengthen the Decent Work Agenda in the context of addressing HIV/AIDS at country level based on a tripartite response was reinforced at the Fourth Summit of the Americas (Mar del Plata, Argentina, November 2005),

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<sup>5</sup> See GB.292/15(Rev.)

where Heads of State adopted the Declaration of Mar del Plata and a Plan of Action. In “Creating Jobs to Fight Poverty and Strengthen Democratic Governance”, Heads of States pledged to put active policies in place to promote decent work as a means of combating poverty, including the elimination of forced and child labour by 2010; to reduce youth unemployment and significantly lower the percentage of young people that neither study nor work; and to eliminate discrimination against women at work.<sup>6</sup>

In this context Heads of States specifically committed “to fight the stigma, misinformation, and discrimination against people living with HIV/AIDS in the workplace and favor their full access to employment with dignity ...to develop crosscutting strategies and cooperation mechanisms...to enhance the cooperation mechanisms that would facilitate access to pertinent measures of prevention, diagnosis, and treatment of the population at risk”.<sup>7</sup>

In paragraph 46 of the Plan of Action, members agreed:

*To implement – with the support of the Pan-American Health Organization (PAHO) – the “Three Ones Initiative: one HIV/AIDS action framework, one national AIDS coordinating authority, and one country-level surveillance and evaluation system” developing primary prevention of HIV/AIDS and strengthening health services for young people and other vulnerable groups, with special attention to the problem of stigma and discrimination in the labour environment, taking into account the ILO Code of Practice on HIV/AIDS in the workplace. To promote efforts to provide integral prevention, treatment, and care to HIV/AIDS carriers with the aim of providing as close as possible universal access to treatment for all those who need it as soon as possible.*

The Brazilian Government and UNAIDS have established an International Centre for Technical Cooperation on AIDS, which finances cooperation among developing countries as part of the response to HIV/AIDS.

In the Caribbean, workplace issues have been mainstreamed in the *Global Fund project of the Pan Caribbean Partnership against HIV/AIDS (PANCAP)*. The implementation of the world of work component is undertaken by the Caribbean Tripartite Council (CTC), consisting of representatives of the social partners, namely the Caribbean Employers' Confederation, the Caribbean Congress of Labour and Governments represented by the CARICOM Secretariat. The CTC, which is ‘tripartite plus’ in nature, also consists of representatives of PANCAP, the ILO and the Caribbean Network of Persons Living with HIV/AIDS (CRN+). Building on the Caribbean Platform for Action on HIV/AIDS and the World of Work (2002) several countries have developed national tripartite policies for the world of work: Barbados, Belize, Guyana, Jamaica and Trinidad and Tobago. The Bahamas Employment Act No. 27 of 2001 prohibits discrimination against a job applicant or employee on the basis, among others, of HIV/AIDS.

In Argentina, a study on compulsory HIV testing in employment was co-financed by the ILO and the World Bank. It will be presented at a UNAIDS Theme Group meeting in Buenos Aires on May 15 2006. In the same country, also within the framework of the UNAIDS Theme Group, the

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<sup>6</sup> [http://www.summit-americas.org/NextSummit\\_eng.htm](http://www.summit-americas.org/NextSummit_eng.htm)

<sup>7</sup> [http://www.summit-americas.org/NextSummit\\_eng.htm](http://www.summit-americas.org/NextSummit_eng.htm)

ILO Office collaborated with the Ministry of Education's programme 'Preventing HIV/AIDS in schools', through workshops in five provinces and activities targeting youth. In the Caribbean, too, governments and the social partners have been focusing on the education sector workplace with assistance provided by a joint ILO/UNESCO partnership; a workplace policy for the sector is currently being finalized.

### *✍ The perspective of the social partners*

The *ILO Code of Practice on HIV/AIDS and the world of work* was launched in Argentina in 2003 and in Brazil in 2002. Here workers' and employers' organizations are participating in the "Red Ribbon" campaign and where a tripartite body has been set up to place the fight against HIV/AIDS on the country's labour agenda. The ILO Office in Brasilia is working with the STD and AIDS National Coordination (CNSTD-AIDS), the National Confederation of Industry (CNI) and the National Business Council on HIV/AIDS to develop a training programme for the world of work, using the ILO/AIDS education and training manual, which has been translated and adapted to the specifics of the Brazilian situation. An 80-hour course is being prepared for 30 officials from companies/employers' organizations, trade unions and the federal Government.

In Chile joint meetings of workers and employers have been held to devise a programme to disseminate the ILO's practical recommendations, and the National Copper Corporation (CODELCO) has drawn up an internal plan based on the recommendations.

