

## ILO Jakarta and the Action against HIV/AIDS in the World of Work

### The Role of ILO Jakarta

The ILO Jakarta program on HIV/AIDS in Indonesia focuses on a two-pronged strategy: promoting the implementation of the *ILO Code of Practice on HIV/AIDS and the World of Work* and a prevention program to stop the spread of HIV/AIDS at the workplace. ILO Jakarta has also mainstreamed HIV/AIDS into its country program operations, such as the Indonesia Action Plan for Decent Work 2002-2005, ILO's Poverty Reduction Strategy Paper, and its Survey on the School-to-Work Transition in Indonesia.

The programme aims at: (1) Raising awareness about the economic and social impact of HIV/AIDS in the world of work; (2) Helping government, employers and workers address HIV/AIDS through technical cooperation, training and policy guidance on prevention, care and social protection; and (3) Fighting discrimination and stigma related to HIV status.

The ILO Jakarta is thus actively involved in various activities related to advocacy, awareness raising and capacity building of its social partners—the Ministry of Manpower and Transmigration (MoMT), the Indonesian Employer's Association (APINDO) and the Indonesia trade unions—in preventing and minimising the spread of the HIV/AIDS epidemic.

**“AIDS has a profound impact on workers and their families, enterprises and national economies. It is a workplace issue and a development challenge”**

**Juan Somavia**  
Director General

### HIV/AIDS and the World of Work in Indonesia

According to a survey conducted by the ILO in 2001, titled “Population Mobility and HIV/AIDS in Indonesia,” the country is particularly vulnerable to AIDS because of its large base of mobile workers both internationally and nationally. These workers are employed in varying economic sectors, ranging from resource-based industries, to the extensive commercial sex industry, sectors where there is a high prevalence of sexually transmitted infections and low overall condom usage.

#### The impact on workers

Loss of income and employee benefits

Stigma and discrimination

Pressure on families, the problem of orphans



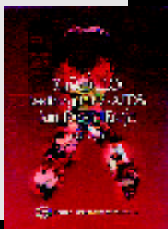




## National Strategy on AIDS

The ILO Jakarta has played an active role in helping Indonesia minimise the impact of AIDS through advocacy in order to address and mitigate the impact of HIV/AIDS on the world of work. The epidemic is not merely a health problem, but has become a workplace problem. Given this scenario, the ILO Jakarta has actively participated in the formulation of the *National AIDS Strategy*. The strategy has incorporated work-related HIV/AIDS problems as one of the multi-sectoral approaches in tackling HIV/AIDS in Indonesia.

The Indonesian translation of the Code was also launched on 25 February 2003. The Code provides guidelines for developing responses to HIV/AIDS at enterprise, community and national levels.



### BATAM TRIPARTITE DECLARATION COMMITMENT TO COMBAT HIV/AIDS IN THE WORLD OF WORK

We, the Government, Management, Organisations of Employed and Employers in Batam, Batam Island, Indonesia, have agreed to support and implement the following measures to combat HIV/AIDS in the world of work:

- Express our deep concern that the spread of HIV/AIDS impacts on productivity and human resources development in Batam Island;
- Support our plans to follow up the National Tripartite Declaration on 26 February 2002, signed by ILO/UNICEF in the World of Work in Jakarta on 16 February 2002;
- Use all parties to closely collaborate with efforts to increase, especially in the private sector, the use of condoms and other means to prevent the spread of HIV/AIDS; participate in HIV/AIDS Awareness Prevention and Education Program; training of managers on HIV/AIDS; disseminating information, education and other necessary services to workers; and the development of structural changes in the work of work;
- Agree to participate in the implementation of a long-term, comprehensive and coordinated programme to combat HIV/AIDS in the world of work, including the implementation of national and international conventions and standards, to be established and implemented by the ILO/UNICEF.

B.L.M., 7 October 2003

*(Signatures of representatives from the Government, Management, and Organisations of Employed and Employers)*

*(Printed names and titles of the signatories)*



International  
Labour  
Organization

## The 10 Key Principles

**Recognition of HIV/AIDS as a workplace issue:**  
HIV/AIDS is a workplace issue. It should be treated like any other illness. It should be dealt with in the workplace. It is not a disease transmitted by the workplace. It is a disease that can be prevented through the use of condoms and other means of protection.

