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Statement by Dr. Sophie Kisting Director ILO Programme on HIV/AIDS and the World of Work

High-level meeting on the comprehensive review of the progress achieved in realizing the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS

Mr. Chairman,

Thirty years into the HIV pandemic, there have been enormous advances in many areas; however, HIV-related stigma and discrimination persist and continue to fuel the spread of the virus and lead to human rights violations, particularly in the workplace.

June 2001 marked an important milestone when the United Nations member states adopted the Declaration of Commitment on HIV/AIDS. Paragraph 58 of the Declaration called on governments to: 'strengthen or enforce as appropriate legislation, regulations and other measures to eliminate all forms of discrimination against, and to ensure the full enjoyment of all human rights and fundamental freedoms by people living with HIV/AIDS and members of vulnerable groups; in particular to ensure their access to, inter alia, education, inheritance, employment, health care, social and health services, prevention, support, treatment, information and legal protection, while respecting their privacy and confidentiality; and develop strategies to combat stigma and social exclusion connected with the epidemic.'

Paragraph 69 of the Declaration called on governments '..... to develop national legal and policy frameworks that protect, in the workplace, the rights and dignity of persons living with and affected by HIV and AIDS, and those at greater risk of HIV and AIDS, in consultation with representatives of employers and workers, taking account of established international guidelines on HIV and AIDS and the workplace.'

Five years after the adoption of the 2001 Declaration of Commitment, the General Assembly called on governments to intensify their efforts, adopting the 2006 *Political Declaration on HIV/AIDS*.²

In the past 10 years we have made considerable and commendable strides such as having 6.6 million people on ARV's, legislation on non-discrimination in many member States and staff in the UN is supported through UN Cares and UN Plus. The world of work through both

¹ UN, *Declaration of Commitment on HIV/AIDS*, adopted by GA Resolution S-26/2 of 27 June 2001, New York, 26th Special Session, 8th Plenary Meeting, Document A/RES/S-26/2, 15 pp. http://www.un.org/ga/aids/docs/aress262.pdf

² UN, *Political Declaration on HIV/AIDS*, Resolution 60/262 of 2 June 2006, General Assembly, 60th Session, 87th Plenary Meeting, Document A/RES/60/262, 15 June 2006, http://data.unaids.org/pub/Report/2006/20060615 HLM PoliticalDeclaration ARES60262 en.pdf

the public and the private sector made extensive contributions to the global response towards universal access.

The voluntary ILO Code of Practice was launched during the High Level Meeting in 2001. It informed workplace policies on HIV and AIDS throughout the globe and many member States implemented these policies with great effect. However, in 2006 it was evident that stigma and discrimination at work resulted not only in the loss of jobs but also in the loss of lives. The Tri-partite constituency of the ILO therefore embarked on a standard setting process which resulted in the adoption of Recommendation 200 in 2010 with overwhelming support from governments, employers and workers organizations and representatives of networks of People Living with HIV. Recommendation 200 is most fundamentally about the protection of human rights at work. The first principle of Recommendation 200 states: "The response to HIV and AIDS should be recognized as contributing to the realization of human rights and fundamental freedoms and gender equality for all, including workers, their families and their dependants."

Stigma and discrimination on the basis of real or perceived HIV status remains a pervasive problem, resulting in the denial of access to jobs and to the loss of employment for millions of women and men workers worldwide. Fear of HIV-related stigma and discrimination in turn impede HIV prevention efforts, deterring people, particularly those belonging to key vulnerable groups, from accessing voluntary HIV testing and counseling. Job loss due to discrimination prevents workers from accessing and adhering to needed treatment. A survey done in 2010 by the Global Network of People Living with HIV found that in some of our countries up to 40% of People Living with HIV have lost their jobs.

We have noted the great strides that many multi-national companies have made by implementing workplace policies negotiated and agreed between workers and employers. Therefore, much needed universal access is provided which reduce absenteeism, increase treatment adherence, enhance sustainable employment and provide access to social protection.

For the millions of small and medium enterprises where the majority of new jobs are created and where the majority of people affected by HIV find employment, the situation is often very different. In spite of major efforts and commitment it is often not possible to sustain a participatory policy environment for universal access without outside support. In this context the extension of national programmes on HIV, TB, PMTCT to workplaces through agreed Public Private Partnerships have shown great promise.

Key concerns include people at risk in particular sectors such as mining, tourism, transport, education and health as well as migrant workers. The hours of work of health workers, their remuneration and the occupational safety and health standards under which they work potentially increase their risk of occupational exposure to HIV and TB.

Unemployment remains a major global concern but young people in particular remain at a great disadvantage in obtaining jobs and this contributes to greater vulnerability. This too needs greater attention in the context of the renewed global response to HIV and AIDS.

It remains our fervent hope that the world of work can be utilized more optimally and more broadly to reach its true potential in contributing to zero discrimination, zero new infections and zero HIV related deaths.