It has become increasingly clear that the Millennium Development Goals are unlikely to be achieved in the proscribed timeframe, primarily because of the devastating impact that HIV/AIDS is having on the human, social and economic development of people and countries around the globe. The forestalling of these goals is not simply because every minute men and women, young and old, are being infected and dying in ever increasing numbers, but also because the strategies and policies thus far developed to address problems of poverty, inequality, human rights, health, education etc. are inadequate in the face of this pandemic.

As we have heard in the presentations today, gender inequality and unequal power relations between men and women are driving the epidemic and reaping its effects. The untenable burden of HIV/AIDS related care - primarily for women – is an indictment on basic human rights, and has serious implications for the world of work and economic and social development as a whole. The crisis of the care economy in the context of HIV/AIDS, especially in resource-poor countries, must be addressed systemically – not simply through more voluntary and community based initiatives. These initiatives are no longer able to absorb the enormity of the problem, and we will see them collapsing under the strain if the right forms of support are not forthcoming.

Governments, the multilateral agencies, donors and the UN system need to feel an urgent sense of responsibility and ownership for tackling these issues – if they don’t, the implications are terrifying. The signs are already there, but will only get worse – much, much worse. There will be more child-headed households because no-one else is able to take on the care of young children, and therefore an entire generation of children are being born into child labour with no prospect of school education or decent jobs when they grow up; the sick and elderly ground into poverty and forced back into work in their twilight years; women and men losing all prospect of jobs with decent pay and benefits if they are unfortunate enough to contract HIV or to have one or more household members infected by the virus; and employers losing their skilled workforce, constantly recruiting new workers at excessive cost and to the detriment of output and productivity – to the extent that they might need to close down altogether; foreign direct investment lost due to all these problems … and so on and so on.

National and international decision makers concerned with social, economic development and poverty need to give priority to care economy issues in their policies, programmes, and most of all, in the allocation of resources.
The ILO and UNIFEM have developed a unique partnership to address this issue with their complementary mandates and technical expertise. Both agencies have recognized that HIV/AIDS and its impact on the care economy are directly hindering the achievement of their own goals – decent work and gender equality. The collaboration was borne out of the UNGASS on HIV/AIDS in June 2001 to implement the Declaration of Commitment on HIV/AIDS. One commitment in particular highlights the key issues we will address. It states:

"By 2003, evaluate the economic and social impact of the HIV/AIDS epidemic and develop multi-sectoral strategies to address the impact at the individual, family, community and national levels; develop and accelerate the implementation of national poverty eradication strategies to address the impact of HIV/AIDS on household income, livelihoods and access to basic social services, with special focus on individuals, families and communities severely affected by the epidemic; review the social and economic impact of HIV/AIDS at all levels of society, especially on women and the elderly, particularly in their role as caregivers, and in families affected by HIV/AIDS, and address their special needs; and adjust and adapt economic and social development policies, including social protection policies, to address the impact of HIV/AIDS on economic growth, provision of essential economic services, labour productivity, government revenues, and deficit-creating pressures on public resources."

The programme is primarily concerned with social and economic impact mitigation. It seeks to strengthen existing initiatives, and to support our partners to develop strategies and policies that tackle the gender implications and impact of the epidemic, seen through the lens of the care economy and the world of work. Our partners include governments, workers, employers, NGOs, including women’s organisations, PLWHAs, unpaid household care providers themselves and others key stakeholders, and we aim to focus on the workplace, household, community as well as at national and international levels to achieve the objectives of this initiative.

Some of the strategies and policies we hope to explore include:

- Promoting the urgent and critical case for adequate social protection, such as elderly pensions, care-related benefits, child benefits, and so on – to help people survive as a basic poverty reduction strategy and a basic mechanism to support achievement of human rights. But we will also argue that this social protection should be seen as having an element of ‘paying for care’ – an entitlement given for the time, energy and opportunity costs of the social and household provisioning that enables societies and economies to function.

- Ensuring decent work opportunities, increased income security and strengthened rights at work, especially for workers living with HIV/AIDS
and their families. At enterprise level - large, medium or small, as well as informal economic activity enterprise, the costs of care need to be examined for both employers and workers. Gender sensitive workplace policies negotiated between workers and employers may yield practical and innovative solutions – such as arrangements for more flexible work hours; training two or more people for the same job to job-share and by reducing work hours and pressure, extend the working life of those who might become ill; child care facilities provided at the workplace, and so on.

