



Corporate best practice must include AIDS treatment access

Strong leadership at all levels of society is essential for an effective response to the epidemic. Leadership by Governments in combating HIV/AIDS is essential and their efforts should be complemented by the full and active ¹participation of civil society, the business community and the private sector. **Leadership involves personal commitment and concrete actions.**

Excerpt, 55th UN General Assembly statement of commitment on HIV/AIDS (emphasis added)

In developing countries hardest hit by the AIDS crisis, workers comprise a sizeable portion of people living with HIV/AIDS, and people at greatest risk of becoming infected. The International Labor Organisation (ILO) estimates that 20 million people living with HIV/AIDS are workers, or half the current estimated international population of HIV positive people worldwide. The gold mining industry, the largest industry in South Africa—a country with 4 million HIV positive people—reports seroprevalence rates of 30 per cent.

Multinational Corporations (MNCs) depend on the labor of millions of HIV positive people to maintain wealth and profit. Virtually all MNCs have flouted the most fundamental need among HIV positive workers in the developing world: the urgent need for access to affordable, life-extending HIV treatment and care.

Against a backdrop of intensified international attention to the global AIDS crisis, and mounting political commitment among policy makers in the developed and developing world, a flurry of announcements of MNCs' new AIDS initiatives have grabbed headlines, especially during the last two years. Initiatives have varied in scope and focus, with some MNCs attending to non-specific HIV "awareness building" in the workplace while others increased prevention efforts through marketing of HIV counseling and testing. Except for very few notable cases, these recent initiatives either sidestepped the issue of employee treatment or extended HIV treatment access to a strictly limited sub-set of employees.

The lack of access to affordable HIV treatment in developing countries, especially access to equitably priced antiretrovirals, has grave consequences. Every day 8,000 people in developing countries die AIDS-related deaths because treatment is unaffordable and therefore unavailable to them. These deaths—3 million people each year—are unnecessary. It is the obligation and responsibility of MNCs to assure the availability of life-extending treatment for infected workers.

UNAIDS and international initiatives like the Global Fund to Fight AIDS, Malaria, and Tuberculosis (GFATM), the Global Health Initiative of the World Economic Forum (GHI), and the Global Business Council on HIV/AIDS (GBC) are drawing attention to the role of the private sector in addressing the AIDS crisis. But by refusing to present corporations a coherent mandate for workplace treatment programs, these initiatives do more harm than good. The GHI, for example, in adopting the ILO HIV/AIDS code as "business best practice" for HIV/AIDS, sets an eminently low standard for businesses to meet in the area of providing workplace treatment. This "best practice" offers no added benefit to a worker faced with sickness and death from untreated HIV disease, but provides MNCs with all the benefits that accompany compliance with international standards, no matter how weak.

Civil society actors, public health experts, and health care providers have convinced previously skeptical policy makers, and politicians that antiretroviral treatment is feasible in the developing world, and must be implemented. But MNCs, the rest of the private sector, and standard-setting entities are lagging far behind, unwilling to step forward and call for treatment access programs despite their moral obligation to ensure workers have access to treatment and the inherent economic benefits that accompany investing in extending the workers' lives.

HEALTH GAP DEMANDS: MNCs must acknowledge the HIV/AIDS epidemic is a health, social, and economic tragedy of enormous and unprecedented proportions.

TREATMENT ACCESS: MNCs must provide medical insurance, medical benefits, and medical treatment to their workforce. Access to health care will result in a better general state of health and thus, reduction of the impact of the epidemic upon the workplace, resistance to HIV transmission, and support for workers infected or affected by HIV/AIDS so that they may continue to live for as long as possible.

COLLABORATION: HIV/AIDS workplace policies and programs must be developed in collaboration with employees, with encouragement of full participation of workers living with HIV/AIDS, labor representatives and bodies, and where they exist, in coordination with community-based programs and initiatives. MNCs should also provide for and encourage full participation of workers and other parties for regular evaluation and revision of the program based on its measured impact on behavior, morale, and health of workforce.

FUNDAMENTAL COMPONENTS: Workplace treatment policy must reflect the premise that treatment and prevention are inextricably linked. MNCs must develop and implement a comprehensive HIV/AIDS workplace program including non-discriminatory policies, education and prevention measures, access to voluntary HIV counseling and testing, and HIV treatment access for direct and indirect employees, their families, household members, and sex partners.

STANDARD OF CARE: As part of care, MNCs must provide for the diagnosis and treatment of sexually transmitted infections (STIs), prevention of mother to child transmission (MTCT), treatment of opportunistic infections (OI), appropriate monitoring and testing, home-based care and hospitalization, palliative care, and antiretroviral treatment. Treatment options should be consistent with those guided by current standards of care for people living with HIV.

CONTINUANCE OF CARE: MNCs must continue wages, rights, and benefits, including access to care and support, to workers who are no longer able to work due to illness so they are not destitute. Healthcare and benefits extended to children of HIV positive workers must not be terminated once they reach the age of 18.

COVERAGE FOR INDIRECT EMPLOYEES: Where MNCs have wholly or partially-owned subsidiaries, franchises, exclusive partnerships, or other substantial business and operational linkages with Small to Medium Enterprises (SMEs), they must extend the full benefits and rights of the HIV/AIDS policies and programs to those employees equivalent to those directly employed by the MNC.

INCENTIVES FOR AFFILIATES: Where MNCs have networks and affiliates comprised of Small to Medium Enterprises (SMEs), MNCs should provide economic incentives for SMEs to implement comprehensive HIV/AIDS workplace policies, exchange information, and assist financially and other means of support.

PREVENTION: MNCs must provide measures to prevent HIV transmission in the workplace. MNCs must provide employee education about sexual health and safe sex, offer confidential voluntary HIV counseling and testing (VCT), and provide male and female condoms to workers and community. Voluntary and confidential HIV testing must be provided by MNCs with clear statements of non-discrimination.

COMMUNITY OUTREACH: MNCs must include the communities in which they are located in education and outreach initiatives.

VULNERABLE WORKERS: Where MNCs have created single-sex workplaces, or rely heavily on migrant workers, MNCs must extend outreach, voluntary counseling and testing, and treatment—especially of STIs—and OIs to surrounding communities. Extra efforts must be made for sex workers and partners with the goal of improving the health of the overall community in addition to preventing transmission to workers.

WORKERS' RIGHTS: MNCs must extend rights and benefits to workers with HIV/AIDS in the same manner that they are extended to workers with other serious illnesses. Privacy of medical records must be maintained and no worker should be forced to disclose HIV status.

NON-DISCRIMINATION: MNCs' policies regarding gender equality, non-discrimination on the basis of HIV status, and protection from HIV pre-screening for employment must at least be in accordance with relevant labor codes. MNCs must support the dignity of people living with HIV or AIDS and support allowing the employee to work as long as she/he is able.

WOMEN: Recognizing the disproportionate rates of infection and increased biological and social vulnerability to infection of HIV among women, MNCs must take concrete steps to create favorable conditions of work that ensure safe and healthy working conditions for women. This includes protection from violence, harassment, and exploitation. An explicit goal must be to foster a workplace culture of gender concern/equality in all relations. In cases of rape, MNCs must provide access to ARVs and testing.