

Companies and AIDS:- A Global Issue

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I. Current situation

1. Key figures

- 3 millions deaths caused by AIDS in 2001; 42 million AIDS virus carriers of which 33% are between 15 and 24 years old; 95% of infected people live in developing countries; 5 million people contracted the virus in 2002, as many as in 2001.
- 68 million people are expected to die from AIDS over the next 20 years, according to the United Nations.
- 1.7 million people died from tuberculosis in 2000.
- Over 1 million people died from malaria in 2000.
- Only 5 to 10% of people living in poor countries, generally state employees or private company employees, have some form of Social Security. However, this is generally limited to a retirement pension. In many countries, companies must make up for Government shortfalls by providing additional healthcare plans.
- A country with a seroprevalence rate of 20% loses about 2.6% of economic growth each year.
- The WHO estimates that increasing health-related investments by 72 billion euros per year would save 8 million lives each year and would also result in yearly earnings of about 396 billion euros after 15 years. This would result in a six fold increase in earnings for the companies¹.

2. HIV/AIDS Particularities ²

- A health problem for companies even though the workplace itself is not the place of potential exposure to the virus, except in the case of some professions.
- It is the sheer scale of the illness which has obligated companies to address the public health risk by means of partnerships set up with public authorities and other interested parties.
- Given the risks of contamination, the companies are obliged to extend their health protection to the family and general community of their employees.

In May 2003, and for the first time in the history of social relations on a global scale, companies and trade unions, via their largest representational organizations, i.e. the International Confederation of Free Trade Unions and the International Organization of Employers declared the fight against AIDS as "their absolute main priority" ³.

¹ Report *Macroeconomics and Health: Investing in Health for Economic Development*: WHO 2001

² AIDS: acquired immune deficiency syndrome: a transmissible retroviral disease manifested by a number of symptoms and for which no cure has yet been found.

HIV: human immunodeficiency virus which weakens the immune system and inevitably leads to death.

For more scientific definitions, a number of online glossaries are available (a recommended French glossary may be consulted at www.actupp.org/glossaire/avant_propos.html.)

³ "Fighting HIV/AIDS Together: A Program For Future Engagement" International Confederation of Free Trade Unions (ICFTU) and International Organization of Employers (IOE), 12 May 2003.

Their Work on HIV/AIDS will be built around the "ILO Code of Practice on HIV/AIDS and the World of Work" which advocates a global approach: education, workers rights, assistance, etc. The strategy is particularly aimed at young people, women and migrant workers.

II. Identification of issues at stake

1. Macro economic issues

These are:

- **Labor force**

The most productive members of the active labor force (15-49 bracket)⁴ are particularly affected as a result of lost wages due to illness, health care demands, increased health expenditure and premature death.

- **savings**

- **markets**

Companies markets, in particular external markets, are reduced. The reduced income of AIDS sufferers means that they spend all practically all their disposable income on the basic necessities such as food, accommodation and energy. This is particularly obvious in some countries, where the considerable number of AIDS orphans make local communities increasingly fragile. In those countries most affected by AIDS, almost all families have one or more AIDS victims, which has a dual effect: first, energies which could be used for more "productive" activities are being consumed by health-related activities, and second, considerably increased health expenditure diminishes the potential consumption of "traditional" market products.

- **investment**

- **public services: basic services and education**

The number of experienced teachers and school-going children is dropping because of low family income, health care requirements for family members, and the number of orphans devoid of any resources⁵. In some cases, the very functioning of essential public services (water, sewage, electricity, etc.) is considerably disturbed as a result of the epidemic (absenteeism, employee turnover, loss of expertise, etc.).

- **political stability**

Health statistics serve as indicators for the political climate in a given country. For example, the editors of the Sachs⁶ report observed that between 1960 and 1994, the high rate of infant mortality could be considered an early warning sign for the failure of a regime and the degenerating of a conflict into civil war.

In fact, the scale of the HIV/AIDS epidemic is such that in 2000, and for the first time, the U.N. Security Council examined a health problem in terms of peace and security.

2. Company issues

The effects of HIV/AIDS on companies varies depending on a number of factors such as the type of company, the sector of activity, the profile of the work market, the policies implemented on the places of work, and the prevalence rate of the virus.

⁴ The infection generally sets in before the age of 25.

⁵ In Zambia, 40% of teachers are infected and more are dying than entering the ranks.

⁶ Report prepared in December 2001 by Jeffrey Sachs for the WHO, entitled *Macroeconomics and Health: Investing in Health for Economic Development*. The report concludes that improving public health is a key factor in encouraging economic development and sustainable development.

