

## **International Nanotechnology Law Governing Workplace Exposures**

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### **Nanotechnology: Redefining Workplace Safety**

Nanotechnology's revolution for the global economy can also revolutionize public health, especially occupational health, return-to-work rehabilitation, and the delivery of workplace health services.

Sound occupational health programs that implement best strategies are the grease for the machinery of powerful economic engines. Information provided through occupational health programs helps employers survive because accidents and disease are not simply expensive but wasteful. No one can afford waste in this economy. The fat to be trimmed, however, is not the same as the grease for the wheels and machinery that makes smooth commerce. Using well-honed tools for in-house occupational health and safety compliance systems, therefore, can save the life of marginal employers despite a difficult economy.

Since 2008, an increasing body of international expertise has agreed that nanotechnology holds both great promise and unquantified, unknown major risks to workplace health. In 2012, several international organizations began the first steps towards making a harmonized system of nanotechnology regulation. This paper outlines those basic steps.

Scientists and governments agree that the application of nanotechnology to commerce poses important potential risks to human health and the environment, but the risks are unknown. Examples of high level respected reports that express this concern include: the Swiss Federation (Precautionary Matrix 2008),<sup>1</sup> the Royal Commission on Environmental Pollution (UK 2008),<sup>2</sup> German Governmental science commission,<sup>3</sup> public testimony sought by the U.S. National Institute for Occupational Safety and Health (NIOSH, Feb 2011),<sup>4</sup> the OECD working group (since 2007), the World Health Organization (WHO),<sup>5</sup> and several industrial groups, and various non-governmental organizations. Yet, qualitative data to protect exposed people and the greater ecological system that surrounds the human environment lags behind industrial use, research and application of nanotechnology to consumer products.

Nanotechnology is expected to represent about three trillion dollars of U.S. gross domestic product (GDP) by 2015. The sheer economic importance of nanotechnology will change several antiquated systems regarding industrial processes, scientific understanding and categorization of chemical informatics, and ultimately, the healthcare delivery systems that must use or correct the end products of these changes anyway. Therefore, nanotechnology's arrival in commerce provides an unprecedented excellent opportunity to change society for the better, especially benefiting aging and disabled populations.

## **WHO Background Paper for Draft Guidelines**

### WHO's Purpose

These Guidelines aim to facilitate improvements in occupational health and safety of workers potentially exposed to nanomaterials in a broad range of manufacturing and social environments. The guidelines will incorporate elements of risk assessment and risk management and contextual issues. They will provide recommendations to improve occupational safety and protect the health of workers using nanomaterials in all countries and especially in low and medium-income countries.”

### Fulfilling WHO's Own Commitment to Achieving UN Millennium Development Goals

Nanotechnology provides the perfect opportunity to correct long-standing system problems in the access, public awareness and delivery of services associated with public health. If applied with forethought when rethinking these vital social values, two sets of benefits can be realized by civilization at the same time: not as competing interests, but as one invaluable social change.

WHO is a signatory to the United Nations millennium development goals (UNMDGs), (<http://www.un.org/millenniumgoals>). The MDGs reflect an organization-wide consensus of political will to correct antiquated working assumptions that, in turn, create long-standing systemic social problems. The UN itself has determined that such long-standing, embedded problems are rooted in sexism, racism and economic inequalities,

By definition, the UNMDGs embrace the needs of specific populations whose stakeholder rights were not fairly reflected in the first generation of UN documents in order to correct embedded systemic harms. Correcting such long established inequalities requires a deliberate, conscious effort by each and every UN agency every time a new programmatic effort is established.

In addition, each program must prove it has met this test of consciously correcting historic inequalities in order to gain approval by the greater UN community. In this regard, WHO has undertaken to transfer technology not only concerning basic medical needs, applied research and primary healthcare, but also advancing transfer of state of the art methods for understanding unquantified risk in any new technology, including nanotechnology. This is accomplished by:

(1) promoting sustainable development among low and medium-income countries;

- (2) deliberately creating a rightful space for instituting Gender Equity where there has been none before, and
- (3) addressing the needs of aging workers, disabled workers and other vulnerable populations by reducing the impact of health disparities that undermine public health.

