



Economic Commission for Africa

HIV/AIDS and the World of Work



Discussion Outcomes

A report on the CHGA Interactive session on HIV/
AIDS and the world of work

Accra, Ghana 18 - 19 November 2004



Economic Commission for Africa



Commission on HIV/AIDS and Governance in Africa

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**A report on the CHGA Interactive session on
HIV/AIDS and the world of work**

Co-hosted by
the Commission on HIV/AIDS and Governance in Africa (CHGA) and
the International Labour Organization (ILO)

Accra, Ghana 18 - 19 November 2004

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About CHGA

Under the Chairmanship of the Executive Secretary of the Economic Commission for Africa (ECA), K. Y. Amoako, the Commission on HIV/AIDS and Governance in Africa (CHGA) represents the first occasion on which the continent most affected by HIV/AIDS will lead an effort to examine the epidemic in all its aspects and likely future implications. The challenge for CHGA is to provide the data, and help consolidate the design and implementation of policies and programmes that can help contain the pandemic in order to support development and foster good governance.

Patrons:

HE Kenneth Kaunda
HE Pascoal Mocumbi

Commissioners:

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Abdoulaye Bathily
Mary Chinery-Hesse
Awa Coll-Seck
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Benjamin Nzimbi
Joy Phumaphi
Peter Piot
Ismail Serageldin
Bassary Touré
Paulo Teixeira
Alan Whiteside

“At the workplace, the problem should be faced squarely and candidly, and with compassion by both employers and employees. Continuous education of the workforce on the disease is imperative. Clear government policies are necessary to drive the workplace programmes”

H.E. Alhaji Aliu Mahama, Vice President of Ghana.

Acronyms

AIDS	Acquired Immunodeficiency Syndrome
ARV	Anti-Retroviral
CCMs	Country Coordinated Mechanisms
CHGA	Commission on HIV/AIDS and Governance in Africa
CSO	Civil Society Organization
FBO	Faith-Based Organization
HIV	Human Immunodeficiency Virus
ILO	International Labour Organisation
NAP	National Action Plan
NGO	Non-Governmental Organisation
TRIPS	Trade Related Aspects of Intellectual Property Rights
UNDP	United Nations Development Program
VCT	Voluntary Counselling and Testing
WTO	World Trade Organization

About CHGA Interactive

The central task for CHGA is to provide recommendations for African policy makers on their response to the challenges posed by the HIV/AIDS pandemic. CHGA is concerned with ensuring that findings and recommendations of the Commission should reflect the experiences of the widest possible constituency. A central plank in ensuring this is CHGA Interactive.

CHGA Interactive is driven by a series of five subregional consultations or ‘public hearings’, unique for a UN Commission, on the following themes: orphans, gender, youth, treatment and care, prevention of mother-to-child transmission, human capacity, rural livelihoods, food security and nutrition.

Under the auspices of CHGA Commissioners, each CHGA interactive session provides an opportunity for a wide range of stakeholders and constituents to not only share experiences and discuss the way forward in their subregional context, but to also identify key messages to facilitate the Commission’s advocacy work and key policy recommendations. The outcomes of each meeting will inform the work of CHGA and its final report.

Four groups are particularly important as participants in this process:

- African policy makers. CHGA interactive provides an opportunity to solicit their views and to ensure that their core concerns are adequately reflected in the Commission’s Final Report.
- Associations of people living with HIV and AIDS. These organizations are key stakeholders with indisputable legitimacy on all issues surrounding the HIV/AIDS epidemic. CHGA seeks to engage with these to elicit their views, as well as receive their guidance on prioritization of the Commission’s core recommendations.
- Civil Society Organizations (CSOs) including community based organizations, local and international Non Governmental Organizations (NGOs) directly involved in service delivery. CHGA Interactive seeks to engage these in policy dialogue and formulation, so that their experience can be distilled into policy recommendations, and CHGA recommendations can be useful to their activities.

- Public policy and advocacy organizations concerned with governance, human rights, peace and security. These include a range of specialist CSOs, women's associations, trade unions and professional associations, churches and faith-based organizations (FBOs), and research institutes. Interaction with these is key in ensuring the Commission's recommendations draw on these organizations' wealth of experiences and amassed knowledge.

