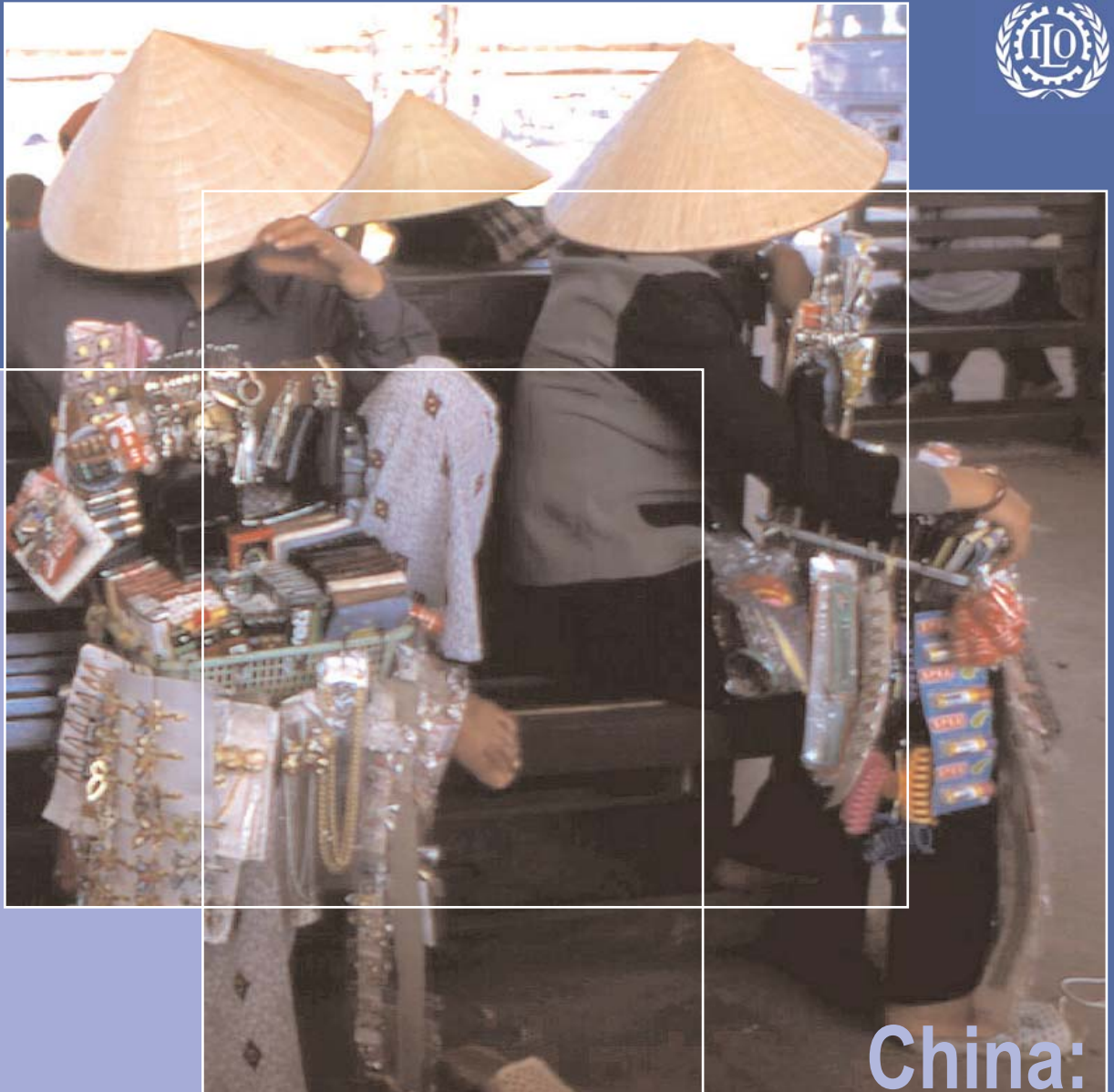


Workplace Action on HIV/AIDS

The Newsletter of
the ILO Programme
on HIV/AIDS
and the world of work

ILOAIDS

Issue 3
March 2003



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New tools for young workers

The latest figures from UNAIDS show that HIV infections among young people aged 15 to 24 are increasing more rapidly than among other age groups - nearly 50% of infections are now among the young. It is especially worrying that the average age of infection is getting younger for women: in a number of countries a woman of 15 or 16 is up to six times more likely to be infected than a man of the same age. Young people also represent an increasing proportion of the working population, especially in countries that have experienced high adult mortality rates due to AIDS. For this reason, they are becoming ever more important to the economic and social development of their communities.



The work experiences gained by young people will influence behaviour and attitudes throughout their lives. Targeted interventions that respond to the needs of young workers are urgently needed to prevent the further spread of the epidemic.

Four main factors make young workers particularly vulnerable to HIV/AIDS: the lack of opportunities for decent work, discrimination, lack of influence and representation, and poor social protection. These 'decent work deficits' increase the likelihood of infection among young workers, and deepen the social and economic impact of HIV/AIDS. Young people typically face a higher level of insecurity than other workers. They will often be the last hired and the first fired, and may be subject to unacceptable working conditions and very low pay.

Young people are almost three times as likely to be unemployed as adults and make up the majority of those who are in informal work.

Many societies accord a subordinate status to young people and have little respect for their rights; young workers themselves are often unaware of their rights, or lack procedures to redress grievances - for example, discrimination on the basis of HIV status. They are therefore at a disadvantage when it comes to identifying and confronting bullying or sexual harassment in the workplace. Young women in particular may find themselves under pressure to provide sexual favours to male employers or supervisors.

Young workers typically have less access to information, education and training. Moreover, in spite of the increasingly sexualized image of

young people in Western culture, there is strong resistance to their right to sex education and support services that would empower them to assess their risk of infection and take appropriate action.

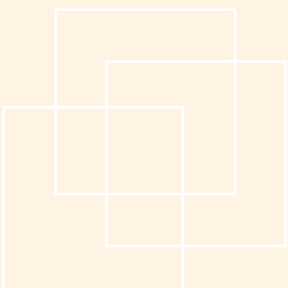
Of the 1.2 billion young women and men who will enter the labour force over the next decade, many will be affected by HIV/AIDS, directly or indirectly. In heavily hit countries, the loss of household income puts pressure on children, particularly girls, to discontinue schooling in order to help supplement family income or to care for the sick. Young people's prospects are constrained by the impact of HIV/AIDS on teachers and education - one of the most severely affected sectors. Their reduced opportunities for education, training and vocational development will also result in the depletion of human capital more generally. Furthermore the world of work will have to adjust to the approximately 14 million orphans affected by AIDS, many of them deprived of schooling or adult mentoring, and who will reach working age in the next decade.

