

EFFECTS OF HIV/AIDS IN THE WORKPLACE AND CONSEQUENCES FOR AFRICAN ECONOMIC GROWTH POTENTIALS

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Abstract

Decisions made at the workplace are constantly coming under pressure as a result of the rising HIV/AIDS epidemic that has engulfed Sub-Saharan Africa. Fallouts of the decisions have grave consequences on what happens with growth and profitability. Inferences are that the world of work has subsequently come under a major threat in two respects: financial consequences and the violation of basic rights of the infected and affected worker. Three interrelated observations are made: (i) besides the immense human tragedy, the rising prevalence rates of HIV/AIDS are leading to the erosion of development gains many affected African countries experienced in the last two decades; (ii) the size and quality of the workforce in both the medium and longer-term are affected negatively by the epidemic with a constantly changing labour force structure and composition; and (iii) the costs of doing business and individual worker's cost for treatment are on the increase while enterprise performance is on the decrease resulting in a net loss. The only available and sensible choice therefore is for the people and governments of Africa to mount a concerted comprehensive multi-sectoral and multi-dimensional response in the fight against HIV/AIDS at community, national, sub-regional and regional levels.

Introduction

The purpose of this paper is to highlight the nature and possible effects of the direct and indirect impact of HIV/AIDS on key players in the workplace Sub-Saharan Africa. It also intends to draw out potential implications of such effects for sustaining production processes and economic growth particularly in countries where the HIV/AIDS prevalence rates are over 10 %. Emphasis is placed on the "potential effects" of the pandemic on productivity, profitability and the quality of goods and services produced.

The analysis is constrained by the lack of comparable data on the exact nature and impact of the epidemic on production for the countries of the region thus making it rather difficult to measure in quantitative terms. A closest attempt to capturing the magnitude of the impact is the International Labour Office (ILO) study, which generally gives an analysis the epidemic's "probable impact" on the labour force in thirteen African countries. The case could never be made timelier for detailed studies to be undertaken to provide full understanding of the nature and consequences of the virus in the workplace and its impact on growth potentials in Africa.

The paper therefore takes a broad literature review of studies and reports. It pays special attention to two aspects of the research question [1]. The first deals with the extent to which the virus impacts concomitantly on the worker as a "supplier of labour" and on the enterprise as a "renter in need of labour". The second aspect deals with printing a thumbnail sketch of what the aggregate effects from the interplay between the demand and supply sides of the labour market equation could be given high HIV/AIDS prevalence rates.

Arguments and observations herein are presented in five sections. The first is an overview of the HIV/AIDS situation in Africa, particularly as it relates to the population characteristics [2]. Section two presents an analysis of the inter-relationship between workplace dynamics and the presence of HIV/AIDS taking a closer look at strategic issues and consequences of the

impact on the supply of and demand for labour. Key factors that put the individual worker at risks with and make him/her vulnerable to contracting the infection together with its fatal consequences are also highlighted in this section. The third section sketches a synopsis of the aggregate consequences of the rising HIV/AIDS crisis and the probable negative impact it could have on national economic growth and poverty reduction strategy. The paper concludes with a notation on the strategic challenges for addressing HIV/AIDS at the workplace.

I. Overview of the HIV/AIDS Situation

a) Africa's share of the horror Of the estimated 40 million people worldwide infected with HIV/AIDS at the end of 2001, at least 70 percent or 28.1 million were residing in Sub-Saharan Africa (SSA) [3] . 3.4 million new infections occurred in 2001 and 2.3 million Africans died of AIDS in that year alone. The epidemic caused the death of both parents of 1.7 million African children by the end of 1999. Africa's share of total estimated deaths due to HIV/AIDS since the beginning of the epidemic is above 85 percent. By comparison with other regions, this is a crisis. For some countries it is a national disaster for development. Table 1 gives a comparative picture of the situation as at the end of 1999 and 2001. Along with the reduction in population size, the distribution of the working population profile will change in terms of age, skills and work experience as a result of the epidemic. Three interrelated factors could lead to this result:

§ The rising number of widows and orphans will alter the labour market structure as more and more widows and orphans enter to seek a livelihood.

§ As people living with AIDS (generally in the age group 20-49 years) exit the labour market, the tendency for early entry of poorly prepared and unskilled children into the active labour force becomes greater.

