INTRODUCTION

The global HIV/AIDS epidemic has reached into every corner of society, affecting parents, children and youth, teachers and health workers, rich and poor. The good news is that highly effective AIDS medicines known as antiretrovirals (or ARVs) now reach 42% of those around the world who need them in low- and middle-income countries.\(^7\) Between 2003 and 2008, access to antiretroviral drugs in such countries increased 10-fold, thanks in large part to donor-funded programs.\(^8\) Yet governments in low- and middle-income countries cannot afford to meet the remaining need, which means that companies committed to protecting the health of their workers must spend their own resources to do so.

The Joint United Nations Programme on HIV/AIDS (UNAIDS) in its yearly Global Summary provides updated data on the total number of people living with HIV/AIDS, people who are newly infected with HIV, AIDS deaths, and comparative global HIV/AIDS statistics. For more information on UNAIDS, visit www.unaids.org.

\(^7\)WHO. Towards universal access: scaling up priority HIV/AIDS interventions in the health sector (2009).
What Is HIV/AIDS?

HIV stands for Human Immunodeficiency Virus (HIV), the virus causing the Acquired Immunodeficiency Syndrome (AIDS). HIV attacks and slowly destroys the body’s immune system. After a long period of infection, usually 3–7 years (sometimes much longer), enough cells of the immune system have been destroyed to lead to immunodeficiency, and a person begins to experience the symptoms associated with AIDS. Until that time, someone with HIV can be physically well. Under conditions of suboptimal nutrition and poor health, and without treatment access, the onset of AIDS can occur sooner than would otherwise be the case.

When a person becomes immunodeficient and has AIDS, his or her body has difficulty defending against “opportunistic” infections as well as certain cancers. Without treatment, the body ultimately succumbs to one or more of these infections. Tuberculosis, for example, is a frequent cause of death among AIDS patients in many developing countries. While the impact of the disease can be mitigated with proper treatment and people can live many years due to effective medications, there is, in fact, no cure for AIDS.

There are three main ways in which HIV is transmitted:

- By sexual contact through exchange of bodily fluids
- Through infected blood that is passed into the body, such as by blood transfusion or use of contaminated material (for example, syringes)
- From an infected mother to her child during pregnancy, childbirth or breastfeeding

HIV is not transmitted through casual contact with HIV-infected people, or by contact with their saliva, sweat and tears.

1. Prevalence of HIV/AIDS in Developing Countries and Emerging Markets

Sub-Saharan Africa has only one-tenth of the world’s population but is home to more than two-thirds of the people living with HIV/AIDS. A 2008 UNAIDS report documented that West Africa has the lowest rates in the region, followed by East and Central Africa. Southern Africa, particularly South Africa, has the highest prevalence of HIV/AIDS. With seroprevalence rates above five percent of the general population, many African countries have what are known as generalized HIV epidemics (see Box 2). Yet, across the region, effective mobilization against the epidemic at the country level has caused declines in the epidemic. Overall, HIV/AIDS prevalence in Sub-Saharan Africa seems to be leveling off, albeit at high levels in southern Africa.

In East and Central Europe, Russia has the largest HIV/AIDS epidemic. The annual numbers of newly reported HIV diagnoses are rising in Azerbaijan, Georgia, Kazakhstan, Kyrgyzstan, the Republic of Moldova, Tajikistan, and Uzbekistan, which now has the largest epidemic in Central Asia. The overlap of sex work and injecting drug use features prominently in this region’s epidemics. Nowhere in this region have HIV/AIDS epidemics reached a stage where they are likely to evolve independently of HIV transmission among injecting drug users and sex workers, and into a generalized epidemic.

In South and Southeast Asia, the HIV/AIDS epidemic remains largely concentrated in injecting drug users, men who have sex with men, sex workers, and clients of sex workers and their immediate sexual partners. India carries the highest country caseload of people living with HIV/AIDS.  

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9 Ibid.
[Box 2] Commonly Used Terms

**Incidence**: The number of newly diagnosed cases during a specific time period.

**Prevalence**: The number of cases alive on a certain date.

**Classification of Epidemic States (recommended by UNAIDS and WHO)**

- **Low Level**: HIV prevalence has not consistently exceeded five percent in any defined sub-population.
- **Concentrated**: HIV prevalence consistently over five percent in at least one defined sub-population but below one percent in pregnant women in urban areas.
- **Generalized**: HIV prevalence consistently over one percent in pregnant women nationwide.

AIDS. India’s overall HIV/AIDS prevalence rate is estimated to be between 0.5 and 1.5 percent among people aged 15-49 years; high-prevalence areas include the southern states as well as the easternmost states where the epidemic is largely associated with drug use. Although national prevalence in China remains low, there are clusters of high prevalence geographically and among population sub-groups. Slightly fewer than half the people living with HIV/AIDS in China, estimated at 700,000 in total in 2007, are believed to have been infected through use of contaminated injecting equipment and blood. These numbers, however, should be considered in the context of China’s extremely large population, about 1.3 billion.