- Extending access to health care and health insurance or benefits for workers in both formal and informal economic activities, including PLWHAs and their carers.

- Adapting and extending home and community based care initiatives to better support unpaid domestic care givers and address their needs – most HCC initiatives focus, understandably on providing services and support to people who are ill and dying and their families, but there are few resources and precious little time to attend specifically to the needs of carers (other than training them in how to care for sick household members). Many HCC initiatives also include income generating projects to help the family survive, but these are rarely sustainable in the longer term because of poverty, increasing debt and death of family members of working age.

- An innovative way of tackling youth unemployment might be to develop public sector works-type programmes do undertake care work. This need not apply only to the youth, but to all people of working age able to take care of PLWAs or their families and dependants, earn an income and significantly reduce poverty levels. In AIDS affected countries, it could be argued that care services are as essential as road-building and infrastructure development, and as such, bilateral aid for these purposes should be considered.

- Most important arguably, will be an emphasis on resource allocation: redirecting budget priorities and allocations on HIV/AIDS, as well as social expenditures. Presently, over 40 countries have already undertaken gender and social budget analysis, but HIV/AIDS is often absent in these considerations. There is much work still to be done on the impact of HIV/AIDS on the care economy and on the world of work but the opportunities are there as never before.

Critical in all of this will be to ensure that care economy issues are mainstreamed into the PRSP process, national HIV/AIDS strategies and plans; the UN Development Frameworks, and that they are reflected in the priorities of multilateral agencies and donors concerned with HIV/AIDS, poverty, gender, economic and social development. The ability of governments to meet the
obligations of agreed UN declarations, commitments and human rights instruments will depend on tackling these issues.

There are already important initiatives underway, which we hope to highlight and build upon, especially in resource-poor countries, such as care benefits offered to PLWHAs and/or their carers in Thailand; anti-poverty cash transfers in Mexico for families to invest in human capital of children (health, education and nutrition); social assistance pensions in South Africa; cash subsidies provided to families as incentives for children to attend school in Brazil, integrating the results of time use surveys into gender budget initiatives. At the micro and meso level, there are many dynamic home and community based care initiatives, and communities have developed a range of coping strategies, such as energy saving devices; negotiations with water authorities; sharecropping systems to address food insecurity and agricultural sustainability, and at the level of the workplace, there are negotiated workplace policies and programmes that protect the rights of workers living with HIV/AIDS and extend benefits and health care to workers and their families, and local authorities are addressing the problems of informal workers.

So, what do we propose to do, and how will go about this?

The ILO/UNIFEM programme will start in a few pilot countries in Africa with relatively high prevalence rates, where the impact of AIDS at the household level is felt most acutely. The aim is to raise awareness and attempt to calculate the human, social and economic costs of care at macro, meso and micro level in a number of pilot areas in each country.

The programme has four main components:

- Knowledge building and awareness raising – aimed at government ministries and departments, UN system, employers, workers, stakeholder NGOs.

- Research and analysis to calculate the cost of care:
  - Macro level: for governments – impact on poverty, labour force (esp. ability of women to remain economically active and productive), poverty, social capital (children and youth - schooling, child labour, child headed households, the elderly etc.), and other relevant sectors such as agriculture.
  - Meso level: employers, trade unions and informal sector associations, NGOs and CBOs. Several sites of research – formal sector workplaces – employers and unions; informal workplaces (might include self-employed entrepreneurs, home work, street traders); and relevant NGOs (women’s organizations included).
- Micro level: households of workers in above formal and informal work ‘sites’ to understand specific opportunity and replacement costs of care, intergenerational dimensions, human rights and governance issues.

- Capacity building for policy and strategy development: feedback findings of research to relevant stakeholders, and brainstorm solutions. Translate brainstorm into policy recommendations and strategies for implementation.

- Advocacy campaign to highlight policy recommendations, campaign for integration of care economy issues into national planning and budgeting processes; PRSPs, international donors and policy makers – UN system, World Bank, donors - and give voice to carers.

By bringing together the technical support, experience and capacities of our partners and our agencies, we hope to support changes for women and men workers of all ages who face the full impact of HIV/AIDS in their households, workplaces, communities and countries. We want to tackle the problems of decent work, gender inequality and poverty which have been exacerbated by HIV and AIDS, at their root cause.

Our ambition is to change the way people think about what drives societies and economies, and to give recognition and value to the billions of women providing care, nurturance and support to their families and communities at the cost of realizing their full human rights and potential.