§ Early withdrawal of people with AIDS from the workplace will increase the need to retain older persons in the labour force who may not have the necessary stamina to meet the corresponding rigorous labour market demands.

II. Workplace Dynamics and the Effects of HIV/AIDS

a) Contextual overview

The world of work is coming under constant threat as a result of the epidemic in two aspects: financial consequences and the basic rights of the infected and affected worker. With respect to the first, both the worker and the enterprise feel the impact. Earnings are reduced and enterprises are obliged to incur huge costs through declining productivity, increasing labour replacement and training interventions. Workers have to meet increasing cost of treatment at the expense of other life sustaining and direct family needs. The second comes in the form of discrimination and stigmatisation usually aimed at eroding workers' basic human rights when they are amongst people living with and affected by HIV/AIDS [4] . Together, these two factors determine what happens in the workplace with regards to ensuring effective labour supply and satisfying strategic labour demands.

b) Effects on the strategic supply of labour

(i) Structure composition and vulnerability of the working population

There is a direct linkage between the consequences of the resulting demographic shifts referred to earlier, and what happens at the workplace. One link is with the impact the shifts has on the flow of new entrants into the labour force, and hence on its size at a given point in time. A consensus is emerging in support for the existence of a strong negative relationship between labour flows and the spread of HIV. The general feeling is that countries with high prevalence rates are susceptible to reduction in their general population and hence their working population. The estimated respective percentage declines are shown in Table 3.

Cohen sees the end result as the evolvment of a smaller and smaller active labour force and a greater dependency ratio [5] . The US Bureau of Census has predicted 8 to 31 years of life will have been lost in those countries most affected by HIV\AIDS in sub-Saharan Africa by the year 2010 [6] . Using population data from Botswana, Cameroon, Ethiopia, Cote d'Ivoire, Kenya, Malawi, Mozambique, Namibia, Nigeria, South Africa, Tanzania, Uganda and Zimbabwe, the ILO made some observations as well including the following two: (i) there would be about 24 million fewer workers in hard hit countries alone in the year 2020 as a result of the AIDS epidemic; and (ii) the labour force should be 10 to 22 % smaller in those countries with rates greater than 10 % than it would have been if there had been no HIV/AAIDS by the year 2020 [7] .

Although individual worker's behaviour and decision do play major roles in reducing or increasing the risk of infection, certain types of work situations are more susceptible to the risk of infection than others. Work involving the mobility of a youthful workforce in industrial enterprises such as mines, oilfields, and road-and dam-building projects are for example high on the list. Workers posted in geographically isolated environments with limited social interaction and limited health facilities and those engaged in highway transportation are also vulnerable. Work involving occupational risks such as contact with human blood using inadequate equipment is equally susceptible to the risk. So is work that is dominated by men, where women are in a small minority. Various studies have looked at the role of truck drivers, both in Africa and in Asia, in the spread of HIV.

Behavioural practices continue to drive the probability curve that a worker and/or employer may acquire the infection upwards. These include unprotected sexual relationships with partners, whose HIV status is not known, lack of adherence to infection-control warnings and cultural norms and values. Finally, a climate of discrimination and lack of respect for human rights leaves workers more vulnerable to infection and less able to cope with AIDS because it makes it difficult for them to seek voluntary testing, counselling, treatment or support; they will also not be in a position to take part in advocacy and prevention campaigns. Moreover, individuals who suffer discrimination and lack of respect for their human rights are both more vulnerable to becoming infected and less able to cope with the burdens of HIV/AIDS.

(ii) Quality of existing labour force

HIV/AIDS is likely to have profound effects on the quality of the labour force existing in high HIV prevalence countries. Although quantitatively we know very little at this time of the impact the epidemic has on the quality of the labour force as a result of its effects on education, training and work experience, we do know that it is probable HIV/AIDS will influence labour quality by affecting these factors. Firstly, skilled and experienced employees are lost to the epidemic taking with them institutional memories. The more this happens, the lower is the standard of labour inputs to enterprise production and development. Secondly, it has been argued that the reserve of unemployed and informal sector labour will only be drawn on to replace lost formal sector employment where this labour is transferable. The point is "if more highly skilled and experienced people are lost, labour quantity could be preserved but

the labour quality would not” [8] . Thirdly, persons with HIV infection or AIDS-related illnesses frequently have little or no opportunity to obtain decent jobs forcing other family members, including children, to work. As a consequence, the number of ill-prepared children engaged in income-earning activities in high prevalence countries increases significantly.

