



HIV/AIDS

It's your business



Joint United Nations Programme on HIV/AIDS

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HIV/AIDS: it's your business

“ It is high time we tapped the strengths of the business sector to the full. AIDS affects business. The spread of the pandemic has caused business costs to expand, and markets to shrink. As both the current balance sheet and future indicators show, the business community needs to get involved to protect its bottom line. We need your help—right now. There are already several examples that prove the unparalleled positive impact that corporate action can have in the fight against HIV/AIDS. It is time to turn those examples into concerted and strategic action in the workplace, in advocacy and in building on your corporate strengths. ”

—Kofi Annan, United Nations Secretary-General, in a speech given to the United States Chamber of Commerce, Washington, DC, in June 2001.

Foreword

At the United Nations General Assembly Special Session (UNGASS) on HIV/AIDS in June 2001, many world leaders (including prominent representatives of the business sector) met to formulate a coordinated global response to the AIDS crisis. As a result, the vital role of business was acknowledged in the UNGASS Declaration of Commitment on HIV/AIDS. The Declaration of Commitment seeks urgently to bring to bear the resources of a wide range of serious players against the ravages of this appalling pandemic.

Beyond the tragic agony of AIDS sufferers and their families, HIV has also become a serious hindrance to economic development—mostly in countries with a dire need to create jobs and stability. Almost 25 million people of working age worldwide are living with HIV/AIDS. Most of the 14,000 people infected daily are of working age.

Businesses have no option but to step forward and join the global war against HIV/AIDS. The disciplined and dedicated application of the energy and expertise residing within global business is crucial to this process.

A considerable number of companies already have in place meaningful workplace programmes aimed at educating and protecting their employees. By including workers' families, and by crafting a comprehensive outreach to their communities, we optimize our impact. It is in partnership with the public that our efforts will be most efficient and effective.

Initiatives such as the Global Business Coalition on HIV/AIDS are part of a dynamic programme to involve international commerce and industry in strong advocacy of this great cause. These efforts also play their part in securing sufficient support—both moral and financial—to deal conclusively with one of the worst plagues to threaten our planet in modern times.

My personal commitment to the war against HIV/AIDS is part of a powerful belief in the principles underlying the social responsibilities of corporations, as defined in the UN's nation-bridging-and-building Global Compact. It is not only inspired by sentiment or emotion. My passionate involvement is also grounded in the firm belief that our action and engagement could make all the difference in what has become, in many places, a desperate fight for survival.

Juergen E. Schrempp
Chairman of the Board of Management, DaimlerChrysler AG
Chairman of the Global Business Coalition on HIV/AIDS

Preserving your assets

Of the 42 million people living with HIV/AIDS worldwide, about 25 million are of working age, between 15 and 49. AIDS is taking a huge toll on the most valuable asset of business: human capital.

By 2020, the size of the labour force in high-prevalence countries could be 25% smaller than it would have been without the HIV/AIDS epidemic.

The facts are grim, especially in sub-Saharan Africa, the worst-affected region in the world. In South Africa and Zimbabwe, about half of today's 15–24-year-olds will die from AIDS. The company AngloGold has reported that 25–30% of its South African workforce is infected with HIV. Botswana's life expectancy has been cut to 44, and one-third of the workforce is living with HIV/AIDS.

In a landmark gathering in June 2001, Heads of State and Representatives of Governments met at the United Nations General Assembly Special Session (UNGASS) on HIV/AIDS and fashioned a set of global commitments for tackling the epidemic. They pledged, for example, to:

Foster stronger collaboration between the public and private sector and, by 2003, strengthen mechanisms involving the private sector, civil society, people living with HIV/AIDS, and vulnerable groups in the fight against HIV/AIDS.

—From the Declaration of Commitment on HIV/AIDS, adopted at the United Nations General Assembly Special Session on HIV/AIDS, 27 June 2001, New York.

At every level of business, valuable and skilled workers are falling sick and dying. Their skills and experience are not easily replaced. Suppliers fail to deliver on time because of their stricken workforce. Productivity declines and the costs of overtime, recruitment and training rise. For many companies, there are steep rises in the costs of health benefits and funerals.