**Non-discrimination:**  
There should be no discrimination against workers on the basis of real or perceived HIV status. Discrimination or stigmatisation of people living with HIV/AIDS is a violation of their basic human rights.

**Gender equality:**  
The gender dimensions of HIV/AIDS should be recognised. Women are particularly vulnerable to HIV/AIDS infection and are more often adversely affected by the HIV/AIDS epidemic than men. For a long and effective and successful response.

**Healthy work environment:**  
The work environment should be healthy and safe, as far as is practicable for all concerned parties. A healthy work environment includes: adaptation of work to the capabilities of workers; a right to safe physical and mental health.

**Social dialogue:**  
The successful implementation of the ILO/UNICEF policy and approach requires cooperation and trust between employers, workers and their representatives and government, where appropriate.

**No screening for purposes of exclusion from employment or work processes:**  
HIV/AIDS screening should not be used for job applicants or persons in employment.

**Confidentiality:**  
There is no justification for using job applicants' confidential medical or HIV-related information. The data on workers' health should be stored in a secure and confidential manner.

**Continuation of employment relationship:**  
HIV infection is not a cause for termination of employment. An individual who is infected with HIV should be encouraged to work for as long as he/she is able to do so, and to continue to work in a safe and healthy manner.

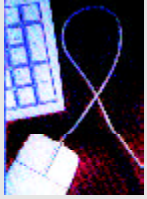
**Prevention:**  
It is essential to provide information and education on HIV/AIDS prevention and to ensure that it is accessible through a variety of strategies.

**Care and support:**  
Solidarity, care and support should guide the response to HIV/AIDS in the world of work.

# ILO Code of Practice on HIV/AIDS and the world of work



## Workplace Prevention Programmes



As a follow-up to the Tripartite Declaration, the ILO Jakarta, in collaboration with Aksi Stop AIDS-USAID (ASA-USAID), held a series of high-level forums and training-of-trainers (ToT) for HIV/AIDS prevention in the world of work in Jakarta from 8-9 June 2003, Bandung from 13-15 August 2003, Batam from 8-9 October, and in Surabaya from 17-18 December. These provinces were specifically targeted due to their high prevalence of HIV/AIDS.

During each of the training, pre- and post-training tests were conducted covering issues related to HIV/AIDS and its effect on workers and business. At the end of the training, the result of the tests indicated basic understanding about HIV/AIDS and the right of HIV positive people.

### Pre and Post Training Tests

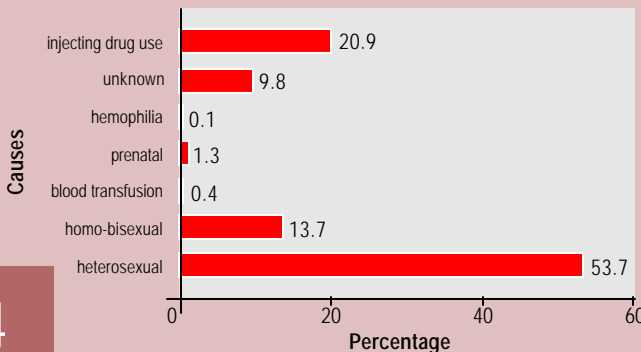
Pre and post training tests were conducted covering issues related to HIV/AIDS and its effect on workers and business. At the end of the training the result of tests indicated basic understanding about HIV/AIDS and the right of HIV+ people increased from 63.16% to 92.11%.

Statements	Right Answers	Pre-Test	Post-Test
1 People who have HIV cannot work	F	18	19
2 Coughing and sneezing do not spread AIDS	T	18	18
3 Working with people are living with HIV is dangerous	F	19	19
4 People who have AIDS cannot resist infection	T	14	14
5 AIDS is caused by a virus called HIV	T	18	19
6 A person with HIV has it for life	T	14	18
7 Mosquito bites can spread AIDS	F	15	18
8 HIV positive means that the person will get AIDS	T	14	16
9 HIV can spread through needles syringes	T	19	19
10 Pregnant mothers with HIV can pass the infection to the baby	F	2	17
11 AIDS is spread through sex with an infected person	T	19	19
12 People with HIV can lead a healthy life for many years	T	14	19
13 People with HIV always look sick and unwell	F	5	18
14 HIV enters the body and in due course weakens and destroys the defence system	T	19	19
15 Recently a cure for AIDS has been discovered	F	4	17
16 Before blood is given to patients it must be tested for HIV	T	0	19
17 AIDS does not concern children	F	2	16
18 HIV can spread through urine or faeces	F	3	18
19 We should never share the food of a person with HIV	F	4	18
20 It is important to help and support people with HIV	F	0	17