The need for a strategic response

Rights-based interventions that address the specific issues facing young workers therefore have a critical role in preventing the spread of the epidemic and mitigating its broader developmental impact. The ILO is currently developing strategies within the framework of the *ILO Code of practice on HIV/AIDS and the world of work* tailored to the circumstances and requirements of young workers. The ICFTU*, in collaboration with the ILO's Bureau for Workers' Activities, ILO/AIDS and other partners are developing a 'tool box' on HIV/AIDS for young workers. Based on the ILO Code of Practice, the issues covered will include workers' rights, gender equality, occupational safety and health, and non-discrimination. It will be in a 'youth-friendly' format, and will be useful for awareness-raising, advocacy and campaigning.

Sonia Smith, ILO/AIDS, Geneva

* ICFTU - International Confederation of Free Trade Unions



The ILO Programme on HIV/AIDS and the world of work

The ILO is the UN agency with responsibility for the world of work. It has a special place in the fight against AIDS because its tripartite structure enables it to mobilize governments, employers and workers in 175 countries; direct access to the workplace; long experience in setting standards to protect the rights of workers; a global network of field offices; substantial experience in technical cooperation; and capacity for research and information dissemination.

The ILO has set up a global Programme on HIV/AIDS and the world of work. Its main objectives are to:

- raise awareness of the economic and social impact of AIDS
- help governments, employers and workers support national efforts to prevent the spread and reduce the impact of HIV/AIDS
- fight discrimination and stigma related to HIV status

Why HIV/AIDS is a workplace issue

Over 42 million people around the world are infected with HIV. At least 26 million are workers aged 15 to 49, in the prime of their working lives. The consequences are felt by enterprises, national economies and workers and their families. It affects the world of work in many ways:

- reduced supply of labour
- loss of skilled and experienced workers
- stigma and discrimination at the workplace
- increased labour costs for employers and reduced productivity
- contracting tax base, falling investment and slowing economic growth
- loss of family income and a growing burden of care, especially for women
- early entry of children into active employment

Welcome to the new look ILO/AIDS Newsletter

ILO/AIDS is now in its third year. Much has been achieved and the pace of activities is accelerating, with growing recognition of the need for workplace action and the contribution the ILO can make to the response to HIV/AIDS at international and country level. Most recently the Director-General responded to the appreciation expressed by many of the ILO's tripartite constituents, represented on its Governing Body, for the ILO's contribution to the fight against AIDS.

The last year has seen a particularly intensified involvement by key actors in the world of work and innovative moves to bring a real public-private partnership into the fight against AIDS. This is particularly important at the country level, and the Programme recognizes the achievements of the growing numbers of HIV/AIDS focal points in the field in stimulating and supporting the involvement of the ILO's constituents. Lessons learned through these initiatives will be shared at an ILO inter-regional tripartite meeting in Geneva on 15 - 17 December 2003. At this meeting, examples of best practice in workplace policies and programmes will be assessed and their impact analyzed in order to develop a set of guidelines for future action.

Workplace action takes place in the context of the broader impact of the epidemic on the world of work, and in particular the loss of skills, experience, and opportunities for education and training. This threatens the capacity of countries to cope with HIV/AIDS and to assure growth and development in the longer term. ILO/AIDS is undertaking research into the human capital implications of the epidemic, and includes articles in this issue related to this central concern; a brief look at the NEPAD agenda and HIV/AIDS; and the implications of AIDS for young people.

The new and improved look of this newsletter is designed to reflect the progress our Programme is making, and to provide a more attractive medium for news, discussion, information, knowledge-sharing and acknowledgement of progress made in the fight against HIV/AIDS in the world of work. In particular we invite our partners to make your voices heard in its pages, through comments, questions, opinions and reports on your work.



Franklyn Lisk

Director, ILO Programme on HIV/AIDS and the world of work

ILO Director-General pledges increased support for ILO/AIDS

Responding to expressions of concern by the Governing Body, Director-General Juan Somavia reiterated the need for the ILO "to do much more in relation to this tragedy [HIV/AIDS]" and pledged the allocation of additional resources and measures to expand the scope of the ILO's work in this area.

In his report to the Governing Body's 286th session, the Director-General expressed his satisfaction with the achievements of ILO/AIDS during its short existence. He referred to the significance of the Code of Practice on HIV/AIDS and the increasing scale of country-level activities. In recognition of the Programme's sound track record and to help extend its capacity, he announced the provision of additional resources to reinforce the network of HIV/AIDS focal points and full-time specialists who are already in place. He also made clear his intention to consider the suggestions made by many Governing Body members that ILO/AIDS become an InFocus Programme.

This announcement continues a number of practical efforts the Director-General has made to strengthen the contribution of the ILO to the global response, especially in terms of promoting key partnerships for the Organization. At the World Economic Forum at Davos in January, Mr. Somavia met representatives of pharmaceutical companies and a number of Ministers of Health to discuss

HIV/AIDS. A visit to the ILO in March by Ambassador Richard Holbrooke, President and CEO of the Global Business Coalition on AIDS (GBC), strengthened a process of collaboration to coordinate direct engagement in country programmes. Many of the companies that are using and promoting the ILO Code of Practice are members of the GBC; the ILO will support their efforts and facilitate their contacts with national tripartite mechanisms.

In February, a meeting took place between Mr. Somavia and Professor Richard Feachem, Executive Director of the Global Fund to Fight AIDS, TB and Malaria. The two organizations agreed to establish a partnership under which the ILO will help the Global Fund benefit from the unique contribution of workplace initiatives at country level. A joint letter to Ministers of Labour and the social partners, as well as Chairs of Global Fund Country Coordinating Mechanisms (CCM), will encourage the submission of proposals to reflect the needs and the potential of unions and employers. As a financing mechanism, the Global Fund needs a partner like the ILO to mobilize and interact with employers - private and public - as well as workers and their organizations. Its invaluable tripartite structures, constituents and networks will significantly strengthen the CCM process. Additionally the ILO can support a policy dialogue that will lead to a better understanding between the public and private sectors and to a more effective public-private partnership in the response to AIDS.

