



► Policy Brief

June 2020

COVID-19 and the world of work: A focus on people living with HIV

The COVID-19 pandemic is an unprecedented health emergency that has led to a major social and economic crisis in a very short time. It is adversely affecting over 37 million people living with HIV globally, already disadvantaged by stigma, discrimination and marginalization. Many have little or no access to social protection. The majority of people living with HIV are of working age. Their health and livelihood needs must not be compromised. The pledge of “leaving no one behind” – underpinning the 2030 Agenda for Sustainable Development – must guide the world of work response.

This brief describes the impact of COVID-19 on people living with HIV and makes recommendations for a COVID-19 response and recovery in the world of work that is inclusive of people living with HIV. It also highlights examples of measures being taken with that aim.

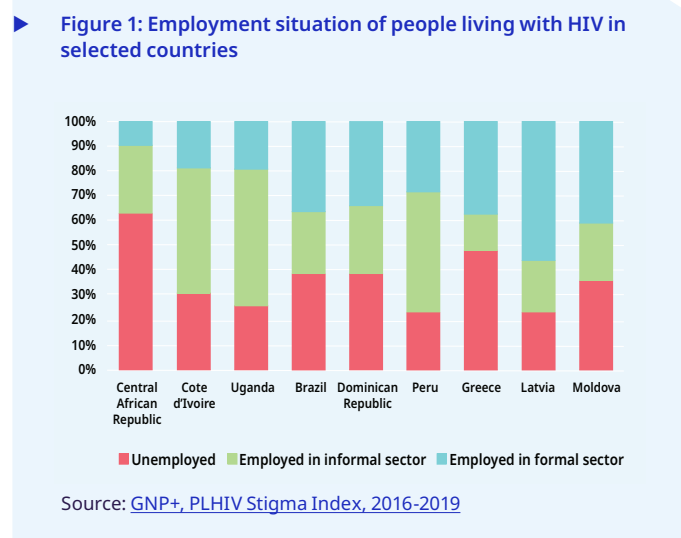
► COVID-19: Impact on people living with HIV

People living with HIV are losing jobs and livelihoods

Even before the COVID-19 crisis, a high percentage of people living with HIV were engaged in the informal economy. They faced high levels of discrimination in employment and had high rates of unemployment.¹

Almost 1.6 billion informal economy workers² in the world have been significantly impacted by lockdown measures. Among informal economy workers in the hardest hit sectors, women are overrepresented. The rate of relative poverty is expected to increase by approximately 34 percentage points globally for workers in the informal economy.

With further increases in income inequality among workers, an even greater proportion of informal economy workers will be left behind. Action is needed to protect workers in vulnerable situations, and these measures must include people living with HIV.



1 GNP+, [PLHIV Stigma Index](#), country reports, 2016-2019.

2 [ILO Monitor: COVID-19 and the world of work](#). Third edition, Updated estimates and analysis, 2020

Impact on unpaid care work in the COVID-19 context could affect HIV-affected households more

The presence of people living with HIV in a household imposes a burden on caregivers, resulting in a significant amount of weekly care work, which further reduces their probability of being employed.³ This particularly affects women, as they perform a disproportionate share of unpaid care work, exacerbating gender inequalities in employment, education and other social and community activities.

The COVID-19 crisis, and associated school and day care closures, reduction in public services for people with disabilities and the elderly, the non-availability of domestic workers and the need to look after family members with COVID-19 has increased the unpaid care burden, including for people in HIV-affected households.⁴

Disruptions in HIV testing and treatment as a result of COVID-19 lockdowns could be disastrous for workers

Before the COVID-19 crisis, the ILO estimated that lost earnings due to HIV and AIDS would be USD 7.2 billion in 2020, largely as a result of the deaths of hundreds of thousands of workers, most of which are preventable with treatment.⁵ Even though anti-retroviral treatment (ART) is keeping workers healthy and productive, the ILO projected approximately 500,000 labour force deaths in 2020 attributed to HIV and AIDS. The greatest incidence of mortality is among workers in their late 30s at the peak of their productivity. With COVID-19 threatening to disrupt HIV testing and treatment for workers, due to disruption of economic activities and lockdowns, there is a very real risk that the already high projected pre-COVID-19 HIV-related mortality rate could rise dramatically.