CHGA Interactive: Ghana

Participants

Two prominent Commissioners, Mary Chinery-Hesse and Bassary Touré, presided over the meeting which took place on 18-19 November 2004 in Accra, Ghana. The Commission was also grateful to count amongst its guests prominent members of the Government of the Republic of Ghana, these included: HE Cecilia Bannerman, Minister of Mines, on behalf of HE Alhaji Aliu Mahama, Vice President of Ghana, Rt. Hon Yaw Barimah, Minister of Manpower, Development and Employment, Ghana, Rt. Hon. Abbator Thomas, Minister of Health, Sierra Leone and Prof. Fred T. Sai, Presidential Advisor on HIV/AIDS. Other distinguished participants included representatives of trade unions, employer associations, private sector enterprises, national agencies, workplace policy experts, national and international NGOs and UN agencies.

Structure of the meeting

The first day of CHGA Interactive Ghana consisted of two plenary sessions that opened a broad discussion among participants relating to the issues identified for the meeting on HIV/AIDS and the world of work. The first session was set aside for the broader issues and challenges of HIV/AIDS in the workplace, including loss of human capacity, while the second session examined issues relating to the workers' and the employers' perspectives. A portion of the session was set aside to discuss issues relating to the informal sector. These themes were introduced by experts in the field through brief presentations, which set the stage for open dialogue, contribution and identification of core areas and messages. Participants raised a range of concerns, and contributed a wealth of experiences.

The second day was set aside for more technical, in-depth discussions around the key areas identified in the first day's interaction. Participants first met for a plenary session on HIV/AIDS and the private sector. Following this, three separate working groups were formed around the core areas identified in the previous day's discussions: *Policy Frameworks and Strategies*, *Corporate Governance and HIV/AIDS* and the *Informal Sector and Community Outreach*. In the late morning participants reconvened in the plenary, during which they presented recommendations from the working groups and discussed the way forward.

Opening remarks:

Rt. Hon Yaw Barimah Minister of Manpower, Development and Employment, Ghana;

Rt. Hon. Abbator Thomas, Minister of Health, Sierra Leone;

Prof. Fred T. Sai, Presidential Advisor on HIV/AIDS, Ghana.

Keynote address:

HE Cecilia Bannerman, Minister of Mines, on behalf of HE Alhaji Aliu Mahama, Vice President of Ghana.

Concluding remarks:

Mary Chinery-Hesse, CHGA Commissioner.

Chairs:

May Chinery-Hesse, CHGA Commissioner; Bassary Touré, CHGA Commissioner; Alfred Sallia Fawundu, Resident Representative UNDP; Franklyn Lisk, Director ILO/AIDS.

Presentations given:

Overview: HIV/AIDS and the world of work, Franklyn Lisk, Director ILO/AIDS;

Workplace policies and programmes: effective practices, Akua Ofor-Asumadu, ILO-HIV Programme;

HIV/AIDS and policy response challenges, Prof. Sakyi A. Amoa, Director General Ghana AIDS Commission;

HIV/AIDS and workplace policies and programmes: the employers' perspective, Nigerian Employers' Association representative;

HIV/AIDS and workplace policies and programmes: the workers' perspective, Ghana Trade Union Congress representative;

HIV/AIDS in the informal sector, Kojo Lokko, Deputy Managing Director Ghana Social Marketing Corporation;

HIV/AIDS and the African business: issues and challenges, Pamela Bowen, Chair and CEO A5 Coalition;

HIV/AIDS Prevention and Control Programmes for Anglogold Ashanti LTD, Elaine Kwami, Anglogold Ashanti LTD Ghana.

Background: Impact of HIV/AIDS on labour supply and human capital

The impact of the HIV epidemic cuts across all sectors of economic activity and all areas of social life. The key fact that the epidemic has its primary impact on the working-age population means that those with important economic and social roles – both men and women – are prevented from participating fully in economic activities. Moreover, the HIV epidemic disrupts the smooth functioning of economic and social systems in ways that magnify the initial disturbance. For example, the epidemic not only reduces the stock of human capital, but it also reduces the capacity to maintain the flow of those with sought-after skills and training, such as teachers and doctors. In the most affected countries in Africa, the problem is not only that employees with scarce skills and experience are being lost due to HIV/AIDS, but that the capacity of households to send children to school, and of schools, universities, technical and other training institutions to re-supply the necessary capacity and skills is also being reduced.

Loss of labour represents a reduction in rates of return for both private and social investment in all countries, rich and poor, although the impact is greatest where human capital is a significant factor of production and where lost labour is concentrated among those with skills, higher education and managerial training. The effects of the epidemic are compounded in countries where:

- HIV prevalence rises in all social and occupational groups;
- The more highly educated groups are affected, including physicians, teachers, engineers, planners and policymakers;
- Public services are facing widespread attrition of trained and experienced staff;
- The public sector is unable to replace losses owing to budget and other constraints; and
- Personnel losses in primary productive activities, such as mines and plantations, are occurring at an accelerating rate.

