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### Target 6.A

Halt and begin to reverse the spread of HIV/AIDS

#### Indicators

6.1 HIV prevalence among population aged 15-24 years

6.2 Condom use at last high-risk sex

6.3 Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS

6.4 Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years

### Target 6.B

Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it

#### Indicators

6.5 Proportion of population with advanced HIV infection with access to antiretroviral drugs

## 6. Combat HIV/AIDS, malaria and other diseases

The HIV pandemic and associated diseases are intensifying poverty, slowing economic growth and reversing a number of development gains. Together with tuberculosis (TB) and malaria, HIV/AIDS has an impact on the labour force, on enterprise efficiency, and on the transfer of skills and experience.

### Reaching the workplace

The primary goal of the ILO is to promote opportunities for women and men to obtain decent and productive work in conditions of freedom, equity, security and dignity. This means protecting workers against disease and against discrimination, as well as helping to maintain production and income. The ILO has a key role to play in disseminating information and combating discrimination through the workplace: the workplace offers distinct opportunities and advantages as a key delivery point for HIV prevention, treatment and care programmes for specific groups of people on a continuous basis.

Recognizing that the workplace has a vital role to play in the wider struggle to limit the spread and effects of the HIV/AIDS epidemic, the ILO is a co-sponsor of the Joint United Nations Programme on HIV/AIDS and contributes to its Outcome Framework.

### Combating HIV/AIDS through decent work

Through the Decent Work Agenda, the ILO promotes integrated action in respect of rights, employment and income generation, and social protection, underpinned by social dialogue. The ILO focuses on promoting understanding of AIDS as a workplace issue, mobilizing action in the world of work, and strengthening the capacity of workers' and employers' organizations to sustain effective programmes. The promotion of social protection improves health services.

### Progress towards MDG 6

There have been some notable successes in reaching the MDG 6 targets, but progress has been uneven. AIDS-related illnesses are predicted to remain a significant cause of premature mortality for the coming decade. Nine out of every ten are adults in their productive and reproductive prime. Two-thirds of those living with HIV/AIDS are in sub-Saharan Africa, most of them women.

Nearly a million people died of malaria in 2006, 95 per cent of them in sub-Saharan Africa, and the vast majority were children under five. In 2007, there were an estimated 9.3 million new cases of tuberculosis globally, up from 9.2 million new cases in 2006 and 8.3 million in 2000. Most new cases in 2007 occurred in Asia (55 per cent and Africa 31 per cent).

The economic crisis threatens the financial arrangements for prevention, treatment and care. A recent survey by the World Bank shows that HIV/AIDS treatment for up to 1.7 million people in Africa, Eastern Europe, the Caribbean and Asia may be interrupted or ended due to the global financial downturn. Increased precariousness and loss of livelihoods may lead to increased risk of exposure to HIV infection and interrupted treatment, with possibly fatal consequences.

A renewed commitment is necessary to ensure MDG 6 is attained. HIV/AIDS, TB and malaria threaten the livelihoods of many workers and those who depend on them – families, communities and enterprises – and weakens national economies. Discrimination and stigmatization against women and men with HIV threaten fundamental principles and rights at work, and undermine efforts for prevention and care.

## Target 6.C

Halt and begin to reverse the incidence of malaria and other major diseases

### Indicators

6.6 Incidence and death rates associated with malaria

6.7 Proportion of children under five sleeping under insecticide-treated bed nets

6.8 Proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs

6.9 Incidence, prevalence and death rates associated with tuberculosis

6.10 Proportion of tuberculosis cases detected and cured under directly observed treatment short course

Worldwide, the number of people newly infected with HIV reached 2.7 million in 2008, with a total of 33.4 million people worldwide living with HIV/AIDS.

There is still no cure for HIV/AIDS, but prevention does work.

## What the ILO does

### ■ Research and policy analysis

The ILO conducts research and analysis to improve understanding of the social, economic and labour impact of HIV/AIDS in the world of work, as well as the policy and legal environment needed to bring about change. Research informs advocacy and provides a sound basis for workplace policies and programmes.