(iii) Quality of future labour force

The epidemic’s impact on the education system could affect the quality of future labour inputs in the workplace mainly resulting from poor outflow of new entrants into the labour market. Few studies have made the case forcefully. One school suggests that the epidemic effect on the school system is manifested in its impact on students’ learning curves and classroom performance. The hypothesis is that children who have to live daily carrying within them grief, trauma and/or experiences from seeing close relatives, friends and teachers fall sick, suffer and die of AIDS, would be in a more vulnerable state of mind in responding to learning. Furthermore, there are a number of students who would have lost their parents or guardian to AIDS subjecting them to a lower living standard in the absence of alternative source of income [9] .

For these children balancing the demands of school and the demands of life could present a practical problem. The problem could become even more disturbing for students who know that they are infected with the virus, and would some day die. In addition to the fright of dying and the loss of hope for living, the tendency is high for such student to shy away from active participation in class work and therefore retard learning and performance.

Teachers are not exempted from these trauma or loss of life either. Deaths among teachers are occurring in large numbers in highly affected countries. For example, the number increased by 60 % between 1994 and 1999 in Botswana including 84 primary school teachers who died in 1999 as compared to only 8 in 1994. In Zambia, 40 % of teachers are infected with HIV and are dying at a faster rate than the number of teacher graduations. Filling in the gap is indeed a very difficult task. On the other hand, the quality of instruction diminishes as more and more teachers fall sick. Frequent bouts of sickness of either teachers or family members take away many person hours from classroom teaching. Worst still, the stress of sickness and the knowledge of impending death reduce the quality of lecture preparation and delivery. The end result is the poor quality of people flowing from the education system in relation to the demands of the workplace and society.

c) Effects on the demand for labour

(i) Operating costs of doing business

Many African governments have called upon the business community in their respective countries to join in the fight against HIV/AIDS. Public sector institutions, NGOs and CBOs are also involved in promoting a viable and supportive response to the epidemic. There are direct and opportunity costs associated with each intervention taken in response to this call. As the rate of infection increases, so are the costs associated with the epidemic. These increasing costs may ultimately affect the level of benefits that a business is able to provide for its workforce.

Cost increases come about through a variety of ways, three of which are worth mentioning. Demand for recruitment and training rises as a result of increased staff turnover and loss of skills. For example, 36 out of 1600 employees of Barclays Bank in Zambia died of AIDS-related deaths. Situation like these, call for the employment of extra labour, multi-skilling,

succession strategies and extensive human resource monitoring only to cope with staff fluctuations and losses. These are done mainly through training, re-training and recruitment costs, which would mean falling rates of return on human capital formation. The higher income and more skilled employees categories of staff involved, the greater is the cost.

Secondly, the costs to enterprises, public or private, are those incurred in the provision of health care for infected employees. A study (Rugalema 1999) of a commercial agro-estate in Kenya estimated that “medical expenditure rose to over 400 % above that of projected expenditure without AIDS” [10] . However, the provision of health care in countries where public health care provision is limited and private health care expensive, the cost could be considered an investment, preventing or limiting sickness\absenteeism and controlling workforce health risks.

Finally, company life insurance premiums and pension fund commitments will rise as a result of early retirement or death. This is particularly problematic in those economies where such benefits are more comprehensive. For example, in Zimbabwe, over a two-year period, life insurance premiums quadrupled as a result of HIV\AIDS. Where businesses provide for the funeral costs of employees the operating cost component could get bigger as mortality rate of HIV\AIDS gets bigger. Additional costs are incurred from frequent absenteeism due to illness or attendance at funerals, as well as time spent on training. Whiteside (1999) calculated that absenteeism accounted for anywhere between 25-54 percent of costs on average for a group of businesses in East Africa [11] .

(ii) Producing quality goods and services

HIV/AIDS is a threat to enterprise delivery capacity and performance. The impact of the epidemic has therefore raised a number of concerns for the employer and self-employed who demand labour inputs to sustain their enterprises. A major area of concern is the high labour turnover due to HIV/AIDS related deaths. The case is serious if the rapid turnover leads to a less experienced workforce relative to the types of skills demanded.