While some governments are taking important measures to ensure the supply of life-saving

anti-retroviral treatment for people living with HIV, the risk of ART stocks running out remains high in several countries due to lockdowns and supply chain disruptions. Modelling studies show that in high HIV-burden settings, HIV and tuberculosis-related deaths may increase by 10 and 20 per cent respectively, compared to pre-COVID-19 pandemic levels⁶ due to disruptions in access to medication.

HIV prevention and testing services have also slowed down. Those who test positive for HIV may not access ART immediately because health facilities are fully engaged in dealing with the COVID-19 emergency.

A modelling group convened by the World Health Organization (WHO) and UNAIDS has estimated that if efforts are not made to mitigate and overcome interruptions in health services and supplies during the COVID-19 pandemic, a six-months disruption of antiretroviral therapy could lead to more than 500,000 extra deaths from AIDS-related illnesses, including from tuberculosis, in sub-Saharan Africa in 2020–2021.⁷

Social protection is failing people living with HIV

The majority of people living with HIV do not have adequate access to social protection. Even though in a number of countries they receive free anti-retroviral treatment, paid by governments and donors, many still struggle to cover their out-of-pocket health care expenses. With limited access to unemployment insurance and income support, the impact of the COVID-19 crisis is likely to exacerbate this situation.

Even where social protection covers HIV, people living with it and key populations⁸ find it challenging to access services. The top three barriers they face are stigma and discrimination, lack of knowledge about the existing programmes, and the complicated procedures for accessing the existing schemes.⁹

It is, therefore, important that countries prioritize support for those who are particularly vulnerable to the crisis, including workers in the informal economy, ensuring that their immediate needs are met, including access to health care and income support.¹⁰

3 ILO, [The impact of HIV on care work and the care workforce](#), 2019.

4 ILO, [The COVID-19 response: Getting gender equality right for a better future for women at work](#), Policy brief, 2020.

5 ILO, [The impact of HIV and AIDS on the world of work: Global estimates](#), 2018.

6 Alexandra B. Hogan, Britta Jewell, Ellie Sherrard-Smith et al, [The Potential Impact of the COVID-19 Epidemic on HIV, TB and Malaria in Low-and Middle-Income Countries](#), Imperial College London, 2020.

7 WHO, [The cost of inaction: COVID-19-related service disruptions could cause hundreds of thousands of extra deaths from HIV](#), joint news release, 2020.

8 Men who have sex with men, injecting drug users, female sex workers, transgender people and people in prisons and other closed settings.

9 ILO, [Access to and Effects of Social Protection on Workers living with HIV and their Households: An analytical report](#), 2014.

10 ILO, [Social protection responses to the COVID-19 crisis: Country responses and policy considerations](#), Social Protection Spotlight, ILO Brief, 2020.

Layers of vulnerability impact people living with HIV even harder

People living with HIV are a diverse group. HIV status may interact with other personal characteristics, including gender, sexual orientation and gender identity, and ethnicity, to further aggravate the impact of the COVID-19 crisis.

A dramatic increase in domestic violence, particularly against women has accompanied COVID-19 lockdown measures.¹¹ Gender discrimination and gender-based violence and harassment were already fuelling the HIV epidemic.¹² Women who have experienced violence are 50 per cent more likely to be living with HIV, and are less likely to start or adhere to anti-retroviral therapy.¹³ With gender-based violence and harassment, in particular domestic violence, on the rise, there is likely to be a spike in HIV transmissions. Along with reduced access to HIV treatment and care due to the COVID-19 crisis, this could have devastating impacts, in particular for women living with HIV.

Key populations¹⁴ and their sexual partners account for 54 per cent of new HIV infections globally.¹⁵ According to the United Nations Office of the High Commissioner for Human Rights, lesbian, gay, bisexual, transgender

and intersex people (LGBTI) may be particularly at risk during the pandemic, due to stigma and discrimination and disparities in access, quality and availability of healthcare services.¹⁶ In some countries there appears to be an increase in homophobic and transphobic rhetoric and action, including attacks on LGBTI organizations.¹⁷ LGBTI also risk their livelihoods as they are more likely to be unemployed and live in poverty than the general population. Many in the LGBTI community work in the informal economy and lack access to paid sick leave, unemployment compensation, and coverage.¹⁸ UNAIDS and MPact Global Action for Gay Men's Health and Rights¹⁹ have called on governments and partners to protect, support and ensure respect the human rights of LGBTI people in the response to COVID-19.