### ■ Setting standards and policy guidance

In June 2010 the International Labour Conference will finalize a new standard on HIV/AIDS and the World of Work. The recommendation reinforces and builds on the 2001 ILO Code of Practice on HIV/AIDS and the World of Work.

The Code sets out fundamental principles for policy development and practical guidelines for programmes at enterprise, community and national levels. It promotes a comprehensive approach to workplace action, encompassing:

- the protection of workers' rights
- HIV/AIDS prevention through education, gender-aware programmes, and practical support for behaviour change
- care and support, including access to benefits, reasonable accommodation of tasks at the workplace, as well as treatment in settings where local health systems are inadequate.

### ■ The impact of HIV/AIDS on children and child labour

The ILO's International Programme on the Elimination of Child Labour (IPEC) gives particular attention to categories of children suffering from the impact of HIV/AIDS – orphans, HIV/AIDS-infected and affected children, and those who are vulnerable to commercial and sexual exploitation. Education on HIV/AIDS and reproductive health is critical.

### ■ Technical cooperation: Advice and capacity building

ILO country-level work focuses on advisory services and enhancing the capacity of organizations of employers and workers, along with others, to respond at the workplace. HIV/AIDS programmes are explicitly integrated into many Decent Work Country Programmes, the main vehicle for implementing the Decent Work Agenda at country level, and mainstreamed into ILO activities at headquarters and the field.

In 2000 the ILO launched its flagship Programme on HIV/AIDS and the World of Work. The ILO supports projects with its constituents thanks to a range of donor partners in Africa, Asia, Central and Eastern Europe, Latin America and the Caribbean. The Programme has focal points and technical specialists in all regions.

### ■ Social protection: Expanding social security and access to health care

The ILO Global Campaign on Social Security and Coverage for All and other social protection initiatives contribute to MDG 6 through:

- assistance to countries in crafting workable policies to extend access to health care services to all, and particularly to people living with HIV/AIDS
- advice to countries on designing feasible basic income support policies for poor families, targeted also at those who take care of HIV/AIDS victims and their families, such as girls and the elderly
- analysis and advice concerning safe and healthy workplaces.

## Highlights

### ■ International labour standards

- 169 countries have ratified the Discrimination (Employment and Occupation) Convention, 1958 (No. 111)
- 46 countries have ratified the Social Security (Minimum Standards) Convention, 1952 (No. 102) which establishes minimum standards for all nine branches of social security including medical care, sickness benefit and survivors benefit
- 56 countries have ratified the Occupational Safety and Health Convention, 1981 (No. 155), which provides for a healthy and safe working environment for all workers, including workers exposed to occupational health risks, which include HIV transmission
- 14 countries have ratified the Medical Care and Sickness Benefits Convention (No. 130) which provides for affordable medical care and sickness benefit
- 28 countries have ratified the Occupational Health Services Convention, 1985 (No. 161) which promotes a comprehensive approach to occupational health, including preventive and curative health care, rehabilitation and compensation
- 171 countries have ratified the Worst Forms of Child Labour Convention, 1999 (No. 182) and committed to urgently eliminating the worst forms of child labour, including slavery, prostitution, illicit activities and work likely to jeopardize the health, safety or morals of children.

### ■ Global Jobs Pact

Poverty exacerbates the impact of HIV, so employment and income-generating activities help mitigate this root cause of the spread of HIV in many countries. High levels of youth unemployment and poverty increase vulnerability to the pandemic. Needing income, young people may put themselves at risk by undertaking work that is marginal, dangerous or illegal. Access to antiretroviral (ARV) treatment enables those living with HIV to stay fit and keep their jobs and livelihoods, which is crucial to remaining productive.

The ILO's Global Jobs Pact adopted in 2009 in response to the crisis is centred on employment and social protection within the framework of the Decent Work Agenda. The Pact calls for workplace programmes on HIV/AIDS as part of an effective crisis response, and calls for a social protection floor to ensure access to basic social services, and cash transfers for the poorest.

### ■ Social dialogue and partnerships

The International Organisation of Employers and International Confederation of Free Trade Unions launched a consolidated action plan on fighting HIV/AIDS together. Guidelines help both employers' and workers' organizations promote and support action against HIV/AIDS among their members. Through the Global Compact, employers worldwide have been working to promote non-discrimination and equal opportunity for workers living with HIV/AIDS.