ILO/J. Maillard

In other regions, the prevalence rates are lower but rising, and the actual number of people infected is high—more than 7 million people are living with HIV/AIDS in Asia and the Pacific, and almost 2 million in Latin America and the Caribbean. The fastest-growing epidemic is in Eastern Europe, with over 1 million people infected.

The epidemic is a powerful brake on economic growth. Sub-Saharan Africa's growth rate is estimated to have fallen by 2–4% because of AIDS. In the Caribbean, another high-prevalence area, gross domestic product in 2005 could be about 4.2% lower as a result of AIDS.

As companies' costs rise, markets shrink because of the epidemic's impoverishing effect on households. Ill-health eats into people's spending power and assets. At the same time, governments garner smaller tax revenues, but are under pressure to invest in health care, social services and economic development.

Results of a study in several southern African countries have shown that the combined impact of AIDS-related absenteeism, productivity declines, health expenditures, and recruitment and training expenses, could cut profits by at least 6–8%. Comparative studies of East African businesses have shown that absenteeism due to HIV/AIDS can account for as much as 25–54% of company costs.

At the United Nations General Assembly Special Session on HIV/AIDS in June 2001, governments of the world agreed that they would:

... by 2003, evaluate the economic and social impact of the epidemic and develop strategies to address it at all levels.

... Call on the international community, civil society and the private sector to help alleviate the social and economic impact of HIV/AIDS in the most affected developing countries.

—From the Declaration of Commitment on HIV/AIDS, adopted at the United Nations General Assembly Special Session on HIV/AIDS, 27 June 2001, New York.

In Africa, illness and death have become the primary reason for people leaving a company, although they used to be the last reason people left.

ILO/J. Maillard



“AIDS is no longer just a niche issue for companies wishing to demonstrate corporate leadership to a particular group important to their business. It is one of the defining global issues that will affect market development and the performance of individual companies over the next half century.”

—Asif Hussain-Naviati, the Equal Opportunity Steering Group (EOSG).

What can be done?

First, it is essential to find out what is really going on. As with any challenge to business, the risk to the company should be assessed, and the impact of HIV/AIDS measured—that is, the existing levels of infection in the workforce and the surrounding communities should be determined, and the likely costs to the company defined.

In Botswana, the diamond-mining company Debswana carried out an institutional audit, collecting data on impact (including sick leave, ill-health, retirement and increasing health costs), training, recruitment and payroll costs, and posts that were critical to the company's performance and where replacements could be difficult. It found that, between 1996 and 1999, the percentage of retirements due to HIV/AIDS had almost doubled—from 40% to 75%. The mortality rate, as a result of AIDS in the same period of time, shot up from 37.5% to 59%. It was clear that the company would not survive without an effective HIV/AIDS strategy.

HIV/AIDS policies and programmes are crucial investments. The most effective programmes involve staff from all levels, as well as their representatives from trade unions, work councils, and health and safety committees in the planning and monitoring processes. The policies can be integrated into other workplace programmes, such as those relating to health and safety.

Among the many advantages of corporate HIV/AIDS policies and programmes are:

- protected productivity levels;
- higher quality of human resources;
- improved staff morale;
- positive effects on staff retention;
- protected occupational health and safety; and
- equal employment opportunities.

Formulating the policy and implementing the programme does not have to be a time-consuming, expensive exercise. There are several global and regional organizations that offer detailed advice (see Resources on page 22). Companies have also found that working with the national government and with local NGOs can be invaluable.

THE ILO CODE OF PRACTICE

The *ILO Code of Practice on HIV/AIDS and the world of work* provides a set of guidelines, based on international standards, that aim to help safeguard conditions of decent work and protect the rights and dignity of workers and all people living with HIV/AIDS. The Code of Practice was formally launched at the United Nations General Assembly Special Session on HIV/AIDS in June 2001. It has received the support of the UN Secretary-General and the UN system, and of corporations, labour organizations and NGOs.

The Code of Practice was produced in response to numerous requests for guidance, especially from employers. It provides principles and practical guidelines from which concrete responses can be developed at company, community and national levels.