Three major types of effect can be distinguished:

■ **Production losses and Production variations**

This can be explained by:

- **increased absenteeism⁷**

Obviously this is a direct result of employees who are ill. But it is also caused by employees having to care for sick family members, and by going to funerals, which, in some countries, can last several days.

- **disturbed production cycle**

This is caused by the constant renewal of work personnel, the loss of institutional memory, the loss of tacit expertise and skills, and lastly low worker morale resulting from deaths and discrimination.

- **underused equipment**

- **dependence on temporary work personnel**

Reductions and variations in the level of productivity damage the company's capacity to meet the requirements of both consumers and purchasers. This has a negative knock-on effect on the company's reputation and on potential future profits.

■ **Cost increases**

Increased costs damage present and future profits by reducing the company's investment capital. Companies have to support a number of increased overheads such as:

- **recruitment and training**

The ongoing renewal of employees and the loss of skills make it necessary for companies to fall back on overtime to make up for production variations and personnel losses, and to expand their skills base by using multi-skills strategies and employee-rotation strategies. In other words, it needs to a shortfall of qualified workers which can, in turn, lead to increased wage demands.

- **life insurance and pension costs (when these exist!)**

- **health management**

In the long-term, increased health costs can adversely affect the services and benefits which a company would otherwise be able to provide to its workers.

Medical care is not only a cost-related issue: it also entails making investments in preventing or limiting the illness and/or absenteeism and in improving general work health conditions.

- **funeral expenses**

The macroeconomic and microeconomic effects reduce direct foreign investment, put off by the risk of production difficulties exacerbated by HIV/AIDS. To make matters worse, governments, in a bid to forestall potential negative reactions of companies to the illness, tend to pursue a policy of denial.

⁷ Comparative studies between companies in East Africa reveal that absenteeism caused by HIV and AIDS can represent 25-54% of costs for the companies.

- **Reduced markets, increased shortage of productive and qualified personnel, procurement chain rupture caused by suppliers and subcontractors with the same difficulties**

At microeconomic level, a distinction can be made between three phases, corresponding to three cost types for the company, depending on the state of development of the pandemic:

- 1-HIV impact costs**

Depending on the individuals, this phase can last between 2 to 10 years. At this point, the main costs for the company are related to moderate medical costs, absenteeism and production losses.

- 2-AIDS costs**

Once full-blown AIDS has been declared, the cost of the individual to the company increases significantly. These costs include all those aspects mentioned above.

- 3- HIV/AIDS prevention programs**

These costs, more proactive in nature, relate to education, prevention, accompaniment, monitoring, and access to medication. It has been shown that setting up the required proactive programs will, over time, significantly reduce the cost of HIV/AIDS to the company.

III. Company response

- 1. Required conditions for success**

- a. HIV/AIDS as seen by public powers**

- AIDS is both a public health issue and a work health issue. For best results, it is highly recommended that companies and the State work closely together. If the State fails to pull its weight, the consequences of any actions done by the private sector, notably as regards access to anti-retrovirus treatments, should be carefully analyzed.

The Global Business Coalition (GBC) liaises with the Governments of the most heavily infected countries to assist them in accessing reasonably priced medication. Two out of three actions proposed by the GBC consists in contributing corporate knowledge as regards flexibility and creativity to enhance the scope and efficacy of AIDS programs (marketing, communication, distribution) and to convince company directors to support lobbying actions to foster a greater degree of partnership with governments and civil society.

The GBC, which is a member of the "Corporate Sector" delegation of the World Fund against HIV/AIDS, malaria and tuberculosis has established formal partnerships with the governments of South Africa, Botswana, India and Kenya as well as Chambers of Commerce and corporate groupings in these countries.

- Example of partnership: the German International Cooperation Agency (GTZ) participates in the Daimler – Chrysler program to combat AIDS/HIV in South Africa. In July 2000, GTZ organized a series of presentations on the state of the epidemic, the manner in which it affects corporate functioning, and on the roles and responsibilities of all public and private partners. GTZ plays an active role in research, development and monitoring. It also participates in the efforts undertaken by some corporate players to reduce the price of medication.

- Another example: the Johannesburg Stock Exchange recently announced that companies applying for listing on the exchange must prove that they fulfill certain AIDS management criteria.

b. Internal dialogue

Given the major economic and social consequences of setting up programs to combat AIDS, all concerned internal and external company players should be consulted/implicated in the process right from the initial phases.

Internally, it is essential that the following be involved: unions, human resources, health personnel. Furthermore, each hierarchical level must be fairly represented. The success of the operational phase associated with the implementation of an AIDS program will depend mainly on the quality of the dialogue and degree of implication of these internal actors.