(n=19 participants)



## Mode of HIV Transmission



In 2001, the Ministry of Health in Indonesia documented the mode of transmission of HIV infection are as through heterosexual (53.7%), injecting drug use (20.9%), homo-bisexual (13.7%), prenatal (1.3%), blood transfusion (0.4%) and hemophilia (0.1%). The trend of the spread of HIV/AIDS among injecting drug users (IDU) has increased from 2.5% in 1996 to 20% in 2001, while the statistics on HIV infection among injecting drug users in Jakarta has increased from 15.4% to 47.8%.



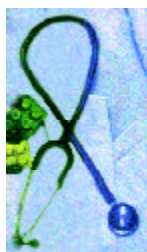
## Mobilization of the Private Sector

It is clear that the private sector has an important role to play in mitigating the spread of the HIV/AIDS epidemic. The ILO Jakarta actively involved itself in mobilizing the private sector by conducting various high-level meetings at national and regional levels in 2003. Working together with UNAIDS and the National Business Alliance on HIV/AIDS, ILO Jakarta participated in the formulation of the *"Partnership Menu"*, which provides companies with opportunities to help in various options of prevention activities. The Menu also provided options for private companies to contribute, not only in the form of funds, but also with in kind.

In addition, the ILO Jakarta actively participated in the establishment, and even has become a

member, of an Ad-Hoc Team under the Coordinating Ministry of People's Welfare. The main task of the Team is to formulate a more effective National AIDS Strategy in relation to the action on HIV/AIDS in the World of Work.

## Occupational Safety and Health (OSH)



ILO Jakarta has introduced HIV/AIDS as part of its OSH-related issues during the *"National Convention on OSH"* on 15 January 2003 in Jakarta. As a follow-up action, the ILO was involved in the formulation of the Manpower Ministerial Decree on Prevention and Control of HIV/AIDS in the World Work through OSH scheme.

## Indonesia "World of Work" Forum: HIV/AIDS is Everybody's Problem

Convened in Jakarta on 6 May 2004, ILO Jakarta, in collaboration with ASA-USAID, held a World of Work Forum titled *"HIV/AIDS is Everybody's Business"*. In the Forum, the Decree No. 68 on Prevention and Control on HIV/AIDS at the Workplace was promulgated.

The Decree, drawn upon the *ILO Code of Practice on HIV/AIDS and the World of Work*, bans employers from any form of discrimination and screening in the recruitment process and in job promotions. The Decree also obliges employers to formulate a policy and establish a prevention programme at the workplace.

The Forum was attended by 300 participants from the business community, trade unions,

government bodies and NGOs. At the Forum, opened by the Minister for Manpower and Transmigration, Jacob Nuwa Wea, the Indonesian version of the ILO and ASA-USAID Training and Prevention Manuals on HIV/AIDS in the World of Work was also launched.



Alan Boulton, Director of ILO Jakarta (left), Tjepie F. Aloewie, Secretary General of MoMT (right) and Sojjan Wanandi, Chairman of APINDO (middle).

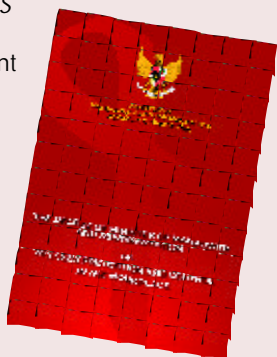






## The Decree of Minister of Manpower and Transmigration on HIV/AIDS Prevention and Control in the Workplace

Drawing on the *ILO Code of Practice on HIV/AIDS and the World of Work* and existing government regulations, the Decree comprises seven articles. It bans employers from discriminating against workers with HIV/AIDS and obliges employers to take steps to prevent and control the spread of HIV/AIDS in the workplace through the Occupational Safety Health (OSH) schemes at the workplace.