Human resource losses

"The loss of key government workers from AIDS-related diseases means work is not done efficiently, investment is reduced and economic growth slowed down," Alan Whiteside, an AIDS specialist and professor at Natal University, said at the second annual US-Sub-Saharan Africa Trade and Economic Cooperation Forum in Mauritius in January, 2003. Participants analysed the economic impact of HIV/AIDS as an additional production cost or hidden tax on trade and investment, causing African firms to be less competitive in the international market.

ILO/AIDS has raised similar concerns in its first two working papers, and is now implementing a SIDA¹-funded project to increase understanding of the labour and employment consequences of the epidemic, and their implications for policy formulation. The Programme provides policy guidance, training and support for action at the workplace to reduce the spread and impact of the epidemic.

Meanwhile UNDP² is preparing a subregional project on Human Capacity Replenishment to rebuild capacity eroded by AIDS in key sectors such as health, education, agriculture, and water and sanitation. Five hundred UN volunteers are to be deployed in six African countries to replace teachers, health personnel, agricultural extension staff, and other key workers.

Declaration of Commitment in South Asia

"We note the potential for escalation of the disease is great among young people, with roughly half of all new infections occurring in this age group globally.

The face of HIV/AIDS is becoming younger and younger."

This was part of a strongly worded declaration aimed at intensifying action to combat HIV/AIDS, issued at the South Asia High-Level Conference on HIV/AIDS in Kathmandu, Nepal in February 2003. The declaration commits participants and those they represent to "speak out and break the silence and denial on HIV/AIDS and stop the stigma and discrimination." There are over 4 million people in South Asia living with HIV/AIDS. The declaration reflects awareness of the urgent need for action to contain and reverse the epidemic, together with the belief that such a reversal is possible if change starts now. Its dominant message is the need to accelerate national efforts in all countries of the sub-region.

The meeting brought together ministers, parlia-

mentarians, religious leaders, young people and people living with HIV/AIDS from the region, as well as donors and UN agencies. The ILO was able to report on activities being carried out in Bangladesh, India, Nepal, Pakistan, and Sri Lanka.

Trade unions push for government action in South Africa

A press release from the Food and Allied Workers Union (FAWU) in January this year calls on the government to live up to the promise it made on 17 April 2002 to implement prevention, treatment, care and awareness campaign strategies. The healthcare workers' union reports that the public health service is in crisis. The loss of skilled and experienced staff, as well as underfunding and a lack training on HIV/AIDS, increase work pressures in worsening conditions. In a country where 5 million people are currently living with HIV, the gaps in implementation of treatment and care measures are particularly painful.

At a conference on HIV/AIDS held in December last year, attended by officials from over 20 trade unions and hosted by the Congress of South African Trade Unions (COSATU), a moving statement was issued. Essentially, the Declaration of the Labour Conference on HIV/AIDS demands rights for workers that are very much in line with the core principles of the *ILO Code of Practice on HIV/AIDS and the world of work*, and South Africa's Code of Good Practice on key aspects of HIV/AIDS and employment, developed with technical inputs from the ILO.

The text around those demands is particularly poignant, and brings home the human message. Some of it is reproduced here:

"We have lit candles as a signal of hope and memory of our relatives, family members and comrades who have died of HIV and AIDS, and for ourselves who are all infected and affected by this epidemic. All of us are involved, and we must fight together.

But our message is of hope, not despair. With education, access to safe sex, counselling and voluntary testing, decent food and treatment for those with HIV and, above all, openness and mutual support, we will together gain victory."

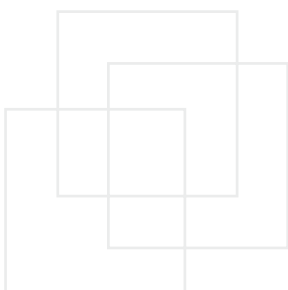
The main call was for government, employers and workers to work together in harmony in order to deal effectively with the epidemic. In March this year, COSATU Secretary-General Zwelinzima Vavi met with top government ministers to try to rescue the proposed national HIV/AIDS treatment and prevention campaign from collapse.

"The challenges facing many countries in maintaining key social and economic sectors in the face of severe losses of human capital are extremely daunting - and most governments seem not to have understood the scale of the problems that they face."

From ILO/AIDS Working Paper No. 2: **Human Capital and the HIV epidemic in sub-Saharan Africa**

1. SIDA: Swedish International Development Corporation

2. UNDP: UN Development Programme



ILO joins Harvard University HIV/AIDS and business workshops

Harvard University, in cooperation with the World Economic Forum (WEF) and UNAIDS, has launched a series of workshops on 'HIV/AIDS and Business in Africa and Asia: Building Sustainable Partnerships'. The objective is to foster multi-sectoral partnerships that can lead to sustainable capacity building for combating HIV/AIDS in developing countries. Tools to be produced include inventories of good management principles and practices, partnership guidelines, and model curricula for executive training in the public and private sectors. The ILO has been invited to join this unique effort and will be represented at the workshops by ILO/AIDS Director Franklyn Lisk.

The initial workshop took place at the Kennedy School of Government at Harvard University, 20-21 February, involving participants from global companies (among them Shell, Heineken, Coca-Cola, Daimler Chrysler and Merck), multilateral institutions, donor agencies, governments, academic experts and civil society including representatives of employers' and workers' organizations. ILO/AIDS Working Paper No. 1 on the employment and labour market implications of HIV/AIDS was one of the recommended readings for the workshop, and Franklyn Lisk made a presentation on the ILO approach to managing HIV/AIDS in the workplace based on the *ILO Code of Practice on HIV/AIDS and the world of work*.

Future workshops in this series will be held in the context of World Economic Forum summits in Beijing, China (14-15 April 2003) and Durban, South Africa (11-13 June 2003), and the final wrap-up workshop will be at Harvard University in September.

The menu on workplace action (see page 7) is in the process of being adapted by ILO/AIDS, UNAIDS and the World Economic Forum's Global Health Initiative for use in other regions. Menus for Africa and Latin America will be launched at WEF regional summits, and a global version will also be available within the next few months.

Each menu includes region-specific information on the impact of AIDS and workplace responses, as well as more general policy guidance, and we would be glad to include case studies or information sent in by readers.

Ukraine: together we can stop AIDS

With an estimated adult HIV prevalence rate of 1%, Ukraine is the most affected country in Europe. With high rates of infection through injecting drug use and heterosexual intercourse, and low awareness of HIV/AIDS, Ukraine has been the focus of special efforts by the UN. The Regional Conference in Ukraine on HIV/AIDS brought together representatives from 30 countries to support the government in the face of the crisis. The conference was the culmination of the 2002 'Year to fight HIV/AIDS in Ukraine', decreed by President Kuchma in acknowledgment of the seriousness of the epidemic, and indicative of Ukraine's political commitment to address it.