There are approximately 476 million indigenous and tribal peoples who are particularly vulnerable to COVID-19 and its socio-economic consequences. Being an indigenous person living with HIV adds another layer of vulnerability. Barriers to accessing health services, denial of the right to work and discrimination in employment settings for indigenous peoples living with HIV are highlighted in a recent ILO study.²⁰

What people living with HIV need to know about HIV and COVID-19

COVID-19 is a serious disease and all people living with HIV should take all recommended preventive measures to minimize exposure to, and prevent infection by the virus that causes COVID-19.

As in the general population, older people living with HIV or people living with HIV with heart or lung problems may be at a higher risk of contracting the virus and of suffering more serious symptoms.

Until more is known, people living with HIV—especially those with advanced or poorly controlled HIV-related disease—should be cautious and pay close attention to prevention measures and recommendations.

It is also important that people living with HIV have multi-month refills of their HIV medicines.

Source: UNAIDS, [What people living with HIV need to know about COVID-19](#), 2020

11 ILO, [The COVID-19 response: Getting gender equality right for a better future for women at work](#), Policy Brief, 2020.

12 UNAIDS, [Women and HIV, a spotlight on adolescent girls and young women](#), 2019.

13 Ibid.

14 Men who have sex with men, injecting drug users, female sex workers, transgender people and people in prisons and other closed settings.

15 UNAIDS, [UNAIDS data 2019](#), 2019.

16 OHCHR, [COVID-19 and the human rights of LGBTI people](#), 2020.

17 Ibid.

18 Ibid.

19 UNAIDS, [UNAIDS and MPact are extremely concerned about reports that LGBTI people are being blamed and abused during the COVID-19 outbreak](#), press release, 2020.

20 ILO, [A qualitative study on stigma and discrimination experienced by indigenous peoples living with HIV or having TB at work](#), 2019.

► Recommendations

Prevent discrimination and exclusion in the COVID-19 response, leave no one behind

Governments, employers' and workers' organizations can take measures to prevent discrimination and exclusion, guided by international labour standards,²¹ in the context of policy and programmatic responses to COVID-19 in the world of work.

The ILO Recommendation concerning HIV and AIDS and the World of Work, 2010 (No. 200)²² states "... measures to address HIV and AIDS in the world of work should be part of national development policies and programmes, including those related to labour, education, social protection and health."

There are a large number of national labour, HIV and AIDS, non-discrimination and equality laws and policies, as well as workplace codes of conduct and policies that set out measures to prevent and address HIV-related stigma and discrimination. These laws and policies need to inform the COVID-19 response, and their enforcement must be ensured.

Much has been learned from the HIV response in terms of addressing stigma and discrimination, which can also inform the COVID-19 response, including developing a rights-based response, engaging with affected communities, and combatting stigma and discrimination in all its forms.²³

Social dialogue is key in addressing the COVID-19 crisis, and should address the protection needs of the most vulnerable workers and enterprises as a matter of priority, in line with the pledge by UN Member States to "leave no one behind".²⁴

Employers' and workers' organizations in a number of countries are collaborating to develop appropriate strategies and submit proposals to government to ensure that people living with HIV are included in government response and recovery packages, including protection and healthcare measures.

- In **Uganda**, a [joint statement](#) of the Federation of Uganda Employers and the National Organization of Trade Unions, calls for a comprehensive response to the COVID-19 measures, ensuring that no one is left behind, particularly people living with HIV, persons with disability, migrants and people in other vulnerable situations. The statement also mentions the importance of protecting jobs for all people, including for people living with HIV and people with disabilities. People living with HIV should also have access to health services, including ART.
- In **South Africa**, a multi-sectoral response to COVID-19 and HIV is being coordinated through the Joint National Economic Development Labour Advisory Council, the South African National AIDS Council, ILO and other UN agencies. This initiative aims to strengthen the work of the Civil Society Command Centre on COVID-19 and HIV to ensure the involvement of workers living with HIV, support HIV and COVID-19 related awareness and training of workers, and enhance interventions aimed at mitigating the impact of the COVID-19 on workers and operators in the informal economy.