The Decree requires companies to implement workplace prevention programs and states that “workers with HIV/AIDS have the right to occupational health service and employment opportunities equal to that which other workers/labourers are entitled to”. It also provides that “employers or officials are prohibited to perform an HIV tests as part of recruitment requirements or working status of workers/labourers or as a compulsory regular medical check up”.

HIV tests can only be performed on the basis of a written agreement from workers/labourers concerned, with a condition that the results will not be used as part of the recruitment requirements or working status. In regard to confidentiality, it also states that any information obtained from counselling activities, HIV tests, medical treatment, medical care and other related activities must be kept confidential just like any medical records.

## Follow-up Workshop on Decree on Prevention and Control of HIV/AIDS at Workplace



As part of the follow-up activities in relation to the Decree, ILO Jakarta and ASA-USAID held a tripartite workshop in Puncak from 20-21 July 2004. The workshop was attended by representatives from enterprises, trade unions and government bodies. Among the

invitees were Peter Rademaker, Deputy Director of ILO Jakarta, and Dr. Benjamin Olalekan Alli, Coordinator, Technical Cooperation and Advisory Services and Deputy Director, ILO Global Program on HIV/AIDS and World of Work. The workshop yielded a draft Implementing Regulation of the Ministerial Decree No. 68, and a draft amendment of Ministerial Regulation No. 05/MEN/1993 on Procedures of Workers' Insurance (Jamsostek), which does not currently cover health care benefits for workers with HIV/AIDS.

## Corporate Response on the Impact of HIV/AIDS in the Workplace

ILO Jakarta, in collaboration with APINDO, conducted an interactive discussion titled “*Corporate Response on the Impact of HIV/AIDS in the*

*Workplace*”, on 29 July 2004. The interactive discussion examined the impact of HIV/AIDS in the workplace and business environment.



Yanti, HIV/AIDS counselor living with HIV, gave her testimony about forms of discrimination she has to face.



# Baseline Survey on the Implementation the ILO Code of Practice on HIV/AIDS and the World of Work



ILO Jakarta conducted a baseline survey on the implementation of the ILO Code of Practice on HIV/AIDS and the World of Work from April to June 2004. The survey covered around 191

companies in four provinces, namely Jakarta, East Java, Riau Islands, and Papua. These provinces were specifically targeted due to the high prevalence of HIV/AIDS. Findings showed that the majority of company managers considered HIV/AIDS as a threat to the productivity of the enterprise. However, in terms of company policy on HIV/AIDS, only 20 companies already have a written company policy. The majority of company required applicants to be free from HIV/AIDS infection. They also required workers to be free from HIV/AIDS for job promotions and rotations.



It provided more information and better understanding among employers about the impact of HIV/AIDS to the business community. The panellists in the discussion included Faisal Basri (Economist from University of Indonesia),

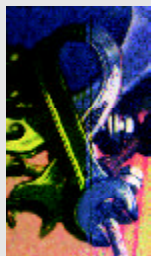
Sofjan Wanandi (Chairman of APINDO), Hari Nugroho (Researcher from University of Indonesia) and Richard Howard (Private Sector Specialist from ASA-USAID).

In the discussion, Sofjan Wanandi, on behalf of the Indonesian business community, committed to formulate actions against HIV/AIDS at the workplace. He stated that his organization was also committed to launch a pilot project consisting of several companies to develop workplace prevention programmes in four provinces (Balikpapan, Surabaya, Riau Islands and DKI Jakarta), as modelled programmes that could be replicated at enterprise level nationwide. The discussion was aired live by the radio station SmartFM and its network stations in Jakarta, Semarang, Palembang, Balikpapan, Banjarmasin, Makassar and Manado.



