Action against AIDS in the workplace

The Asia-Pacific Region
All affected, but differently

Asia is home to over half the world’s population, so even a small percentage of infections means a large number of individuals, families and communities affected.

- Approximately 7 million people are infected with HIV/AIDS in Asia and the Pacific region, the great majority of them workers in their productive prime.
- Adult prevalence varies from a low of under 0.1% in several countries to a high of nearly 3%, but the year 2001 saw an increasing rate of new infections in several countries.
- Localized epidemics among specific populations suggest the potential for the spread of infection more generally.

The workplace partners can become AIDS ‘champions’ with HIV/AIDS need support to live positively and excuse for discrimination, and no need to fear each other.

- Unsafe sex and needle-sharing are the most common modes of transmission, with high population mobility and socioeconomic disparities considered significant factors as well.

The window of opportunity is still open to large-scale responses in Asia and the Pacific, but opportunities are becoming fewer over time.

A workplace issue and development challenge

- The epidemic cuts the supply of labour and threatens the livelihoods of many workers and those who depend on them. The size of the labour force in high-prevalence countries will be 10–30% smaller by 2020 than it would have been without HIV/AIDS.
- Discrimination against people with HIV threatens fundamental principles and rights at work, and undermines efforts for prevention and care.
- The loss of skilled and experienced workers causes productivity to fall just as business costs are rising; tax revenue and investment are also undermined.
- Workers in the informal economy—the main source of employment in most parts of the region—are particularly vulnerable to the epidemic’s impact due to the precarious nature of informal employment, the lack of social protection and limited access to health services.
- The loss of skilled workers and managers not only undermines productivity today but threatens the capacity of nations to deliver essential goods and services for decades to come.

### How HIV/AIDS affects economic growth and social development:

- reduced supply of labour
- loss of skilled and experienced workers
- absenteeism and early retirement
- stigmatization of, and discrimination against, workers with HIV
- increased labour costs for employers, from health insurance to retraining
- reduced productivity, contracting tax base and negative impact on economic growth
- weakened demand, investment discouraged and enterprise development undermined
- social protection systems and health services under pressure
- loss of family income and household productivity, exacerbating poverty
- increase in female-headed households
- early entry of children into active employment
- pressure on girls and women to resort to providing sexual favours in order to survive
Turning the tide

Two countries in particular have shown that concerted national action (involving all key players in civil society, including business and workers’ organizations) can change the course of the epidemic. At the end of 2001, just under three-quarters of a million Thais were living with HIV; without intervention, that figure would probably be over six million. Cambodia has seen a fall in infection rates among pregnant women in recent years, thanks to large-scale prevention programmes and steps to counter stigma.

Action in the world of work

Governments, companies and trade unions have taken initiatives against HIV/AIDS at regional, national and enterprise levels. A common policy position has been ‘zero tolerance’ for discrimination related to HIV status, including a stand against compulsory testing of new or existing employees and information programmes to combat fear and stigmatization.

- In November 2001, the heads of state in the Association of South-East Asian Nations (ASEAN) adopted a Declaration on HIV/AIDS and a four-year work programme to combat the epidemic.
- The Asian Business Coalition on AIDS is an alliance of corporations that promotes the development of workplace policies on HIV/AIDS, education and prevention programmes, and access to health care and support facilities for affected employees.
- The Vietnam Chamber of Commerce and Industry has developed guidelines on HIV/AIDS prevention and care for both foreign and domestic companies operating in the country.
- The Philippines Trade Union Congress has put in place a network of 14 health centres that provide members with diagnosis, counselling and treatment in the areas of reproductive health, sexually transmitted infections, and HIV/AIDS.
- At a global level, the International Organisation of Employers (IOE) and the International Confederation of Free Trade Unions (ICFTU) have developed policies for their members, as well as training materials. The Global Business Coalition on HIV/AIDS and the Global Health Initiative of the World Economic Forum promote and support action by companies against the epidemic.

Regional statistics (end 2001)

- Population: 3 475 496 000
- HIV infections: 6 600 000
- Working population (15–49 years): 1 864 521 000

Asians’ and promote the vital message that people living keep working: there’s no danger in casual contact, no other.
What are the next steps?

A policy and programme on HIV/AIDS are required at every workplace. Whatever the size and resources of the workplace, an action plan should be put in place with three main components: prevention, care and support, and protection against stigma and discrimination.

Success looks like…

- The company takes responsibility for acting on HIV/AIDS, with support from the highest levels of management
- The workplace is a model of openness and ‘zero tolerance’ for discrimination
- Clear information is regularly provided to all employees
- Peer education and peer support form the basis for prevention
- Programmes to promote and support behaviour change are gender-sensitive
- Condoms are provided at an affordable cost or free
- Voluntary counselling and testing and the treatment of sexually transmitted infections are offered at the workplace or encouraged via community services

The five inserts give more detailed guidance and examples of action.

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