Almost all published directives recommend setting up an *AIDS Committee* within the company. This committee must include an entire spectrum of representatives from all levels: general management, ordinary personnel, executive personnel, unions, human resources, training, medical corps, and AIDS sufferers themselves.

Example of internal cooperation : Côte d'Ivoire Télécom, a subsidiary of France Télécom, set up an AIDS committee, reporting to CIT Human Resources. This committee consists of a wide pallet of representatives: medical, social assistance, unions, and management. Its objective is multi-fold: initiate dynamic information actions, educate, increase awareness, set up care facilities for virus victims, ensure that the companies associated with the program have information-relay agents, foster partnerships with NGOs/works councils/governments, create solidarity funds, and so on.

c. The implication of external parties

As mentioned earlier, the efficacy of the HIV/AIDS programs also depends heavily on implicating suppliers and subcontractors who have to deal with the same problem. In other words, a shared mobilization of resources is in everyone's interest.

Likewise, and depending on the context in which the company operates, it is practically always necessary to get local communities involved, in particular as regards initial program actions such as information and prevention.

d. Prove the business case

If a HIV/AIDS program is to succeed, it is essential that all parties be mobilized. Subsequently, all employees must understand the associated human, social, and economic factors and their consequences on both the individual and on the company. The "sales pitch" is important: the HIV/AIDS program must be seen as a long-term investment designed to limit the impacts of the pandemic, rather than as an additional cost burdening the company.

e. Long-term commitment and monitoring

The fight against AIDS is a long-term one. It is essential that performance-monitoring indicators (objectively verifiable, benchmarks, reporting) be used to secure the long-term mobilization of all and to maintain the necessary investment.

f. Transversal considerations

By nature, companies are ill prepared to furnish answers to a question which transcends the habitual vertical company organization. Subsequently, a transversal response must be set up. This response must, in particular, determine the responsibilities and coordination required between the "corporate core" and the subsidiaries or business units in the countries of relevance. The table below gives an example of potential cooperation between two decision-making levels.

Example of decision-making split into 2 levels: "Group" and "Country".

Response phase	Group level	Country level
Recognition of exposure	General modernization	Internal and external awareness heightening
Evaluation of impact	Selection, analysis and dissemination of impact calculation models.	BAP (behavior, attitudes, practices) studies
Development of the HIV/AIDS policy and procedures	Consultation, design, adaptation	Contribution to definition of policy and procedures, and adaptation to country context
Development of education and prevention actions	Sharing of best practices, lines of action, recommendations. Drafting of a guidelines manual.	Implementation of education and prevention modules, both efficient and culturally adopted.
Development of access to treatment	Global reflection on the implications of access to treatment.	Pilot experiments on specific sites.
Management of level of performance and progress monitoring.	Proposing of monitoring tools. Control of burden shift risks. Development of reporting tools.	Implementation of tools to measure the level of performance and monitor progress.
Advocacy	Determining of guidelines and priorities to set up an advocacy plan at group level	Local advocacy plan
All phases	Technical assistance. Evaluation of impact. <ul style="list-style-type: none"> • Medical audit methodology • Benchmarking • Capitalization and sharing of best practices • Initiation of, and contribution to, pilot initiatives 	Adaptation to local context. Development of multi-partner approaches. Implication of local communities. Local benchmarking. Coalition of "business" groups willing to get involved in the HIV/AIDS issue.

Apart from the sharing of responsibilities between the "corporate core" and the "field units", the transversal aspect involved in managing the company response the HIV/AIDS issue must take the following into account: tracking and measuring the level of performance, degree to which the program is adopted by the company and local communities, means of financing, burden shifting (see below), etc.

g. Burden shifting

A number of studies have revealed that, when faced with the increasing economic and social implications of AIDS, particularly in Africa, the private sector can react in two different ways: real treatment or burden shifting.

Instead of attempting to address the issue (prevention, health care, treatments, etc.), there can be a strong temptation to try it reduce the risks of exposure to the virus by introducing antisocial practices (discriminate recruiting, development of precarious employment, etc.). However, over time, the risk of such an approach for the company is to have its image or activity damaged. It is particularly important for the company to develop mechanisms (rules, procedures, performance indicators, control and monitoring, etc.) enabling its to guarantee and safeguard the quality of its reaction to the epidemic, and to address and avoid burden shifting.

