



Provisional Record

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President: Mr. Flamarique

SPECIAL HIGH-LEVEL MEETING: HIV/AIDS AND THE WORLD OF WORK

Original Spanish: The PRESIDENT — It is a great pleasure for us today to host the participants in the Special High-Level Meeting: HIV/AIDS and the World of Work, the first part of which will be held here in the plenary.

On the occasion of this special sitting, the Conference has the great honour of having the visit of His Excellency Sam Nujoma, President of Namibia. As the political leader of his country, Mr. Nujoma struggled for the freedom of his people without his arrest, persecution and exile having deflected him from his purpose. His struggle for justice for his people has brought him to the United Nations on numerous occasions, and the Constituent Assembly of Namibia elected him unanimously as its first President in 1990. He was re-elected to that post in 1994.

Throughout his distinguished life in the cause of peace, social progress and freedom, President Nujoma has received awards and has been decorated by institutions and cities all over the world.

The presence here of this great statesman is of profound significance for our meeting, at which we shall be discussing the very delicate issue, of HIV/AIDS and the world of work.

Your Excellency, we should like to welcome you most warmly.

To begin the meeting, I now invite all the participants to watch a video film on HIV/AIDS and the world of work, which is entitled *AIDS: For a social vaccine*.

(Projection of video film.)

Original Spanish: The PRESIDENT — I now give the floor to the Secretary-General who will introduce the topic.

The SECRETARY-GENERAL — Your Excellency the President of Namibia, Mr. Sam Nujoma, Mr. President, Dr. Peter Piot, the Executive Director of UNAIDS, Workers' and Employers' delegates, Government representatives and all of you who are joining us from other organizations to participate in this important discussion, I welcome you very warmly.

I extend a particularly warm embrace to Mercy Makhalemele, whose presence here today is a source of inspiration and hope for all of us. We have heard her, we have understood her, and I would like the first action of this joint body to be to applaud her.

Mr. President, I am really very happy that you are here at this event as our special guest and our keynote

speaker, together with your team from Namibia, because you represent Namibia's exemplary reaction to the HIV/AIDS pandemic.

Mr. President, at the meeting of the OAU Labour and Social Affairs Commission held in Windhoek in April 1999, you challenged the ILO to help its tripartite constituents in Africa to combat AIDS in the world of work. Today's special event, and the actions that will follow, will demonstrate to you that we took your challenge very seriously and gave it global scope. You have, Mr. President, given leadership to the ILO on this issue, and your presence here symbolizes the commitment that we want to make under your guidance. But, Mr. President, let me also acknowledge in you the leader of an historic struggle to free your people from domination and colonialism. As we all know, the struggle continues today in various forms, but the values that you have proclaimed for so long continue to be a key to ensuring that we have a world that respects the autonomy and the diversity of people. You have been so very, very long a leader in that cause.

It also warms my heart to see this room full of people who are committed to action on HIV/AIDS in the world of work, men and women who want to tackle its human, social and economic consequences.

The film we have just seen underscores the timeliness of this discussion; it tells us to act, to unite, to engage ourselves and, above all, not to accept lip-service on this issue. The time has come, not just to talk about this in the ILO, but really to act and take measures and make a difference on the ground.

The pandemic is worldwide; it knows no barrier of region, sex, age, race or class and its impact on work and workers is enormous. The ILO has been responding, but in a partial and fragmented way. Today we are declaring our will to join in a global partnership that can make a difference. Later this morning we will be signing an agreement with UNAIDS to join the United Nations family in this struggle.

Let me mention some areas where the ILO could be useful. Take a small entrepreneur in a highly infected country struggling to maintain competitiveness in the global economy; she decides to upgrade the skills of her small workforce. A decade ago she might have decided to take five promising workers and invest in them, but in the year 2000 she probably has to plan on training ten people because some of them, maybe five, are going to be lost to AIDS.

These are real things, these are things that are happening today in the workplace. Add to that the problem of AIDS-related absenteeism, productivity loss, direct health care costs and additional recruitment costs.

Or think of an agricultural village community, where the ILO and our national partners are hoping to work against child labour. Children may be working instead of being in school because their parents are wasting away. There may be no adults with the strength to earn an income in that family.

Take a developing country which wants a reasonable social security system. It may find itself unable to bear the cost of both the health-related benefits and the survival benefits.

Look at the issue of gender equality. Unless women are empowered socially and economically, they will remain highly vulnerable to infection. And we know that to be happening today.

These are just some examples of the areas in which we can think together to see how we can be helpful and how we can be a part of this global struggle.

From an ILO perspective, discrimination in the world of work is one of the most significant human rights abuses in the area of HIV/AIDS. The rights of people living with AIDS, such as the right to non-discrimination, equal protection and equality before the law, privacy, freedom of movement, work and social security, are rights that the ILO and everyone in this room, I believe, hold dear.

But above all, HIV/AIDS is a human drama, lived daily by millions of people around the world. We have to think of them, and imagine how they feel. I think that the most important thing that we can all do is to connect with the problem, to be able to feel it and be able to understand the way that infected people feel their own reality. In our response we need to ensure that as individuals and as organizations we practise what we preach. We have to bring these rights into our own practice. Each of us has to examine our conscience, behaviour and attitudes in the workplace towards colleagues living with HIV/AIDS. It is not just about the law, the government, the employer, but about all of us, about our own personal reaction to the proximity of HIV/AIDS.

Our commitment starts within the ILO itself. Today I have approved a circular on ILO staff policy with respect to HIV/AIDS. It conveys a strong message of support to those affected. I want all staff to be informed about their rights and the Office's policies, and I wish to ensure that all staff can take advantage of prevention measures and treatment options. Above all, I want to ensure that each one of us has a supportive attitude. What the ILO now asks of you is direction on the way forward.