Key principles include:

- no discrimination in employment related to HIV status (real or perceived);
- continuation of employment, regardless of HIV status;
- confidentiality in a healthy and safe work environment;
- gender equality as the basis of interventions for prevention and care;
- voluntary testing with counselling, but no screening for employment or recruitment; and
- the need for social dialogue, prevention programmes, and care and support as the basis for addressing the epidemic in the workplace.

Checklist for developing company HIV/AIDS policies and programmes

- Ensure commitment at the highest level and understanding for actions taken by the company.
- Ensure involvement of workers and their representatives throughout the process.
- Any new policies should be consistent with national laws.
- Policies and programmes should be based on the principles of promoting non-discrimination, gender equality, and confidentiality.
- Assess the impact—existing and potential—to the company and its workers by carrying out a confidential baseline survey.
- Set up an HIV/AIDS committee (including management and workers' representatives, workers living with HIV/AIDS, and maybe representatives from NGOs and government) to produce policies, and ensure its adoption and implementation.
- Ensure a budget line—if necessary, seeking funds from outside—and identify resources.
- Ensure that the policy and plan of action are widely disseminated.
- Include regular monitoring of impact and review of programmes.



ILO/J. Maillard

Ignorance is deadly

If the spread of HIV is to be brought under control, people must know how the virus is transmitted and how they can protect themselves and others from it. An estimated 90% of people who have acquired the virus do not know they are living with HIV, and they are likely to infect other people.

Such ignorance is not just a matter of lack of resources. Social and cultural taboos prevent sex education in schools, as well as open discussion of issues related to sex. Research among young people, for instance, has revealed astounding levels of ignorance and misconceptions that help fuel the epidemic's spread.

Failure to invest in prevention now will result in much higher costs for care and treatment in the future.



ILO/P. Deloche

At the United Nations General Assembly Special Session on HIV/AIDS in June 2001, governments of the world agreed that they would:

... by 2005, implement prevention and care programmes in the workplace (public, private and informal), to provide supportive environments for people living with HIV/AIDS.

—From the Declaration of Commitment on HIV/AIDS, adopted at the United Nations General Assembly Special Session on HIV/AIDS, 27 June 2001, New York.

Spread the message

Essential elements of every HIV/AIDS workplace programme are ongoing awareness-raising, information dissemination and education. Such activities not only help combat the spread of infection, they also foster greater tolerance towards workers who are living with HIV. As a result of such approaches, companies have seen changes in attitude and, most importantly, behaviour.

When managers, supervisors and workers' representatives talk openly and easily about HIV/AIDS, and show no discrimination, then a healthy forum for learning and change is fostered. In-house magazines and Intranets can be used to disseminate information and raise awareness.

Awareness-raising and educational sessions should be sensitive to age, gender and culture, and should be carefully tailored to the needs of particular groups of workers. Videos, role play, interactive programmes and posters are often more effective than the written word alone. Providing condoms free or at low cost reinforces messages about safer sex.

One of the most effective ways of educating people about the risks of HIV/AIDS is to train some of them (including people living with HIV) as peer educators. In southern Africa, several organizations in the private and public sectors have successfully recruited and trained people with HIV/AIDS to run their programmes.

Philacor Corporation in the Philippines started their HIV/AIDS programme by inviting local NGOs and people living with HIV/AIDS to address their workers. An NGO then followed up by producing information and education materials, and training six peer educators. Philacor has also incorporated HIV/AIDS education into other programmes—first aid, new staff orientation and worker reorientation. Its quarterly newsletter contains articles on HIV/AIDS in English and the local language. According to a survey carried out by the company's medical director, 90% of the workforce now has accurate knowledge of how HIV is transmitted.

Companies must promote voluntary counselling and testing (VCT) for HIV. This will encourage all workers, whether they have tested positive or negative, to practise safer sex, and can help ensure that those with HIV receive care and treatment. Some companies offer VCT through their own clinics, while others work closely with public health services. There is no need for companies to set up an alternative health service if a good one already exists in the local community.

Workers should also be encouraged and supported to get treatment for sexually transmitted infections (STIs); left untreated, STIs facilitate HIV infection.