2. Setting up a policy to combat HIV/AIDS

a. Exposure to risk

In a general sense, the seroprevalence rate observed in the immediate surroundings can be taken as a good indicator of the rates observed in the company itself. However, a number of factors can combine to make this rate vary considerably: percentage of migrant workers, degree to which the male workers are isolated from their family, income difference between employees and local communities, etc.

b. Measuring the rate of seroprevalence

- A number of methods exist to determine this rate, with the reliability of the results depending on the quantity of the methods used, and the degree to which they are adapted to local contexts. Anonymous screening using saliva tests is a common solution.
- All those involved in HIV/AIDS programs insist on the voluntary nature of advisory and screening measures. Without this requirement, there is a high-risk of discriminatory practices setting in.
- This aspect of the program is the most difficult to implement. According to the GRI, it is essential that the companies convince employees of the non-discriminatory and confidential nature of consultations and screenings, regardless of whether they are carried out by the company's health services, or by health insurance services.
- Company willingness to cover the costs of voluntary consultations and screening for persons unable to pay, reduces significantly the cost of other program aspects, in particular treatment.
- Screening and voluntary consultation are two essential elements because many of those infected only discover that they are seropositive when they contract full-blown AIDS.

- The GRI encourages companies to measure HIV prevalence and incidence (number of new infections observed over a year) to have a more accurate idea of how their HIV/AIDS programs are evolving, and to measure their impact⁸.

c. Measuring the impact on costs

Once the seroprevalence has been estimated, the current and expected future costs of HIV/AIDS to the company must be determined. This is particularly important in order to establish a business case. A number of basic tools have been developed to measure the impact in cost and production terms, notably by the GBC. Sold at a very reasonable price, these programs return an approximate idea of the cost to be supported by the company, and the financial implications of a response program.

d. Setting up prevention, education, and awareness programs

- The World Bank has proven that beyond 4-5%, the HIV prevalence rate increases rapidly. Subsequently, "early stage" investments in areas such as education, prevention, and health care, although heavy at the outset, do in fact represent long-term cost savings.

Studies have proven that it is between 3.5 to 7.5 times cheaper to prevent the illness from developing in the first place, rather than addressing the issue only once the virus has taken hold.

- The GBC points to the fact that in most countries, the programs introduced by the companies are the only sources of reliable information on AIDS at employees disposal.
- Education programs focus on transmission of the virus, using condoms, living with HIV/AIDS, accessing treatment, working with AIDS⁹.

Prevention programs include the following aspects:

- * Peer educators; programs on workplace health, hygiene and safety; distribution of condoms; voluntary consultations and screening; vertical prevention (mother/child), etc.

- * Voluntary consultations and screening¹⁰

For more information, please refer to "Measuring the rate of seroprevalence".

⁸ The prevalence rate does not distinguish between people who contracted the virus very recently and people who have been infected for a decade or more (in the absence of a anti-retroviral treatment, a person can survive on average 10 years). Companies A and B could have the same HIV prevalence rate, but be confronted with very different epidemics; in company A, the great majority could have been infected between 5 to 10 years ago, whereas in company B, the majority could have contracted the disease within the last 2 years. Obviously, this criterion will play a major role in determining the prevention and case management actions to be introduced by the companies.

Likewise, the prevalence rate could be stable in company C suggesting that new infections occur at a regular rate. But caution needs to be exercised, since this may not necessarily be the case: company C could also be experiencing higher death rates (with people infected 10 years dying in greater numbers) offset by an increase in new infections. In this instance, global prevalence rates would not return any insightful information on the epidemic within the company.

⁹ Partnership between UNICEF and Coca-Cola Nigeria to increase awareness among teenagers and prevent mother-child infections, in particular by encouraging voluntary screening.

Coca-cola Nigeria provides:

1. Technical and marketing assistance: by creating quality communications/advocacy tools.
2. Logistics assistance: by distributing communications/advocacy tools to all communities to different regions in Nigeria, thanks to a second-to-none distribution network.
3. Promotional assistance: by supplying promotional support to circulate these communications/advocacy tools.

¹⁰ In 2003, the GBC will propose a list of elements to be taken into account when creating a voluntary consultation and screening program.

e. Accessing health care and treatment

This section concerns sexually transmitted diseases (STDs), opportunistic diseases and AIDS.

The cost of triple therapy is not the only factor which companies must take into account. Triple therapy means regular monitoring and evaluation of the patient's condition, and is a particularly heavy treatment. Subsequently, patient compliance is one of the most difficult issues for companies. Medical monitoring has a cost (medical personnel and regular clinic examinations). Daimler-Chrysler and Heineken have calculated that in total, treatment cost them less than absenteeism or hospitalization¹¹.

The question of health funding, including in particular, the private sector and employee health-care, has become one of the priorities for partners involved in multilateral and bilateral development. Whereas, up to now, the emphasis had been on making treatment available, more and more attention is focusing on making the demand for healthcare financially viable, by using solutions such as health insurance companies and micro-insurance policies, and by a general broadening of the Social Security system. Bolstered by the firm support of institutions such as the World Bank, the European Union, and the International Labor Office, all three engaged in the elimination of poverty and debt reconversion, this re-orientation will allow companies to ensure the long-term funding of their HIV/AIDS action plans, and, in a more general sense, the general health care requirements of their employees.