Another area of concern is the effect of the pandemic on the competitiveness of enterprises in the production of quality goods and services. Losses in labour time and skills will reduce the quantity and quality of outputs produced. This can directly affect the quality of control of products and services, leading to reputation losses and ultimately a reduction in customers. Quality of goods and services produced by small firms in the formal and informal sectors also suffer from the effects of the epidemic. Loss of one or more key employees may be even more catastrophic. It has been observed that food production reduced and food security declined in rural sectors as labour and time are reallocated from agricultural work to non-agricultural care activities. Maize outputs for small farmers in Zambia fell by 45 % due to all deaths. When AIDS was factored out as the cause of death, maize production figures went down by 61%, cotton 47 %, vegetables 49 % and groundnuts 37 % respectively [12] .

Disruption in the production process due to the loss of skills from the workforce is another area of concern for the renters of labour. Such disruption is severed if it is a loss of “intellectual capital”, which has become increasingly important relative to “financial capital” and with the progressive changes in the way companies are now valued. In other words, skills losses could lead to lower value or lower quality products and decrease the value of goods produced. Finally, what happens in one sector could impact events in another sector. For example, skills losses and interruption of production in say the telecommunications and electricity sectors may lead to production losses in all other sectors using these services. In

the public sector skills losses, in an already skills deficit situation, will compound problems of public administration and policy management.

(iii) Productivity and profitability

A direct link exists between HIV/AIDS and declining productivity and profits. The bottom line is that declining levels of productivity could lead to declining profits especially when production costs are not declining at an equal or higher rate, as is usually the case when the prevalence rate of HIV/AIDS is high among the productive segment of the population. We had reviewed earlier the increasing costs associated with the need for employers and individual workers to redress the rising scourge of the epidemic. For example a transport company in Zimbabwe incurred a total cost equal to 20 percent of profits to deal with HIV/AIDS related issues in the company [13].

Resulting spillovers are tremendous and could erode the current and future profit margins. In practical terms, investment capacities for increasing productivity, expansion, research and development, and workforce training and support are weakened. Within a situation of scarcity of skilled labour demands for higher wages could lead to serious liquidity problem and/or eat into profits. Additionally, when productivity is on the decline or unpredictable, the ability for businesses to meet supply demands from consumers, decreases. This situation in turn has impacts on firms' present and future reputation, which translates into depressed profitability.

One principal area in which HIV/AIDS impacts on productivity in addition to costs escalation is increased organisational disruption within the workforce due to high rates of morbidity and mortality. Usually making prompt and adequate adjustments to the erratic rate of staff turnover coupled with the loss of skills and tacit knowledge can be very difficult. The main problem is the passing on of acquired skills and knowledge, which has been such a major factor in the growth of labour productivity, diminishes. Besides, morale can be severely affected by the loss of colleagues; discrimination against people living with HIV/AIDS; and the disruption of work activities to attend infected and affected workmates. These less visible organisational factors are built up over longer time frames and are critical for a more efficient, effective and ultimately productive workforce. While these factors may be essentially invisible in nature and difficult to calculate, their impact on productivity levels is nonetheless enormous. III. Aggregate Impact-Effect a) Consequences on national growth

The main growth effects will come from depressed levels of net savings, with the negative consequences on the rate of investment. It is the domino effect that will make this proposition hold. As discussed earlier, HIV/AIDS could lead to less productive employment and lower earning power. These would in turn depress domestic private savings. It should be noted that national savings are the outcome of what happens to domestic savings and the balance of capital inflow and outflow. Consequently, depressed domestic savings would lead to depressed investments and eventually to depressed growth.

Attempts to quantify this expected decline in growth indicators as a result of HIV/AIDS have been made. One study using data from Tanzania, Cameroon, Zambia, Swaziland, Kenya, KwaZulu-Natal and a few other Sub-Saharan African countries found that the "rate of economic growth may be reduced by as much as 25 percent over a 20-year period as a result of the HIV/AIDS pandemic" [14]. Way and Over, (1992) also concluded that that "AIDS could suppress gross domestic product (GDP) by as much as 10 percent over a 15-year period" [15]. Bonnel (2000) estimated the annual loss that could result in a number of African countries by 2010 as reflected in Table 4.

b) Impact on poverty reduction strategies

The poverty situation in Africa could get worst with growing HIV/AIDS prevalence rates through a variety of ways. One of such direct impact as felt at the workplace results from lower profits. The consequence is twofold. First, there would be a reduction in income-earning employment opportunities for those entering the labour market. Second, the number of workers to be laid off would join the unemployed ranks. Given that at the center of any poverty reduction strategy is the need for people to gain livelihood mainly through formal wage employment and/or self-employment, the effect of these two outcomes could be devastating. In practical terms, with declining growth and employment opportunities, the chances for improving livelihood of the poor could diminish over time thus deepening poverty and increasing the levels of risks for contracting HIV/AIDS.