Redefining workplace exposure tools and workers' health constituents, and removing embedded gender discrimination, which creates health disparities between men and women in the workplace and in society in general area key developments that will remain after nanotechnology's tidal wave of economic and social change, and will be embedded into workplace infrastructures the UNMDGs.

#### UNMDGs: Gender Equality Promoting Reproductive Health

According to UN WOMEN, the agency of the UN charged with promoting gender equality, in "Raising gender on the global development agenda,, posted on March 28, 2012, the established method for achieving integrated implementation of the MDGs requires application of "**Four key principles**" across the board in all UN programming and strategic planning, including the development of guidelines for risk management of public health:

1. **Equality:** The goals need to be framed from an equality perspective and address biases and discrimination based on gender, class, race, ethnicity, among other factors in order to reach those who need it the most.
2. **Holistic and integrated:** This requires strong multi-sectional approaches and forms of collaboration among actors in the social, economic and environment fields.
3. **Participatory and inclusive:** The goals need to emerge from strong participation and ownership at all levels: local, national, regional and global. Only when the process is in the hands of the people—both women and men—and their decision-makers, will there be true ownership and accountability for the required progress and results.... and
4. **Implementation:** This will be aligned with existing declarations and normative frameworks.

A fundamental gravamen of the powers delegated to WHO is the reality that the rights of sovereigns to engage in international relations reciprocally embraces an obligation for sovereigns to protect the health and well being of their people. WHO's background paper ignores these important conceptual underpinnings of legal protection for worker health, even though these laws clearly support the rationale for its achieving goals.

There is already plenty of law: a cornucopia of statutes, conventions, treaties, regulations, municipal laws, national protections written and the WHO Constitution itself support the justification for workplace health protections. The Guidelines, therefore, should refer to instruments such as: The ILO Constitution; ILO Conventions, OECD Good Laboratory Practices (GLPs) and The International Covenant on Economic, Social and Cultural Rights (ICESCR) These weave an international legal fabric protecting health. The preamble to the Guidelines and the rationale for their implementation must clearly and convincingly articulate a profound understanding of the significance of occupational health as a fundamental concern impacting the survival of all civil society. Clearer language must be used as part of a broader effort by WHO to demonstrate the hands-on applicability of the Guidelines to all workers and all industrial or commercial users of manufactured nanomaterials, once the Guidelines will have been finished.

Achieving these goals may ultimately determine whether the text of the Final Guidelines will be workable or merely dreams.

### Absence of Clear Justification for Protecting the Human Right to Health at Work

Unfortunately, the WHO Background paper failed to address the role of workplace safety and health for protecting the health of society. The document also must use clear language to convince readers of the overarching importance of occupational health for and inform them about basic industrial hygiene and “risk mitigation” methods, using clear plain text in order to justify the time, money and research resources that are dedicated to the implementation of the Guidelines.

This purpose is best achieved by underscoring the inextricable link between work, health and the economic viability of any employer or corporate entity. The stakeholder organizations participating in the Comment, therefore, objected to the narrow rationale offered in the Background paper, which overlooked society’s inevitable need to address occupational health problems in order to survive. Due to an almost myopic, nineteenth century view of industrial hygiene and occupational health, the Background paper did not persuade readers of the importance of occupational health to the survival of greater society, nor does it support the valid legal rationale for practical application of the Committee’s work.

The Introduction to the Background document presents a platitudinal concern for worker health, without making the case regarding its importance for all stakeholders in civil society. But the existing text does not emphasize the successful tools already available, such as accreditation systems, nanosafety assessment consultants, e-learning, and interactive video training, which is the linchpin for the proper use of any protection system for manufactured nanomaterials, or the importance of due diligence documentation and internal audits on a cyclical basis, which are accepted building blocks for effective risk mitigation.