The overall levels of HIV infections in Latin America have remained fairly constant and well below 1% in the past decade. HIV transmission in this region is occurring primarily among men who have sex with men, sex workers, and (to a lesser extent) among injecting drug users. In several Caribbean countries, the epidemic in the region appears to have stabilized. In a few urban areas, including the Dominican Republic and Haiti, which has the largest epidemic in the Caribbean, the epidemic is declining. Heterosexual sex, paid or otherwise, is the main mode of transmission in this region; unprotected sex between men, is also a significant factor in several national epidemics.

The limited HIV/AIDS information available for the Middle East and North Africa indicates that the epidemics in the region are comparatively small. Chief risk factors are unprotected paid sex and the use of contaminated drug injecting equipment. The Islamic Republic of Iran is home to a serious drug-related epidemic, where HIV prevalence has been documented among about one-fifth of male injecting drug users in Tehran. Unprotected sexual intercourse is the main factor in Sudan’s epidemic which, with about 1.4% seroprevalence, has approximately 320,000 people who are HIV-positive.

Although there has been substantial progress in containing HIV/AIDS in certain geographic areas, prevention and treatment efforts cost billions of dollars yearly. The pace of new infections far outstrips available treatment.

**[Box 3] HIV and TB: A Deadly Synergy**

Tuberculosis is the most common cause of death amongst those living with HIV. The two diseases create a deadly synergy, each fueling the progress of the other. Persons co-infected with HIV and TB are 30 times more likely to progress to active TB disease. Tuberculosis accounts for one-third of AIDS deaths worldwide and is one of the most common causes of morbidity in people living with HIV/AIDS (PLWHA). Joint management of the two epidemics in all settings, including the workplace, is critical to addressing each individual disease.
2. The Business Case for Mobilization against HIV/AIDS

The HIV/AIDS epidemic presents very tangible challenges to businesses—especially those operating in countries where the HIV prevalence rate is high, countries where the government has limited capability to provide health care, and most acutely in countries facing both challenges. Most companies will be concerned about three types of business risk associated with the spread of HIV/AIDS: financial, reputational and—in the case of small and medium-size businesses—company viability.

First, the HIV/AIDS epidemic creates direct and indirect costs for the private sector in developing countries. Although ARV treatment access has greatly increased, exerting a transformative effect, there are huge costs and challenges associated with keeping more people on treatment for the rest of their lives. In the short-to-medium term, HIV/AIDS increases the cost of doing business and reduces productivity. Many companies recognize the impact of HIV/AIDS on their operations but may not know how to mitigate that impact. Other companies are unaware that a problem exists among their workforce, even when it may already be having a negative effect on their bottom line.

Second, companies are motivated to act because they want to do the right thing and be seen as responsible citizens. Companies in industries with many migrant workers or other characteristics associated with vulnerability to HIV infection are motivated both by cost concerns and by a desire to protect their people.

Finally, small- and medium-size enterprises (SMEs) are particularly vulnerable to the HIV/AIDS threat due to their limited financial, clinical, and human resource capacity to undertake HIV/AIDS prevention and care interventions. Vulnerability of small and medium enterprises is compounded by increased risk to viability due to the loss of key employees and skills. The loss of a key employee may prove catastrophic for a small company in a situation where a larger firm might have access to multiple employees who are capable of performing comparable work.
3. Costs and Benefits of Mobilizing Against AIDS in the Workplace

It is difficult to generalize about the costs and benefits to companies of implementing workplace programs to address HIV/AIDS because there are many variables to consider. For example, a business operating in a high-prevalence region, i.e. above 5% of the adult population, or locality where the epidemic is well advanced may have a very different cost-benefit scenario than a business located in an area where HIV/AIDS prevalence is relatively low but increasing. The former may see care and treatment programs for its workforce as a priority; whereas, for the latter, a focus on education and prevention would bring cost-effective benefits. Other variables affecting costs may include size of the company, setting, industry sector, cost margin, ratio of skilled to unskilled workers, risk factors, HIV/AIDS prevalence in the workforce, and availability of government or NGO-supported healthcare programs and facilities. The key is to find an affordable solution to fit a company's particular needs. With this in mind, various studies have been undertaken to explore the costs and benefits associated with business action on HIV/AIDS.

In the early 2000’s, research produced costing models to estimate the cost of new HIV infections in the formal business sector. Costs of new infections were estimated in relation to annual salaries; results varied depending on skill level, associated benefits, and prevalence in the area. This research showed that HIV/AIDS was adding between 0.4 and 5.9% to the annual wage bill of large companies in South Africa and Botswana, under a conservative set of assumptions. Businesses need to make an evaluation based on their own particular circumstances, areas of operation, level of risk, and available resources and partners.

It is also important to note that beyond the motivations of financial incentive and risk management, an increasing number of companies are motivated by a sense of corporate social responsibility to sponsor programs and interventions that benefit the wider community, target particularly vulnerable segments of society, or help safeguard the health of future generations. Companies that extend prevention and treatment programs to the community are seeing benefits — tangible as well as intangible — from these programs. These include increased performance and motivation among employees, better management, and improved reputation among stakeholders.

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