From left to right: Tauvik Muhamad (National Programme Coordinator on HIV/AIDS of ILO Jakarta), Faisal Basri (Economist from University of Indonesia), Sofjan Wanandi (Chairman of APINDO), Hari Nugroho (Researcher from University of Indonesia) and Richard Howard (Private Sector Specialist from ASA-USAID)

## “Zanzibar” Trade Union Network on HIV/AIDS



Following on from the Manpower Ministerial Decree No. 68, the ILO Jakarta facilitated a meeting with trade union leaders at Zanzibar Café, Jakarta. The meeting highlighted the urgency for trade union participation in HIV/AIDS prevention programmes, particularly in the implementation of the Decree, in order to fight discrimination against HIV/AIDS victims in the workplace. Trade unionists agreed to establish the “Zanzibar” Trade Union Network and to incorporate HIV/AIDS-related issues into their training programmes, such as Collective Labour Agreements and OSH.

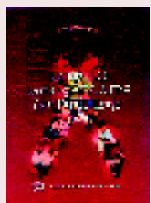
## HIV/AIDS at Workplace Component for Global Fund

ILO Jakarta has facilitated MoMT, APINDO and trade union participation in the formulation of the *Global Fund* proposal, which has incorporated the world of work component as part of the Indonesia HIV/AIDS prevention programme. *Global Fund* has agreed to involve the tripartite social partners in the prevention programmes, namely through the OSH mechanism, in five provinces: Papua, DKI Jakarta, Riau Islands, East Kalimantan and East Java.

## Communications Strategy

In order to raise public awareness and to promote workplace HIV/AIDS prevention programmes, ILO Jakarta has published posters, brochures, manuals and articles for dissemination by its social partners and civil society at large.

1. The Indonesian version of the ILO Code of Practice on HIV/AIDS and the World of Work
2. The Ministerial Decree of Manpower and Transmigration on HIV/AIDS Prevention and Control in the Workplace.
3. The Indonesian version of the Implementing the ILO Code of Practice on HIV/AIDS and the World of Work: An Education and Training Manual.
4. Information leaflet on Action against AIDS in the World of Work.
5. Poster on drugs at Workplace: “Free your workplace from drugs”.
6. Poster of the ILO Code of Practice on HIV/AIDS and the World of Work.
7. Poster on HIV/AIDS is Everybody’s Business.



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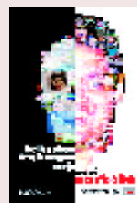
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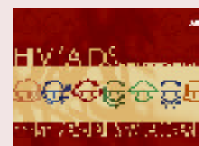
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## Published articles on HIV/AIDS

Three articles below were written by Tauvik Muhamad, National Programme Coordinator on HIV/AIDS, ILO Jakarta. The articles were published in the Jakarta Post and Tempo Daily.

# Removing HIV/AIDS Discrimination in Indonesian Labor Regulations\*

The Thai newspaper, *The Nation*, reported that while Bangkok prepares to host 20,000 delegates to the first-ever international AIDS conference to be held in Southeast Asia (from July 11 through July 16, 2004), a four-star hotel is separating guests who are living with HIV/AIDS (LWHA) from the rest of its clientele.



Conference participants who are LWHA to be billeted at the hotel have been asked to stay in separate rooms and take their meals apart from other guests. Ironically, the conference the participants are to attend is trying to garner political commitment among world leaders, as well as ratchet up the response of business to the challenge of stigmatization and discrimination in the fight against HIV/AIDS.

Several countries have adopted the rights of workers LWHA (WLWHA) in their law, but the reality is still different. South Africa, for instance, legislatively protects the rights of WLWHA but discrimination and denial still prevail in the workplace in a country that has one of the highest HIV/AIDS infection rates in the world.

"We have the best legal framework around but this has not changed mind-sets. People still get dismissed because of their HIV status," said Jennifer Joni, an attorney for the AIDS Law Project in Johannesburg. "I handle HIV/AIDS discrimination cases almost every day."

Victim stigmatization and discrimination is prevalent everywhere in the world. In Indonesia, Yanti, now an HIV/AIDS counselor living with HIV, was asked by her employer to resign as rumors of her HIV status spread soon after the AIDS-related death of her husband. Her coworkers sent a petition to the company, urging them to dismiss her, as they feared infection through sharing their computers, eating or working with her in the same room.