For its part, the ILO is working with the Ministry of Labour, as well as employers' and workers' organizations, to integrate workplace issues into national AIDS plans, revise labour laws, and develop workplace policies and programmes. It is also helping to develop an education and training programme to support the implementation of the Code of Practice (which has been translated into Ukrainian), exchange experiences and strengthen the capacity of the government and social partners to respond to HIV/AIDS.

Women's empowerment - a powerful vaccine

Currently, 60% of new HIV infections (WHO 2002) are among women. The epidemic disproportionately affects women and adolescent girls who are socially, culturally, biologically and economically more vulnerable. They also shoulder the burden of caring for the sick and dying, often while working as well.

A new 'gender and HIV/AIDS' web portal has recently been launched to provide researchers, policy-makers and practitioners access to cutting-edge information. Developed by the UN Development Fund for Women (UNIFEM) in collaboration with UNAIDS, the portal is a one-stop resource centre on the gender dimensions of the HIV/AIDS epidemic. UNIFEM has played an important role in the recognition that HIV/AIDS is an integral gender issue and that the fight against the pandemic cannot be waged without addressing the specific gender dimensions of prevention, mitigation, care, treatment and support. The ILO and UNIFEM have developed a joint project proposal on HIV/AIDS and the care economy, and conducted a fact-finding mission to Lesotho.

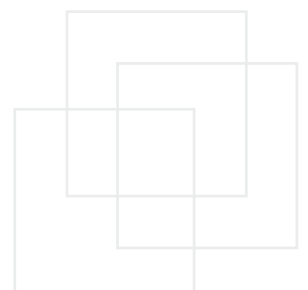
See the website at www.GenderandAIDS.org

"If we are to reach the Millennium Development Goal of halting the spread of AIDS by the year 2015, there is literally no time to lose. We have to work really very, very hard. It means helping the whole country understand that speaking up about AIDS is a point of honour, not a point of shame. It means explaining to everyone that stigmatizing high-risk groups, and imagining that everyone else is safe from infection, is both morally and factually wrong. No one should imagine that we can protect ourselves by building barriers between 'us' and 'them'. In the ruthless world of AIDS, there is no us and them."

Kofi Annan, UN Secretary-General, on a recent visit to Ukraine.

"Women may be vulnerable, but we must distinguish between vulnerability and weakness. Women have shown great courage and resourcefulness in facing the epidemic. They have practised safer sex when it was dangerous to do so; they have successfully pushed through legal reforms protecting their rights; they have consistently provided care, both at home and in health care settings. Wherever we look, we see the hope women have generated by their actions."

Peter Piot, Executive Director of UNAIDS, in his message on International Women's Day, 8 March 2003.



Breaking through the wall

China awakens to its HIV/AIDS epidemic

by Lewis Evans, ILO/AIDS, Geneva, and Gunnar Walzholz, ILO/AIDS Regional Focal Point and ILO Regional Office for Asia and the Pacific and EASMAT

"Every country that now has a generalized AIDS epidemic went through a phase of denial that gave the virus time to gain a foothold." So said the World Bank in 1997. Five years later, the UNAIDS report HIV/AIDS: China's Titanic Peril clearly illustrates that China is now on the verge of a catastrophe that could result in unimaginable suffering, economic losses and social devastation.

It is estimated that well over 1 million people are infected with HIV in China, and this number could increase to 10 million by 2010 unless effective measures are implemented now. Heterosexual sex is becoming more widespread as a means of HIV transmission, but the epidemic primarily established itself through injecting drug users who currently account for 68% of infections, and then through the sale of blood plasma. In communities where it is difficult to survive on meagre wages, illegal selling of blood plasma often helps to make ends meet. Rural-urban migration also helps spread the disease, as does the lack of information in many remote rural areas that have been particularly hard hit by HIV/AIDS. While many are aware of the potential danger for this country of 1285 million, and are working hard to improve the situation, HIV/AIDS is still not a priority for the majority.

As in many countries, there is a lack of understanding about the disease. Research shows that people believe they can catch HIV by shaking hands or from mosquito bites, and millions have not even heard of AIDS. A 1999 survey of over 30,000 women of child-bearing age found that 90% of them believed it would be impossible for them to become infected. In business and provincial government there has been a reluctance to become involved in the HIV/AIDS issue for fear of commercial and social repercussions. One city passed a law as recently as 2001 requiring that people who work in hotels, restaurants, travel agencies, public baths, swimming pools and beauty salons be tested annually for sexually transmitted infections (STIs) and HIV. Those who test positive have to leave their jobs and are forbidden from marrying. Other cities are drafting similar laws and regulations, although some are taking a stand. They promote the message that casual contact cannot transmit the virus.

The city of Suzhou in Jiangsu province recently passed the country's first law protecting the rights of people with HIV/AIDS. AIDS patients and their families will be guaranteed equal rights of employment, education and health care, according to the Shanghai Morning Post. Employers will also be denied access to AIDS patients' medical records.

This is not an isolated event in China's intensified efforts to respond to HIV/AIDS. Official measures to mainstream the issue are starting to take effect, with a plethora of new initiatives and programmes being reported in the press, new drugs being developed, and HIV/AIDS clinics being set up. The work has started in earnest to change the culture surrounding the epidemic, remove legal and policy obstacles and to fight back.

The ILO's response

On a recent visit to ILO Geneva, a Chinese Ministry of Health delegation said that they understood the seriousness of the situation in China, and that the response to HIV/AIDS had to be multisectoral to be effective. For this reason, they were particularly pleased that the ILO is involved as it will enable them to implement a broad response that will best serve the tripartite constituents. The Ministry of Labour, employers and trade unions* have also welcomed the ILO's initiative to promote and support HIV/AIDS workplace policies and programmes in China. As partners in awareness-raising, employers and workers have an enormous outreach capacity.

Since the vast majority of infections in China occur among 15-49-year-olds, it is the working population that is primarily affected and the workplace is particularly appropriate as a focus for action to reduce the spread and impact of the epidemic. Fear, stigma and discrimination can cause costly workplace disruptions, and addressing these fears as well as implementing prevention programmes will ultimately help companies to save costs. This fits well into the broader agenda of corporate social responsibility being taken on by both foreign and state-owned enterprises, through, for example, the Global Compact.