Gather evidence of the socio-economic impact of COVID-19 on people living with HIV

Gathering reliable data and evidence is a critical step to take informed decisions. Governments, UN country teams and developmental partners have already initiated a number of assessments with a view to better understand the impact of COVID-19.

The principle of leaving no one behind must guide this exercise. Countries should identify the groups being left behind: who they are, where they live and why they are being left behind. Such information is essential to develop and implement effective and inclusive response measures.

The ILO's technical brief - Rapid Diagnostics for Assessing the Country Level Impact of COVID-19 on the Economy and Labour Market²⁵ – provides timely guidance in this regard, and emphasizes that the assessment must identify workers most at risk, including people living with

21 ILO, [ILO Standards and COVID-19](#), 2020.

22 ILO, [Recommendation concerning HIV and AIDS and the world of work](#), 2010 (No. 200).

23 ILO, [Addressing stigma and discrimination in the COVID-19 response: Key lessons from the response to HIV and AIDS](#), ILO Brief, 2020.

24 ILO, [The need for social dialogue in addressing the COVID-19 crisis](#), 2020.

25 ILO, [Rapid Diagnostics for Assessing the Country Level Impact of COVID-19 on the Economy and Labour Market](#), Technical Brief, 2020.

HIV. Once the assessment is made, targeted responses can be designed.

- In **Indonesia**, the Indonesia AIDS Coalition and ILO have joined hands to conduct a rapid impact assessment of the COVID-19 pandemic on people living with HIV, focusing on livelihood support and accessing ART in remote areas.
- In **India**, an assessment of the socio-economic impact of COVID-19 on people living with HIV has been initiated by UNAIDS, ILO and other UN agencies. A questionnaire has been finalized with inputs from people living with HIV, which will cover over 70,000 people living with HIV.
- In **Zambia**, a joint UN initiative, involving the ILO, is being launched to assess of the socio-economic impact of COVID-19 on gender equality. The scope of the assessment includes the impact on people living with HIV.
- In **China**, a joint UN Study on Poverty, Vulnerability and HIV has been planned that will also assess the impact of COVID-19 on income and livelihoods of people living with HIV.
- In **Mozambique**, a rapid assessment on the impact COVID-19 and HIV in the world of work focusing on the informal economy is planned by the ILO in collaboration with its constituents.
- In **Madagascar**, the National Council to fight HIV and the ILO are working together to identify the needs of people living with HIV which will be used to develop a plan of action to tackle the effect of COVID-19 on informal economy workers living with HIV and TB.

Protect jobs and income for people living with HIV and key populations

As lockdowns end and recovery plans are put in place, it will be important to ensure that people living with HIV and key populations do not face stigma and discrimination in resuming their jobs or reintegrating into the labour market.

Given the high unemployment rates of people living with HIV, some countries have developed targeted income generation programmes as part of their COVID-19 response and recovery plans, which could be adapted by others.

- In **Zambia**, the Zambia Federation of Employers and the Network of Zambian People Living with HIV are developing, with the support of the ILO, an innovative income generation project for people living with HIV. The ILO will support the network to produce hand sanitizers which will be sold in workplaces. Quality assurance of sanitizers will be coordinated with the WHO.
- In **Indonesia**, the business coaching strategy of the Indonesian National Employers' Association and the Sustaining Competitive and Responsible Enterprises (SCORE) project of the ILO, is being adapted to address the situation caused by the COVID-19 crisis. The transgender persons who started their businesses with support from the ILO are participating in the intensive business coaching virtually to learn how to adapt their business during and after the pandemic.
- In **India**, an income generation project for people living with HIV is being developed with the National Coalition of People Living with HIV. The Coalition intends to produce masks and hand sanitizers, which will be used at workplaces in coordination with employers' and workers' organizations once the lock down ends to facilitate the safe return to work programme.
- In **Nigeria**, the Nigeria Business Coalition and the ILO are collaborating to develop a toolkit to support income generation activities for people living with HIV.
- In **Mozambique**, Start and Improve Your Business (SIYB) training is being provided to the network of people living with HIV in two provinces. The network will also be supported with an income generation project on the production and sale of masks.