Mexico, among other countries, is advocating the explicit inclusion of non-discrimination on grounds of HIV status in the principles of the United Nations Global Compact on corporate social responsibility.

In collaboration with UNAIDS and the World Economic Forum, the ILO has developed menus for private sector partnership development in Brazil, Jamaica, and Honduras, and a menu on workplace action for the region as a whole.

In the Caribbean, the Jamaica Employers' Federation has agreed a joint Memorandum of Understanding on HIV/AIDS with the Jamaica Confederation of Trade Unions; the Barbados Employers Confederation has produced a widely-used booklet for managers and supervisors entitled 'HIV/AIDS Discrimination in the Workplace is Wrong'; and the Bank, Insurance and General Workers Trade Union in Trinidad and Tobago (BIGWU) has included HIV/AIDS provisions in at least five collective agreements.

#### IV. Opportunities and challenges

A massive and comprehensive response is required to reduce vulnerability to HIV infection and its impacts, and turn round the epidemic. A vital part of the national response must be to identify all potential partners and entry points to deliver universal access to treatment as to prevention. The world of work offers substantial and sustainable potential to expand the response to HIV/AIDS in Latin America and the Caribbean. The region has the organizational infrastructure and human resources for sustained programmes to counter the disease. Building on the lessons learned from the tripartite approach to HIV/AIDS globally, the opportunity exists in this region to avoid the worst impacts of AIDS through the combination of decent work goals with HIV/AIDS workplace responses. The time is ripe to recognize the workplace as the key delivery point for prevention, treatment and care to working people, within the framework of the 'Three Ones', and develop strategies accordingly.

Building on the comparative advantages of all partners, the world of work provides a setting where each UN agency can maximize its impact. The challenges ahead include looking at coordinated ways for UN agencies to work together more effectively and to strengthen the linkages between normative work and operational activities at the workplace. Engaging more fully with the world of work will provide opportunities to build the capacity of trade unions and employers' organizations - including their members infected and affected by HIV/AIDS - as well as to strengthen critical institutional and workplace structures. A challenge for both workers' and employer's organization is ensuring closer cooperation and collaboration with partners inside and outside the UN system so as to avoid duplication of activities and multiple targeting of the same constituents.

Making the most of the opportunities offered by the world of work to help achieve universal access involves the following broad lines of action:

(i) *Mobilizing partnerships and building on existing structures*

- ✍ Strong government leadership to counteract gender inequalities and stigma and discrimination through legislation and law enforcement, workplace policies and programmes and development of national policies on AIDS and the world of work inclusive of the role of Occupational Safety and Health structures and Occupational Health Services;
- ✍ Ensure social partners are aware of their rights and responsibilities in addressing HIV/AIDS in the world of work and are in a position to maximize their contribution to the national HIV/aids response
- ✍ Improve the capacity of the social partners, including the trade union movement at the national and regional level, to own and respond to the HIV/AIDS challenges in the workplace and improve capacity for project design, implementation as well as monitoring and evaluation;

- ✍ Access to the large segment of workers in the informal economy requires effective interventions to address the needs of a wide range of increasingly diversified and inter-dependant sectors including the household level.

(ii) *Improving human resource capacity for effective delivery at country level*

- ✍ Ensure that skills are developed as appropriate on a long-term basis and labour supplies maintained as the HIV epidemic threatens to erode them, including to reverse the brain drain in key development sectors such as health and education;
- ✍ Increase financial and human resources at national and international level for scaling up the development and implementation of the HIV/AIDS workplace policy and programme as part of the “Three Ones”;
- ✍ Ensure that HIV/AIDS and the world of work dimension is mainstreamed in regional development initiatives and in the formulation of employment, economic, trade and industrial policies.

(iii) *Facilitation by the UN system: Bridging workplace programmes and regional initiatives (Universal Access regional consultation)*

- ✍ Building on the momentum of the regional consultations on scaling up towards Universal Access, the UN system could facilitate the following:
  - Support joint UN action on HIV/AIDS in the world of work in the promotion of Universal access including alignment of external support and harmonization of macroeconomic policies to support national HIV/AIDS responses as part of development and poverty reduction strategies;
  - Addressing any legal and policy obstacles to ensure the development and implementation of advocacy strategies and programme activities addressing barriers such as stigma and discrimination;
  - Technical support and capacity building to strengthen the role and capacity of tripartite constituents including support for a regional Knowledge, Attitude, Behaviour and Practice (KABP) survey to assess the stage of readiness among the social partners to address HIV/AIDS and the world of work which would form the basis for a regional campaign to sensitise and create the buy-in that is required to empower inclusive national leadership and ownership of HIV/AIDS responses.
  - Facilitate knowledge sharing on HIV/AIDS workplace policies, practices and interventions