Some migrant workers lose their jobs when they undergo preemployment medical screening, a mandatory procedure. Victim stigmatization and discrimination stems from misunderstanding about how HIV/AIDS is transmitted. Few people are aware that HIV cannot be transmitted by casual contact, only via blood or other, specific body fluids (semen, pre-ejaculate, vaginal fluids, breast milk).

Myths on HIV transmission have contributed to the continuing spread of the epidemic, resulting in an increase in the number of people living with HIV/AIDS (PLWHA). These same people are increasingly losing jobs and finding it more and more difficult to secure new employment. Every day, approximately 14,000 people globally are infected with HIV, 85 percent of whom are at their most productive age. A survey conducted by the Thai Business Coalition on AIDS found that 45 percent of PLWHA surveyed were either unemployed or without a regular source of income, and 95 percent of the same respondents reported loss of income due to the disease.

In Indonesia, discrimination against PLWHA is yet to be reported. This is indicative of the heightened awareness that is occurring in Indonesia. In May 2004, the Indonesian government enacted Ministry of Manpower Decree No. 68 on HIV/AIDS prevention and control in the workplace. The decree, drawing on



the ILO Code of Practice on HIV/AIDS and the World of Work, bans employers from discriminating against workers with the virus, and it obliges employers to take steps to prevent and control the spread of HIV/AIDS in the workplace through occupational safety and health schemes.

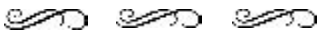
The decree refers to the Indonesian Labor Law, which clearly stipulates a policy of nondiscrimination. But the challenge ahead lies in making the decree operable, so that it complements other regulations and is adopted by the regions, thus assisting in eliminating victim stigmatization and discrimination in the workplace.

The government must, therefore, produce further implementing regulations and review Ministry of Manpower Regulation PER-05/MEN/1993 on employee social security, which currently excludes PLWHA from workplace medical benefit schemes. In the light of the government's decentralization plans, provinces and districts are also obliged to adopt similar decrees on occupational health service and employment opportunities. In addition to these developments in legislation, there is a need to scale up interventions in practice, through strategic awareness-raising and capacity-building, as part of an outreach prevention program in the workplace, for greater impact in the wider community.

It is important that workplaces combat the fear and discrimination that still surrounds HIV/AIDS, by opposing mandatory HIV testing for job applicants and employees, and the continuing employment of HIV-positive workers, ensuring their involvement in workplace responses to HIV/AIDS. Because, for PLWHA, as for many people, getting and maintaining decent employment is one of life's crucial issues.

In the ILO New Delhi Newsletter, Naveen Kumar, an Indian AIDS activist LWHA, had this to say on HIV/AIDS discrimination in the workplace: "If you take away our jobs, you will kill us faster than the HIV virus will. We can work. We pose no risk to our coworkers. Work is more than medicine to us. It keeps us going and enables us to bring home food and medicine."

*\* The article was published in the Jakarta Post on 13 July 2004*



## HIV/AIDS and Child Trafficking for Prostitution\*

The issue of child trafficking was raised at the Sixth Asia-Pacific Ministerial Conference in Nusa Dua Bali, in May this year. At that time the UN indicated that trafficking of women and children had reached 30 million. This issue is the subject of growing concern and is now receiving a great deal of attention, especially in the lead up to the World Day against Child Labour on June 12, which has child trafficking as its theme.

Victims of child trafficking usually fall victim to the prostitution and pornography businesses through being tricked or kidnapped, and are often also subject to exploitation through drug addiction and abortion. It is often the children's parents or family sell them for between IDR 800,000 to 1 million (USD 80 to 100). This is the gloomy fate of many Indonesian children.

There is a continuous demand for young people for sexual exploitation that is supported by the myth that having sex with a virgin, or "buying" sex from children will keep one looking young, intensify masculinity and prevent one from getting infected with sexually transmitted diseases (STDs), including HIV/AIDS. This belief has increased the demand for child trafficking for prostitution.

The statistics for child prostitution are particularly shocking. Today, it is expected that around 30 percent out of the estimated 650,000 Indonesian sex workers are children under 18 years old. Five percent of these are children under the age of 15. Since they often have to have sex without protection, such as a condom, these prostituted children have become 38 percent out of 90-130,000 people living with HIV/AIDS in Indonesia.



