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Speech

TRIPARTITE INTERREGIONAL MEETING ON BEST PRACTICES IN HIV/AIDS WORKPLACE POLICIES AND PROGRAMMES

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**Speech by
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Dear Colleagues
Ladies and Gentlemen

First, on behalf of the Executive Director of UNAIDS, Dr Peter Piot, I wish to thank our Cosponsor, the International Labour Organization, for organizing this meeting on Best Practices in HIV/AIDS workplace policies and programmes. It is indeed timely to take stock of lessons learned and turn best practices into more broad-based and comprehensive programmes. That is what this epidemic requires!

It should be recognized, though, that in the past few years, we have made important advances in the response to HIV/AIDS. Concerns over the devastating scale and impact of the epidemic have turned into concrete actions in prevention and – at long last – in expanding the access to care and treatment for people living with HIV/AIDS.

Experiences from pilot initiatives have been put to use for nation-wide programmes. The level of funds allocated towards the AIDS-response domestically and globally has grown significantly. An estimated 4.7 billion USD was spent on AIDS programmes in 2002 compared to a few hundred million dollars a few years back. But the yearly resource-requirements amount to USD 10 billion.

Ladies and gentlemen,
We are miles away from matching our efforts to the relentless spread of HIV/AIDS, now having brought the number of people living with the deadly virus to 40 million.

This is an epidemic showing no sign of abating. New infections – this year 5 million worldwide - continue to rise, particularly among young people of working age. The number of deaths due to AIDS is growing too – now estimated at 3 million a year - signalling the urgency of getting care and treatment to those in need. Without it, we

will see a further fall in life-expectancy due to premature deaths, and a further reduction in labour supply and progress of nations.

Today, fewer than 500.000 persons in developing and transition countries of the 6 million people in urgent need of treatment have access to it. In Africa a bare 2% have access. In richer countries, access to ARV is standard public health practice. This global treatment gap is a looking-glass into a world of injustice and inequality, calling for greater solidarity from all sectors of society, including the world of work.

It is indeed welcome that more countries are now declaring their commitment to making AIDS-treatment available in the public health sector. India, China, South Africa are among those who recently have announced national treatment plans. But for many of the most seriously affected countries, further external support and stronger partnerships are pre-requisites for moving forward. The ILO tripartite memberships are key players, each of you in your own right and more potently all of you together.

The WHO-led and UNAIDS embraced campaign to have 3 million people on life-prolonging ARV treatment by the end of 2005 is a call to redress existing distortions in access, as a human rights issue for saving lives and rescuing development. Governments, employers and workers have all a role to play in making this target become real.

In some countries, the impact of HIV/AIDS is even at risk of threatening social stability - the very backbone of development. At an alarming rate, HIV spreads among youth in job-seeking age discouraged over lacking opportunities and an uncertain future. In many parts of Asia, the Russian federation and Eastern Europe we see how easy access to narcotic drugs, disintegration of communities and manipulation of young people in desperate search for a better future have brought the transmission through injecting drug use to young adolescents. These youngsters should be in school, apprenticeships or jobs rather than being exposed to this high-risk behaviour.

Political and social leadership, including among actors such as you participating in this meeting, is indispensable to instil social trust and hope among the young generation that the door to productive job markets and a better future is not closed.

Clearly, HIV/AIDS, employment and the world of work are closely interlinked. In fact, access to gainful employment and to meaningful education has been referred to as excellent preventive social vaccines against HIV/AIDS.

UNAIDS is grateful to ILO and its unique tripartite constituency of governments, employers and workers for having demonstrated so consistently and comprehensively the importance and opportunity of making HIV/AIDS a core policy issue in the world of work. The Director General of ILO, his senior management, the Governing body of ILO and of course the ILO AIDS-team have all contributed to the institutional drive of ILO and its partners in responding to HIV/AIDS in the world of work. This makes ILO a very important Cosponsor of the Joint United Nations Programme on HIV/AIDS (UNAIDS).

In 2001, ILO joined UNAIDS as a Cosponsor. This was also the year when the ILO Code of Practice on HIV/AIDS and the world of work was launched. Ever since, it has remained the key policy framework for integrating HIV/AIDS in the workplace, whether in business or in government service, in the informal economy or the global environment of trans-national business. And, of course, the ILO Code is also the guiding tool for the UN as a workplace.

Again in 2001, 189 member states of the United Nations solemnly declared their commitment to address the HIV/AIDS crisis through specific time-bound actions. Their commitments cover areas such as:

- Mobilising strong leadership at all levels of society
 - Making prevention the mainstay of response
 - Recognizing care, support and treatment as fundamental elements of an effective response
 - Respecting and realizing the human rights of people living with HIV/AIDS
 - Reducing the social vulnerabilities driving the spread of the epidemic and empowering women in the response
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- Providing special assistance to children orphaned and made vulnerable by HIV/AIDS (now 14 million and expected to number 20 million in 2010)
 - Addressing HIV/AIDS as a development issue and alleviating its social and economic impact
 - Investing in research and development to better address the epidemic and its impact
 - Paying special attention to HIV/AIDS in conflict and disaster situations
 - Mobilizing and allocating additional and sustained resources for HIV/AIDS – domestically and internationally
 - Maintaining the momentum and monitoring progress in the implementation of the commitments

In the specific area of the world of work, the Declaration of Commitment calls on governments and other actors to implement prevention and care programmes in public, private and informal work sectors, and to provide a supportive workplace environment for people living with HIV/AIDS. It calls for a legal and policy framework to be put in place to ensure that the rights and dignity of persons living with HIV/AIDS and those at the greatest risk of HIV/AIDS are protected in the workplace.