In the discussions on the presentations today and this afternoon, I would like you to be open, frank and far-sighted. Put all of your views on the table. We have presented some ideas in the document which you will discuss. We ask you to give us the benefit of your rich personal and national experience and your expectations. This special event is an opportunity for your voice in the world of work to be heard, and I believe that a thousand voices can break the culture of silence which sometimes abounds around these issues.

I want to thank you for your presence here. I want to thank you particularly, President Nujoma. This is an issue that needs political leadership. This is an issue that is not just a question of statistics. It is in the life of people, and we need leaders like you who remind us that we have to take political decisions, that these are things that affect our societies and the quality of the world we live in. You have demonstrated that leadership, and your presence here is an inducement

to all of us to understand that we have to act and that we need to act in all of our regions on this issue. Thank you very much, Mr. President, for being here with us.

Original Spanish: The PRESIDENT — I should like to thank the Secretary-General for his statement.

I shall now introduce the following speaker, Ms. Mercy Elizabeth Makhalemele, who founded the National Women's Alive AIDS Network of South Africa — who you have already seen in the video film.

I give Ms. Makhalemele the floor.

Ms. MAKHALEMELE (*Founder of the National Women's Alive AIDS Network of South Africa*) — I greet you all in the name of the Makhalemeles. According to an African saying "we are the tigers that do not harm humankind but ensure that humankind is seen in a humanitarian way". Ladies and gentlemen, I represent the generation of young township women and men who are victims of the social and economic impact of HIV/AIDS in South Africa. The generation that is committing crime, the generation that is committing rape, and are also rape victims, the generation that is influenced by drugs and alcohol, the generation that is not aware of environmental and developmental issues, and the generation that is dying in silence from this pandemic. It is the generation that is unemployed, unproductive and HIV-positive. I speak because my husband died of AIDS, because my baby died of AIDS. I speak because I am a single parent and because I was raised by a single mother who was unemployed and a housewife.

For seven years I have been employed in the HIV/AIDS field, formal and informal, but before then I was dismissed from my work because I decided to tell my employer in confidence that I was HIV-positive, so that he could begin to look around for a replacement. But that was in 1993, and I was dismissed from work.

I speak because of the amount of young people who are getting infected every day. It is amazing when you look at the AIDS epidemic, especially when it comes to labour and workplace issues. We have for so many years refused to look at the issue of HIV and AIDS as an issue that will affect our labour force and our labour environment, and one that will have a major impact on productivity and on the economic status of young people. I do not like to talk about statistics because every academic paper on the subject tells us that there are so many of us that are HIV-positive. Instead I would rather talk about what all this does to people like myself. And not only to ourselves but to our families.

We have seen the example of miners. A miner is a father. He is a father who leaves his home to go and work, and in KwaZulu Natal where I come from, we see fathers coming home sick and dying — and the women have to care. And the minute the men die there are young kids within that family who are left behind with a mother who is not literate, and they have to go to school and eat every day.

Young boys will tend to go out and steal because they think: yes, my father has died, my mum is not educated, I need to live, I need to eat, my two sisters and brothers need to go to school. Who is going to put them through school? Some young people go out to find employment, particularly young girls — employment often as commercial sex workers.

Normally, when I listen to presentations about women, when people talk about why women do these things, why women are getting into the commercial sex business, I always say, "Why don't you ask them?" Because if you ask, you might find a different reason — a reason such as this: "my husband left me with HIV, I am a young woman, I am very productive, but the world does not see that productivity within me and therefore I need to find a means of survival so that my children can go to school. How do I do this? My father has just died. Laws exist in theory, but in practice they do not help us".

I am speaking today when I should not. I should not be speaking because I am tired of us, people with HIV, having to speak when we have already spoken. We have changed laws, we have helped to make laws, policies and constitutions. But in practice, every day of our lives, we are stricken by poverty. We are stricken by unemployment, not necessarily because we cannot work, but because we are carrying the virus that nobody wants to understand. Nobody wants to understand what this virus means in terms of human beings having the ability to do things or not. Because I think work is not about what you have, work is about knowledge and ability, and if a person has got those two things I do not see why they should be deprived of work.

I could have simply gone out and infected more people because nobody will do anything. I could easily have gone out and said, "Well no one can see me, I am invisible here". I could have infected a lot of fathers but chose not to because I knew that if I were to act so selfishly my son would not be a problem for government officials who do nothing to help our children.

Well, I usually say I regret coming from a country that has got good laws. South Africa has got the best children's charter, but I do not know how this is helping my son. On Friday I had to appeal to his head-teacher not to take my child out of the school when I have given so much to the world, when I have given so much to the country, when I have given so much to humankind.

And it is not only me. There are hundreds of people like me who are living with HIV that have been leaders, but we die. And when we die we are not in any records.

Hypothetically, in Namibia the best people that you would look after are your soldiers. If there is war, you know that these people will defend your people. Now, in this case, ladies and gentlemen, you have an army of people living with HIV who are productive, who can be productive within their own companies, within their own development programmes, within their own labour organizations. But how do we keep them? How do we keep them productive? How do you keep me productive? I mean in two years time if I am still in this situation I will die, and everybody will forget about me. It is as if it was not important. How do we show interest? How do we show interest towards humankind? Have we lost humanity because of politics? Are we really not worried by the fact that your child, or your sister, or your brother, or your cousin, or your colleague might be dying of AIDS? Is it about money? No. I have worked without money. I have implemented programmes without money. I have helped society without money, and our own township would do things without money. But why cannot we use money when

it is necessary to invest and to see to it that it is used properly, to monitor its use and introduce good programmes with the community?