The trapped and eventually prostituted children who are in mafia networks have to be highly mobile. In order to meet market demands, they often have to travel from one place to another. A survey of population mobility and HIV/AIDS in Indonesia indicates a strong correlation between high population mobility—especially among both domestic and international contract workers—with the spread of HIV/AIDS. Contract workers that often have to travel to work in remote areas are accustomed to buying sex and are at high risk of HIV/AIDS infection.

The more remote a location, the weaker the bargaining power of children and the stronger the vulnerability to prostitution leading to HIV/AIDS infection. This has triggered the spread of HIV/AIDS throughout the country.

In addition, the world of child practices of unsanitary abortion. A and inject drugs are known to be

Historically, prostitution in with the kings in Java and their Java (Indramayu, Krawang and Grobogan and Wonogiri) and (Blitar, Malang and were then known to be areas concubines could be these areas are areas that workers, including and East Java are the areas a high prevalence of

It is very difficult to and prostitution real root of this poverty. A seen a reduction is made worse by girls—in rural areas, which contracts and early divorce.

More than that, this issue is closely related government system and law enforcement absence of prevention and rehabilitation it, all serve to perpetuate the practice of child industry generates around IDR 30 trillion (USD

The global campaign against child trafficking Congress in Stockholm, Sweden, in 1996 and the Yokohama Declaration in 2001. In line with the campaign, Indonesia has ratified ILO Convention No. 138 (minimum work age) and No. 182 (elimination of the worst forms of child labor) in June 1999 and March 2000. The two conventions firmly prohibit the practices of child trafficking and recognize it as a most serious violation against human rights.

However, ratifying conventions into law is not enough. There is a need to take further steps to eradicate one of its root problems: poverty. In addition to making efforts to change the culture of “permissiveness” in rural communities concerning child trafficking and prostitution, the government is obliged to improve education—especially women’s—so that they have a chance to gain decent work. Lastly, and as an essential factor in overcoming HIV/AIDS in Indonesia, the issue of child trafficking and prostitution will very soon be contained within the National AIDS Strategy.

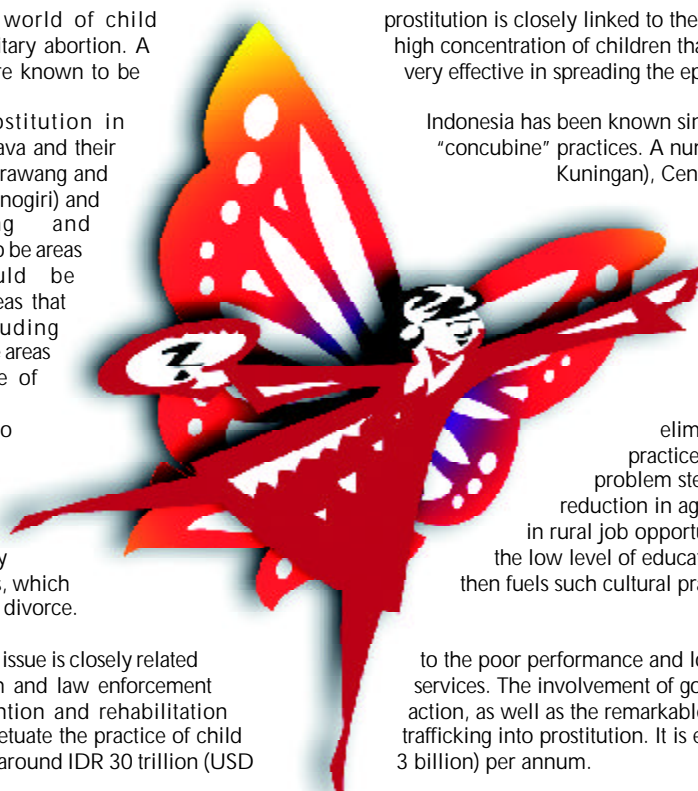
prostitution is closely linked to the use of drugs and high concentration of children that become prostitutes very effective in spreading the epidemic.