A survey of companies in China by the Futures Group in 2002 found that 76% of respondents believed that HIV/AIDS and other STIs would impact their business in the future and would need to be addressed. Lack of knowledge of existing tools and resources to implement HIV/AIDS workplace programmes was cited as a key factor discouraging the implementation of policies and programmes.

In April 2002, the ILO conducted a fact-finding mission to Beijing to assess the impact of HIV/AIDS on the world of work and to identify possible areas for future ILO technical assistance. As part of the mission's activities, the ILO and the Ministry of Labour and Social Security jointly organized a Tripartite National Technical Consultation on HIV/AIDS and the World of Work. The meeting provided an opportunity to launch the Chinese edition of the *ILO Code of Practice on HIV/AIDS and the world of work*, and to make recommendations for technical cooperation between the ILO and its Chinese constituents.

Based on the outcome of the Consultation, the ILO developed a project - Fighting AIDS-related Stigma and Discrimination at the Workplace - which has received funding under the UNAIDS Project Acceleration Fund (PAF) mechanism. This project is developing a strategic plan for HIV prevention and the protection of rights in formal-sector workplaces and among internal migrant workers. A comprehensive country programme on HIV/AIDS and the world of work will be developed through the tripartite consultation process, a situation and response analysis, and pilot interventions.

The ILO Office in Beijing has developed a number of awareness-raising materials on HIV/AIDS. These include the Chinese edition of 'Action against AIDS in the workplace', which provides information and policy guidance on how business and trade unions can respond to the challenge of AIDS. This forms part of the UNAIDS Partnership Menu Project, aimed at stimulating private-sector engagement in the fight against HIV/AIDS. It will be disseminated at the China Employment Forum (7-9 April 2003) and China Business Summit (14-15 April 2003), convened by the



World Economic Forum, with technical and logistical support from the HIV/AIDS focal point at the ILO Beijing Office, Changyou Zhu.

Working together for a better future.

Dr. Sun Xinhua, Director, Division II of Communicable Diseases Control of the Department of Diseases Control estimated, using 2001 statistics, that if the rate of infections continues at current rates, China could have 10 million people infected with HIV/AIDS by the year 2010.

ILO involvement is a key factor in the Ministry of Health's aim to reduce infection to 1.5 million by 2010, and the rate of infection to 10% by 2005.



Living discrimination

There is a wall two metres high surrounding Liu Ziliang's home. The wall was built to prevent curious neighbours staring through the windows, looking at him as if he were a monster. He couldn't bear it.

In 1995, when Liu's first wife died, he regularly sold blood at a roadside blood donation centre to make enough money to buy clothes for his children. It is believed that Liu contracted HIV as a result.

During a blood donation in 1998, when he was working as a construction worker, he was diagnosed HIV-positive. Liu was immediately fired and found himself shunned by family and the local community.

Things changed after a TV production team came to his home to convince him to go public. He eventually agreed. "They showed my neighbours that HIV could not be contracted through daily body contact. They hugged me, had dinner and chatted with me and at the same time they distributed brochures to my

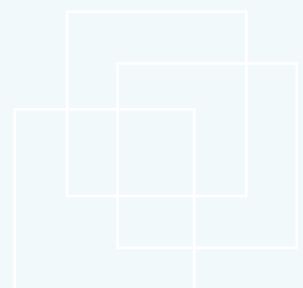
neighbours," he said. Some villagers began to talk to him again, and he came to realize that ignorance about HIV/AIDS is the source of stigma and discrimination.

34-year-old Liu, as the first Chinese person with HIV to appear openly in front of the country's media, became an unofficial spokesman on AIDS. He appeared at the 'Fluttering Red Ribbon Concert', which was broadcast to the entire country on World AIDS Day, 1 December 2001.

Liu calls for the end of discrimination towards those living with HIV and the opportunity for them to keep working. Known to be HIV-positive, he couldn't find a job even though he felt physically well. "I don't like to sit at home all day doing nothing. I can work and I hope to work to earn a fraction of my medical costs, or just some pocket money for my children," he said.

Adapted from 'Fighting Back', by Lin Shujuan, China Daily, 15 November 2002.

Two UNAIDS Partnership Menus, the one on workplace action written by ILO/AIDS. Both are also available in Chinese.



New African partnership needs to focus on AIDS

By Franklyn Lisk, ILO/AIDS, Geneva

The New Partnership for Africa's Development (NEPAD), formed in October 2001 in Abuja, Nigeria, is a regional initiative by African leaders to promote sustainable growth and development in the continent. It has been adopted by the G8 group of the most economically powerful countries. NEPAD's main and immediate objective is poverty reduction. Its Programme of Action is based on a number of priority areas including governance, education, health, environment, infrastructure, and agriculture.

Although health is one of the priority areas, the NEPAD document¹ makes few references to communicable diseases and gives little practical attention to addressing HIV/AIDS - now widely regarded as the major threat to sustainable development and progress in Africa. At the recent meeting of its executive board in Kinshasa, the Democratic Organization of African Workers' Trade Unions (World Council of Labour Africa Region) made the point clearly:

"What is particularly worrying with NEPAD is the almost total absence of reference to the AIDS pandemic, which is ravaging the continent.... How can one dream of reducing poverty when families spend their meagre resources on caring for their sick and burying their dead"?

There are many good reasons why NEPAD should include a strong commitment to HIV/AIDS prevention and mitigation efforts as a priority and an urgent need. HIV/AIDS is now the leading cause of death in sub-Saharan Africa, and the economic and social costs of the epidemic are hampering development efforts. Distortions brought about by the pandemic undermine savings gained by sound economic and corporate governance². ILO/AIDS has highlighted these costs in terms of human capital losses and the virtually impossible task of replacing vital skills and experience. In Zambia, for example, 2000 teachers die every year from AIDS-related illnesses and fewer than 1000 students graduate from teacher training institutions. The vicious circle linking HIV/AIDS and poverty is another reason why the NEPAD process cannot afford to ignore it as a priority development issue. All in all, the pandemic threatens structural transformations in African economies, institutions and governance - the core and essence of the NEPAD pledge, and poses the biggest challenge for NEPAD in terms of economic and social performance.

Integrating HIV/AIDS issues in NEPAD

African governments and their development partners should accord the highest priority to fighting the pandemic. As the major regional initiative to reduce poverty and to achieve sus-

tainable development, NEPAD should direct its energies and the resources of its development partners on HIV/AIDS programming and integrating HIV/AIDS in the NEPAD process. HIV/AIDS is a cross-cutting issue with relevance to core aspects of the NEPAD strategy and structure, including: the conditions for sustainable development; the sectoral priorities (infrastructure, human resources development, agriculture, environment, culture, science and technology); and mobilizing resources (capital flows, market access).

