

Malaria is on the rise in Pakistan, health workers warn

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Re: Malaria is on the rise in Pakistan, health workers warn: VIH-SIDA at Workplace in DRC: Health workers warn

The HIV / AIDS has grown into a global crisis. This is one of the most formidable challenges to development and social progress. In the most affected countries, the epidemic is eroding decades of development gains, undermining economies, threatening security and destabilizing societies (1, 2).

DRC as elsewhere in sub-Saharan Africa, the epidemic poses a public health problem is extremely serious and a threat to economic recovery and development. HIV prevalence in 2006 is between 6-9% in the general population in people aged 15 to 49 years (3).

According to the National Program against AIDS, a major challenge in itself, the HIV / AIDS compounds the many other challenges facing the DRC. Data collected by the PNMLS estimate there are about 3 million people living with HIV / AIDS in the DRC, for a prevalence in the adult population of about 5%, with provincial variations ranging from 3.1% in Kinshasa to 7.5% in Lubumbashi (PNMLS, 2005) (3, 4).

Beyond the suffering it imposes on individuals and their families, the HIV / AIDS has become a terrible threat to the world of work: it hits the most productive segment of the workforce, reduced gains, significantly increases business spending in all sectors of activity because it reduces production, increases labor costs, induces a loss of skills and experience (5,6).

It also represents a threat to fundamental labor rights, including discrimination and stigmatization of workers and people living with HIV / AIDS or are affected. The epidemic and its impact strike hardest at vulnerable groups such as women and children, thereby increasing existing gender inequalities and exacerbating the problem of child labor (6, 7, 8).

One can prevent infection with HIV. Prevention of all forms of transmission can be achieved through a variety of strategies tailored to national circumstances and cultural specificity. Prevention can be furthered through changes in behavior, by improving knowledge, at the time of treatment, and the creation of a non-discriminatory environment (9).

The social partners are in a position to promote prevention efforts particularly in relation to changing attitudes and behavior, training, education and action on the socio-economic (7,9).

Some employers may be able to help workers get antiretroviral drugs. When health services are in place on the workplace, they should provide, in cooperation with governments and other partners, the range of services as fully as possible to prevent and manage HIV / AIDS and assist workers living with HIV / AIDS (10).

These services may include the provision of antiretroviral drugs, treatment to relieve symptoms related to HIV, advice on nutrition and dietary supplements, stress reduction and treatment of opportunistic infections such as the most common STIs and TB .

The work environment should be healthy and safe in preventing HIV transmission / AIDS, to the extent possible, all parties concerned in accordance with Convention (No. 155) Occupational Safety and Health Convention, 1981 (6).

A healthy work environment is conducive to optimal physical and mental health and helps to adapt the work to the capabilities and the state of physical and mental health workers, and thus, the economic and social development.

REFERENCES

1. Monod G. VIH et médecine du travail. Toxicologie. Pathologie professionnelle. Encycl. Méd. Chir., 3, 1993, 16-777A-10, 4 p.
2. Vaillancourt M. Pour une amélioration des conditions de travail : une politique Sida dans l'entreprise. Arch. Mal. Prof., 1995 ; 56, 5, 359-368.
3. Ministère de la santé République démocratique du Congo. 2004. Rapport du passage de la surveillance sentinelle du VIH chez les femmes enceintes fréquentant les services de CPN, mai 2003 à mai 2004. Kinshasa.
4. République Démocratique du Congo(2007), Enquête démographique et de santé, rapport général, Kinshasa, 2007
5. Rapport de la Commission du VIH/sida et de la gouvernance en Afrique. Commission économique pour l'Afrique, 2008
6. Bureau international du Travail Genève. Le VIH/sida et le monde du travail. Conférence internationale du Travail, 98e session, 2009. Rapport IV(2)
7. BIT: Action contre le VIH et le SIDA en Afrique: une initiative lancée dans le contexte du monde du travail, d'après le compte rendu des travaux de l'atelier tripartite régional africain sur les stratégies visant à s'attaquer aux conséquences du VIH/SIDA en matière sociale et de travail, Windhoek (Namibie),11-13 oct. 1999 (Genève, 1999).
8. ONUSIDA Collections. Le VIH sur les lieux de travail : en quête de solutions novatrices dans les entreprises. Collections Meilleures Pratiques, Genève, juillet 98 : 1-8.
9. Lim V.K.G., Teo TS.H., Tea A.C.Y. and Tan K.T.L. HIV and Youths in Singapore : Knowledge, attitudes and willingness to work with HIV-infected Persons. Singapore Med. J, 1999 ; 40 : 410-415.μ
10. Sangre M. L'infection par le VIH : ses incidences sur le travail et l'emploi : Rôle du médecin de travail en France. Arch Mal Prof, 1990, 51 : 5.

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