3. Respect of fundamental requirements and key principles

Since July 2001, the protection of Human Rights within a HIV context has been included on the mandate of representatives (in the broad sense) of the United Nations Commission on Human Rights

Concerned parties must respect:

- National legislation:
- International Labor Organization requirements:
 - Acknowledge HIV/AIDS as an issue impacting on the workplace.
- Non-discrimination

Discrimination includes both discrimination against employees based on HIV, as well as discrimination based on sexual orientation. Discrimination disrespects employee dignity and damages the chances of success of a prevention policy. The GRI suggests that companies describe disciplinary procedures intended to ensure non-discrimination within the company.

¹¹ Daimler-Chrysler employs 4000 people in Africa and its HIV/AIDS program covers a total of 23,000 people. In developing their program, Daimler took into consideration the demography of its employees and worked with other involved parties such as the National Union of Metalworkers of South Africa., NGOs, and the German International Cooperation Agency (GTZ), with the latter contributing by research, development and monitoring input. The program is steered by two institutions representing the company's medical corps, HR, personnel, and unions. In South Africa, there are two "educators" for every 30 employees. The educators are voluntary employees chosen by their colleagues to provide them with relevant information once a month. The triple therapies are delivered by the company's medical teams to workers, their partners and children. Special funds have been created to make sure this group of people have access to treatments in excess of those dispensed by the usual medical apparatus.

To measure the efficacy of its action, Daimler has developed a monitoring and assessment system which probes the degree of program success by looking at target groups; employee participation; shifts in knowledge, attitudes, perception and behavior; prevalence rate of the virus; analysis of the benefits in terms of cost and occupation rate of medical services. For more information, refer to

www.weforum.org/pdf/Initiatives/GHI_HIV_CaseStudy_DCSA.pdf

- Equality between the sexes.
For social, cultural and economic reasons, women are more exposed to the risk of infection, and are more adversely affected by the epidemic¹²
- A healthy work environment.
- Social dialogue.
- The refusal of mandatory screening
In particular, screening operations should not be organized with a view to excluding people employment seekers, people already with work, or people looking for public or private social protection. Pre-employment screening is not only discriminatory and anti-ethical, it is also - according to the GBC - quite simply counterproductive. Up to now, no study has proven the economic interest of running pre-employment screening tests, or has shown that such tests actually reduce the prevalence rate amongst workers¹³. Furthermore, the impact of these mandatory tests on the international reputation of the company can be particularly expensive.
- Confidentiality.
Employment seekers or workers should not be expected to provide personal HIV-related information either as regards themselves, or as regards other workers.
For more information on accessing personal employee data, please refer to the *ILO code of practice on the Protection of workers' personal data* (1997).
- Transparency and simplicity regarding the principles, commitments and publics concerned by the fight against AIDS.
- Maintaining the employment relationship.
- Prevention.
- Case management and patient support.

¹² In Africa, more than half of new infections concern women. This can be explained as follows:

- they are in a situation of economic dependency and sexual subordination,
- the powers at play on the place of work expose them to sexual harassment,
- poverty increases the chances of contracting AIDS. And most of the poor people in the world are women. When there is poverty, it is more likely that the girl will be removed from school than the boy, which comprises their chances of accessing education programs,
- high rates of illiteracy amongst women means that they are unable to read some prevention messages,
- in general, woman tend to other family member who are ill, which increases their workload, and reduces their chances of pursuing a lucrative activity or attending school,
- women are more easily ostracized and deprived of financial means; thus, they are often driven into prostitution,
- women's work is more easily disturbed by AIDS since they are more predominant in the informal work sector where there is no social security,
- fewer woman than men have access to work-related Social Security or health services.

¹³ Pre-employment tests are inefficient because they are run on candidates making up the labor force reservoir, and most of whom are young (16 - 20) whereas the prevalence peak concerns older persons (according to the UNAIDS, project, the average age of an infected person is 28). In other words, even if a person tests seronegative, s/he is entering a workforce which is statistically more at risk, and which consists of people already inside the company.

IV. The Players

1. Institutional Players

a. The GRI (Global Reporting Initiative)

The GRI proposes the document *Guidelines for Corporate Reporting about AIDS*¹⁴.

This document completes the GRI 2002 document, which, within its basic indicators on “labor practices,” includes health and safety indicators: *Policy Description or Programs on HIV/AIDS* (LA8).

