HIV-AIDS in the Construction Sector

FIDIC Briefing Note
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Background

The international engineering federation FIDIC (the International Federation of Consulting Engineers) believes that its member associations and their members should strive to achieve the highest degree of quality and standards.

FIDIC has always had policy statements that it expects its members to follow to ensure high standards of service in the infrastructure industry. These standards are reflected in FIDICs contracts, policy work, events and committees.
HIV/AIDS in the Construction Sector

Background - the HIV-AIDS epidemic

The disastrous impact of HIV-AIDS on the individuals and entire populations of many countries, particularly on those persons least able to cope, that is the poor and children, is widely acknowledged and FIDIC shares the Worldwide concern at this scourge on humanity.

FIDIC also recognises that construction sites in developing countries are potentially primary centres of HIV-AIDS, and FIDIC Member Firms often have key roles on such sites and are thus in a position to make a difference.

FIDIC Member Firms are by no means immune from a serious involvement in respect to their own employees. Infection rates of 25% or more are reported in the offices of FIDIC Member Firms offices in some countries.

Ambassador Richard C. Holbrooke, the President and CEO of the Global Business Council on HIV-AIDS has stated on the issue “Why business must respond to AIDS”.

AIDS affects people, and therefore AIDS impacts our business. For the last 20 years, AIDS has affected our employees, our managers, and our customers, and is increasingly hitting the bottom line. And if your business does not feel the direct impact of the epidemic then I appeal to your corporate sense of social responsibility. For whatever we can say about business’ very real financial interest in halting the spread of HIV/AIDS, this first and foremost a humanitarian cause.”

Monitoring

FIDIC Member Firms working either as an employer or when acting as Project Manager or Site Supervisor, are in a position to monitor the take up and effectiveness of anti-AIDS measures, and FIDIC recommends that they do so. Examples of indicators to be monitored would include:

- HIV related absences amongst staff;
- frequency of attendance at training seminars
- take up of condom use;
- understanding of the anti-HIV – AIDS messages amongst staff.
FIDIC recommends:

- FIDIC Member Firms should at all times use their influence, position and strengths to reduce the impact of HIV-AIDS on their own employees and those of Contractors, and their families, and for the wider community particularly at or related to construction sites on which the Member Firm is engaged.

- The responses of FIDIC Firms in showing Leadership and Advocacy will normally comprise the following five strategies recommended for implementation in engineering and construction works contracts:
  - Five strategies to be implemented in engineering and construction works contracts:
    - Raising awareness about HIV/AIDS.
    - Increased understanding about the disease, through dissemination of information and by generating discussion.
    - Promote the benefits of abstinence / avoidance.
    - Ensuring that construction workers have access to condoms.
    - HIV voluntary counselling, testing and referral services.
    - Sexually Transmitted Infection (STI) diagnosis and treatment.

- These strategies are designed to build an HIV resilient workforce as well as communities associated with the workforce, i.e., communities that are able to draw on its own capacity to prevent further transmission of HIV, minimise the impact of the HIV/AIDS epidemic, and talk about HIV/AIDS. The objectives of these strategies are to
  - reduce the risk of transfer of the HIV virus between and among construction workers, their families and the local community;
  - raise awareness amongst construction workers and the local community of the risk of infection with the HIV virus;
  - promote the benefits of abstinence/avoidance;
  - promote voluntary early diagnosis and access to care.
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Endnotes