Yes, I know there is a lot of work that has been done on HIV/AIDS, but as a township young woman I disagree with the assertion that there is no capacity within our townships. Our townships are organized. Our townships have unemployed postgraduates, postgraduates who are lawyers, who are researchers, who are engineers, who are teachers, who are social science students, who are doctors, and they are sitting at home. But if you look at each and every document of research, it says that in the townships and communities there is no capacity. Ladies and gentlemen, I disagree with that. I have run programmes. When I did my community work I was able to find lawyers, I was able to find engineers and postgraduates that were able to help me out with technical matters. I did not have to go to the city. I went right there and I worked with them. There is capacity within our communities.

In conclusion, I did not see and we did not see those people with HIV and say hallelujah, let the Government fall down and help us. We knew that we had the capacity, we knew that we had the strength. At the Conference which was held here in Geneva in 1997 on the theme, "Bridging the gap", I met a white woman from Switzerland, and I want to share with you what this woman did, because I have worked with her since December of last year. She left her job in Switzerland. She took one year's holiday to come and build my capacity on administration. We set up a support group for women living with HIV, who are individuals in Switzerland. They are not from a major organization. These women just came up with concerts, benefit concerts, and through these benefit concerts we were able to buy equipment to work. Ladies and gentlemen, the last time I was in Switzerland I could not use a computer, I could not send an e-mail, I could not communicate with people because I was deprived. I do not know the reason, somebody knows somewhere. I was deprived because education for people living with HIV is not something that is vital, and I think I was deprived of that education. During the seven years that I have worked in the HIV/AIDS field, I do not see the reason why I was not given a scholarship to study. I have shown interest in study. I wonder if I still have six years with which to study and become what I have always wanted to become.

A partnership programme has been introduced between Swiss women and South African women as a way of bridging the gap in terms of culture, race and gender, and to be able to work within the two countries.

I speak because HIV/AIDS is a human rights issue. My rights have been abused. The rights of African people have been abused in townships. The rights of people living with HIV are abused, and the sad thing is, the very same community does not understand that these are their human rights, and I have seen that. I can be poor, I can be hungry, but I have my dignity and I understand my human rights. I think it is very important for people living with HIV in the private sectors in the world of work to understand their rights too. If you are out there, living with HIV, do not be submissive; do not give in. I speak because I am scared that I will be dying soon and leaving my baby behind as an orphan, an orphan that might have to go through child labour to survive.

When are we going to integrate HIV/AIDS into our programmes? We do not have to start new things: we can build on what we have, strengthen what we have, and ensure that HIV is dealt with in each and every issue that we deal with, because that is the only way. I believe so. I have seen it happening in our township, where I had to talk about electricity rates, because it is a priority to that community. I integrated the question of HIV with electricity, and of course, water. If the water is not clean because there is no electricity and there is no way to boil it, an HIV-positive person could catch diarrhoea and die.

Those are the issues. It is not just the papers that we decide on and come up with. At the end of the day, it is me, and it is the next person, and it is the child, and it is the nation, and it is the world.

Mr. PIOT (*Executive-Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS)*) — What can I say after that speech? What can I add to the reality of AIDS and what we collectively, and the world, should do? Actually, nothing.

One of the major lessons for me, after having worked on AIDS and with people living with HIV for over 15 years, is that this is an immense lesson in humility: humility about the human condition, humility about each of us, what we are, and what we can do. It is also a lesson that people can move mountains. We really can do it, even with a problem as complex as AIDS. What we want is solidarity from those above and those below; that they meet each other and work together to contain this epidemic, and that we can integrate HIV and AIDS into our lives.

First, I would also like to pay tribute to you, Mr. President, for your leadership on AIDS not only in Namibia, but throughout the continent. It has become crystal clear that without leadership such as that shown by you and many of your colleagues, particularly in Africa, but also in other continents, we have absolutely no chance of winning this incredibly difficult fight against AIDS. It is the combination of this leadership and the action of communities and individuals that will mean that in the next decades we will win the fight.

For us in UNAIDS, this event marks a milestone, because tackling AIDS in the world of work is an essential addition to the global response to AIDS. You have heard the facts, so I will not go into the figures — it does not matter any more whether there are 32 million people infected or 34 or 35 million. Every individual with HIV is one too many with HIV.

But let me remind you that, from a disease which was unknown to the global community even as recently as 20 years ago, we are now living in the middle of an epidemic which cumulatively has infected 50 million people. This offers a better lesson in what globalization means, and about the inter-connectivity of the world and of the people of this world, than any media report on the global economy.

In many countries now, AIDS has become an unprecedented development crisis. But let me remind you that this is a global problem. This is not an African problem; this is not a European problem; this is not a Western problem; this is not a problem of gay men; this is not a problem of sex workers. This is a problem for the whole world, for all of us.

I am often asked whether AIDS is not just another disease, to add to the already long list of diseases that

have been haunting mankind, and particularly the developing world and the poorer nations.

No, AIDS is special. First, because in contrast to most health problems, it primarily affects young adults. This age factor results in at least two of the major consequences of AIDS: the unusually high impact on the economy through lost productivity, and the large number of orphans left behind, creating a whole generation of desocialized youth and child-headed households.

Second, because, and again unlike most other diseases and certain infectious diseases, HIV affects not just the poor but the affluent, the educated, the skilled, accentuating further its economic impact. In the worst affected country, AIDS is single-handedly wiping out decades of investment in education and human resource development.