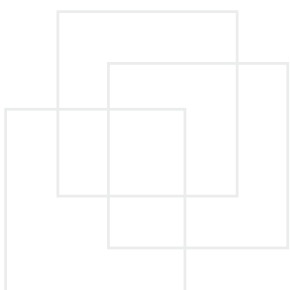
What is needed is capacity within the NEPAD process (at regional, sub-regional and country levels) to address issues of HIV/AIDS in respect of policies and programmes for economic growth and social progress. Specific policies and targeted programmes will be required to make sure that HIV/AIDS is not peripheral to the sectoral priorities but fully integrated: they should cover prevention, non-discrimination, care and the mitigation of economic and social impacts.

Five cross-cutting issues, derived from the NEPAD structure, can be identified as areas for action:

- **Human Capital:** Because of the devastating impact of AIDS on the working age population, investment in human capital should be an essential component of actions across the six sectoral priorities, so as to stem the loss of the stock and flow of educated and trained labour.
- **Public-Private Partnerships:** NEPAD should support public-private partnerships to combat HIV/AIDS, including those involving external donors to ensure the functioning of effective public administration and the provision of vital health and social services.
- **Investment Strategies:** The NEPAD process should explicitly analyse the effects of HIV/AIDS on domestic and foreign investment, and other capital flows, then design and implement an appropriate strategy for raising rates of investment in physical capital.
- **Planning:** A coherent and integrated approach to development planning is required for NEPAD to achieve its objectives. Because the impact of the epidemic is multi-sectoral, policies and programmes should address the multiple ways that HIV/AIDS affects development and inter- and intra-sectoral linkages.
- **Governance:** Commitment by African political leadership to democratic political and economic governance is one of the foundation stones of the NEPAD process. Because of the impact of HIV/AIDS on economic and social performance this commitment should be extended to the corporate sector, and government and business should develop policies together for the key strategic sectors.

1. The basic NEPAD document is derived from an earlier document, 'A New African Initiative', itself a merger of two documents, 'The Millennium Partnerships for the African Recovery Programme' and the 'Omega Plan'.

2. Alex De Waal, "How will HIV/AIDS transform African Governance?", *African Affairs* (2003), pp. 1-23.



ILO, USDOL and FHI Forge Partnership to Address HIV/AIDS in the World of Work

Changing behaviour through education and communication

The ILO has signed a cooperative agreement with the United States Department of Labor (USDOL) to launch an ILO/USDOL International HIV/AIDS Workplace Education Programme on the basis of a successful bid made jointly with Family Health International. The Programme brings the interests and expertise of the three agencies together to develop workplace HIV/AIDS education programmes and policies to prevent discrimination against workers with HIV/AIDS.

The first major steps have been taken with the completion of project design missions to the six target countries: Belize, Benin, Cambodia, Ghana, Guyana and Togo.

The aim is to increase the capacity of the ILO's tripartite constituents to design and implement workplace HIV/AIDS policies and programmes. It rests on two key pillars: developing a national legal and policy framework which is conducive to workplace action on HIV/AIDS, and launching preventive education within the workplace and surrounding communities. The strategy builds upon the comparative advantage of the ILO in advocacy, policy formulation and mobilization of the social partners. It also draws upon the experience and expertise of FHI in developing behaviour change communication programmes for specific target groups.

The three partners have undertaken joint project design missions to Cambodia (December 2002), the Caribbean (January 2003) and West Africa (February 2003). Full consultations were held with their government agencies, the social partners, the NGO community and donor agencies. The draft project documents are currently under review by the national authorities before finalization for formal approval.

The main thrust of the project will be intervention at the workplace and every effort is being



made to reach workers as soon as possible. However, with sustainability very much a central issue in designing the national programmes, adequate time is being provided for consultation among the tripartite partners to develop the necessary policy framework, to identify target sectors and select participating enterprises. Strategies will also be developed to reach workers in the informal economy principally through collaboration with the small business community and NGO partners.

The project will provide policy and technical assistance to enterprises to formulate policy, engage top management, train supervisors, health and safety officers and human resources personnel. A behaviour change communication package will form the core of enterprise action. This will be supported by counselling services, referral to voluntary and confidential testing, condom promotion and distribution programmes. Enterprises will also be assisted in mobilizing their own resources to provide care and support to workers with HIV as well as linking to community-based services.

Programme Manager Behrouz Shahandeh is optimistic that the necessary project management and implementation infrastructure will be in place in order to launch the six national projects as early as July 2003. "A high level of concern and commitment has been expressed by our constituents. The project has been warmly welcomed and is regarded as being most timely in developing the world of work component of the national strategies on HIV/AIDS. We have also been given every assurance of speedy action in the review and approval process," Shahandeh said.

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During the recent mission, a worker at a textile factory in Ghana who is also an HIV peer educator said:

"They used to laugh when we talked about condoms but when they started to see colleagues dying, they realized the impact of AIDS."

USDOL convenes roundtable discussions with HIV/AIDS partners.

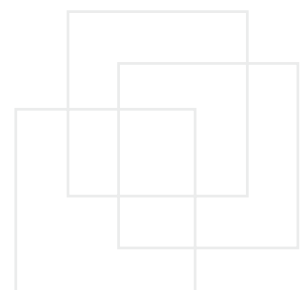
Washington - USDOL and the US Agency for International Development (USAID) jointly sponsored a roundtable discussion on international workplace HIV/AIDS education and prevention efforts here on 3 April.

The thrust of the meeting was to promote closer cooperation in information sharing, coordination and collabora-

tion among the funding agencies and implementing partners internationally.

The meeting was attended by representatives from the ILO, Academy for Educational Development, Family Health International, the Futures Group and Project Hope.

USDOL has been pursuing closer cooperation among its HIV/AIDS partners and, has recommended the utilization of the ILO Code of Practice on HIV/AIDS and the world of work as the key policy framework by all partners.



Indonesia commits to Code of Practice



The incidence of HIV in Indonesia could almost double in 2003, according to the Joint United Nations Programme on HIV/AIDS (UNAIDS). Injecting drug use accounts for more than 80% of new HIV infections nationwide. In response to the sounding of this alarm, the world's most populous Moslem nation has taken urgent action to combat the epidemic.

