

# BIG CORPORATIONS AGREE: PEOPLE WITH AIDS... “DROP DEAD”

## CORPORATIONS RESPOND TO AIDS BY COUNTING THE DEAD

The overwhelming majority of multinational corporations (MNCs) operating in developing countries are doing little more than monitoring the impact of the AIDS pandemic upon their workforce, and therefore, on their bottom line.

MNCs have a moral obligation to provide healthcare to workers including those affected/infected with HIV/AIDS. The few MNCs with HIV/AIDS workplace policies have stopped short of fulfilling their full responsibilities to providing AIDS treatment, including antiretroviral medications (ARVs) that have brought dramatic improvements in the health of people with HIV/AIDS in wealthy countries.

**JOIN Health GAP in demanding multinational corporations in developing countries**, such as Coca-Cola, Shell Oil, Ford, BP Amoco, Anglo American Mining Corporation, DeBeers, Chevron, Exxon Mobil, Volkswagen, McDonald's, Uniliver, Nestlé, Aventis, Toyota, ChevronTexaco, Citigroup Inc.:

- Acknowledge the HIV/AIDS epidemic is a health, social, and economic tragedy of enormous and unprecedented proportions that necessitates concrete substantial action on their part.
- Implement non-discriminatory policies, prevention programs including condom distribution, confidential voluntary counseling and testing for workers and their families.
- Provide treatment, care, and support for affected/infected employees and their families, including antiretroviral treatment.

## SHAMEFUL PRACTICES OF MULTINATIONAL CORPORATIONS

- **Coca-Cola** skirts its responsibility to provide treatment to employees with HIV/AIDS, by claiming it has only 1,600 employees in Africa, rather than acknowledging the 100,000 people actually employed.
- **Anglo-American Mining Corporation** estimates it could lose 20 percent of its South African workforce to AIDS and yet reversed a publicity announcement to supply antiretroviral drugs to all its HIV/AIDS infected workers. Instead, only a pool of 14,000 senior staff will be eligible to receive ARV treatment. Anglo's total workforce in South Africa alone totals 191,000.
- **McDonald's** refused to supply anti-AIDS drugs to a staff member in eastern South Africa who was raped after working a late shift. McDonald's South Africa human resources director Alfred Enagbare insisted "we can't just give money to everyone who asks for it".



To stay abreast of news and actions as part of this campaign, send an email: [info@healthgap.org](mailto:info@healthgap.org)  
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**Health GAP (Global Access Project)** is a United States-based organization of AIDS activists, public health experts, human rights groups, fair trade advocates, and concerned individuals dedicated to eliminating barriers to global access to affordable life-sustaining medicines for people living with HIV/AIDS.

# CORPORATE RESPONSIBILITY AND THE HIV/AIDS PANDEMIC



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. 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.

## **MULTINATIONAL CORPORATIONS MUST IMPLEMENT COMPREHENSIVE WORKPLACE PROGRAMS AND POLICIES.**

**TREATMENT ACCESS:** MNCs must provide medical insurance, medical benefits, and medical treatment to their workforce.

**VOLUNTARY COUNSELING AND TESTING:** MNCs must offer confidential voluntary HIV counseling and testing (VCT) to employees, their household members, and to surrounding community members where appropriate. Voluntary and confidential HIV testing must be provided by MNCs with clear statements of non-discrimination.

**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, provision for counseling and peer counseling, home-based care and hospitalization, palliative care, and antiretroviral treatment.

**CONTINUANCE OF CARE:** MNCs must continue wages, rights, and benefits, including access to treatment, care and support, to workers who are no longer able to work due to illness so they are not destitute.

**COVERAGE FOR INDIRECT EMPLOYEES:** MNCs must extend the full benefits and rights of the HIV/AIDS policies and programs to indirect and sub-contractual employees equivalent to those directly employed by the MNC.

**PREVENTION:** MNCs must provide measures to prevent HIV transmission in the workplace and provide education about sexual health and safer sex, offer confidential voluntary HIV counseling and testing (VCT), and provide male and female condoms to workers and community.

**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 in coordination with community-based programs and initiatives.

**COMMUNITY OUTREACH:** MNCs must include the communities in which they are located in education and outreach initiatives. Extra efforts must be made for sex workers and partners where MNCs have created single-sex workplaces with the goal of improving the health of the overall community.

**FAMILY-BASED HOUSING:** Where MNCs have created single-sex workplaces, or rely heavily on migrant workers, MNCs must provide family-based forms of housing which permit employees to bring their households to the workplace.

**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.

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