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# **The workplace as an entry point to strengthen national responses to HIV and AIDS**

**ILO / UNAIDS Meeting on AIDS and the World of Work in  
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# The workplace as an entry point to strengthen national responses to HIV and AIDS

## I. Introduction: HIV/AIDS as a workplace issue

### *1.1. Impact on human resource capacity and sustainable development*

HIV/AIDS is a major development crisis — not just a public health problem. Because it kills so many adults in the prime of their working and parenting lives, it decimates the workforce, fractures and impoverishes families, orphans millions, and shreds the fabric of communities<sup>1</sup>. The impact of AIDS on the labour force is hitting both the public and private sectors. The epidemic is eroding productivity at just the time developing countries need to become more competitive to cope with rapid globalization. In the private sector, this raises the costs of doing business and deters investment. The price of inaction is much greater than the cost of addressing the disease through workplace programmes.

Over 2.1 million persons were estimated to be living with HIV/AIDS in Latin America and the Caribbean at the end of 2005. The most significant long-term effects of HIV/AIDS on sustainable development are the loss of human resources and the break in the transfer of skills between generations<sup>2</sup>. Since these losses are across all sectors, it follows that policies and programmes must also be comprehensive and multisectoral.

### *1.2. Impact on the public sector*

The public sector undertakes key functions that are essential for development and, in most countries, employs a significant proportion of those with technical skills, professional qualifications and management expertise. Losses of human resources due to HIV/AIDS will thus be especially damaging to the capacity of the state to supply essential goods and services, with effects on broader social and economic security. The effective functioning of the public sector is increasingly threatened by the HIV epidemic, which undermines the stock of human capital and the revenues available to finance development while generating more demand for public services, especially in the health sector. The effects are not confined to the public sector and the impact of the epidemic needs to be seen as ‘systemic’. But the consequences may be particularly severe for the public sector, and its capacity to meet immediate and urgent needs as well as to promote long-term development.<sup>3</sup>

### *1.3. Impact of HIV/AIDS on households and children: securing the future*

The onslaught of AIDS and its impact on people of reproductive age has resulted in an overall decline in life expectancy in eight countries in sub-Saharan Africa. One of the most serious consequences has been the death of parents. A total of 15 million children have been orphaned by

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<sup>1</sup> *HIV/AIDS and work: global estimates, impact and response 2004* (ILO)

<sup>2</sup> *The impact of HIV/AIDS on human capital*, ILO/AIDS Working Paper 2 (D. Cohen, 2002)

<sup>3</sup> *The impact of HIV/AIDS on the labour force in sub-Saharan Africa: a preliminary assessment*, ILO/AIDS Research Paper 2 (I. Coulibally, 2005)

AIDS since the epidemic began and this number is projected to increase to 20 million by 2010. Africa has the highest proportion of young orphans. There is clear evidence that children from AIDS-affected households are increasingly not enrolled in school in countries with a mature epidemic of HIV – this is especially true for girls, but boys are also affected. The implications are profound both for the children themselves and for society as a whole.

Child labour is one of the most serious consequences of the HIV epidemic, and one that is directly relevant to the world of work<sup>4</sup>. The pressures on households affected by HIV/AIDS are immense, and their reactions to increasing shortages of labour due to morbidity and mortality have complex implications in terms of intergenerational poverty and the characteristics of the future labour force. There are immense pressures on many households, and on children, to seek ways of sustaining incomes. These have effects in the long term on the quality of the labour force, and thus the conditions determining employment and economic growth. They have clear implications in terms of policies for social protection and poverty reduction, and require specific attention in all policies and programmes.

Illness and death brought about by AIDS can have a devastating impact on household income. In AIDS-affected households, the disease interferes with parents' ability to earn money, and what funds there are tend to be diverted to cover the cost of medical treatment. When parents die, the economic repercussions can be serious. Diminishing family income has resulted in young people being withdrawn from school and/or forced to seek work to help support the household economy. According to the World Bank, the number of primary school pupils will diminish by 24 per cent in Zimbabwe, 14 per cent in Kenya and 12 per cent in Uganda by 2010.