The ILO works with its constituents to prepare guidelines and toolkits for various sectors of the economy on HIV/AIDS and TB. The ILO has actively engaged in dialogue, joining forces with the World Health Organization (WHO) to produce the *Joint Guidelines on Health Services and HIV/AIDS*.

The ILO is a member of the UN theme group on HIV/AIDS and collaborates with members of the UN family in programming and global initiatives such as the Global Fund to Fight AIDS, TB and Malaria, the Global Business Coalition on HIV/AIDS and the World Economic Forum.



## COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES

Women account for half the people living with HIV worldwide and nearly 60 per cent of those infected live in sub-Saharan Africa. Worldwide, gender inequities continue to affect women's decision-making and risk-taking behaviour. Vulnerability to HIV infection is often beyond a woman's individual control.

For every two persons who obtain treatment for HIV/AIDS, there are five new infections. One in every two new infections is among 15-24 year olds.

Tuberculosis (TB) is a major cause of death for people with HIV/AIDS. Multi-drug resistant TB is increasing in many countries. 9.3 million people contracted TB in 2007. 1.4 million were HIV-positive, most of them (79 per cent) in Africa.

## Priorities

HIV/AIDS, tuberculosis and malaria affect the achievement of the Decent Work Agenda. Renewed commitment is needed. Experience to date reinforces the need to continue advocating the importance of the workplace for action on HIV/AIDS and mainstreaming health issues in programmes and activities. Efforts must be made to support policy-oriented research and to ensure that the resources mobilized remains effective, predictable and sustainable.

### Employment creation

Give greater priority to the generation of decent work opportunities with systematic, well-resourced, multidimensional programmes that are gender-sensitive, to tackle the root causes of HIV/AIDS, TB and malaria:

- Alleviate the social and economic impact of the pandemic by integrating a labour and workplace perspective – especially awareness of human capital issues – into national strategic planning
- Enhance the human resources and institutional capacity to implement workplace policies and programmes that oppose discrimination and help maintain production and employment
- Support income-generating schemes for those affected by the disease
- Retain employees with HIV and AIDS in employment.

### Social protection

- Build adequate social protection for all, drawing on a basic social protection floor, widening eligibility conditions and increasing the benefits of existing social security schemes
- Scale-up workplace prevention initiatives; making them increasingly gender sensitive and effective in behaviour change
- Promote policies to ensure equal rights in employment and services for vulnerable workers (including women, migrants, young people)
- Promote access to social protection in the workplace; identify and implement innovative health and life insurance schemes; provide information to workers and their families about confidential voluntary counselling and testing and advocating 'Know your status'
- Extend access to HIV treatment through workplace health services and partnerships.

### Rights

- Ratify and effectively implement: the Discrimination (Employment and Occupation) Convention, 1958 (No. 111) and Maternity Protection Convention, 2000 (No. 183); the Social Security (Minimum Standards) Convention, 1952 (No. 102) and the Medical Care and Sickness Benefits Convention, 1969 (No. 130) to ensure care and support, including access or referral to treatment and services; the Occupational Safety and Health Convention, 1981 (No. 155); the Occupational Health Services Convention, 1985 (No. 161) to help ensure a healthy working environment; and the Worst Forms of Child Labour Convention, 1999 (No. 182)
- Provide advisory services on the reform and implementation of labour laws to address HIV/AIDS in accordance with international labour standards and the ILO Code of Practice
- Ensure that there is no screening for HIV to exclude from employment or work processes and ensure the confidentiality of testing.

### Dialogue

- Recognize the vital role of employers' and workers' organizations in reaching the economically active population and raising awareness on HIV/AIDS, TB and malaria
- Ensure that dialogue between employers, workers and government includes infected workers where appropriate
- Capacity building to ensure the necessary training and advisory services for social partners and other stakeholders to plan and implement workplace policies and programmes
- Develop more efficient procedures for channelling funds to employers' organizations, trade unions and local NGOs
- Include the social partners and civil society in the design, implementation and upscaling of sound government policies.



## MDG 6

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