The International Labour Organization (ILO), has estimated that by 2010 the total labour force will be over 9 per cent smaller in 35 countries of sub-Saharan Africa affected by the epidemic, with losses surpassing 20 per cent of the total labour supply in the most affected countries. By 2015, the losses would reach 12 per cent and the labour supply would be as much as 30-40 per cent smaller in the highest prevalence countries.¹ It is also worth noting that the remaining workforce will contain a greater proportion of younger workers who are less experienced and less well educated than the currently employed workers. The implications are still unclear but it seems inevitable that changes of this magnitude would affect levels of productivity and incomes across the whole economy. There are also likely to be consequences for the gender distribution of the labour force, with more and younger women entering the labour market in the short-term, but the overall proportion of women falling in the long-term because of the unequal impact of AIDS on life expectancy for men and women.

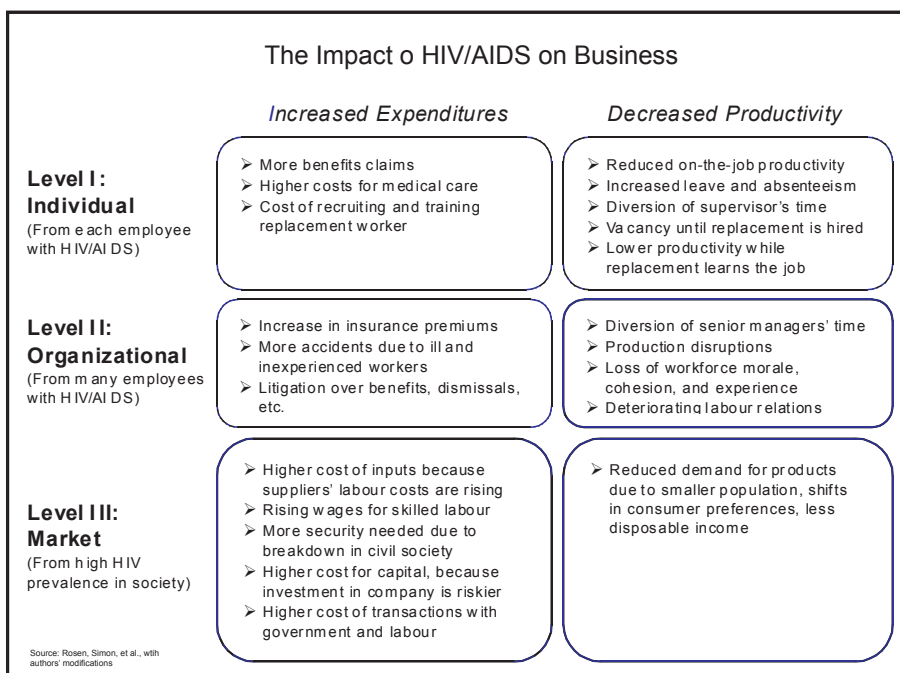
Impact of losses of labour capacity on the public sector

The efficiency of the State to respond to the HIV/AIDS crisis depends on the flexibility and organization of its structure. Increased absenteeism, mortality, loss of institutional memory and intergenerational human capital formation are creating greater problems of efficiency for the State than compared with the more flexible private sector. Furthermore, the fundamental organizational principles of the State, such as long trajectory career paths, its dependence on highly skilled and educated human resources, and lengthy procedures of recruitment and replacements are thrown into question by early deaths from AIDS. It is already clear that several ministries in Southern Africa are unable to fill an increasing number of vacancies, of which the majority are as result of HIV-related sickness and mortality.² The issue is not simply one of costs that are directly identifiable, such as those caused by absenteeism, increased medical costs and related expenses such as funeral costs, early pensions and recruitment of new staff and training. In both the medium and long-term, the key issue is how to prevent the hollowing out of state structures and sustain the capacity of the State to supply essential goods that will affect not only public services, but also the economy at large.

Impact of HIV/AIDS on the private sector

For private sector businesses in sub-Saharan Africa, HIV/AIDS is causing labour losses and rising labour costs at the same time as reducing the number of consum-

ers and impoverishing many of those who remain. HIV/AIDS therefore affects the private sector both internally, by reducing the productivity and raising the costs of labour, and externally, by making inputs more expensive and reducing the number of people who can afford to purchase goods and services. The diagram below identifies the most important of these impacts. Government agencies and NGOs, which are also employers, will experience many of the same costs of HIV/AIDS as private sector firms. In South Africa and Botswana, for example, a very conservative estimate is that the “Level I” costs of HIV/AIDS are adding 1-6 per cent to companies’ labour costs. This estimate does not take into account the Level II or Level III impacts, as shown in the diagram. Research on the costs of AIDS to business from other African countries is sparse but has generated similar findings.