Indicators contained in the new document touch upon four themes:

- good governance: training policy, strategy, risk assessment by management
- measures: HIV/AIDS prevalence and incidence; impact: current costs and losses, and estimations
- working conditions and HIV/AIDS management
- content, quality and “sustainability” of HIV/AIDS programs

www.globalreporting.org/GRIGuidelines/HIV/index.htm

b. The ILO (International Labour Organization)

ILO action against HIV/AIDS comes within the scope of the larger issue of promotion of decent work. Given the number of orphans from AIDS (around ten million), ILO commitment must also take into account the context of the fight against child labor. In November 2000, the ILO established its *Program on HIV/AIDS in the World of Work*. In 2001, the ILO made its commitment towards the struggle against the global epidemic of HIV/AIDS official by becoming a co-sponsor of UNAIDS¹⁵.

The *Code of Practice on HIV/AIDS and the world of work* was launched in June 2001 and provides complete guidelines for acting against HIV/AIDS in the workplace.¹⁶ Based on rights, it can be applied to a wide range of situations: international partnerships, national action plans, corporate agreements, and casual work. It concerns prevention, impact management, support and maintenance of infected and affected workers, the elimination of stigmatization and discrimination. In this collection are thus specified the fundamental principles, general rights and responsibilities, prevention through information and education, training, HIV testing, and care and support. To help enterprises in a practical way, the ILO created a document entitled *Implementing the ILO Code of Practice on HIV/AIDS and the world of work: an education and training manual*.

THE ILO also publishes, monthly, *The Newsletter of the ILO Program on HIV/AIDS and the world of work*.

www.ilo.org/aids

¹⁴ This document relies on research by a South African working group initiated in May 2002 and will be subject until December 2003 to dialogue and testing with South African and international participating parties. The document thus needs to be modified in order to be adapted to other regions of the world such as Latin America and Asia, and to other economic sectors; for the time being, emphasis has been placed on mining, agriculture and transport.

¹⁵ Other co-sponsors: UNFPA, UNICEF, UNDP, UNDCP, UNESCO, WHO, and the World Bank.

¹⁶ At the end of the document can be found an extensive bibliography on national legislation, codes of conduct within companies, and sector guidelines.

c. The U.N. (United Nations Organization)

Fighting HIV/AIDS, malaria, and other diseases is the sixth development objective of the Millennium that the UN has set itself. All of its agencies have been mobilized to this end.

* The United Nations Program against AIDS (UNAIDS)

The UN is a partner of numerous public or private initiatives in the struggle against AIDS. It participated in the drafting of a *Corporate Response to HIV/AIDS: impact and lessons learned* (April 2002) with the World Bank, the Global Business Council on HIV and AIDS, and the Prince of Wales International Business Leaders Forum. This publication aimed to heighten corporate awareness on the disease's impact as much on a macroeconomic level as on each one of them individually. The document takes note of specific tools which have had proven effect, since they have been practically implemented within certain businesses. The authors emphasize the necessity to establish partnerships between public and private sectors.

In August 2002, UNAIDS presented a report to the Johannesburg Summit entitled, *HIV/AIDS, Human Resources And Sustainable Development*. The report lays out a panorama of all the implications the disease carries for human resources in the widest sense.

UNAIDS launched an international partnership against AIDS in Africa which draws together African governments, the United Nations, donors, the private sector, and the community sector.

UNAIDS and its partners have worked out a series of criteria allowing to track progress of objectives set by the June 2001 Declaration of Commitment on HIV/AIDS by various governments¹⁷. The preparation of the first progress report will start in 2003 and will rely on activity reports supplied in March 2003 by the 189 countries which have adopted the Declaration.

www.unaids.org

* Global Compact

Global Compact is a multipartite network initiated by the United Nations and whose goal is to promote sustainable development. It groups together private companies, international professional organizations and organizations from civil society.

In May 2003, one of the *Policy Dialogue* procedures was held on the theme of AIDS in Geneva. Proposals were expressed on:

- collaboration with the Global Fund to Fight AIDS, Tuberculosis, and Malaria
- countries of unknown prevalence;
- AIDS in small-to-medium sized businesses and the supply chain;
- the impact of disease management (program monitoring and evaluation and policies for the fight).

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

¹⁷ See *HIV/AIDS, human resources and sustainable development, UNAIDS*

- * The Global Fund to Fight AIDS, Tuberculosis, and Malaria
 This is an instrument created by the UN whose mission it is to financially reinforce already existing programs for the fight through the means of the Country Coordination Mechanism (CCM).
 Its beneficiaries are states. Its goal is to attract, manage, and distribute supplementary resources through a partnership between all participants in the country and all sectors of society.
 It's a new approach to questions touching on international health, which favors public/private partnerships, the achievement of results, and the technical and independent evaluation of proposals, alongside efficient programming and resource utilization procedures.
 To gain access to this fund, applicants must prove that any resources granted would allow for greater achievement of results than existing programs.
 The Fund established a series of indicators of good practice for each of the three diseases (for HIV/AIDS, the indicators mainly used are those of UNAIDS), which break down as follows: procedure/products, cover/results, and impact.