Protect health workers, strengthen occupational safety and health programmes

The ILO Centenary Declaration for the Future of Work adopted in June 2019 declared that "safe and healthy working conditions are fundamental to decent work". COVID-19 has shown the importance of protecting health care workers, improving their working conditions, and ensuring safety and health at work. Integration of HIV in health services is essential in this regard.

The ILO Convention on Occupational Safety and Health (No, 155) provides guidance on prevention and protection measures to mitigate the negative safety and health effects of pandemics such as COVID-19 in the world of work.

- In **Indonesia**, the Ministry of Manpower together with the ILO is developing Occupational Safety and Health guidelines for priority sectors affected by COVID-19. The guidelines will ensure the integration of HIV in health services at workplaces. A blogging campaign (video blog) on HIV awareness has been planned and this will be integrated into the dissemination and implementation phase of the OSH guidelines. This work will be done in coordination with the Indonesia National Employers' Association and a production company.
- In **China**, the Ministry of Health and the ILO are building on the long standing HIV and AIDS programme, using the HealthWISE tool to train workers in 130 hospitals across the country. Responding to local needs, the ILO plans to conduct on-line training workshops for healthcare workers from Hubei province, which has been hit particularly hard by the COVID-19 crisis, using the HealthWISE tool. The training is expected to reach 100 hospitals in the province.

The principle of greater involvement of people living with HIV should be respected as it would lend enhanced legitimacy and effectiveness to relevant action by government and other concerned actors. There are already a number of inspirational stories of action and innovative solutions that community organizations are offering during the COVID-19 emergency. Governments should engage with communities at all stages of the response to ensure that it is inclusive and caters to the needs of the most marginalized and vulnerable populations.

At the global level, the ILO is engaging with the Global Network of People Living with HIV to undertake advocacy on the right to work for people living with HIV and ensuring that they are not left behind in the COVID-19 response. The ILO is also collaborating with several national level networks of people living with HIV, and facilitating their partnership in the emerging COVID-19 responses in the world of work.

Engage with people living with HIV and key populations

Meaningful and early engagement of affected communities in the COVID-19 response is key. The ILO Recommendation No. 200 states, "The national policies and programmes should be developed by the competent authorities, in consultation with the most representative organizations of employers and workers, as well as organizations representing persons living with HIV, taking into account the views of relevant sectors, especially the health sector."



International
Labour
Organization

COVID-19 is affecting people living with HIV globally. Many are not able to get their treatment and have lost livelihoods due to lockdowns. We are rising to these challenges. Please engage with us.

Rico Gustav, Executive Director,
Global Network of People Living with HIV



Expand coverage of social protection to include people living with HIV

A coordinated effort to address both short and long term responses to strengthening universal social protection systems related to COVID-19 is called for. Target 10 of the UNAIDS strategy²⁶ – at least 75 per cent of people living with HIV should have access to social protection – must remain a clear objective.

The ILO has set out guidance and recommendations on enhancing social protection measures during COVID-19.²⁷ Initiatives should be reviewed from the perspective of inclusiveness, ensuring that people living with HIV are effectively included in social protection measures. Barriers that people living with HIV face in accessing social protection services should be identified in consultation with the organizations of people living with HIV and key populations, and these barriers should be removed.

- In **Uganda**, a rapid assessment of the social protection needs of workers in the informal economy in urban settings is being initiated. The Federation of Uganda Employers, the National Organization of Trade Unions, and the Central Organization of Free Trade Unions will provide the linkages to the informal economy associations, and the National Forum of Persons living with HIV networks in Uganda will be involved in ensuring the inclusion of people living with HIV in the assessment.
- In **Kenya**, an assessment of the coverage of social protection in the informal and rural economy is planned by the FAO and the ILO. This will be a comprehensive assessment, including people living with HIV.
- In **Liberia**, six networks of people living with HIV are being assisted by the ILO to help them access social protection, particularly food transfers, distribution of face masks and hand sanitizers in the Montserrado country.