The consequences of HIV/AIDS for business vary widely by sector, company size, employment practices, and other characteristics, as well as by HIV prevalence. Companies that rely on skilled labour and/or are relatively capital intensive will be hit harder than companies that use primarily unskilled labour and/or are relatively labour intensive. High unemployment rates in many countries make it relatively easy to replace unskilled workers, although the loss of job-specific skills and institutional memory still has an impact on production and morale. Existing skills shortages in many fields make the loss of a skilled or professional worker much harder to over-

come. The key issue over the medium and long term is how to sustain human resource capacity given the key role that this plays in enterprise profitability and growth.

Four main challenges emerged from the discussions in the plenary and the working groups:

- The need for greater corporate social responsibility;
- Prevention and mitigation of HIV/AIDS in the workplace;
- Treatment and the problem of costs; and
- Finding inroads into the informal sector.

In addition, HIV/AIDS and gender appeared as an integrated theme, and the topics of traditional medicine and facilitation of domestic pharmaceutical production were briefly explored. Recommendations were made for workplace policies and programmes. Participants raised a range of concerns and contributed a wealth of experiences. They also identified core messages and highlighted areas for further research.

Challenges regarding HIV/AIDS and the world of work: Discussion Outcomes

The need for greater corporate social responsibility

“It is time for all champions of industry to summon their strength and commitment to respond adequately to the pandemic at the workplace by developing appropriate policy frameworks for HIV/AIDS,” Prof. Sakyi A. Amoa.

During the interactive session the participants discussed the concept of “corporate governance” and its optimal operationalization in the context of HIV/AIDS and the world of work. The conventional understanding of corporate governance denotes a top-down perspective of policy formulation, guidelines and directives. It was agreed however, that a more inclusive approach is appropriate with regard to HIV/AIDS – all stakeholders ranging from shareholders to workers need to be involved and sensitized. Broadening the concept of ‘corporate governance’ does not, on the other hand, imply reduced responsibility for business leaders. It was assessed as imperative that top management of business take the lead and make critical interventions now to protect and save their businesses from collapse in the future. While commitment at the highest level is necessary, it is not sufficient. Commitment needs to be translated into effective policies and the mainstreaming of HIV/AIDS within the company structure. The participants urged more business leaders to recognize HIV/AIDS as a workplace issue and address the human resource challenges the disease raises. The participants also underlined the need to begin human resource planning in areas with low HIV prevalence, as the epidemic erodes capacity also here.

It was noted that a number of large businesses, most of them multinationals, as well as a few Governments and unions, have begun to implement aggressive HIV/AIDS prevention and treatment programmes for employees and, in some cases, employees’ dependants. However, many businesses and Governments are lagging behind. In an

effort to explain this inaction, the participants reported that there is, in general, a denial of the existence of the spread of HIV/AIDS among employers and employees in a number of privately owned industries and businesses. There is also a high level of ignorance about the devastating impact of HIV/AIDS at the enterprise, sector and macro-level, and managers commonly fail to appreciate the link between increased medical costs and HIV/AIDS. Private sector health surveillance is infrequent and there is too little knowledge sharing among companies of workplace programmes, losses or related costs. It was believed that the lack of information is perpetuating perceptions that HIV/AIDS is a public health issue and not a problem at the enterprise level. In addition, business leaders of small firms, or firms struggling to survive in a sometimes political and economic unstable environment, may be impelled to adopt a short-term view.

In discussing the optimal involvement of the private sector in the response against HIV/AIDS, the participants were aware that widespread disagreements exist on how the burden of HIV/AIDS should be shared between the private and the public sector. Many companies in Africa are addressing the threat of HIV/AIDS by intentionally or unintentionally “shifting the burden” of the disease onto other sectors of society. They do this by cutting or limiting employee benefits, changing the structure of employment contracts, outsourcing unskilled jobs, carrying out selective retrenchments or non-voluntary medical retirements, or mechanizing tasks that previously required human effort. Many of these practices are responses to the competitive pressures of globalisation, not HIV/AIDS. It was noted that the result, however, is to shift the economic burden of the epidemic onto Government, NGOs, and households.