Third, because AIDS brings with it a stigma unprecedented in modern times. This stigma is a major impediment to our being able to respond to the epidemic in addition to being totally unfair to those who have the disease or are thought to have been infected.

There is no other single factor in the world today that so systematically undermines the gains of five decades of investment in human resources, education, health and the well-being of nations.

Let me give you one example of how AIDS is already causing shortages in trained human resources, both in the private and the public sectors. For instance, in some countries more than 30 per cent of teachers are living with HIV, and more teachers die each year than graduate from teacher-training colleges. In countries where the institutional and human resource capacity is already limited, rebuilding a resource base will be a painstaking process and it is about time that we included that in our planning.

I still see plans for whole sectors that seem to have been written in a world where AIDS does not exist. Let us throw that naivety, that irresponsibility, away.

Allow me to highlight four priority areas where I feel the ILO's tripartite constituency is best positioned to act.

First, prevention of HIV in the workplace and care for people with HIV in the workplace. The work setting offers an excellent platform, in particular to reach men. It is male sexual behaviour that is driving this epidemic. Men are the most difficult group of society to reach and men are the most difficult to persuade when it comes to changing sexual behaviour — and that is one of the reasons that the workplace is also a very good platform to reach them.

This is being done in many places in the world today. For example, through extensive peer education programmes implemented by the Organization of Tanzanian Trade Unions and by companies such as Levi Strauss in the United States and Hong Kong. In other countries, comprehensive programmes of AIDS information, medical services, condom provision at the workplace, and HIV counselling and support for employees and their families have all reduced risk behaviour among workers and encouraged partner communication on sensitive issues. Some good examples are Tele-Par, a large Brazilian public utility company, and the Botswana Meat Commission.

In addition to all this, studies from Zimbabwe show that companies who implement such programmes actually experience less absenteeism and largely recover the costs of HIV prevention activity, so it is even good business.

Second, and a very important issue, is the creation of a non-discriminatory environment for those infected and affected by HIV in the workplace.

As was pointed out by the Director-General and by Mercy Makhalemele, discrimination and stigmatization of people living with HIV is not only a violation of their human rights, but also a major obstacle to effective HIV prevention and care, and it greatly contributes to the denial that still surrounds this epidemic.

Let me give you three examples of what can be done and what is being done.

At the national level an increasing number of countries are now adopting, by law, national workplace policies. The Philippines, for example, has pioneered a rights-based national AIDS law.

A second example is SADC, the Southern African Development Community's Code on AIDS and Employment, which has created a regional standard on ways in which to deal with AIDS in the working environment. The Code is premised on the fundamental principles of human rights and ILO regional standards and guidelines. It is the first such regional inter-governmental code in the world, and has already been adopted nationally by Botswana and Zimbabwe. This Code promotes protection of confidentiality, informed consent and duty to ensure safe workplaces. It also includes rejection of pre-employment and on-the-job screening for HIV without the express consent of an employee.

Thirdly, at the global level, the Global Business Council on AIDS is a mechanism for business leaders to add a strong voice to their peers for corporate action and for the respect of codes of conduct.

Breaking the silence around AIDS, and enabling HIV-positive colleagues to be open about their condition in the workplace, brings human realities to the world of work and distances it from the statistics, from the anonymity. Several companies are spearheading such an original approach.

For example, in Eskom, an electricity company in South Africa people living with HIV are actually employed, as such, in addition to their expertise, to put a face on the epidemic. In UNAIDS we are also supporting several companies, trade unions and public services to employ people with HIV explicitly and to bring the message of putting a face on the epidemic.

The third area is the protection of women and young people. Ladies and gentlemen, AIDS is not gender-neutral. It affects women and children in an extra way, particularly the female child. AIDS has brought an extraordinary burden on women and young girls, as you heard from the previous speaker.

I will not go into this in detail, but suffice it to say that for many women the place of work is also a place of sexual exploitation. In the area of AIDS, such sexual exploitation is even more unacceptable and can be lethal.

In addition, the generally lower educational status of women and their economic dependence on men, add to their vulnerability to HIV. Let us not forget that in many societies, women are infected within marriage by their husband. Therefore, it is imperative that the contribution of women in development programmes and social policy work is fully taken into account in reducing women's vulnerability to HIV.

I was very happy to hear this week, in New York, at the Beijing+5 Women's Conference that AIDS now

figures prominently on the agenda of the women's movement in contrast to five years ago in Beijing.

There are also those who are left behind: the orphans of parents who died from AIDS. There are now over 12 million orphans whose parents died from AIDS, a number projected to rise to 42 million by the year 2010 — far too many to be absorbed easily by their extended family. Again, it is all too often the oldest girl who is the most disadvantaged. We definitely need special initiatives to support these orphans, who need to provide for their households, and to ensure that they receive an education. This has become one of the priority areas for UNAIDS co-sponsor, UNICEF. I believe that ILO's programme on the elimination of child labour has a major role to play to mitigate this tragic consequence of AIDS.

A third aspect that I would like to highlight, is the protection of migrant labour, the forgotten workers. HIV does not respect borders, internal or external. People who migrate for economic reasons often abandon a well-rooted set of social norms and social safety nets. Let us not forget that some of the so-called migration is the outright trafficking of girls and women to work in the sex industry.

For all of these reasons, special HIV programmes addressing the needs of migrant working populations are needed.

Excellencies, ladies and gentlemen, we heard Mr. Somavia summarising ILO's plans. Let me now turn to five actions I expect the ILO to take in the field of AIDS, from my perspective.