In February 2003, the Indonesian Government, together with employers' and workers' organizations, signed a tripartite Declaration of Commitment to take action in the world of work, using the ILO Code of Practice to guide policies and programmes.

Recent social and economic upheavals have fuelled concerns in the business sector as to the cost of fighting the epidemic. Giving priority to HIV/AIDS prevention programmes would be difficult for companies, given the current economic crisis, which forces them to priori-

tize production-related activities over other programmes. However, as Mar'ie Muhammad, Chairman of the Indonesian Red Cross, said, "As we in Indonesia are close to economic recovery, we should be aware of a new impending crisis. AIDS will damage our economy unless we take immediate steps."

"We can pay little now or pay much more later".

An HIV/AIDS crisis would affect companies through disruptions due to employee absence, increased costs of employee health care, recruitment, training and bereavement allowances, and cause loss of technical skills and declining morale.

Tauvik Muhamed, the HIV/AIDS Coordinator at ILO Jakarta and a driving force behind the declaration said, "We have made HIV/AIDS a priority action programme in the Indonesia Action Plan for Decent Work for 2002-2005, and many other programmes covering areas such as youth employment, socio-economic security, poverty reduction, social protection for migrant workers and drug prevention.

Lessons from the informal sector in South Africa

The SIDA*-funded ILO/AIDS project, 'HIV/AIDS prevention in the informal sector', has yielded some interesting early results from South Africa, one of four participating African countries. The Institute for Adult Basic Education and Training (ABET) has conducted a rapid assessment to analyse the vulnerability of informal workers to infection and the impact of AIDS on the sector. The study focused on hawkers and vendors selling food and non-food goods, and has brought to light issues that will help in the development of further actions to prevent HIV/AIDS and to plan care and support interventions in the informal sector.

Although women in the area are aware of HIV and know about AIDS, there is apparently little

impact on behaviour. The results point to the need for HIV/AIDS interventions including a component on negotiating skills and women's self empowerment, which would enable these (usually young) women to assert their right to protect themselves and increase their capacity to be economically independent.

The rapid assessment results indicate that:

- Proposed educational programmes must go beyond merely raising awareness about AIDS, to enabling people to change behaviourally from current risk-taking behaviour.
- There is not necessarily a relationship between awareness and behaviour change. Poverty and disbelief about HIV/AIDS are also factors that need to be taken into account when formulating a behavioural change intervention in this sector.

High-profile launch for ILO Code of Practice in Togo

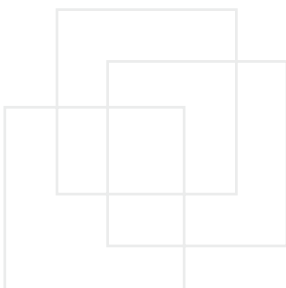
On 24 February 2003, the Minister of Labour of Togo officially launched the ILO Code of Practice on HIV/AIDS and the world of work as a framework to address the HIV/AIDS epidemic in the world of work. Togo is one of the higher-prevalence countries in the West African sub-region with an estimated adult infection rate of 6 per cent at the end of 2001. The national response is being expanded through a new strategic plan.

The ceremony was attended by a high level

audience including three government ministers, the donor community, UN agencies, representatives of the ILO's social partners and civil society. The launch was funded by the Italian government as part of its technical cooperation activities with ILO/AIDS. In his address, the Minister of Labour stressed the urgency of workplace policy and programme development and implementation, welcoming the ILO/USDOL support.

The event coincided with an exploratory mission by ILO/AIDS, the US Department of Labor (USDOL) and Family Health International officials to Togo to investigate an implementation strategy for HIV/AIDS prevention programmes in the world of work.

*SIDA: Swedish International Development Corporation



Timely action in the Arab world

“We are targeting businesses in this key sector - hotel, catering and tourism”, Dr Benjamin Alli, ILO/AIDS Coordinator for Technical Cooperation and Advisory Services said in an interview for Nile TV. This sector includes some of the country's major employers and is expecting to enjoy rapid expansion in the coming years. They also provide an effective gateway to their local communities for HIV/AIDS prevention and care, so the benefits they achieve will multiply and spread to a significant proportion of the population. Six major hotels took part in the workshop, representing a combined workforce of over 5,000 employees.

“In order to remain a powerful engine of economic growth, we must ensure that the workforce remains healthy and productive. It is therefore of utmost importance that we proactively challenge every threat to health, safety and welfare of our workforce in a vigorous and timely manner” said Mr Saad Samaan el Mashat, the general manager of Overscom Hotels Holdings in El Gouna. The Arab states, including Egypt, have a low prevalence of HIV/AIDS. “While the numbers are reassuring, this must not lead to complacency,” he added, and acknowledged that the tourism industry is



Dr Saad-Hamed Nasra, manager of the National AIDS Control Programme Testing and Counselling in Egypt, holds aloft a condom as she demonstrates its use to a predominantly male audience during a recent workshop on HIV/AIDS in the workplace at the El Gouna Movenpick Resort hotel. The groundbreaking mission by ILO/AIDS to El Gouna and Cairo was hailed as a great success. An employers' workshop was also hosted in Damascus by the Chamber of Industry and given technical support by the ILO.

a higher risk business than many. “This workshop is therefore a positive example of preventative action at the right time. The tourism sector commends the ILO, UNAIDS and the National AIDS Programme of Egypt, and whole-heartedly supports their efforts in organising this workshop.”

All of the hotels involved in the workshop have agreed to use the ILO Code of Practice as a tool in the development of workplace policies and programmes. The workshop also stimulated discussion of a range of positive ideas and initiatives including an AIDS hotline, training programmes and awareness campaigns.

Gathering momentum in Latin America

Brazil is reaping the benefits of concerted action against HIV/AIDS. The World Bank estimates that 600,000 new cases have been prevented since 1982 thanks to the efforts of the National Response. Also, 90,000 deaths and 358,000 hospitalizations have been prevented since 1996. All of this had the effect of creating US\$2.2 billion of savings. However, with a total of nearly a quarter of a million infections since 1982, 94% of which are in the 16-59 age group, the fight is far from over.

Several workplace programmes have been implemented through collaboration between government institutions, employers' and workers' organizations, and NGOs.

The Portuguese language version of the *ILO Code of Practice on HIV/AIDS and the world of work* has been in use here for nearly a year and training is being organized based on the new education and training manual. Studies are also underway that will pave the way for anti-discrimination legislation, and several meetings and seminars are being arranged to raise awareness of HIV/AIDS as a workplace issue.