ILO/N. Rain

A human resources manager at the Transnet Heritage Foundation in South Africa recalled that when the two field-workers they had recruited to work on HIV/AIDS told the task team that they were HIV-positive, “it was like being drenched with cold water. We were old conservative guys. It made us understand that we were very uninformed and that people with HIV could be the people next to us and not ill in bed, as we had thought. After that, I installed condom dispensers in the museum toilets, even though it’s a conservative town.”



Stigma costs

In many societies, a lack of information and understanding about the epidemic feeds stigma and discrimination against people living with HIV/AIDS. This is dangerous. An atmosphere of fear and suspicion at work hinders prevention efforts; people are often too scared to seek help if they know they are HIV-positive. This fear is heightened when companies screen potential recruits for HIV, or fail to keep medical records confidential. Such practices are counter-productive and may also violate national laws.



ILO/M. Crozet

“The management of the organization should demonstrate a clear commitment to the HIV/AIDS and STI strategy. It is very important for workers to see this commitment in concrete form through non-discrimination and support for people living with HIV/AIDS and STIs. (A policy in a manager’s drawer is not a concrete commitment.) Concrete commitment will go far in developing mutual trust between employers and employees and facilitating an atmosphere wherein people are willing to undergo voluntary HIV testing and possibly disclose their HIV status.

“Transparency is necessary. For example, policy documents should be available and should be written in a way that is accessible to employees.”

—Extract from Unilever’s resource manual, Business Response to HIV/AIDS.

At the United Nations General Assembly Special Session on HIV/AIDS in June 2001, governments of the world agreed that they would:

...by 2003, develop laws and policies that protect in the workplace the rights of people living with, affected by or at risk of, HIV/AIDS.

...by 2003, enforce legislation, regulations and other measures to stop discrimination against people living with HIV/AIDS and vulnerable groups, and to ensure [protection of] all their rights—in particular, their access to education, inheritance, employment, health care, social services, prevention, support, treatment, information, legal protection, privacy and confidentiality; and develop strategies to combat stigma and social exclusion.

—From the Declaration of Commitment on HIV/AIDS, adopted at the United Nations General Assembly Special Session on HIV/AIDS, 27 June 2001, New York.

Fair employment practices for all

Companies should adopt company-wide non-discriminatory policies that guarantee that:

- HIV-positive employees will be protected against discrimination, victimization or harassment;
- no employee will suffer adverse consequences merely on the basis of HIV infection;
- HIV testing is not a prerequisite for recruitment, access to training or promotion (although access to voluntary confidential counselling and testing for all employees will be promoted);
- confidentiality about any medical information is ensured at all times; and
- the company is committed to maintaining a safe and healthy work environment for all employees, based on the recognition that HIV is not transmitted by casual contact.

To be effective, these policies should be endorsed by senior management.

HIV/AIDS must be treated like any other serious illness or disability. The only medical criterion is fitness for work, and many people living with HIV are able to continue working productively for many years, especially if they receive sustained treatment and support.

Helping more vulnerable workers

Certain groups of workers are more vulnerable to HIV infection, such as those whose work requires them to be away from home for long periods of time. They include long-distance drivers, and miners who, in some countries, live in all-male hostels, separated from their families.

Research in South Africa shows that migrant mine workers are two-and-a-half times more likely to be HIV-positive than non-migrant workers, and their wives also have higher-than-average infection rates.

In general, young people (aged 15–24) are more vulnerable to infection. Every day, an estimated 6000 people between the ages of 15 and 24 become infected with HIV. Most young people do not have the information or skills they need to protect themselves against HIV.



ILO/M. Crozet

In many societies, women are more at risk. They often have little control over how, when and where sex takes place, and do not have the power to insist on condom use. In sub-Saharan Africa, more than two-thirds of newly infected 15–19-year-olds are women.

At the United Nations General Assembly Special Session on HIV/AIDS in June 2001, governments of the world agreed that they would:

...by 2003, implement prevention programmes for migrants and mobile workers, including provision of information on health and social services.

...by 2003, develop programmes, through a participatory approach, to protect the health of groups that have high rates of infection or a high risk of infection.

—From the Declaration of Commitment on HIV/AIDS, adopted at the United Nations General Assembly Special Session on HIV/AIDS, 27 June 2001, New York.