Indonesia has been known since the pre-colonial era “concubine” practices. A number of areas in West Kuningan), Central Java (Jejara, East Java Lamongan) where sourced. Now, supply sex children. West considered to have HIV/AIDS.

eliminate child trafficking practices in Indonesia. The problem stems from structural reduction in agricultural work has in rural job opportunities. This situation the low level of education—especially for then fuels such cultural practices as marriage

to the poor performance and low capacity of the services. The involvement of government workers, the action, as well as the remarkable profit generated from trafficking into prostitution. It is estimated that the sex 3 billion) per annum.

practices for prostitution was initiated at the World



\*The article was originally written in Bahasa Indonesia and it was published in TEMPO Daily on 23 July 2003





# The Challenge of HIV/AIDS for Business\*



HIV/AIDS is no longer just an issue of health. It has social and economic implications, with business being the hardest hit. This is because the virus undermines business, attacking productivity rates by inflicting losses on educated and skilled labor forces. In addition, it swells the cost of business as business needs to take into account the rising demand for employee recruitment, training and re-training.

For these reasons, we have no choice but to raise the battle flag against HIV/AIDS without delay. We can now look back at the efforts to combat HIV/AIDS in the workplace, starting in 1982 with Levi Strauss & Co's first workplace prevention programs. Their programs included corporate policy development, education and training programs for

workers and the community, and a policy to keep people living with HIV/AIDS employed. Other multinational corporations such as Coca Cola, Heineken Exxon Mobil, IBM, the Body Shop, Daimler Chrysler, Standard Chartered Bank and Bristol Myers Squibb followed suite.

The threat of HIV/AIDS has forced business to establish a series of business coalitions. Several coalitions have emerged, especially since 1997, in areas with a high prevalence of HIV/AIDS. In Europe, for example, The Prince of Wales Business Leaders Forum was established in 1990 and the Global Business Council on HIV/AIDS was established in 1997.

Both of the coalitions have gathered at least 20 well-known multinational corporations, including Calvin Klien, Polaroid, Squibb, Eskom and the Tata Iron & Steel Co. At the supra-national level, there is European AIDS and Enterprise Network for Europe and Asian Business Coalition on AIDS for Asia. For national coverage, there are coalition examples such as the Thai Business Coalition on AIDS and South African Coalition on HIV/AIDS.

The emergence of these coalitions encouraged the World Economic Forum (WEF) to respond with several initiatives of its own in 2001, including the health initiative on HIV/AIDS, known as the Global Health Initiative (GHI). The WEF is the most prestigious business forum, but often labeled as a "white business people exclusive club", with control of three quarter's of the world's capital movement.

The purpose of GHI is to increase the quality and quantity of business activity in combating HIV/AIDS, tuberculosis and malaria, especially by its efforts to mobilize the private sector to help overcome the scarcity of funds for combating HIV/AIDS worldwide. Bringing together almost one thousand large corporations, for example, Abbot Laboratories, Anglo American, Kuwait Industries Co. Holding, Mc Donald's, Merck, Bill and Melinda Gates Foundation, and the Open Society Institute, and working in close collaboration with UNAIDS (United Nations Joint Programme on HIV/AIDS) and the WHO (World Health Organization), GHI has become a focal point of global fund raising for HIV/AIDS.

What about Indonesia itself? It is estimated that there are around 19 million people at high risk to HIV/AIDS. Based on a UN estimate, the economic loss that this country has suffered due to HIV/AIDS reaches IDR 476 trillion every year. If immediate action is not taken, one million people are expected to die within 10 years. In response, on February 25, 2003, the International Labour Organization (ILO), along with the private sector (represented by KADIN - The Indonesian Chamber of Commerce and Industry, and APINDO-Indonesian Employers' Association), government and trade union representatives, declared their commitment to a tripartite effort to combat HIV/AIDS in Indonesia.

Under this commitment, the three parties agreed to act aggressively in its attempt to combat HIV/AIDS through prevention in the workplace programmes. Seeing the commitment of the Indonesian business community in combating HIV/AIDS, GHI is now exploring the possibility of working together with KADIN and APINDO through the National Business Alliance on AIDS.

Inevitably, business must and does play a significant role to stop the spread of HIV/AIDS all over the world. Therefore, wareness at the global level should be followed-up at the local level, including in Indonesia.