First, and it has started already, be a strong and relentless advocate on AIDS with all your constituencies.

Second, as Ms. Makhalemele said, mainstream AIDS in all your work. No part of ILO's programmes should be immune from consideration of AIDS and its impact on the workplace and the world of work.

Third, increase staff awareness about AIDS and, as Mr. Somavia said, this should start at home. We do not do that often, even in the UN system, and I applaud his announcement for strengthening HIV awareness programmes in the ILO and a non-discrimination policy.

All our staff need to be "AIDS-competent" in their work and we need to make sure that in our system we also have an environment that is supportive of people with HIV.

Fourth, establish and support a number of HIV-specific activities in areas of your comparative advantage, as we mentioned before, such as HIV prevention in the workplace, child labour and child-headed households, migrant labour and social security schemes.

Finally, I am looking forward to working in full coordination with UNAIDS co-sponsors and secretariat. First, through participation of the ILO representatives and country offices in the UN Theme Groups on HIV/AIDS in all countries, and also through organizing its work and resource mobilization, as part of the integrated work plans on AIDS of these theme groups.

Mr. Chairman, this is a time of great opportunity with regard to AIDS. Many countries and many Heads of State, particularly in Africa and Asia, have now declared AIDS to be a national crisis and a national priority, as exemplified by His Excellency, the President of Namibia.

Political leaders are speaking out in an unprecedented way throughout the world. New domestic and international resources are being mobilized and put into prevention and care programmes. Recently, AIDS was raised as an issue of human security. The United Nations Security Council debate on AIDS in Africa was a groundbreaking event, being the first time that a health issue was discussed at a security council. The G-77 Summit in Havana recognized the AIDS epidemic as a threat to sustainable human development. AIDS is now at the top of the United Nations agenda, as reflected in the Secretary-General's Report to the Millennium Assembly, in which AIDS was highlighted as one of the key challenges for this century.

However, we have got to translate this political commitment into local action. We know of the success stories — and they were mentioned in the film — in Uganda, in Thailand, in Senegal, but there are also declining rates of infection in countries like Zambia, the Bahamas and Brazil. In each case, the key to ensuring that we establish mechanisms and support for those people who are infected, for those people at the local level so that they can do their jobs, is community action. As Ms. Makhalemele said, the capacity is there.

The secretariat and the seven co-sponsors of UNAIDS very much welcome this ILO initiative. I am particularly pleased that today we will sign a cooperation agreement for joint actions on developing policies and programmes on HIV/AIDS. It is also my sincere hope that this cooperation agreement is the first step to the ILO becoming a full co-sponsor of UNAIDS. The ILO's joining will considerably strengthen the global coalition — a coalition the world needs to defeat this epidemic.

I appeal to all of you to put AIDS at the top of your agenda. My expectations from the ILO's resolute engagement in joining the global response to AIDS are very high. They cannot be less because too much is at stake. We should offer, and our partners should accept, nothing less than our full commitment.

Original Spanish: The PRESIDENT — It is now my honour to give the floor to Mr. Sam Nujoma, President of the Republic of Namibia.

ADDRESS BY HIS EXCELLENCY MR. SAM NUJOMA,
PRESIDENT OF THE REPUBLIC OF NAMIBIA

Mr. NUJOMA (*President of the Republic of Namibia*) — Dr. Piot, Executive Director of the Joint United Nations Programme on HIV/AIDS, President of this session of the International Labour Conference, the Director-General of the ILO, Ambassador Juan Somavia, honourable ministers, your Excellencies, members of the diplomatic corps, esteemed invited guests, ladies and gentlemen, fellow workers.

First, before I begin speaking, I must say that we have been given adequate food for thought by our sister, Ms. Mercy Elizabeth Makhalemele from South Africa — that HIV/AIDS kills the cream of any nation. We in Namibia are the sufferers of this dreadful disease. It is also a historical fact that HIV/AIDS is a man-made disease. It is not natural. States that produced chemical weapons to kill other nations are known, they are probably represented

here, they know themselves too. We do not blame anybody but I would like to call upon employers, workers, governments, along with politicians whose parties are in opposition, non-governmental organizations represented here as well as those not represented, and the citizens of the world to unite as one and for those who created chemical weapons to kill other people, to make resources available in order to combat this scourge, not individually, but united, as one, and then for citizens and NGOs to follow suit.

I am therefore very happy indeed that we will witness in a few moments the signing of the ILO/UNAIDS cooperation Framework Agreement. I hope from here it goes to the United Nations itself, and to the Millennium Summit.

I believe all of us would like to see mankind survive. Therefore, all Heads of State, including those which have produced chemical weapons, must be in New York to make sure that they commit themselves, that they commit their governments, to make resources available for scientists to carry out joint research in order to effectively find ways to cure this man-made disease.

It is condemnable that those in positions of strength owing to their powerful use of the media show HIV/AIDS as emerging from Africa, produced by a green monkey. That is a lie.

This propaganda must be condemned and rejected with the contempt it deserves. Those who have engaged in chemical warfare against other nations must make resources available. This means all of us; as I have said, we blame nobody except ourselves, human-kind, because we are selfish.

I will not go on reading my statement, but I will make it available to all the delegates to read.¹ I pledge that my Government will make resources available, and I believe that other States too, member States of the United Nations, will also make resources available for scientists to carry out effective research to produce medication to cure or at least to lessen the spread of HIV/AIDS.

My Government will also make resources available to our NGOs in Namibia to the regional economic groupings, the SADC, the OAU and indeed the United Nations, because we are committed to all these regional, continental and international organizations.