They can be protected

Company workplace programmes can be tailored to meet the specific needs of young people and women. The Shell Company of Thailand, in partnership with the Thailand Business Coalition on HIV/AIDS and UNICEF, has established the ‘Peer Education at the Pump’ project at 75 petrol stations in Bangkok and Chang Mai. Most of the attendants are young and are believed to face higher risks of HIV infection because they are mobile and tend to use sex workers.

Transport companies have set up mobile prevention programmes at places such as roadside cafés, along major routes their drivers take. For example, the ‘Healthy Highway’ project of Teddy Exports, India, has two ‘trucker booths’ on the main highway to southern India and one at an oil refinery unit in Manila. These provide information on HIV/AIDS and prevention to over 80,000 truck drivers, using street plays, slide shows and leaflets. Condoms are also distributed.

Some mining companies in South Africa—such as Gold Fields Ltd and Lomin Platinum—are replacing all-male hostels with accommodation for families in a bid to prevent HIV transmission and foster a more stable workforce. It is hoped this could reduce the rate of HIV transmission by as much as 40%.

Providing treatment and care

The majority of people living with HIV/AIDS in developing countries are poor and cannot afford HIV/AIDS-related treatment—even where it is available. The eventual outcome? Absenteeism, long periods of sick leave, reduced productivity and, ultimately, the loss of the worker.

There is no cure for HIV/AIDS. But antiretroviral (ARV) therapy allows people with HIV infection to lead normal, healthy and productive lives for many years. These drugs are

expensive—far beyond the means of most individuals and government health services in most developing countries. Of the almost 30 million Africans living with HIV/AIDS, only about 50,000 are currently being treated with ARV drugs.

People living with HIV/AIDS need treatment for related conditions such as tuberculosis (TB) and *pneumocystis carinii* pneumonia. TB is a very common opportunistic infection among people with HIV. It can be easily treated with affordable drugs (as can pneumonia).



ILO/J. Maillard

Care, support and treatment—money well spent

First and foremost, companies should make clear that they will support their workers living with HIV/AIDS in a number of ways, so that the workers can remain at work for as long as possible. This may also mean reassigning them to less physically demanding, or part-time, work, ensuring time off for medical visits and, in some cases, adapting the working environment.

A growing number of companies are doing this. They provide a wide range of services for employees living with HIV/AIDS, thus helping them balance their job demands with health-related stress. Ideally, these services should be available to close family members too. They include:

- treatment for opportunistic infections (including TB) and other HIV-related symptoms;
- psychosocial support;
- antiretrovirals;
- support and palliative care for employees who are seriously ill and incapacitated at home; and
- advice on healthy living, stress reduction and nutrition, which can benefit all employees.

More companies in the most affected countries are providing antiretroviral therapy to their employees, either free or at very low cost. In order to reduce costs, companies are negotiating with drug companies and buying drugs in bulk. They can also outsource the ARV treatment and supervision to the private sector.

ILO/J. Maillard





ILO/M. Crozet

In South Africa, **DaimlerChrysler** has, through its own clinics and community-based facilities, extended access for employees and their families to treatment of opportunistic infections (for example, TB), sexually transmitted infections, and antiretroviral HIV therapy (both combination therapy for people living with AIDS and treatment to prevent mother-to-child transmission of HIV). The company subsidizes its AIDS-specific health insurance to guarantee full funding of triple combination therapy.

DaimlerChrysler has worked with the German Technical Cooperation Agency (GTZ) to ensure the adoption of appropriate protocols and the monitoring of its programme's impact. A second phase of the programme will extend prevention and care to the communities where the company operates.

Côte d'Ivoire's national electricity supplier, **Compagnie Ivoirienne d'Electricité (CIE)**, began its AIDS awareness campaign in 1991. There are now 28 local HIV/AIDS committees across the company's facilities, with 400 volunteers trained to help infected workers. It provides free condoms and estimates that over 56,000 people in local communities, as well as in its own workforce, have benefited from the programme. The company has created a 'solidarity fund', to which employees also contribute, to pay for care and antiretroviral therapy for infected staff.

