

In the name of God, the Compassionate, the Merciful

Message from

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WHO EASTERN MEDITERRANEAN REGION

to the

INTERCOUNTRY WORKSHOP ON HIV/AIDS EDUCATION AT THE WORKPLACE

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Your Excellency, Dear Participants,

It gives me great pleasure to welcome you all to this Intercountry Workshop on AIDS Education at the Workplace. I would like to take this opportunity to thank the Government of Pakistan for hosting this important Workshop. Lahore is a particularly appropriate venue as it is a city with a large number of industrial enterprises and so a pertinent setting for discussing a topic such as HIV/AIDS in the workplace.

Ladies and Gentlemen,

I am sure that you are well aware that the HIV/AIDS epidemic is spreading rapidly all over the world without sparing any region, including ours. We in the Eastern Mediterranean Region are fortunate that the epidemic has not yet heavily affected the general population and we should continue our efforts to maintain this status and to slow down the spread of the epidemic.

Experience has shown us that AIDS, an unusual disease, requires unusual approaches. It is not merely a simple medical problem but a social, economic and cultural problem as well. Its control therefore needs to be implemented on various fronts. This is why it is so important to adopt a multisectoral approach involving all sectors concerned, not just the health sector.

Among the sectors that should play an important role in HIV/AIDS prevention are those involved with the welfare of employed people, such as the ministries of labour, commerce and industry. Documented information has demonstrated that the vast majority of people stricken by the disease are from the productive age group between 20 and 49 years of age. This group is the backbone of the society in every respect.

Today, there are 2.4 billion economically active people in the world. The workplace plays an important role in the lives of people everywhere. Education in the workplace is, therefore, an extremely important aspect of many health programmes, including prevention of HIV/AIDS, and one of the strongest and most fundamental tools we have to deal with the problem of HIV/AIDS at the local, national and international levels.

Furthermore, the global concern about HIV/AIDS and its impact on the economically active population provides an opportunity to re-examine the workplace environment. It provides workers, employers and their organizations, and where appropriate, governmental agencies and other organizations with an opportunity to promote the health of all workers.

WHO has been active in this regard since the early days of the AIDS pandemic. In June 1988, a consultation on AIDS and the workplace was convened in Geneva by the World Health Organization's Global Programme on AIDS in association with WHO's Office of Occupational Health and the International Labour Organisation. This consultation developed a consensus statement that addressed three themes, namely risk factors associated with HIV infection in the workplace,

responses by business and workers to HIV/AIDS and use of the workplace for health education activities.

Using workplace activities to prevent HIV/AIDS must take into account the existing social and legal situation, as well as national health policies and the Global AIDS Strategy. This approach should enable a worker to protect himself or herself and protect others from HIV infection. In addition, as stated by the UN Secretary-General on World AIDS Day in December 1992, HIV infection should not in itself constitute a lack of fitness, and a person in the workplace affected by HIV/AIDS must be protected from discrimination by co-workers or employers.

Dear Colleagues,

Since AIDS is essentially linked to people's personal behaviour, particularly in relation to sexual practices, we are taking advantage of all positive aspects of our culture. They include abstinence, mutual fidelity to one's spouse, avoidance of promiscuous sexual encounters and avoidance of drug abuse. These values, if adhered to, will help people protect themselves from HIV infection.

We also advocate early and timely marriage as a preventive approach to limit the potential number of young people who might become infected by HIV. By early and timely marriage, we do not mean premature marriage, which takes place in some developing communities and where marriage contracts are made even before the couple have attained puberty. However, delaying marriage too long burdens young people of both sexes and pushes them towards illicit sex.

Ladies and Gentlemen,

During your Workshop you will discuss what can be done to limit the risk factors associated with HIV infection and AIDS using the workplace as a forum and other important aspects of the HIV problem in order to achieve an effective prevention and response programme.

I look forward to reading your report and your recommendations.

I thank you and wish you a successful Workshop.