In 2003, the Fund and the ILO signed a partnership agreement "in order to ensure that this contribution from the world of work and its efforts for the fight against HIV/AIDS should be fully integrated at a national level."

www.globalfundatm.org

- * The United Nations High Commission for Human Rights
 UNHCHR has drawn up guidelines concerning HIV/AIDS and human rights. These develop an approach based on civic, cultural, economic, political and social rights, as well as the right to development. It is the UNHCHR's view that the underlying causes of vulnerability to HIV infection should be tackled, such as poverty, sexual discrimination and human trafficking, as a vital measure for prevention.
www.unhchr.ch
- * The United Nations (international) Children's (Emergency) Fund
 UNICEF works in partnership with other UN agencies in the context of UNAIDS. The latter has drawn up a document with the World Economic Forum on the question of AIDS awareness in the workplace in the Asia-Pacific region, *Action against AIDS in the workplace*.
 UNICEF action target three main groups: orphans and children, youths, and women, in particular concerning risks of transmission from mother to child.
www.unicef.org
- * The United Nations Development Program
 The UNDP aims to lobby governments into according HIV/AIDS a central position in planning and national budgets. It coordinates anti-AIDS action by UN agencies on different levels, such as corporate and governmental. The site provides examples of UNDP/corporate partnerships.
www.undp.org/business

d. The W.H.O. (World Health Organization)

The WHO provides detailed information on technical aspects of the epidemic: recommendations on the implementation of prevention programs, care and treatment, clinical aspects and control/surveillance.

<http://www.who.int/hiv/>

2. Players in the Private Sector

a. The International Confederation of Free Trade Unions

In 2000, ICFTU published a document of principle entitled *Framework of Action Towards Involving Workers in Fighting HIV/AIDS in the Workplace*. In this succinct document, ICFTU emphasizes the fact that trade unionists should act as models and use the opportunity provided by their representation to deliver information on AIDS.

On the occasion of its XVIIth World Congress, ICFTU adopted a resolution in favor of launching a program in the fight against HIV/AIDS. Three priorities stood out: adoption of preventive measures, fight against all forms of discrimination, and lobbying pharmaceutical companies to lowering their prices.

In September 2000, the conference on worker involvement in the fight against AIDS in the world of work, drawing together African officials, adopted the *Gaborone Trade Union Declaration*, which set out unions' position for an effective mobilization of the trade movement relating to its commitment to the fight.

Since then, ICFTU's African Regional Organization (AFRO) has published a *Union Delegates' Training Manual on HIV/AIDS in the Workplace*.

Programs initiated by the unions affect the following areas of the struggle:

- HIV/AIDS awareness with business personnel
- training and reinforcement of business personnel capability on problems relating to HIV/AIDS and the world of work including questions relative to the disease within union activities and their structure
- analysis of issues relating to HIV/AIDS and the world of work, including gender issues and youth problems
- sharing knowledge and experience relating to the fight
- social marketing of contraceptives
 - STD diagnosis and prevention

www.ictfu.org

b. The Global Business Coalition against HIV/AIDS (GBC)

The message delivered by the GBC at its creation in 1997 is quite clear: "AIDS should be a core business issue for every company – particularly those operating in heavily affected regions." For the GBC, the solution to this pandemic can only be global: it must be the fruit of a partnership between businesses, all political leaders, and civil society.

The GBC drafted a document that should allow companies to implement tangible action against HIV/AIDS, *Employees and HIV/AIDS, Action for Business Leaders*. This document takes account of action by businesses of all sizes and in every sector, by underlining the company's response, what motivated it, the lessons learned, and the results. Addresses for project leaders in each company for these programs can be found in this document.

Several elements should be taken into consideration regarding strategies in the fight against HIV/AIDS:

- risk assessment;
- non-discrimination policy;
- awareness and prevention programs;
- voluntary testing programs, as well as:
- care, accompaniment, and treatment programs;

The GBC has elaborated tools allowing to satisfy these different points: a chart for calculating the cost of the disease (www.futuresgroup.com/aim/index.cfm); a practical how-to guide for supporting employees, etc. It insists that it is in the interest of all partners to take advantage of corporate competence in the fields of marketing and innovation to fight more effectively.

www.businessfightsaids.org

d. The International Employers Organization

This organization, in partnership with UNAIDS, drafted a guide for employers, *Employer's Handbook on HIV/AIDS: A Guide for Action* (May 2002). This document features a schematic of the micro and macroeconomic impact of the virus on businesses, guidelines allowing employers organizations and businesses to act, as well as examples of experiences by businesses.