### Failure to Define Risk Mitigation

The term of art *risk mitigation* is a result-oriented process designed to prevent, detect, report and correct potentially dangerous conditions that can result in harm to human health or the global environment. The degree of acceptable risk, the methods of risk assessment, and the measures of effectiveness for the same or similar hazards change in different circumstances. Key building blocks for risk mitigation infrastructures include:

- (1) Managerial statements in writing,
- (2) Documentation of the components of the compliance infrastructure, using internal audits;
- (3) In-house communication, including interactive video training and web-based e-learning;
- (4) Two-way communication that enables complaints about problems to be recorded with response in a timely manner, using hotlines, in-house newsletters, and intranet; and
- (5) Documented ongoing interaction with regulators and stakeholders.

The stakeholders commenting on the Background paper objected to the use of the term "risk mitigation" *without providing a definition at the outset of the section*. The absence of a definition impedes use of the Guidelines by novices, including, but not limited to, workers, their families, small enterprises and the general public, who may have the desire to implement the Guidelines but may have no clue about standard industrial hygiene methods for reducing risk in the workplace or risk assessment.

In light of the UMDGs, WHO must expand the scope of topics covered within the parameters of risk mitigation, thereby making accessible key facets of corporate compliance successes, using tools including, but not limited, to due diligence, commitment from management, in-house communication through newsletters and hotlines, maximizing of global access and use of interactive videos and online "e-learning" for worker training, embracing the needs of aging workers, disabled workers, women, and reducing the expensive global disease burden.

## **Council of Europe Steps toward a Study Commission**

In 2012, the Council of Europe (CoE) Parliamentary Assembly began the first steps towards nanotechnology regulation with a view to respecting the scientific precautionary principles. The CoE is the health and human rights vanguard for law governing the right to health, public health and consumer protection throughout Europe, and its human rights court has remained a leading model for jurisprudence throughout the world. The CoE has 47 member nations. Its jurisdiction, therefore, embraces 800 million people. Switzerland is a member of the CoE, as is Greece. The human rights voice of the Council of Europe differs in its emphasis and force from the European Union.

The CoE expert report, "Nanotechnology: balancing benefits and risks to public health and the environment" (found at [http://www.assembly.coe.int/Communication/Asocdoc27rev\\_2012.pdf](http://www.assembly.coe.int/Communication/Asocdoc27rev_2012.pdf)) was enthusiastically accepted at the CoE meeting of the Committee on Social Affairs, Health and Sustainable Development in Moscow, Russian Federation on November 19, 2012, and was debated before the entire Council of Europe Parliamentary Assembly in Strasbourg, France, on or before April 26, 2013.

The report is an essential part of understanding the future public discourse concerning nanosafety for three reasons:

1. First, the report was praised because of its excellent synthesis of leading issues in nanotechnology regulation confronting all civil society, including, but not limited to, bioethics issues, impact on human and non-human health, environmental impact and the promising impact of nanomedicine for improving quality of life.
2. Second, the CoE is using the report as one of several resources for determining which path it will follow regarding possible treaties or international agreements governing the use and monitoring of nanotechnology, in its view correcting what EU regulations ignore.
3. Third, CoE legal instruments frequently are the basis of juridical determinations in the Court of Human Rights and serve as influential models for the entire world.

## **Conclusion**

The protection and promotion of the health and welfare of its citizens is considered to be one of the most important functions of the modern state.<sup>7</sup> It is not surprising therefore that, throughout history, precautionary principles of science have been embedded into laws and public health policies, both within specific nations and across international borders. This universal

responsibility to protect people by applying scientific principles of precaution within governance explains the birth and global acceptance of WHO itself, and is a guiding star for the work of the Council of Europe, too.