Many young people are left as heads of households, with the difficult responsibility of supporting themselves and their siblings. Studies have found that orphaned youth tend to be in poorer health than youth living with their families. Their health situation has been attributed to poverty, inadequate access to health services, and repeated exposure to infections commonly associated with HIV such as tuberculosis, pneumonia, diarrheal diseases, and respiratory infections.

## **II. The workplace as a medium to intensify the HIV/AIDS response**

With *workers* accounting for two-thirds of all adults living with HIV/AIDS, the workplace clearly represents a vital entry point for tackling the pandemic. At the same time, it has a role to play in the wider struggle to limit and mitigate the impact of HIV/AIDS, especially by promoting job security and protecting rights. It is increasingly apparent that both business and labour play critical roles in expanding national, regional and international responses to HIV/AIDS. International experience demonstrates the importance of developing sound workplace policies, conducting effective public awareness campaigns on HIV/AIDS and the need to mobilize political commitment and business and labour leadership in support of national responses.

### *2.1. Moving towards universal access to AIDS services*

#### a) Intensifying HIV prevention

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<sup>4</sup> Combating child labour and HIV/AIDS in sub-Saharan Africa, ILO Programme on Child Labour (various publications)

The workplace is an excellent place to introduce HIV prevention programmes. It provides important opportunities to intensify prevention and facilitate access to care and treatment. The workplace reaches not only employees, their families and communities, but other key stakeholders as well for both occupational and personal risk reduction and prevention. It is critical in forging vital links between different sections of the population and between different interest groups.

The workplace offers a unique setting to inform and educate the vital and productive segment of the population on a regular basis with tailored messages and programmes to address discrimination and support behaviour change. It offers an important forum for: encouraging the elimination of stigma and discrimination; using different approaches to improve HIV prevention through practical, sustainable and effective interventions that result in changes in attitudes and personal behaviours; and facilitating and supporting these changes through initiatives that reach workers and their families.

Practical measures must be undertaken to ensure the success and coordination of workplace programmes, including: implementation of national and international strategies; infrastructure development; regulatory frameworks; technical capacity and support; media communications; mobilization of stakeholders (including young people), organizations and resources.

#### b) Promoting access to care, treatment and support

The workplace should be seen as an integral part of a broad social protection and public health approach, as well as a part of socio-economic policy for combating HIV/AIDS. This is necessary not only because the disease has a particularly severe impact on working people, but also because the workplace, being part of the local community, has a role to play in providing care and support to mitigate its socio-economic impact.

The workplace also provides the infrastructure for expanded access to antiretroviral treatment and care and support. Furthermore, the development of workplace policies and programmes sets the stage and provides valuable entry points for greater involvement of the private sector, as well as the establishment of public-private partnerships in the fight against HIV/AIDS.

However, in low-income countries, the deficient financing of health services and the absence of universal insurance coverage leaves most of the people living with HIV/AIDS (PLHA) in medical indigence because they cannot assume the financial consequences of illness, even when the price of ART (antiretroviral therapy) is cut down. In the majority of developing countries, care activities are funded either by direct out-of-pocket payments or donations. Most of the labour force in developing countries is working in the informal economy. The lack of social protection is a key defining characteristic of the informal sector; it is also a critical aspect of social exclusion. It is important to implement and strengthen a more integrated approach - with greater public sector involvement - to health care financing, sectoral coordination, regulation, monitoring, and evaluation.

## *2.2. Leveraging the role of the world of work*

Mobilization around HIV/AIDS has represented one of the positive aspects of globalization which has allowed an unprecedented degree of local level activism to have an impact at the international level. The widespread mobilisation of a range of actors has been based on the recognition of the complex nature of the epidemic calling for the involvement of not only Governments and their agencies, but also the private sector, business, labour, corporations, foundations, NGOs and civil society including youth groups and people living with HIV and AIDS.

The multi-sectoral and borderless nature of the pandemic has made HIV/AIDS a key aspect of the social dimension of globalization and a catalyst in the debate over UN reform. This, in part, has resulted in an increased demand to scale up action. Scaling up the response to HIV/AIDS requires more effective multi-sectoral coordination and greater alignment and harmonization of social and economic policies in support of HIV/AIDS. The willingness to experiment with new approaches to partnerships has been at the heart of the recent milestones achieved in improving accessibility to ART and holds the key to further improvements including bringing to scale existing gains.