Conversely, it was noted that lacking social safety networks and health infrastructure provided by the public sector make the investment environment less attractive. Participants emphasized that the nature of private enterprises is profit-maximisation. The incentives for private firms to accept social responsibility invest in workplace programmes and engage in public-private partnerships must therefore be made clear. Participants pointed out that it was unrealistic to expect enterprises to fully fund social security or sustain employees that have to retire early because of AIDS. In addition, it was argued that public-private partnerships are often not practical. Such agreements frequently require companies to focus outside their core activities and take up new skill sets. Procedures for accessing public sector money were found to be cumbersome. Tax incentives from the Government to improve corporate social responsibility were assessed as poor or lacking.

While it was reiterated that business and Governments are driven by different motivations, hold different ideologies and often communicate differently, there was consensus that the nature of the pandemic demands a shift in the way of thinking in order to form a common agenda on HIV/AIDS. Several participants reported on successful public-private partnerships as well as workplace policies and programmes. Some company representatives cited financial motives for acting – they were convinced that providing treatment is a good investment –while others emphasized humanitarian

reasons and social responsibility. It was argued that more public-private partnerships are needed, and that more HIV/AIDS workplace policies and programmes should be put in place. It was agreed that corporate social responsibility is a broad concept, allowing the private and public sector to negotiate a balance in sharing the burden of HIV/AIDS. The participants concluded that the different constituencies needed to advance together – employers and employees; public and private sector.

Factors fuelling the epidemic in the workplace

In the African workplace HIV/AIDS raises a number of challenges that are closely linked to the wider socio-economic context of the geographical area – the prevalence rates in the locality of the business, poverty levels, and standards of public health services. While contexts vary, and responses need to be context-specific, the participants highlighted certain factors that tend to increase the risk to HIV infection in the workplace. These include:

- Illiteracy;
- Businesses dominated by men, particularly when located in rural areas;
- Access to free or subsidized alcohol and tendency for alcohol abuse;
- Frequent travel outside one's permanent place of work;
- Location in border towns or transit areas;
- Industries dominated by seasons;
- Workplace located far from permanent residence; and
- Access to reasonable levels of income in the midst of poverty.

Prevention and mitigation of HIV/AIDS in the workplace

“Putting workplace programmes in place is not an expense, it is an investment,”
Workshop participant.

Once HIV/AIDS has been sufficiently recognized as a workplace issue within the enterprise, the challenge becomes one of addressing the subsequent human resource problems in a systematic and sustainable manner. During the session employers and workers alike argued that HIV needs to be tackled through workplace policies and programmes that aim to prevent the further spread of HIV, mitigate the effects of the disease, and address the human capacity challenges the pandemic raises. This includes the need to look into education and training requirements for key professions, and policies for retention of crucial human capacity.

The participants also stressed that HIV/AIDS needs to be integrated into the legal provisions of the workplace. These legal provisions, as well as policies and programmes on HIV/AIDS must be clearly formulated and disseminated, and take account of workers' rights in the context of HIV/AIDS. There was consensus that the efforts to initiate such policies should begin now - employers should not wait for Governments to take action.

The participants underlined the benefits of staff involvement in policy development. Creating a sense of ownership for all stakeholders was deemed crucial to making HIV/AIDS policies and programmes work successfully. It was therefore seen as vital that business leaders, workers and workers' representatives collectively join hands to develop strategic plans and programmes. Social dialogue and consultations were viewed as important tools for policy development as well as policy outcomes on HIV/AIDS. Lessons learnt from work place programmes however, also emphasize the pivotal role of top-level management in implementing and sustaining efforts.

In a number of countries, representatives from trade unions also reported that they are implementing programmes for their members and are striving to ensure consultation with workers' representatives in the formulation and implementation of joint policies and plans for the workplace. Where collaboration is successful, both parties reported on an improved atmosphere of trust, and greater take-up of opportunities for prevention, education, voluntary testing, and treatment. Company representatives testified that employees are responding positively to these initiatives.

“When we are holding a sensitization workshop on HIV/AIDS, everybody has to be present and so you have the cleaner sitting around the same table as the country director.” Workshop participant.

Recommendations for workplace policies and programmes

In the discussion of workplace policies on HIV/AIDS the following policy principles, though not intended as an exhaustive list, were highlighted as essential components:

- Ensure non-discrimination, recognize gender inequality, recognize youth, secure a healthy work environment, prohibit social exclusion and ensure continuation of employment.