The document can be downloaded from the site www.unaids.org

e. NAM

This is a British organization delivering information on all aspects of the disease.

www.aidesmap.com/default.asp

f. The Center For International Health, Boston University School of Public Health

This body has published several studies on the economic impact of HIV/AIDS on businesses.

www.international-health.org/AIDS_Economics/Publications.htm

g. The World Economic Forum

This body launched, in partnership with UN agencies, businesses, NGOs, etc., a *Global Initiative for Health*, which invites companies to commit themselves to the fight against AIDS, malaria, and tuberculosis. Several case studies on the subject are to be found on its website.

www.weforum.org/site/homepublic.nsf/Content/Global+Health+Initiative

3. Non Governmental Organizations

Here are some examples:

a. Academy for Educational Development

This organization recently launched a program about AIDS in the workplace and offers technical assistance to the private sector for implementing AIDS prevention policies adapted to local contexts.

www.aed.org/

b. Family Health International (FHI)

FHI promotes the fight against AIDS in the workplace. Several publications have been released on this subject, aiming to support companies with their implementation of policy in this area.

Workplace HIV/AIDS Programs. An Action Guide For Managers.

Estimating the Size of Populations at Risk for HIV.

www.fhi.org/

c. Care France

Present in 80 countries, the CARE Network has made the fight against HIV/AIDS one of its priorities since the late 80s. Today, the CARE International Network conducts 41 projects in this field, in 35 countries in Africa, Asia, Latin America, and Europe.

Since the early 90s, CARE has participated in awareness and involvement schemes within the professional milieu in the fight against the pandemic.

Programs involving private or state businesses are underway in several countries, such as Thailand, Vietnam, Kenya, Uganda, Zambia, South Africa, and Honduras...¹⁸

CARE France today is one of the leading members of the CARE Network on the subject of HIV/AIDS in the workplace. To this day, contacts have been established with the principal private multinational groups based in France. Some collaboration has been started for the conception and implementation of HIV/AIDS policy intended for the following principal targets: employees, dependants (families), communities, and institutional development.

www.carefrance.org

d. Aides

This French association dedicated entirely to the fight against AIDS leads a mission called "HIV/AIDS in the workplace." it has turned out a certain number of documents intended for businesses:

**HIV/AIDS and the Workplace. Awareness Guidelines,*

**HIV/AIDS and the Workplace. Knowing How to Act.*

For companies with a presence in Africa, Aides and other local associations have drafted a guide entitled *Network Africa 2000: How AIDS community-based organizations are fighting the epidemic in Africa"*

www.aides.org, email: entreprises@aides.org

¹⁸ See *Strategies carried out in the field of the fight against AIDS, Care.*

Partners

ORSE

The *Observatoire sur la Responsabilité Sociétale des Entreprises* (Study Center for Corporate Social Responsibility) is an association created in 2000 at the initiative of different participants (large companies, portfolio management companies, professional and social organisms) which felt the need to have a permanent watchdog structure available in France for questions touching upon social and environmental corporate responsibility (RSE), upon sustainable development, and upon ethical investment. Today, ORSE groups together more than 24 members exchanging findings in seven working groups, made up around RSE themes: reporting, management, performance, social indicators, etc.

A number of large companies and ORSE members are confronted with the issue of handling AIDS in the workplace, particularly in southern hemisphere countries. On questions of corporate social responsibility, ORSE develops a *tools* and *players* approach. Two of the objectives assigned to ORSE by its members are to propose tools (spreading information, identification of foreign networks) in order to help them with their action and to facilitate partnerships with participants and relevant network in France, in Europe and beyond. ORSE has thus established a list of the international and national players who might provide tangible answers to the issue of handling AIDS within the business.

Contact: contact@orse.org, telephone (+33-1)56:79:35:00 fax (+33-1).56.79.35.03

CARE

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Since the early 90s, CARE has participated in awareness and involvement schemes within the professional milieu in the fight against the pandemic.

More recently, the mobilization of the private sector is seen as a key element fighting the exponential spread of this plague. Programs involving private or state businesses are underway in several countries, such as Thailand, Vietnam, Kenya, Uganda, Zambia, South Africa, and Honduras...¹⁹

CARE France today is one of the leading members of the CARE Network on the subject of HIV/AIDS in the workplace. To this day, contacts have been established with the principal private multinational groups based in France. Some collaboration has been started for the conception and implementation of HIV/AIDS policy intended for the following principal targets: employees, dependants (families), communities, and institutional development.

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