Resources

Effective collaboration is key to combating the HIV/AIDS epidemic. The Global Business Coalition on HIV/AIDS is a rapidly expanding alliance of international businesses dedicated to combating the epidemic through the business sector's unique skills and expertise. It has over 90 corporate members. Its website (www.businessfightsaids.org) is the leading international web-based clearing house for information vital to businesses affected by HIV/AIDS. Available at the website, for example, is a modelling tool that provides a preliminary assessment of the likely costs of HIV/AIDS to companies operating in heavily affected regions.

In several countries, national business organizations (see list below) have been active in strengthening the business sector's fight against the epidemic. They support and advise small- and medium-sized enterprises that are at least as badly affected by HIV/AIDS as large corporations but do not have the same capacity to counter its effects.

The Botswana Business Coalition on AIDS, for example, is working with the national government's National AIDS Coordinating Agency to support the greater involvement of small-to-medium-sized enterprises.

Once large corporations have established their own good practices on HIV/AIDS, they can work with smaller enterprises that are trying to mount their own responses. Several companies have involved suppliers and distributors in their workplace programmes on HIV/AIDS, inviting them to education sessions, for example.

Smaller enterprises can also collaborate with public health services, or NGOs that provide materials and training at low cost. Local AIDS service organizations can provide home-based and palliative care, and support to families.

Online resources on HIV/AIDS workplace programme development and implementation:

- International Labour Organization: www.ilo.org/aids
- Global Business Coalition on HIV/AIDS: www.businessfightsaids.org
- World Economic Forum – Global Health Initiative: www.weforum.org
- International Confederation of Free Trade Unions: www.icftu.org
- International Organisation of Employers: www.ioe-emp.org
- International Business leaders Forum: www.iblf.org
- The Future's Group International: www.tfgi.com
- Asian Business Coalition on AIDS (ABC on AIDS): www.abcon aids.org
- The South African Business Coalition on HIV/AIDS: www.sacob.co.za
- The Thailand Business Coalition on AIDS: www.abcon aids.org/tbca

ILO/J. Maillard



“There can no longer be any debate about whether business should address AIDS. The business sector has unique skills to respond in creative and innovative ways that can support and enhance the combined responses of other partners, such as government or community-based organizations. We can begin with our employees and their immediate communities, with the way our corporate strengths are harnessed to make prevention and care programmes more effective, and with the leadership that, as business leaders, we can give on this issue.”

—William H. Roedy, President, MTV Networks International

The bigger picture: beyond the workplace

The business sector has much to offer beyond its own workplace programmes. Core business strengths that companies can bring to the global response against HIV/AIDS include:

- *communications and marketing*, in order to raise awareness and promote behavioural change. Specific groups such as young people are targeted. Gessy Lever, the Brazilian subsidiary of Unilever, uses its AXE deodorant, popular with 14–25-year-olds, to promote safe sex messages;
- expertise in the application and use of *information technology*. Hewlett Packard, through its ‘Digital Villages’ initiative, extends the reach of general health education and management, including HIV/AIDS, to poor communities in Brazil, India and South Africa;
- *business skills* and strategic planning to advise governments on national AIDS strategic plans; and
- *logistics and distribution* of vital goods such as condoms.



ILO/M. Crozet

Business leaders can have a major impact by helping to nurture greater government and donor commitment for boosting local HIV/AIDS health-care provision, for example. They can use their eminence to keep on the agenda the urgent need to bring HIV/AIDS under control, and drive home those messages by backing concrete initiatives. By speaking out on the epidemic, they can dispel myths and, by setting positive examples, they can reject stigma and discrimination.

A leading Kenyan businessman, Chris Kirubi of Haco Industries, for example, took an HIV test on prime-time national television in order to break the taboos surrounding HIV/AIDS and to encourage the general public to have voluntary counselling and testing.

Mobilizing the media savvy of companies can be particularly useful for targeting young people. MTV, the world's leading multimedia brand for young people, has worked on increasing awareness and fighting HIV/AIDS for over 20 years. Its work includes the award-winning video documentary series *Staying Alive* about young people around the world infected and affected by HIV/AIDS. The documentary has been beamed into 900 million homes. MTV also conducts an annual Global Sexual Behaviour Poll that measures risky behaviour among young people.