## Endnotes

- <sup>1</sup> Swiss National Science Foundation, Opportunities and Risks of Nanomaterials Implementation Plan of the National Research Programme NRP 64 Berne, 6 October 2009, Swiss Federal Office of Public Health (FOPH) and Federal Office for the Environment (FOEN) Guidelines on the Precautionary Matrix for Synthetic Nanomaterials Version 1.0 Berne 2008.  
<http://www.bag.admin.ch/themen/chemikalien/00228/00510/05626/index.html?lang=en>  
[suva.ch/webshop/4D/4D212E53C9BB06F0E10080000A630358.pdf](http://suva.ch/webshop/4D/4D212E53C9BB06F0E10080000A630358.pdf) Aufgrund der aktuellen Datenlage können folgende Richtwerte formuliert werden: Kohlenstoffnanoröhrchen und -fasern (Länge über 5 µm, Durchmesser weniger als 3 µm, Länge - zu Durchmesser - Verhältnis von über 3:1): 0.01 Fasern/ml; dieser Wert entspricht dem Grenzwert für lungengängige Asbestfasern.
- <sup>2</sup> Chairman: Sir John Lawton CBE, FRS Royal Commission on Environmental Pollution, Twenty-seventh report: Novel Materials in the Environment: The case of nanotechnology. Presented to Parliament by Command of Her Majesty November 2008.
- <sup>3</sup> SRU, German Advisory Council on Environment, Special Report "Precautionary strategies for managing nanomaterials" Sept 2011. The German Advisory Council on the Environment (SRU) is empowered by the German government to make "recommendations for a responsible and precautionary development of this new technology".
- <sup>4</sup> Legal basis and justification: NIOSH recommendations preventing risk from carbon nanotubes and nanofibers "post-hearing comments NIOSH current intelligence bulletin: occupational exposure to carbon nanotubes and nanofibers Docket NO. NIOSH-161 Revised 18 February 2011; Testimony on behalf of ISRA (International Safety Resources Association) Before NIOSH, USA. Comments prepared by Ilise L Feitshans JD and ScM, Geneva, Switzerland. Testimony presented by Jay Feitshans, Science Policy Analyst; ISRA Draft Document for Public Review and Comment NIOSH Current Intelligence Bulletin: Occupational Exposure to Carbon Nanotubes and Nanofibers, Docket Number NIOSH-161-A.
- <sup>5</sup> Ilise L Feitshans, The Work, Health and Survival Project, ("WHS") including: International Safety Resources Association (ISRA), Fullerton California, Earth Focus Foundation, Geneva Switzerland, Digital 2000 Productions, Stafford Texas USA, Donald H. Ewert, IH, VP-Field Services nanoTox, Inc. and Director, Field Services AssuredNano Dr Gustav Grob, and International Sustainable Energy Organization (ISEO) Geneva, Switzerland Comments on WHO Guidelines on "Protecting Workers from Potential Risks of Manufactured Nanomaterials" (WHO/NANO), (Background paper) 2011 Draft, comments presented March 2012.
- <sup>6</sup> Ilise L. Feitshans, "Designing An Effective OSHGA Compliance Program" (Westlaw.com).
- <sup>7</sup> Mark D. Hoover, PhD, CHP, CIH, "Some Key Elements for Assessing and Managing Ideas for Discussion Exposures to Occupational Hazards, National Institute for Occupational Safety and Health, Morgantown, West Virginia, USA, Draft date: October 27, 2010.

## **Understanding the Impact of HIV/Aids in the Workplace: A Global Perspective**

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### **Introduction**

It is estimated that as many as 28 million workers would have died due to AIDS since the start of the epidemic. So says a new global report by the International Labour Office (ILO) that paints a grim picture of the impact of HIV/AIDS on the world of work.

Companies can NO LONGER afford to continue do business as "USUAL". Doing business in developing countries require more input from its shareholders, especially where HIV/Aids is prevalent. HIV/Aids remains one of the world's serious most health challenges.