Continue with HIV prevention, testing and treatment programmes for workers, and reinforce the COVID-19 response

COVID-19 is an unprecedented health emergency, which should not be allowed to dilute the ongoing response to HIV and AIDS. HIV prevention, testing and treatment services should not slow down. Lessons learned from the HIV response can also inform the COVID-19 response in this regard. HIV and COVID-19 prevention measures can reinforce each other.

The ILO's voluntary counselling and testing programme for workers – VCT@WORK – has shown that workplaces have considerable potential for expanding testing, particularly for men who are less likely than women to visit health facilities. Expanding this confidential testing to address COVID-19 would be possible in future, and should be explored.

It is important to find innovative ways of continuing with HIV education, training and HIV testing, including HIV self-testing, which offers workers the possibility of undertaking preliminary screening in their private settings and then visiting a health facility only for a confirmatory test, counselling and treatment, if necessary. And again, this could inform COVID-19 testing approaches.

VCT@WORK integrates COVID-19 awareness in Kenya

Building on the ongoing VCT@WORK Initiative, and in response to the COVID-19 pandemic, the Central Organization of Trade Unions in Kenya (COTU-K) and its affiliate the Kenya Long Distance Truck Drivers Union and its health arm – Highway Community Health Resource Centre and the Kenya Pipeline Company and the ILO – have planned to implement a comprehensive COVID-19 - HIV programme among truckers.

The programme involves creating awareness on COVID-19 preventions, distribution of masks and sanitizers, mobilization for HIV testing, and stigma mitigation. It will also integrate HIV self-testing into the ongoing VCT@WORK Initiative and distribute condoms to truckers.

26 UNAIDS, [2016-2021 strategy, On the fast track to end AIDS](#), 2015.

27 ILO [Social protection responses to the COVID-19 pandemic in developing countries: Strengthening resilience by building universal social protection](#), 2020.

COVID-19 integrated in HIV awareness and training

- In **Ukraine**, during the COVID-19 lockdown, the International Union of Food, Agricultural, Hotel, Restaurant, Catering, Tobacco and Allied Workers' Associations (IUF), the Agro-Industrial Trade Union of Ukraine and the ILO are organizing online awareness sessions for union members on HIV and COVID-19. The Agro-Industrial Union of Ukraine is an affiliate of the IUF, and has an ongoing collaboration with the ILO on HIV and AIDS. Building on this collaboration, online sessions are being conducted for union members on COVID-19 and HIV, covering prevention, stigma, staying positive during lockdowns, and highlighting the connection to care, to support access to health services for HIV or COVID-19.
- In **Malawi**, the Employers' Consultative Association of Malawi and ILO are working together to sensitize employers regarding their role in protecting the rights of the most vulnerable groups during the COVID-19 emergency through TV and radio programmes. In response to the National COVID-19 Preparedness and Response Plan, developed by the Government of Malawi, the UN agencies have developed a prioritization plan. One of the priority areas is community engagement at national and district level. An information campaign on COVID-19 directed towards vulnerable populations, including people living with HIV, is also planned.
- In **Tanzania**, the Association of Tanzanian Employers, the Trade Union Congress of Tanzania and the ILO are designing workplace communication campaigns, to raise awareness of, and inform and educate on COVID-19 and HIV, ensuring a human rights-based approach. An e-learning tool is also being developed for workplace peer educators on COVID-19 and HIV.
- In **Zimbabwe**, an e-campaign is being developed with messages on HIV and COVID-19, including an audio jingle and short videos, in collaboration with the ILO constituents, WFP, UNAIDS and UNICEF.
- In **Mozambique**, the world of work stakeholders are working on COVID-19 on HIV, with a focus on workers in the informal economy. Communication and training tools will be developed and 250 peer educators will be trained. Community radio programmes will be used to create awareness and reduce stigma on COVID-19 and HIV.
- In **South Africa** the South African National AIDS Council and the ILO are collaborating to train health workers on COVID-19 and HIV and provide materials and tools. In addition, there are plans to develop COVID-19 and HIV customized messages and tools for workers in the retail sector and those who work in the informal economy.

► Useful references

[Addressing stigma and discrimination in the COVID-19 response: Key lessons from the response to HIV and AIDS, ILO Brief, 2020](#)

[The fight against COVID-19 should not mean forgetting the 37 million people living with HIV, ILO Blog, 2020](#)

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