Once more resources are made available, those States which produce chemical weapons to kill others must ensure that such resources remain available.

Original Spanish: The PRESIDENT — On behalf of all the participants and the Officers of the Conference, I would like to thank President Nujoma for the great honour and privilege he has paid us in giving us an opportunity to listen to his message, where he dealt with issues of extremely great importance for our Special High-Level Meeting: HIV/AIDS and the World of Work.

His message reflected a very high level of commitment to the concerns of the International Labour Organization in this area and its incidence on the search for decent work. We note with satisfaction the mea-

¹ The text of this statement is contained in the Annex to *Provisional Record* No. 13.

sures that have been adopted internationally in the struggle against HIV/AIDS.

The resolution concerning HIV/AIDS in the context of the world of work in Africa, adopted at the Ninth African Regional Meeting of the International Labour Organization in December 1999, and the Platform of action on HIV/AIDS in the context of the world of work in Africa, adopted in October 1999, are examples of the important responsibility assumed by the International Labour Organization in this struggle.

Mr. President, may I thank you once again for having honoured us with your presence at this ses-

sion of the International Labour Conference. I am convinced that your message will remain in the minds of all those speakers who take part in today's discussion.

And now, Mr. Somavia, Director-General of the International Labour Organization, and Dr. Piot, Executive Director of the Joint United Nations Programme on HIV/AIDS will sign the ILO/UNAIDS Cooperation Framework Agreement.

(Signing of Agreement)

(The Conference adjourned at 11.15 a.m.)

Annex

STATEMENT BY HIS EXCELLENCY PRESIDENT
SAM NUJOMA ON THE OCCASION OF THE 88TH SESSION
OF THE INTERNATIONAL LABOUR CONFERENCE

President of the International Labour Conference, Director-General of the ILO, Ambassador Juan Somavia, honourable ministers, your Excellencies, members of the diplomatic corps, esteemed delegates ladies and gentlemen

May I start my address by thanking the Director-General of the ILO, Ambassador Juan Somavia, for having invited me to address the 88th Session of the International Labour Conference on the HIV/AIDS pandemic and its socio-political and economic repercussions. I wish I could talk about something more cheerful, but you will bear with me if I say that we have to discuss and find solutions to the tragedies, challenges and problems of our world before we can be cheerful.

The HIV/AIDS pandemic is one of these tragedies that struck our globe. I am deliberately saying globe, because there is indeed no single State or even community that is not affected by it. Obviously, some regions are more severely and more directly affected than others, but nevertheless we have to appreciate the fact that it is a global pandemic which needs global responses and actions to contain it.

At this point, it is important to note that the ILO reiterated its decision and commitment to get involved in combating HIV/AIDS at the OAU Labour and Social Affairs Session held in Windhoek last year. It was also during that Session that the OAU, our continental organization, took on board the fight against HIV/AIDS as one of its priorities.

HIV/AIDS challenges conventional medical and health ethics and confidentiality. It raises many moral and social questions in every society. I know that statistics are often boring, but in this case they are very appropriate to illustrate the magnitude of the dangerous situation that has arisen as a consequence of the HIV/AIDS infection that has already affected a large portion of humankind all over the globe.

HIV/AIDS is undoubtedly the single most important and daunting health problem facing Africa. Globally too, this is one of the most serious health, medical and social concerns of our time. The figures from UNAIDS and the WHO provide a grim picture.

- Since the first cases of AIDS and HIV were recorded about two decades ago, nearly 50 million people have been infected.
- The Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organization estimated that by the end of 1998, the number of people living with HIV/AIDS would have grown to 33.4 million and the number of deaths would be about 2.5 million.

- About 95 per cent of all HIV-infected people live in the developing world. The majority of the victims are young adults who, if not sick, would be at the peak of their productive and reproductive years.
- The total number of children living with HIV/AIDS stands at 1.2 million.
- Women account for 43 per cent of all people over 15 who are living with HIV and AIDS.

May I also quote from the ILO publication *HIV/AIDS IN AFRICA* which says the following:

“For Africa, HIV/AIDS is perhaps the single most important obstacle to social and economic progress. AIDS is no longer a health problem. It is a development problem with potentially ominous consequences. At least two-thirds of the world’s HIV/AIDS population — 22.5 million — live in this subregion. Countries like Botswana, Namibia, Swaziland and Zimbabwe have been among the hardest hit nations. Between 20 and 26 per cent of people aged 15 to 49 in these countries are living with HIV/AIDS. AIDS is expected to be the cause of death of 2 million Africans this year. According to the International Labour Organization’s East Africa Multidisciplinary Advisory Team, AIDS has surpassed malaria as Africa’s number one killer.

And the rate of new infections is not slowing. In 1998, nine out of every ten newly diagnosed people were Africa, and at least 95 per cent of all AIDS orphans are Africans. Even sub-Saharan countries that had lower infection rates than their neighbours just a few years ago seem to be catching up. South Africa, which at the beginning of the 1990s trailed the other nations in the region, now accounts for one in seven new infections. In Zimbabwe, where there are 25 surveillance sites in which blood is taken from pregnant women and tested anonymously, only two of the sites had HIV-positive results below 10 per cent. The remaining 23 sites reported infection rates between 20 and 50 per cent.”

These statistics show a grim picture indeed. The real cost of this pandemic is immense, not only in financial terms, but mostly in human suffering and social degradation.

