

Action for Universal Access 2010:

Myths

Realities



Business and Trade Union Response to Address HIV and AIDS in the Workplace

Issue Statement

Working with and through business-employers and trade unions is critical to achieving universal access goals, and improving the health of workers and their communities.

Key Messages

- In the era of globalization, HIV is a workplace issue. Most of the people who are living with HIV are working people, either in the organized or informal sector. The International Labour Organization estimates that the global labour force has lost over 28 million people to AIDS, since the beginning of the pandemic. HIV is a workplace issue, because it not only affects the work place but is a major “entry point” for information, prevention and treatment campaigns.
- Sustainable business and economic growth depends on a strong and healthy workforce, stable communities and expanding market demand. Increasingly, leading companies are including social responsibility, philanthropy and community engagement as routine business practice.
- Through the workplace, companies have immediate access to employees, their families and local communities to deliver prevention education, and access to testing and treatment services.
- Many companies can reach even further than their local communities, leveraging their brand identity and unparalleled expertise in marketing, advertising and entertainment, to deliver important messages that raise awareness and address HIV-related stigma and discrimination.
- Business has also made huge investments in establishing infrastructure that can be leveraged in the fight against AIDS. Distribution channels, such as mail delivery networks, can be used to reach large numbers of people with prevention and treatment services.
- Organizations of workers are also major actors in civil society, through the mobilization of their mass memberships, their experience in education and training, their capacity to organize, their influence in the community and their rights-based approach.
- Organizations, including donor agencies, NGOs and government, must be willing to work more closely with the business community and trade unions in multi-sectoral partnerships that will ensure a more comprehensive response to HIV and AIDS.

Background: Myths vs. Realities – The Road to Universal Access

The workplace is an important entry point for HIV and AIDS programmes, based on policies which protect rights and prohibit discrimination. It offers distinct opportunities and advantages for the provision of HIV prevention, treatment and care on an on-going basis. Many companies began to act when they saw that AIDS programmes were not only essential for good corporate citizenship, but also necessary for corporate self interest and even enterprise survival.

The **myth** is that national AIDS plans have clear strategies to address HIV and AIDS in the world of work. The **reality** is that the potential of workplaces as a vital entry point for HIV and AIDS prevention and care programmes, continues to be overlooked.

- The position of labour unions in the workplace makes them ideally placed to help workers, who are reluctant to submit to testing for fear of discrimination, as well as the millions of workers diagnosed with HIV, and who, because of stigma, ignorance, employer complacency, or the fear of dismissal, have no idea how best to deal with their situation. With unions involved, trust is enhanced, and they, their families and communities can receive the support they need.

The **myth** is that companies do not have a stake in the response to AIDS and are therefore not interested in devoting resources to it. The **reality** is that companies have a vital interest in the response to AIDS that goes well beyond the public relations value of aligning themselves with popular causes.

- Companies depend on a healthy, educated workforce drawn from healthy, stable families and communities; global health issues such as HIV can have a major impact on socio-economic stability; and companies cannot operate effectively in unstable environments.
- A caring company attracts a strong, committed, talented workforce and the goodwill of communities and governments; people in those companies also live in the communities and have a vested interest in using their business abilities to ensure the health of their friends and families, including developing low cost and free products that ensure their health.
- Another **myth** is that public-private partnerships are a popular concept, but little is actually accomplished. The **reality** is that cross-sectoral partnerships have made enormous contributions in the response to AIDS. Governments have established effective ways to work with business, and business increasingly prefers to act only in partnership: with governments, international organizations, NGOs, and local community groups.

Recommendations

- Increased public investment for workplace initiatives targeting awareness-raising through educational programmes, prevention, care, support and treatment, with full respect for the rights of working women and men.
- A number of companies are seeking new co-investment and partnership opportunities with donor agencies to strengthen their impact; we encourage these multi-sectoral partners to be open to collaboration with the trade unions and employers' organizations.
- The adoption of occupational health and safety measures and non-discriminatory practices in keeping with the International Labour Organization Code of Practice on HIV/AIDS and the world of work. This includes increased investment for the training of labour union activists and occupational health and safety officers to effectively implement these workplace initiatives.
- Increase representation of employers and trade unions on national AIDS consultative and policy-making bodies, with a view to strengthening workplace approaches to combating HIV and AIDS.
- Business and trade unions should support donor agencies in promoting greater accountability and transparency of AIDS programmes and improving monitoring and evaluation.

This paper was prepared under the auspices of the Civil Society Task Force for the 2008 UN High Level Meeting on AIDS.

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