1. Globally, 34 million people were living with HIV/Aids, as at 2011 (UNAIDS Report, 2012)
2. .08 Adults are affected, ages 15-49 years (most productive)
3. Sub- Saharan region mostly affected
4. One in Twenty adults affected
5. In South Africa almost 5 million people are HIV infected VS North America same age group nearly 1.4 million infected.

HIV/AIDS is not only a human crisis, it is a threat to sustainable global, social and economic development," says ILO Director-General Juan Somavia. "The loss of life and the debilitating effects of the illness will lead not only to a reduced capacity to sustain production and employment, reduce poverty and promote development, but will be a burden borne by all societies - rich and poor alike

An in-depth knowledge of the impact for both infected and affected parties can enable safety professionals to provide sound safety management systems and practices for their company should they invest in a developing country. This will contribute to the due diligence, which has to be undertaken when looking at foreign policies and requirements per country. Many of the corporate social responsibility programmes tend to indirectly deal with the immediate workplace conditions, which in turn may impact the profitability of the organization. This is largely due to the fact that most of the interventions are not prescriptive and will vary from country to country and region to region. Creativity and employee engagement becomes paramount where some of the unwritten rules and expectations may arise. Understanding the challenges which developing countries face when it comes to HIV/Aids may very well serve as determining factor of the success of organizations when entering a foreign culture and possible social problems in the community. Safety professionals may need to understand that the holding company policies may not be

implementable or applicable as far as compliance and different cultural approaches are concerned.

In India for example, child labour is quite a common occurrence. In fact, India is home to the largest child labourers in the world. More sadly mostly girls between seven and 14 years of age, toiling for 14-16 hours a day.

For the safety professional, it is important to have a clear grasp of the country polices and challenges and how the social circumstances would impact on the business and how these can be mitigated. The entry of multinational corporations into developing countries without proper mechanisms could hold them accountable and exposed as far as compliance is concerned. There are also ILO and UN conventions, which must be considered, regardless of what the respective government overlooks.

The safety professional now more than ever needs to have more skills and training as companies continue to conduct business across continents and regions. International brands have established themselves in rather unusual markets and find that doing business can be quite challenging if the people and cultures, including socio economic challenges are not considered as part of the due diligence studies. Any ambitious programme of investment will require understanding people and systems.

Although businesses agreements are usually concluded on material facts on the financial aspects of the business, the liabilities of which the employer may inherit may far out weigh the financial losses a company can experience if this does not include only the reviewing financial records. Anything else deemed material to the sale of the business or acquisition of such business must include the human capital necessary for the success of the business.

## **What's the Situation in the U.S.?**

The Centre for Disease Control estimates that approximately 50,000 people in the United States are newly infected with HIV each year. In 2010 (the most recent year that data are available), there were an estimated 47,500 new HIV infections. [2] Most (63%) of these new infections occurred in gay and bisexual men. Black/African American men and women were also strongly affected and were estimated to have an HIV incidence rate that was almost 8 times as high as the incidence rate among whites. (Centre for disease control, www.cdc.gov CDC, 2012,)

- Approximately one in five people are unaware of their HIV status
- Roughly three fourths of HIV/AIDS cases in the United States are among men, the majority of whom are gay and bisexual men
- One fourth of Americans living with HIV are women and the disease disproportionately impacts women of colour The HIV diagnosis rate for Black Women is 19 times the rate for white women
- Racial and ethnic minorities are disproportionately represented in the HIV epidemic and die sooner than Whites
- The South and North East, along with Puerto Rico and the U.S Virgin islands, are disproportionately impacted by HIV
- One quarter of new infections occur among adolescents and young adults (ages 13-29)
- Twenty four percent of people living with HIV are 50 or older, and 15 percent of new HIV/AIDS cases occur among people of this age group.



## The Social Element of Business: What's the Impact?

There is a social element to the effectiveness of doing business in developing countries, or so-called overseas locations. Employee deaths leach profits out of businesses and economies.