The ILO's office in Argentina is involved in

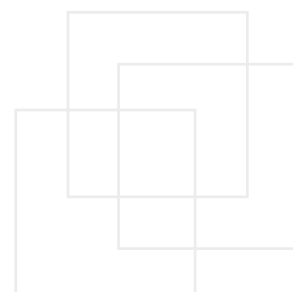
the development of an AIDS education project for young people.

There's no shortage of enthusiasm to move forward. Alejandra Pangaro, Programme Officer in Buenos Aires said “We are eagerly waiting for the training manual in Spanish as part of a more ‘aggressive’ strategy to promote the ILO Code of Practice.”

The Code is in regular use in the Municipal Programme on HIV/AIDS in Rosario, where an energetic programme of training and awareness is being carried out by the various local authorities for the area.

“Our aim is the empowerment of municipal workers committed to solidarity and empathy with persons at risk or affected by HIV/AIDS” said Dr Damian Lavarello, Coordinator of the Programme.

Chile recently received a US\$ 38 million grant from the Global Fund to finance a five year project for scaling up and deepening the national response to the HIV/AIDS epidemic, promoting its intersectoral, participatory and decentralized aspects. The ILO has been involved since 2001 as a member of the Theme Group in Chile that played a major role in the formulation of the project.



Events

Finnish Trade Union Solidarity Centre (SASK) Solidarity Days and HIV/AIDS seminar: 'Migrant workers and the labour market'
5-6 April 2003, Lahti, Finland

Workshop on HIV/AIDS and business
14-15 April 2003, Beijing, China

Committee of Cosponsoring Organisations meeting at the level of heads of agencies (UNAIDS)
23-24 April, Paris, France

IPEC meeting on child labour and HIV/AIDS
6-8 May 2003, Livingstone, Zambia

Global Compact policy dialogue on HIV/AIDS and the workplace response
12-13 May 2003, ILO, Geneva

High level tripartite workshop on strengthening the capacity of social partners in combating HIV/AIDS in the work place through social dialogue
12-16 May 2003, ARLAC, Harare, Zimbabwe

Inter-regional seminar on 'HIV/AIDS: Workplace Policies and Prevention Initiative'
21-23 May 2003, Beirut, Lebanon

International Symposium on HIV/AIDS Workplace Policies and Programmes in Developing Countries
1-3 June 2003, GTZ House, Berlin, Germany

Workshop on HIV/AIDS and business
11-13 June 2003, Durban, South Africa

Workshop on HIV/AIDS and business
September 2003, Harvard University, New York, USA

Inter-regional tripartite meeting on best practice in workplace policies and programmes on HIV/AIDS
15-17 December 2003, ILO, Geneva

New-look ILO/AIDS website

<http://www.ilo.org/aids>

The ILO/AIDS website has undergone a facelift, and is now more user-friendly and pleasant to use. With two clear functional areas, most documents are no more than three clicks away from the homepage.

The primary menu shown in red gives information about the ILO Programme on HIV/AIDS and the world of work. It guides the user to key issues and programme activities:

- Why AIDS is a workplace issue
- The ILO's response
- The ILO Code of Practice and the world of work

The secondary menu shown in grey provides access to information generated by the programme and related to it:

- Newsletter
- Events and meetings
- Publications
- Fact sheets and statistics
- Laws and policies
- Examples of workplace action

Additions and improvements will be ongoing. A search facility that will further simplify access to, and retrieval of, documents will be available shortly.

Selected websites

<http://www.weforum.org>

The World Economic Forum's Global Health Initiative is designed to foster greater private sector involvement in the global battle against HIV/AIDS, TB and malaria. The website has resources to help engage companies in the fights against HIV/AIDS, promote good practices and expand corporate advocacy.

<http://www.unglobalcompact.org/Portal/>

The Global Compact brings companies together with UN agencies, labour and civil society in support of human rights, labour standards and the environment. The Global Compact, the ILO and UNAIDS have joined forces to mobilize businesses, encourage increased action to fight HIV/AIDS in the workplace, and combat stigmatization. The appeal is supported by the International Confederation of Free Trade Unions (ICFTU) and the International Organisation of Employers (IOE).

<http://www.icftu.org>

The ICFTU believes that trade unions are uniquely placed to fight the pandemic as the

work place is a major entry point for information, prevention and rights campaigns.

<http://www.ioe-emp.org>

The IOE site offers a link to the comprehensive publication: *Employers' Handbook on HIV/AIDS - A Guide for Action*

<http://www.globalfundatm.org/index.html>

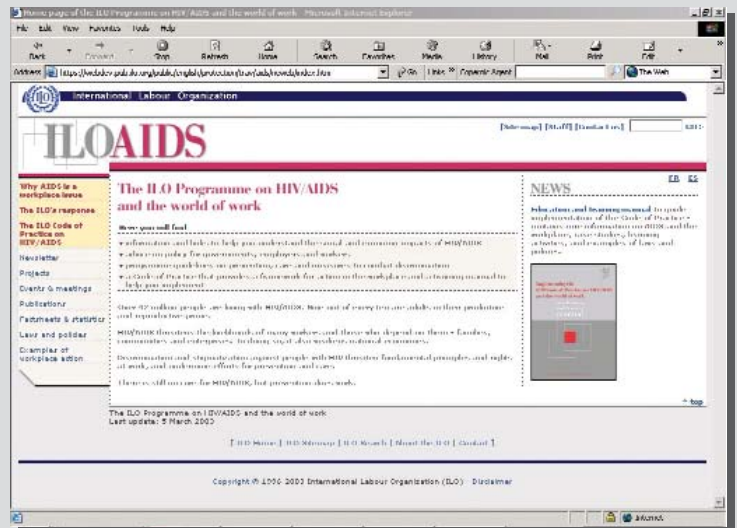
The Global Fund to Fight AIDS, Tuberculosis and Malaria attracts, manages and disburses resources to prevent and mitigate the impact of these diseases.

www.businessfightsaids.org/

The Global Business Coalition on HIV/AIDS brings together a growing number of international businesses dedicated to combating the AIDS epidemic. This website contains resources and information for employers on ways to address HIV/AIDS in the workplace.

<http://www.iaen.org>

The International AIDS Economic Network (IAEN) provides data, tools and analysis on the economics of HIV/AIDS prevention and treatment in developing countries.



ILO/AIDS

This newsletter provides an opportunity for everyone with a stake in the world of work to have a voice. Do contact us with your news, information and opinions and we will endeavour to include them.

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