In its initial phases the HIV/AIDS pandemic was considered purely as a health problem. Unfortunately, the reaction to it therefore focused in the early stages on medical treatment and finding a possible cure. We were all optimistic and put all our faith in science and technology and research with the hope that a cure or effective medical treatment would be found soon. This, however, did not happen. To date there is no cure; most of the treatments have very serious side effects and are, above all, extremely expensive. Add these results together and you will find that we have made very, very little progress. Science and technology have failed us in this case. What they have produced for us is either ineffective or so expensive that it is out of reach for the vast majority of HIV/AIDS sufferers.

In the meantime, two decades have passed and we have to realize now that the pandemic is not only a health problem, but that it is indeed a global developmental problem. We are all agreed that it is the most serious humanitarian challenge of our time.

HIV/AIDS is a contagious killer disease and therefore its most direct impact is on population growth and life expectancy. The disease kills both old and young, but it mainly affects people in their prime productive years. Within the adult group it kills both men and women, but women are the most vulnerable group. Saddest of all, it also kills children. In some cases child mortality, especially that of children under the age of two, has increased up to fivefold in recent years.

Life expectancy at birth in some 29 of the most affected countries in Africa has declined by seven years on average. In the worst case the decline is as much as 20 years.

The most striking demographic impact is a resulting population that consists mainly of the less productive members, that is the elderly and children. These facts tell us that HIV/AIDS is busy nullifying our efforts to care for our elderly and provide education for our children. How can we sustain social security systems that would secure dignified living standards for the aged if the productive population is being diminished? How can we prevent and eradicate child labour if orphans are the only family members alive to generate income and look after their grandparents and siblings alike?

The ILO publication on HIV/AIDS in Africa further states how the pandemic will impact upon the population size. "The latest population projections by the United Nations Population Division for 1998 considered the impact of AIDS in 34 countries, with a population of one million or more and the adult HIV prevalence of 2 per cent or higher in 1997. Two more countries, Brazil and India were also included, even though the HIV prevalence there is below 2 per cent; their population size, however, implies that the number of HIV-infected persons is sizeable even at the lower rates. Out of these 34 countries with 2 per cent or more HIV infection, 29 are in Africa, three in Asia, and in Latin America and the Caribbean.

The projections show a significant impact of HIV/AIDS on population size and the size of the labour force. For the 29 African countries, the population in mid-1995 was estimated at 441 million, about 5 million fewer than it would have been in the absence of AIDS. By 2015, however, the total population is expected to reach 698 million, about 61 million less than it would have been in the absence of AIDS. At the country level, the populations of Botswana, Namibia and Zimbabwe are expected to be about 20 per cent lower by the year 2015 than these would have been in the absence of AIDS. However, the population size is not expected to decline, and the population growth would still remain positive, because of the high levels of fertility."

Because HIV/AIDS cuts into the size and quality of the workforce it is of fundamental concern to business, labour and economic policy makers. By way of an example based on data collected by the ILO in Zambia the impact can be illustrated clearly. "Eighty per cent of persons infected were between 20 and 49 years old. In other words, AIDS is affecting and ultimately killing the most productive labour force within the formal sector. Many are experienced and skilled workers in both blue- and white-collar jobs.

In Zambia, for instance, 96.8 per cent of all deaths in the firms covered occurred among workers aged 15 to 40. Between 1984 and 1992, mortality had risen fivefold, with AIDS-related illnesses accounting for 56 per cent of the deaths among general workers, 71 per cent among lower-level workers, 57 per cent among middle-level workers and a whopping 62 per cent among top-level managerial workers."

From these figures it becomes clear that the backbone of any business and labour force could be wiped out by AIDS. It lowers productivity, and at the same time makes the cost of doing business more expensive. It decimates management and the skilled workforce. Adding to this misery is the chronic shortage of skilled and managerial workers in the developing world, which makes replacements extremely difficult.

Some of the indirect repercussions of HIV/AIDS are more expensive insurance, medical aid and pension coverage, increased loss of productivity due to ill health, extended sick leave taken by sufferers and loss of productivity due to family members having to attend to AIDS sufferers and ultimately having to attend their funerals. HIV/AIDS sufferers are increasingly barred from participating in medical aid and life insurance.

May I add here that the impact in the informal sector is maybe even more disastrous. Here, whole families depend on the business and if the entrepreneur falls victim to HIV/AIDS the whole business collapses. With that the dependants are left with nothing but increased poverty.

Let us now examine what the HIV/AIDS pandemic and its repercussions have in store for us in our quest for prosperity, stability, poverty eradication, development or, in short, a dignified standard of living for all our people.

We in the developing world are struggling to provide basic health facilities for our people. The additional burden of HIV/AIDS causes these health services to collapse.

We have chronic unemployment problems to wrestle with. The HIV/AIDS pandemic robs us of our skills capacities and it deprives business from creating new jobs.

We are crippled economically due to an enormous debt burden, and yet more and more resources have to be allocated to the fight against HIV/AIDS. Other pressing developmental programmes in need of funding can therefore not be implemented. We struggle to create even the most basic social protection networks to cater for the vulnerable sections of society, but HIV/AIDS causes these fragile networks to crumble.

The list is almost endless. The challenge that HIV/AIDS is posing, as I said earlier, is multifaceted, affecting all spheres of life, and it is an international crisis that affects every State, every community, every society and ultimately, every individual.

So far, I have dealt with HIV/AIDS pandemic itself and the more obvious repercussions it has, especially on the developing world and Africa in particular. I will now share with you some ideas about approaches that could help us to manage this crisis.