Over the years companies have realized that they have a responsibility towards communities in dealing effectively with HIV/Aids. After all, they would be getting their local talent from local communities within which they operate. There has been a great response from Mining house in particular to the response and challenge of HIV/Aids. Companies initially were hit hard as HIV/Aids impacted on their workforce. At the same time, companies that manufacture HIV-related products, mainly drugs and diagnostics, started developing programs to support access to health services and treatment. This set the foundation for corporate engagement on HIV through workplace and community programs providing AIDS education, and access to services for testing, treatment and care.

Investing in communities has become an important part of extending business interventions and these corporate social investment programmes are now more structured than in the past.

When undertaking a due diligence study in areas where HIV/Aids is prevalent and continues to ravage communities, There has to be an understanding of the impact of HIV in the workplace. HIV/AIDS is a significant deterrent to financial investment in some African environments and is convinced that there is an important role for the private sector to play in addressing the HIV/AIDS pandemic in Africa.

HIV/AIDS in the workplace raises the cost of doing business because of the following side effects:

- Lowered productivity
- Excessive absenteeism
- Increased labor turnover, including the loss of experienced personnel
- Greater recruitment, training and retraining costs
- Decline in worker morale
- Increased company health care and death benefits costs

Safety Professionals, when advising management on the legal requirements and best practices have to ensure that they have looked at the possible impact which HIV/Aids could have on the business overall. While the disease is not a reportable disease, for the purposes of health and safety management, organizations have to understand some of the underlying impacts, which this could have on the overall performance.

It does require full thought on the approach to creating cohesion with communities and employees. Whilst the term investment is referred to in context of ploughing back to communities, it becomes an imperative part of doing business if some, if not all developing countries. Not only has this become a standard way of addressing some of the social ills of society, but also the benefits are far reaching.

Organizations have to go beyond the "business as usual" norm, as it is almost expected that some form of Investment in employees either infected with HIV or living with Aids is required. There are many success stories, where the integration of products has been combined with company objectives. Companies such as Johnson and Johnson and Colgate have been successful in the area. The disease reduces the HUMAN CAPITAL; companies,

which invest in skills and labour, will soon find that they have to replace those employees. Unless a multifaceted approach is employed which will include medical care and nutrition at most, the disease economic impact will soon be realized. Employees who are unable to work, or who have to take time off to look after sick family members will inevitably impact on the companies production levels and sooner or later that contributes to the collapse of the tax base which has an impact on the economy and shareholders and investors.

Remembering that employees are part and parcel of the organizations resources, what better way to then invest in the resources that in turn could be of benefit in the long run. In doing so programmes such CSI/CSR have become more formalized in their approaches. Especially considering that HIV/Aids infected employees could become a financial burden to the company that have taken up investments overseas.

Many communities in which big conglomerates operate in, especially Mining houses are in areas and communities where they are multiple social and developmental challenges and require expert and long term support to address the impacts of poverty, crime, lack of skills to mention a few. It commands a commitment beyond financial assistance.

Creating value in industries where there is a huge impact on the labor force who have HIV/Aids can also contribute to the support of communities through supporting strategic economic drivers of that country, developing skills and capacity would encourage employees to take ownership of their status and allowing commitment on their part towards living healthier and contributing to the companies bottom line.

## **What Organizations Need to Know about Future Investments**

1. HIV/Aids is here to stay, UNLESS a cure is found in the near future
2. An investment in education is of importance to the successful sustainable business within the community
3. Job creating, by investing in initiatives that promote sustainable creation of employment, particularly unskilled or marginalized groups
4. Health and welfare is a priority (employee wellness) with a focus on key social challenges such as HIV/Aids
5. Strengthening community involvement and ownership
6. Strategic researched – informed interventions
7. Addressing key community challenges, e.g., water, sanitation, nutrition
8. Building Capacity though partnership is important

Examples of global organizations who have successfully implemented HIV/Aids programmes in the workplace includes, but not limited to Johnson and Johnson, Proctor and Gamble. The focus in AFRICA, by Proctor and Gamble on safe drinking water, contributes to the reduction of deaths in women as a result of diarrhea. This is largely because many rural communities still do not have access to clean drinking water, which poses serious health risks to women and their families.