### **III. Lessons learnt**

The world of work and workplace institutions are an integral part of the community and cover all sectors and all types of work - informal and formal, governmental and non-governmental - providing a key entry point and collaborative platform for interventions. An inclusive approach addressing a range of AIDS-related issues (such as income inequality, gender, race, stigma and discrimination) can build the vital institutional and human capital needed to fight the epidemic. More effective engagement by UNAIDS to leverage the world of work will help ensure that HIV/AIDS is fully integrated as part of the development agenda at country level and reinforce the 'Three Ones'.

The ILO's tripartite constitution reflects the reality of work organization. One of its strengths is the ability to bring key actors in the world of work to the table, making possible the mobilization of governments and the social partners as well exerting a much wider sphere of influence for more effective outreach to civil society and for facilitating the transfer of knowledge and lessons learned.

Ministries of Labour can help ensure that the national response to HIV/AIDS is truly multisectoral and can encourage the highest political support for action, including the vital human resource planning which at the moment is significantly lacking in many national and international responses to the epidemic. Employers' and workers' organizations can reinforce the relevant authorities by offering leadership and commitment within their own networks and the wider community. Finally, the workplace can become a model of open discussion of AIDS, zero tolerance for discrimination, and support for those affected by this disease.

Workplace programmes are most effective when their planning and monitoring processes involve representatives from the workforce, from management, from health services, and from local communities.

The key challenge is how UNAIDS can ensure more coordinated and effective engagement in the world of work with the social partners and civil society stakeholders to maximize their contribution to the national AIDS response. Improving understanding among UNAIDS cosponsors and building the capacity of workplace leaders to address AIDS based on social dialogue and inclusiveness. This would be a powerful asset in moving towards stronger national ownership, leadership and accountability, building institutional and human capital to fight the epidemic and mitigate its social and economic impact.

#### **IV. The way forward**

##### *4.1. Strengthening workplace programmes*

All of the evidence supports the propositions that workplace programmes are effective instruments for mobilizing effective response to HIV/AIDS. This is true for both private and public sectors. The willingness to support workplace programmes arises from the recognition of the value that such programmes have in sustaining the enterprises' human resources, and can be shown to be economically desirable.

Policies and programmes should target particularly vulnerable and high-risk groups within populations – i.e. those most affected/likely to be affected by HIV/AIDS and also poverty. Targeted policies and programmes are particularly important in situations of scarce development resources, since targeted efforts will multiply the efficiency of resource use substantially. Examples of targeted poverty programmes to reduce HIV/AIDS risk should focus on adequate access to education and health-care, reduction in social and economic inequalities between and within households.

##### *4.2. Extending partnerships*

Access to care, treatment and support for people living with HIV/AIDS poses a complex challenge requiring the involvement not only of governments and their agencies, but also of the private sector – business and labour, foundations, non-governmental organizations and civil society.

Building on institutional mandates and comparative advantage, we need to define ways for each partner to maximize its impact through more effective collective working arrangements. The ultimate objective is to join together in an expanded strategy, not just expanded partnerships, that integrate the opportunities for reaching people through the world of work to strengthen delivery along the continuum of HIV/AIDS interventions for education, prevention, treatment and care, while eliminating stigma and discrimination in the workplace.

##### *4.3. Sustaining human resource capacity*

Efforts are needed to retain skills and experience of the workforce by implementing workplace initiatives to prevent and control the spread of HIV/AIDS, and by providing support for workers (and other people) living with HIV/AIDS through adequate care and support and social protection. The *ILO Code of Practice on HIV/AIDS and the world of work* aims to assist

governments, employers and workers to design and implement workplace policies and programmes to fight HIV/AIDS.

In order to break the vicious cycle of poverty, gender inequality and HIV/AIDS, strategies for containing HIV/AIDS should be mainstreamed in the national development agenda and human resource planning<sup>5</sup>; strategies should be multisectoral and participatory and extended to the informal and rural sectors as well. Appropriately targeted poverty programmes allow for early containment of HIV/AIDS, and mainstreaming will raise political awareness which can promote action.

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<sup>5</sup> *AIDS, Poverty Reduction and Debt Relief: A Toolkit for Mainstreaming HIV/AIDS Programmes into Development Instruments* (UNAIDS and World Bank, Geneva 2001)