Employers and workers, and their respective organisations, need to come together in a social dialogue on HIV/AIDS workplace policies and programmes consistent with existing guidelines such as the ILO Code of Practice. Your work here today and in the coming days will further inform such guidance tools as they evolve from lessons learned and best practice.

Earlier this year, the Director General of ILO, the Executive Director of UNAIDS and the Deputy Secretary General of the United Nations issued a joint appeal to action to some 1000 members of the UN Global Compact on corporate social responsibility, stating that “the world of work is an ideal setting for fighting HIV/AIDS”. This appeal also enjoyed the support of the International Confederation of Free Trade Unions (IFCTU) and the International Organisations of Employers (IOE) – both key partners to ILO and UNAIDS. The Union and the Employers have since further reinforced their commitment to work together to make the world of work a more effective arena for the response to HIV/AIDS. A range of trade unions have also started to mobilise their members on HIV/AIDS and the International Cooperative Alliance with an outreach to millions of workers and consumers has done the same.

In the business sector, we have seen the UNAIDS-supported Global Business Coalition on HIV/AIDS (GBC) expand from a handful of companies two years ago to almost 150 member companies today, most of them large employers and significant overseas investors. Through co-financing arrangements, the GBC and the Global Fund to fight AIDS, TB and Malaria have agreed to expand corporate workplace

programs on HIV/AIDS prevention and treatment to reach out to the communities where companies operate. In this way, health infrastructure and capacities available in the corporate sector will become open also to the public sector.

Furthermore, National Business Coalitions on HIV/AIDS are being established in many countries to help move the response to HIV/AIDS as a supplement to the efforts of governments.

But even so, we need a much better understanding of what works, why and in what settings. We are still in the very early days of an effective response to HIV/AIDS. Remember that we have seen 5 million new infections this year alone! This meeting can provide the type of good practice guidance we need to improve and scale up the response in the world of work, taking into consideration that although we have a generic policy framework, one size may not fit all contexts.

What is doable in a multinational business environment, may be hard to replicate in smaller and medium sized enterprises. We should also bear in mind that in Africa, the continent most heavily affected by HIV/AIDS, the majority of the labour force is found in the informal economy – many of them women entrepreneurs. Particularly in Africa but also elsewhere, women are disproportionately affected by this epidemic. An effective response to HIV/AIDS, not least in an often male dominated workplace, needs to be gender-sensitive and involve family and community settings as well.

In some countries, business is often ahead of government in having established workplace policies on HIV/AIDS. This may be a reflection of unequal availability of capacity and resources rather than of policy priorities. Workplace programmes in the public sector lag behind and need to be scaled up. After all, in many countries civil servants make up the majority of people in employment. In the response to HIV/AIDS, the public and private sectors both stand to gain from moving ahead in a creative partnership. This partnership should also include NGOs, other civil society and affected communities, who already in some locations account for the bulk of the care and support available to people living with HIV/AIDS.

Scaling up access to treatment and increasing the effectiveness of prevention require new public-private partnerships between social actors who in the past may not have had much experience of teaming up. HIV/AIDS is the exceptional case calling for such extraordinary team building. Many countries are already making desperate calls for good examples of practical partnerships to help them increase the coverage of HIV/AIDS programmes.

The best advocates and guides on what works are people living with HIV/AIDS. Their involvement in the design, implementation and follow-up of any HIV/AIDS programme is a sine-qua-non for successful outcomes.

Dear Participants,

The ILO excellent background document for this meeting: “Workplace action on HIV/AIDS – identifying and sharing best practice” provides a comprehensive overview of the scale of the HIV/AIDS epidemic, its impact on productivity, the labour force, market demand and trans-generational skills. It also provides convincing arguments for the role of social dialogue, the importance of social protection and the need for data, including monitoring and evaluation to inform good practice in the workplace.

Learning from practice about how diverse solutions can make a difference to similar problems, understanding the dynamics of HIV/AIDS in the varied workplace settings

and searching for new ways of responding to new challenges are extremely good investments in shaping our respective contributions to and involvement in the response to HIV/AIDS.

Through its Best Practice Collection – some examples of which are available to this meeting – UNAIDS, together with partners, is making available to the broader audience examples of approaches, lessons and guidance in the response to HIV/AIDS. This meeting, no doubt, will further enrich ideas and collect concrete lessons which could find their way into the UNAIDS Best Practice Collection and to broader dissemination through ILO. We look forward to the outcome of this important meeting.

On behalf of UNAIDS, I wish you all very successful deliberations.