## **Legal Framework**

Any investor has to consider the legal framework in which the company would be established. Although global multi-national companies may have more stringent rules for health and safety in their country of origin, the same may not necessarily apply. This however

does not mean that human rights can be violated. In cases where international companies have to account for their

The compliance regimes can be simple or complex to understand at times, especially labour and employment laws. Operating in multiplicity countries and regions may also imply that the laws are also complex and having to stay abreast of changes. The scalability of changes could also require local expertise to assist with interpretation and implementation of those laws. Some cultural practices are not documented or recorded; this too has to be understood. E.g. in some cultures /religions, women and men do not sit in the same room without that local knowledge businesses can run afoul of laws entirely unintentionally, but the law will still apply.

## **Possible Solutions**

The table below sets out possible approaches to deal with local compliance in global business.

<b>Model 1 In house – In country</b>	<b>Model 2 Local Outsourcing</b>	<b>Model 3 Centralised Outsourcing</b>	<b>Model 4</b>
Keep local compliance functions in house, in country	Company finds local outsourcing services to take over HIV/Aids programme	Foreign National experts are employed in an in house or outsourced compliance centre	
<b>Advantages</b> <ul style="list-style-type: none"> <li>• Suitable where the presence of the country is significant</li> <li>• Share expert knowledge from already established practices</li> </ul>	<b>Advantages</b> <ul style="list-style-type: none"> <li>• Hire in expert knowledge from country where problem exists</li> <li>• Potentially Low cost service</li> <li>• Reduces decency on individual in house experts who may leave</li> <li>• Assists in continuity</li> </ul>	<b>Advantages</b> <ul style="list-style-type: none"> <li>• Cost effective for larger countries</li> </ul>	<b>Advantages</b> <ul style="list-style-type: none"> <li>• Suitable where the presence of the country is significant</li> <li>• Share expert knowledge from already established practices</li> </ul>
<b>Disadvantages</b> <ul style="list-style-type: none"> <li>• May not have the necessary country skills to deal with HIV/Aids related issues</li> <li>• Lose visibility at the centre</li> <li>• People issues in smaller countries</li> <li>• Risk of losing knowledge when key individuals leave/depart company</li> </ul>	<b>Disadvantages</b> <ul style="list-style-type: none"> <li>• No central co-ordination across the businesses</li> <li>• Multiple and complex points of contact</li> <li>• Low central visibility</li> <li>• No where to escalate of local problems persists</li> </ul>	<b>Disadvantages</b> <ul style="list-style-type: none"> <li>• Hard to find people for smaller countries and who are willing to relocate</li> <li>• Reliant on expert who may leave company</li> <li>• Risk of not keeping up to date with local regulations</li> </ul>	<b>Disadvantages</b>

## Conclusion

The primary function of safety professionals is to advise management on any aspect of health and safety management. They have the responsibility to respond to new challenges facing both the employer and employee. In so doing they need to raise their professional standards through education and training. Modernize and expand their role in the workplace, since safety programmes can no longer be dealt with in isolation. They have to work in multi-professional teams that are in the frontline in helping and promoting workplace safety. Economic growth is fundamental to the success of the health of employees who are the human capital of organizations. Economic development has recently been associated with the investment in employee health and wellness programmes. Health and Safety professionals need to lead the discussion on risk management especially where the refinement of strategies and the design of occupational health management to HIV/aids programmes, including providing technical support for those responsible for HIV/Aids management. Emerging risks must be addressed holistically and cannot be overlooked when organizational investment underestimate the impact HIV/Aids can have on the company, especially when business is conducted in where there are social and economic challenges.

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