Regarding workplace programmes on HIV/AIDS, the participants provided the following recommendations:

- Invest more money in prevention and mitigation of HIV/AIDS and offer programmes of testing and treatment;
- Make sure programmes are comprehensive and complimented with voluntary counselling, care and support. Counselling services in the workplace need to stress the importance to staff of submitting to voluntary testing to prevent the spread of new infections;
- Distribute and promote the use of condoms in the workplace;
- Mainstream HIV/AIDS awareness at all levels within the institution or company and into all training programmes. Top management should repeatedly talk about HIV/AIDS and the topic of HIV/AIDS should appear in company meetings on a regular basis;
- Promote social dialogue, develop an HIV/AIDS educational program and use peer educators to reduce stigma and discrimination in the workplace. If possible, involve people living with HIV/AIDS (PLWHA);
- Ensure that supervisors, managers and union representatives are properly trained regarding HIV/AIDS;
- Empower people in the enterprise that are in charge of implementing policy directives on HIV/AIDS. Desk officers responsible for HIV/AIDS in the enterprise must have clearly defined authority and responsibilities;
- Begin human resource planning and develop retention strategies to keep competent staff. Put strategies in place, such as changes in training and work definitions, to increase the flexibility and adaptability of the work environment to accommodate for the human capacity challenges raised by the disease;
- Develop and enforce an ethical code on HIV/AIDS. Establish a system for redress for misconduct and violations of policies for all employees; and
- Develop proper policy tools and mechanisms for reviewing, evaluating and monitoring programmes. Make sure that data and experiences are forwarded to national institutions on HIV/AIDS and shared with other businesses.

Treatment and the problem of costs

In discussing the provision of treatment, there was consensus that treatment is not only a human right; it is a key mitigation strategy in keeping the infected healthy for longer and extending the working life of individuals. Treatment must therefore be recognized as an integral part to mitigating the epidemic in the workplace. HIV/AIDS workplace programmes often include the provision of free or low-cost antiretroviral therapy, and participants reported on policies that included ARV treatment in their workers' insurance. All participants agreed that companies should allocate more funds to treatment. Budgets for treatment should be included in traditional health budgets to secure the integration of HIV/AIDS into occupational health programmes. There should also be separate budgets for HIV/AIDS to demonstrate that affirmative action goes beyond health, and affects management strategies, work environment and workers' morale. It was argued that the availability of treatment and other follow-up mechanisms are important to encourage people to be tested for HIV. It was found that treatment boosts prevention efforts by creating more awareness and reducing the stigma of HIV/AIDS.

However, the provisions for treatment depend on the economic ability of the enterprises. Representatives emphasized that problems with costs are well founded. In particular small and medium enterprises, which often are forced to opt for short-term strategies, may not be able to afford extensive workplace programmes on HIV/AIDS and still remain competitive. In addressing the issues of costs from within the private sector, the participants encouraged more efforts to pool resources and achieve economies of scale with regard to programmes on HIV/AIDS. Participants reported on successful experiences of forming networks and stressed that coalitions have the potential of reducing costs and facilitate donor support and public sector funding.

While there was discussion on what kind of services can and should be offered, it is also important to identify which initiatives are capital intensive, and those that are feasible with little or no funding. A number of participants stated that there is a lot that can be done while waiting for anti-retrovirals (ARVs) to become available. It was observed that treatment and testing were not always accompanied by counselling, care and support, and that private enterprises often took a technical standpoint when developing HIV/AIDS programmes, neglecting the emotional trauma and stigma associated with the disease. Participants highlighted the need for programmes to be comprehensive and to provide more care, counselling and support to the employees. This also includes enhancing the health and nutritional status of people living with HIV, which may delay the onset of AIDS. It was recommended that businesses establish more partnerships with civil society groups to consolidate treatment to incorporate counselling, care and nutritional therapy. The participants stressed that this should be implemented immediately.

Low-cost initiatives against HIV/AIDS

The participants identified several low-cost initiatives that are easy to implement immediately:

- Distribute and promote condoms;
- Appoint peer educators;
- Offer voluntary counselling services;
- Address issues of prevention, stigma and discrimination through social dialogue and educational programmes;
- Offer training to management on HIV/AIDS; and
- Repeatedly refer to HIV/AIDS in meetings.

HIV screening and blind tests

Policies of HIV screening and blind tests remain controversial. The participants agreed that HIV screening should not be required for job applicants or employees, and that there is no justification for asking job applicants or workers to disclose HIV-related personal information. Blind tests were considered a practical tool for companies to investigate the HIV prevalence among its employees. It is included in the definition of blind testing that names are not attached to the results, making the test only useful for statistical purposes. However, frustrations were expressed at the prohibition of bringing the HIV-status of an employee to his notice. It was recommended that blind tests should be followed up with support for confidential voluntary counselling and testing. The intention is to encourage more workers to come forward for testing and to reduce the stigma associated with HIV.

