

# FACTS ON HIV/AIDS and the World of Work

Of the millions of people infected with HIV/AIDS, the vast majority are working age (15 to 49) — people who are the mainstay of families, communities, enterprises and economies. Those with important economic and social roles — both men and women — are prevented from providing their full contribution to development. The effects go beyond the simple calculation of labour losses and have deeper implications for the structure of families, the survival of communities and enterprises, and longer-term issues of sustaining productive capacity.

HIV/AIDS is eroding the growth of economies through its direct effect on the labour supply and productivity, savings rates, economic growth and the delivery of public services. It leads to increased business costs, shrinking production and reduced incomes. Decades of gains in development, training, skills and education are being eroded every day — and they will not be replaced without cost. In fact, there is a great deal of evidence that even "unskilled" labour has accumulated location-specific and task-specific skills that are difficult to replace.

#### The epidemic:

- cuts the supply of labour and skills
- increases business costs
- disrupts production and undermines productivity
- cuts incomes and reduces the market for goods and services
- erodes savings and discourages investment
- reduces revenue from taxation just as spending on health and social services needs to increase.

The loss of skilled workers and managers today threatens the capacity of nations to deliver essential goods and services tomorrow. HIV/AIDS is threatening future generations because it forces children to leave school in order to care for family members or provide income — and in rural areas it is breaking down traditional systems of social learning that pass skills and knowledge from generation to generation. Without planning to protect or manage human resources and maintain training capacity, HIV/AIDS threatens sustainable development.

### Reaching out in India

One of the countries where the ILO is active in combating HIV/AIDS is India, which has four mil-

(continued overleaf)

## **K**ey Statistics

- Ninety percent of the 40 million people who are living with HIV/AIDS are in their productive and reproductive prime (ages 15-49).
  Every day 7,000 young people (under 25 years old) contract HIV. Nearly 14 million children have lost one or both parents to HIV/AIDS.
- By 2020, HIV/AIDS is expected to cause a 10% to 30% reduction in the labour force in high-prevalence countries.
- Over half the teachers in Uganda are believed to be living with HIV/AIDS.
- In Malawi, deaths among public service workers increased tenfold between 1990 and 2000, due principally to AIDS. Unfilled vacancies in national Ministries of Education, Health, Agriculture, and Water Development stand at over 50%.
- In 2001, one million children in Africa lost their teachers to AIDS, but there is little evidence of planning underway to replace them.
- A third of the rural households affected by HIV/AIDS in Thailand reported a 50% reduction in agricultural output.
- A Kenyan sugar estate measured a 50% drop in production between 1993 and 1997, while health costs rose tenfold and funeral costs five times.
- By the end of the 1990s, treatment and care for people with HIV consumed two-thirds of public health spending in Rwanda and one-third in Zimbabwe.
- World Bank research suggests that where HIV prevalence in a country reaches 5%, the impact of the epidemic may be enough to cause a fall in GDP. A recent report estimates that Botswana's economy will be nearly one-third smaller in ten years' time than it would have been without the epidemic.

lion people living with the disease, making it home to 10% of the world's HIV/AIDS population. There, the ILO is working with the Ministry of Labour, and employers' and workers' organizations in six states to implement a tripartite response to HIV/AIDS in the workplace.

One example of the ILO's work is the support that it has given, along with employers and workers, to the Network of Positive People of Delhi, a grassroots organization for HIV-positive individuals. This was founded in order to reach men, women and children affected by HIV/AIDS in the informal economy. Workers in this sector, which comprises 92% of the India's workforce, are particularly vulnerable to the impact of the epidemic because of their limited access to medical services, social security or support networks.

Leveraging its credibility among HIV/AIDS sufferers, the Network has set up programmes in Delhi and other more severely affected districts, seeking to inform workers about the disease and what resources are available to them. The Network provides training and job assistance to HIV-positive workers and to the families of those who have died. It also arranges for medical care and organizes support groups. In an effort to address the lack of awareness of the epidemic's impact on India – particularly outside urban areas – the group is currently preparing a detailed report on the effects of HIV/AIDS on women, children, household income, and rural economies.

#### Role of the ILO

The ILO has adopted a **Code of Practice on HIV/AIDS and the World of Work**, based on tripartite consultations in all regions. The Code provides practical guidance to governments, employers and workers, as well as other stakeholders, for developing national and workplace policies and programmes to combat the spread of HIV and mitigate its impact. It covers the key areas of prevention and behaviour change, protection of workers' rights, and care and support. Twenty-five countries have so far launched, promoted and applied the Code, and it has been translated into 15 languages to date.

The ILO is implementing a wide range of initiatives based on the Code of Practice, including advisory services for governments on integrating HIV/AIDS into labour legislation, capacity-building for employers and workers to implement workplace programmes on HIV/AIDS, and the production of information and training materials, including an exchange of best practices.

The key elements of an effective workplace response are policies to counter stigma and discrimination; ongoing formal and informal HIV/AIDS prevention (particularly through peer education); promotion and distribution of condoms; diagnosis, treatment and management of sexually transmitted infections; and voluntary counselling and testing.

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