I must mention here that I regard the discrimination against HIV/AIDS sufferers as an unacceptable practice. Coming from a region and country where discrimination was the order of the day during the oppressive apartheid colonial era it is a practice that we regard as abhorrent. Therefore, in my country, Namibia, we have developed a code of best practices

for HIV/AIDS at the workplace. This code, among other things, prohibits discrimination against HIV/AIDS victims. Equally, the SADC region has developed a code and guidelines that are aimed at preventing discrimination against HIV/AIDS victims. The ILO, as the international guardian of labour standards and human rights in the world of work, would do well to develop standards that would prevent discriminatory practices at work. This could take the form of either a specific Convention or a Recommendation.

I am very much aware of international efforts to ensure peace on our globe. War cannot be condoned and therefore peace efforts have to be welcomed and supported. However, if we compare the financial and human capital that is used for our peace-keeping efforts with that which is made available to combat this killer disease, it is the latter that causes millions more casualties and unspeakable suffering. I dare say there is no comparison. In our future approach we have to prioritize afresh and surely HIV/AIDS has to become a high priority in our efforts to create a better world for our children. We have to employ resources where they are really beneficial to our people.

I have mentioned the debt crisis that we are experiencing. Again I am aware of commendable efforts that are aimed at reducing or writing off these debts, in order to level the playing field for developing countries in the ever increasingly globalizing world market. With HIV/AIDS around, the chances for better opportunities remain limited, but if we could find ways to utilize the resources that are now committed to debt management, for HIV/AIDS management, I think we would make meaningful progress in the fight against HIV/AIDS.

Yes, the pandemic is also a health matter and the whole world would be relieved if a cure or effective medical treatment were to be found soon. This potential cure and existing medication has however to be affordable for HIV/AIDS sufferers. I therefore strongly suggest that our research efforts should not only be strengthened but should also be diversified. Furthermore, on the financial side we have to develop strategies that would make the medication affordable for the developing world.

HIV/AIDS is a global crisis that is indeed multifaceted and multidimensional. It is therefore not a matter that is to be addressed by only governments or organizations such as the World Health Organization (WHO) or the International Labour Organization (ILO). It is a matter that concerns all of us. Our efforts should therefore involve workers, employers and civil society. It is because of the multidimensional nature of the problem that I am particularly pleased that the ILO, with its tripartite structures, is committed to join the battle to fight the spread of HIV/AIDS.

I have talked about our health and social protection services being threatened by HIV/AIDS. It is imperative to research and develop systems that can, in an affordable manner, be functional and sustainable, with HIV/AIDS included in the new formula. Systems that are based on exclusivity are to my mind discriminatory and not acceptable, hence outdated.

The ILO is a unique institution within the United Nations family. It is unique because of its tripartite structures and because of its emphasis on being a value-based organization. The ILO is also a specialized organization concerning itself with the world of work. I was pleased when I read that the ILO has as its cen-

tral policy the concept of decent work, and the elements that comprise it is also relevant and applicable when we talk about HIV/AIDS. It is not surprising that the ILO has made the fight against HIV/AIDS one of its priority issues. It is my hope that the ILO, as an international organization and through its field structures, will play an important role in helping to implement the policies and strategies that we have developed.

The strategic objective to defend and develop clear labour standards could accommodate the need to promote non-discriminatory practices with regard to HIV/AIDS victims at work. Under this important strategic objective, standard-setting instruments and guidelines should be created that would not only ensure compliance with fundamental human rights, but would also protect the vulnerable groups that are hardest hit by the pandemic, namely women and children. The ILO could, in furthering its Declaration on Fundamental Principles and Rights at Work, create a special chapter on HIV/AIDS in the Global Report.

I understand that social dialogue is aimed at strengthening democracy and involving all stakeholders in the decision-making process. It is also in pursuit of this objective that the ILO influences the harsh and competitive world of business to ensure humane and fair practices. More specifically, cooperation with the Bretton Woods institutions springs to mind. I am aware that the World Bank is already anticipating including HIV/AIDS on its agenda, and this, I feel, is a golden opportunity for truly complementary cooperation between the ILO and the World Bank. The strategic objective of promoting social dialogue should be adhered to in the all-important awareness campaign for a change in sexual behavioural patterns that is so necessary to prevent the spread of the virus.

When we consider possible programmes and projects under the strategic objective of social protection we should concentrate on the most vulnerable groups such as women and children. We also have to develop social security systems that take the HIV/AIDS pandemic into consideration. Our data collection efforts and relevant research methods have to be changed to accommodate and address the HIV/AIDS impact on social protection.

We must realize that HIV/AIDS contributes to poverty. The ILO, through its strategic objective of employment promotion, should measure the HIV/AIDS impact on poverty and then develop employment promotion strategies to cushion the blow. We have to set new priorities in our employment strategies that take the HIV/AIDS pandemic into account.

Lastly, it is my hope that more and more people will come to understand that "AIDS is everybody's business". This is the motto of UNAIDS, the coalition which brings together seven co-sponsors from different parts of the United Nations family with a great sense of partnership. It is with great pleasure that I am witnessing today the ILO's first step towards UNAIDS co-sponsorship.

The challenge now is to bring together the full range of ILO constituents and partners, from grassroots trade union activists, through private and public corporations, to ministers of labour and heads of state. It is our duty and responsibility to support this new partnership and ensure that countries receive the benefit of the ILO's and UNAIDS' combined expertise and support.

In conclusion, may I again congratulate the ILO and the Director-General for having demonstrated their commitment to the quest to give our global village a human face. Poverty is an ugly scar on this face which must be removed. The HIV/AIDS pandemic has created another deep scar on our global face and

we have to work in unison to find a cure for it or prevent its further spread.

I have enjoyed sharing my ideas with you and wish you successful deliberations at this 88th Session of the International Labour Conference. Long live the International Labour Organization. I thank you.

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