There is another way of looking at the manner in which HIV/AIDS leads to a person and nation into poverty. Principally, HIV/AIDS affects people within their most productive years of life. For such people earnings are reduced as a result of illness and higher expenditure on health care and premature death. For people affected by the suffering of infected relatives and love ones, the increasing demands on their financial support and time could strain earnings. On the aggregate, it is the households and communities that are the direct victims of the epidemic. National and local resources and time efforts, which could have been used for community development projects, are increasingly being used to deal with the impact and consequences of HIV/AIDS.

At the level of the individual and the household, the literature suggests that the impact will be felt in three forms: Firstly, total and disposable individual and household incomes will fall in real terms. The fall would result from increasing funeral obligations to visiting friends, relatives and love ones before, during and after the burial. Secondly, the psychological impact of the epidemic on the individual worker's family member is grave. Nothing is more depressing and psychological than to see everyday a love one incapable of taking a bath or incapable of using the toilets by themselves. This is an impact that is not measurable in any quantitative way. Finally, the epidemic has social impact on households. At one extreme, the abilities to care for the increase in the number of people living with HIV, the dying, the elderly, destitute adults and the increasing number of orphans are tested to the limits. These are traumatic experiences that dampen the spirit of the worker, which is then passed on to the workplace.

The same is true for many governments and private businesses. Public saving rates are lower because of greater health care costs. Revenues are depressed from lower corporate profits and workers' income taxes leading to depressed employment opportunities. An undesirable option is to push some workers into lower paying jobs particularly in the informal sector exacerbating the vicious poverty cycle and re-enforcing the interrelationships between poverty and HIV/AIDS.

IV. Some Concluding Remarks

All sectors of the economies in countries where HIV/AIDS rates are high will feel the impact of the epidemic. At the root is the devastating impact the HIV/AIDS pandemic is having on the elements and components operating in the workplace. Although hard evidence is yet to come by, signals are emerging that the pandemic has profound negative impacts on the economies of the African region and its potential growth. It also has a severe impact on the workforce, businesses, and individual workers and their families. These have given rise to a number of challenges.

Firstly, those countries with high HIV/AIDS prevalence rates will inescapably have to incur unbearable economic costs from their meager resources as well as endure the rising social and psychological costs. Secondly, a comprehensive multi-sectoral and multi-dimensional response is nevertheless needed and should be led from the highest political platform through villages. That response should cover key principles, including the recognition of HIV/AIDS as a workplace issue. Non-discrimination in employment, gender equality, screening and confidentiality, social dialogue, prevention and care and support should all feature as the basis for addressing the epidemic in the workplace. The importance of the roles to be played by employers and workers' organisations in addressing HIV/AIDS cannot therefore be overemphasized. Partly because they are in a very good position to bring the issue out into the open and help overcome the culture of denial and stigmatisation. The concerted effort is required also because it is difficult for employees to fight for their rights and interests on their own.

Finally, to try and estimate the exact impact and costs is no easy task. The difficulty arises in part because prediction of the disease itself is fraught with known and unexpected difficulties. Nonetheless, it is a task worth considering and pursuing urgently. The information shall not only support the management of business enterprises, it will also guide national and regional policies in mounting the necessary responses and fostering sustained economic growth and social development.

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[1] Discussions are currently underway to conduct a comprehensive survey of enterprises in Africa on this particular research question.

[2] The emphasis stems from two factors that influence greatly the outcomes at the workplace: supply base for the “labour force”; and supply base for the “consuming force”.

[3] High incidences of income and capability poverty, cultural norms, ignorance, denial, illiteracy, and gender inequality and mobility are among the root causes for the spread of the epidemic in the region.

[4] The ILO has concluded that the fundamental rights at work are affected by HIV/AIDS. An international Code of Practice on HIV/AIDS and the World of Works has accordingly been adopted to address this rising problem.

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