“Workers are against any form of screening. If you use screening to deprive someone of their livelihood, it is discriminatory,”

Workshop participant.

The role of Governments in enabling private sector response

Governments face HIV/AIDS and the world of work not only as employers, but also as regulators and incentive setters for the private sector, as well as providers of

social services. The participants stressed that Governments need to develop strategies with regard to all three areas to successfully mitigate the impact of HIV/AIDS in the workplace.

It was observed that the African countries with the greatest success in addressing the complex issues of HIV/AIDS have, in general, been those where the policy environment has been most open and supportive of discussion and policy development across sectors. The challenge is to develop policies that support an effective response to HIV/AIDS for all actors, in areas such as employment, protection against discrimination, hiring and retention and access to benefits. However, several participants pointed out the deficiencies of current policies, emphasising the lack of an enabling environment for the private sector and unions to devise and implement programmes on HIV/AIDS. It was stressed that Governments need to adopt national HIV/AIDS strategic frameworks with special provisions for the world of work. A number of countries have been slow to respond to this need.

The appropriate role of the private sector in national policy was discussed broadly. It was noted that methods focusing on social inclusion and social mobilization are central to the success of all policies and programmes. Building partnerships across sectors within a coordinated national framework against HIV/AIDS is essential for effective action. Ensuring the full and active involvement of employers' and workers' organizations in Country Coordinating Mechanisms (CCMs), National Action Plans (NAPs) and in all relevant areas is crucial for widening the national response and ensuring the full representation of the interests of labour and employment. However, benefits from cross-sectoral initiatives remain sub-optimal. It was emphasized that expanded efforts to strengthen the capacity of partners are required to reap the full potential of these schemes.

Governments also need to provide the right legislative frameworks and revise their laws in the context of HIV/AIDS and the world of work to enable an effective and fair response. Frustrations were expressed at the protracted process of translating advocacy into law. It was also noted that in many areas enforcement of existing legislation was lacking. It was therefore urged that once legal frameworks have been appropriately revised, mechanisms should be put in place to ensure their enforcement.

It was argued that more pressure needs to be brought on Governments to address the multisectoral threat of HIV/AIDS. The impact of HIV/AIDS on African communities indirectly affects the world of work. The State is ultimately responsible for developing effective social policies to support affected populations in areas such as children's access to education, employment generation for youth, and programmes relating to nutrition and food security. Key challenges that must be addressed are comprehensive social security and social protection, including health insurance. Preventing the further spread of HIV in society at large was held up as an important responsibility of Governments, and the right policies need to urgently be put in place. Mitigating the impact of the pandemic emerged as another major concern. Frustra-

tions were also expressed at the lack of available resources and difficulties in accessing support. The sustainability of funding and the vulnerability of programmes as well as policies as donor priorities also require stronger attention from Governments.

The issues of access and availability of treatment surfaced in various forms throughout the discussion. Governments play an important role in securing access to low-cost medication. This includes policies and legislation regarding the importation of generic medication and facilitation of domestic pharmaceutical production. The participants pointed out that with the increasing markets for ARVs, domestic or regional production has become more feasible. Challenges that remain to be addressed include high import duty that make imported raw materials and finished products prohibitively expensive, and trade related aspects of intellectual property rights/World Trade Organization (TRIPS/WTO) related regulations.

Finding inroads into the informal sector

“To realise the impact from our strategic plans for HIV and AIDS, it is critical and important that the informal sector is given attention and specific strategies designed to fight the epidemic.”

Workshop participant.

Informal workers constitute the majority of the work force in African countries. Yet, while discussing HIV/AIDS and the informal sector, it was noted that very little is known about how HIV/AIDS is affecting smaller companies and informal enterprises, especially those in the service, tourism, and other labour-intensive sectors. It was assumed that the informal economy faces pressures similar to those faced by the formal sector. Participants argued that the informal sector therefore deserves equal amount of attention. Here too the impact of HIV/AIDS is pervasive and complex. Morbidity and mortality place a great strain on the sustainability of informal sector enterprises that are highly dependent on internal generation of flows of income and savings for their survival. Savings are threatened by the demands on revenues for higher levels of health expenditures. The loss of experience, management and technical skills that are so essential for survival in small, labour-intensive enterprises is another serious concern.