Levi Strauss has been involved in the fight against HIV/AIDS for many years. Alongside its workplace programmes, it has a global-giving programme, supporting community-based initiatives in more than 40 countries. Some of these are HIV-prevention projects.



ILO/J. Maillard

The bottom line

Increasingly, some of the world's largest and most successful companies are recognizing the costs of not combating HIV/AIDS—in their own workplaces and in the wider world. Their CEOs have done their sums. And they have discovered that successful prevention programmes are cost-effective.

A survey by the Kenyan Federation of Employers has shown that HIV/AIDS is costing companies an average of US\$25 per employee annually, and that costs would increase to an average of US\$56 per employee by 2005, if the rate of infection rose unchecked. But a comprehensive prevention programme would cost US\$15 per employee in the first year, gradually decreasing thereafter.

And there is strong proof that these programmes bear fruit. Since the Cameroonian company ALUCAM introduced a workplace prevention-and-care programme three years ago, HIV prevalence among its workers has been estimated at 5.5%—less than half the national prevalence rates of 11.5%. After introducing a company-wide HIV/AIDS education and awareness programme, the diamond company Debswana has seen the HIV prevalence rate among workers drop by almost a quarter—from 28.8% in 1999 to 22.6% in 2001.

Debswana's management, like that of a growing number of companies, has also recognized that it is cost-effective to provide HIV-positive workers with treatment, care and support. It has introduced low-cost antiretroviral treatment for workers living with HIV/AIDS (with workers paying 10% of the cost). The company views ARV provision as a “business imperative” since it results in healthier individuals who are able to remain productive for longer and support their families.



ILO/J. Maillard

In many communities, the business sector is beginning to lead the way in the response to the epidemic, setting an example to governments and other sectors of society. But there remains huge potential to do more. The UNGASS commitments can only be realized if every business leader commits to being a partner in the global alliance against HIV/AIDS.



ILOM. Crozet

In order to monitor the implementation of the UNGASS Declaration of Commitment on HIV/AIDS, UNAIDS and its partners have produced guidelines on the construction of core indicators (*Monitoring the Declaration of Commitment on HIV/AIDS; Guidelines on construction of core indicators*, UNAIDS, 2002). At the global level, these include measuring the percentage of transnational companies that are present in developing countries and that have HIV/AIDS workplace policies and programmes. At the national level, a core indicator is the percentage of large enterprises/companies that have HIV/AIDS workplace policies and programmes.

High-technology research centre in Germany.
Photo: ILO/J. Maillard



Vocational training centre, Harare, Zimbabwe.
Photo: ILO/J. Maillard



In this small textile weaving workshop in Jordan, mothers can keep their children with them while they work.
Photo: ILO/J. Maillard



Women making clothes in Hungary.
Photo: ILO/J. Maillard



Small tile manufacturing enterprise in Côte d'Ivoire.
Photo: ILO/J. Maillard



A printing company, Okhla District, New Delhi, India.
Photo: ILO/M. Crozet



Checking plant safety at an alcohol fuel production plant in Sao Paulo, Brazil.
Photo: ILO/J. Maillard



Meeting in the ILO office in Turin, Italy.
Photo: ILO/J. Maillard



Employee in a restaurant in the Cape Province, South Africa.
Photo: ILO/P. Deloche



Firemen in Annecy, France.
Photo: ILO/M. Crozet



Construction of an irrigation system, sponsored by ILO and based on the use of suitable technology, Province of Siem Reap, Cambodia.
Photo: ILO/N. Rain



Packing in a plate factory in Hungary.
Photo: ILO/J. Maillard



The Saint-Hubert Foundation, Martigny, Switzerland accommodates and employs 270 people with disabilities.
Photo: ILO/M. Crozet



Employees in a Czech car-manufacturing plant.
Photo: ILO/J. Maillard



Mahindra jeep assembly line, Mahindra factory, Mumbai, India.
Photo: ILO/M. Crozet



Attendants in a gas station in Bangalore, India.
Photo: ILO/M. Crozet



Joint United Nations Programme on HIV/AIDS

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