Furthermore, the participants highlighted the specific vulnerability of the informal sector to HIV/AIDS. Young people, who are at higher risk to HIV in general, dominate the informal economy. In addition, incomes are low and frequently insufficient. Women are particularly vulnerable and many are forced to resort to contractual sex agreements for supplementary income. The informal sector suffers from the lack of social protection arrangements at work and health facilities, and workers receive lit-

tle or no training and often work under unhealthy or unsafe working conditions. Informal groups, pointed out by the participants as particularly high risk, include commercial drivers, hawkers and sex workers.

Compared with the formal sector, intervention and mobilisation on HIV/AIDS in the informal sector is made more problematic because of lack of structure and regulation. For example, participants drew attention to the difficulties encountered in reaching workers in the informal economy. They emphasized that there is an urgent need to address HIV/AIDS in this sector and further highlighted the need to find efficient inroads.

It was argued that organizing the informal sector is a crucial first step towards reaching informal workers. Several informal groups, such as hairdressers, drivers, shoe repairers, have already formed associations. Participants reported success in working with these groups and it was mentioned that associations of PLWHA in the informal sector had been particularly central in prevention efforts. Organising workers in the informal economy opens up opportunities for stronger collaboration between formal and informal workers. It may also open up opportunities of funding. However, in order to scale up prevention efforts, participants encouraged more informal groups to form associations and unions. In addition, existing associations and NGOs working in the informal sector should be strengthened. It was urged that associations and unions in the informal sector should be aided to design and access funding for HIV/AIDS prevention, care and support and other HIV/AIDS programmes for their members.

Participants also called for Governments to intensify regulation efforts, as well as facilitating formalisation. The activities of workers in the informal economy are normally outside the conventional scope of government regulation and assistance and suffer from a lack of social rights. While Governments vigorously address HIV/AIDS in the formal sector, the same cannot be said for the informal sector. Governments must be sensitized about HIV/AIDS and its impact and dynamic in the informal economy. Participants recommended that Governments more strongly address the specificities of the informal sector in the design of national AIDS strategies. They also advised the inclusion of the impact of HIV/AIDS on the informal sector in the national impact assessment.

A final inroad that was discussed centred on strengthening community outreach programmes. It was suggested that it might be more efficient to target informal workers by strengthening the communities where they live, rather than through their workplace. Community outreach programmes often include improving public health services, social protection and education for all. It may also include strengthening prevention programmes, such as providing condom outlets and voluntary counselling and testing (VCT), raising awareness of HIV/AIDS in the general population.

The market for traditional medicine

Participants discussed the market for traditional medicine versus modern medicine with regard to mitigating the impact of HIV/AIDS. It was pointed out that traditional medicine plays an important role as a low-cost and accessible health service that is widely used and respected in African communities. Yet ethical dilemmas arise in the provision of treatment, as scientifically recognized drugs such as ARV are the only drugs that have a proven effect against HIV/AIDS. The highly unregulated market of traditional medicine also leaves openings for uncertified entrepreneurs who claim their health products produce greater improvements in health than evidence supports. Yet some scientifically recognized pharmaceutical products originate in traditional medicine. It was argued that traditional medicine could be useful for symptomatic treatment of HIV/AIDS, particularly when access to ARV therapy and other modern medicine is too costly. There was a consensus that traditional medicine requires better regulation and warrants more research. It was also agreed that the price gap between traditional and modern medicine should be reduced to offer patients more choice.

HIV/AIDS and economic empowerment of women

Gender inequality has fuelled the feminization of HIV/AIDS; currently 58 per cent of those living with HIV/AIDS in sub-Saharan Africa are women. Gender inequalities affect the world of work as well as the home, some of these inequalities increase women's risk of infection. For example, it can be very difficult for women to say "no" to the boss in the workplace or to the employer of a domestic worker, to the official who can deny them a licence to set up a market stall, to the truck driver who can refuse to transport their goods, and to the policeman who can book them for trading without a permit.

The participants paid particular attention to the insidious process of feminisation of poverty and HIV/AIDS. More women are poor and more women work in the informal economy, which increases their risk to HIV infection. With the onset of AIDS women are further impoverished, coupled with reduced incomes and ever increasing expenses. There was a consensus that the economic empowerment of women is crucial in the response against HIV/AIDS. Creating economic opportunities for women, ensuring gender equality in the workplace, and promoting women in all levels of working life will not only diminish gender inequality, but serve as a key strategy in the prevention of the spread of HIV/AIDS that will be of benefit to both women and men

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Endnotes

¹ See *HIV/AIDS and work: global estimates, impact and response* (ILO, 2004).

² *The impact of the HIV epidemic on human capital in sub-Saharan Africa*, Desmond Cohen (ILO, 2002).

