

Implementing the ILO Code of Practice on HIV/AIDS and the world of work

Implementing the
ILO Code of Practice on HIV/AIDS
and the world of work:

an education
and training manual

Copyright © International Labour Organization 2002
First published 2002

Publications of the International Labour Office enjoy copyright under Protocol 2 of the Universal Copyright Convention. Nevertheless, short excerpts from them may be reproduced without authorization, on condition that the source is indicated. For rights of reproduction or translation, application should be made to the Publications Bureau (Rights and Permissions), International Labour Office, CH-1211 Geneva 22, Switzerland. The International Labour Office welcomes such applications.

Libraries, institutions and other users registered in the United Kingdom with the Copyright Licensing Agency, 90 Tottenham Court Road, London W1P 4LP [Fax: (+ 44) (0) 207 631 5500; email:cla@cla.co.uk], in the United States with the Copyright Clearance Center, 222 Rosewood Drive, Danvers, MA 01923 [Fax (+1) (978) 750 4470; email:info@copyright.com], or in other countries with associated Reproduction Rights Organizations, may make photocopies in accordance with the licences issued to them for this purpose.

ILO

Programme on HIV/AIDS and the World of Work: *Implementing the ILO Code of Practice on HIV/AIDS and the world of work: an education and training manual*
Geneva, International Labour Office, 2002

Teaching and training material: AIDS, disabled worker, rights of the disabled, workers' rights, equal employment opportunity, occupational health, code of practice. 15.04.2

ISBN: 92-2-113462-8

Also published in French: *Mise en oeuvre des directives pratiques du BIT sur le VIH/SIDA et le monde du travail: manuel de formation* (ISBN 92-2-213462-1), Geneva, 2003; and in Spanish: *Aplicación de las recomendaciones prácticas de la OIT sobre el VIH/SIDA y el mundo del trabajo: manual de capacitación* (ISBN 92-2-313462-5), Geneva, 2003.

ILO Cataloguing in Publication Data

The designations employed in ILO publications, which are in conformity with United Nations practice, and the presentation of material therein do not imply the expression of any opinion whatsoever on the part of the International Labour Office concerning the legal status of any country, area or territory or of its authorities, or concerning the delimitation of its frontiers.

The responsibility for opinions expressed in signed articles, studies and other contributions rests solely with their authors, and publication does not constitute an endorsement by the International Labour Office of the opinions expressed in them.

Reference to names of firms and commercial products and processes does not imply their endorsement by the International Labour Office, and any failure to mention a particular firm, commercial product or process is not a sign of disapproval.

ILO publications can be obtained through major booksellers or ILO local offices in many countries, or direct from ILO Publications, International Labour Office, CH-1211 Geneva 22, Switzerland. Catalogues or lists of new publications are available free of charge from the above address or by email: pubvente@ilo.org. Visit our website: www.ilo.org/publns

Printed in Switzerland

*Implementing
the ILO Code of Practice
on HIV/AIDS and
the world of work*

A GUIDE TO THE MANUAL
The contents and how to use them

MODULE 1
HIV/AIDS: the epidemic and its impact on the world of work

MODULE 2
HIV/AIDS and human rights

MODULE 3
*Workplace action through social dialogue:
the role of employers, workers and their organizations*

MODULE 4
*A legal and policy framework on HIV/AIDS in the world of work:
the role of government*

MODULE 5
The gender dimensions of HIV/AIDS and the world of work

MODULE 6
Workplace programmes for HIV/AIDS prevention

MODULE 7
Care and support

MODULE 8
HIV/AIDS and the informal economy

REFERENCES & RESOURCES
A guide to further information

ACKNOWLEDGEMENTS

The Programme on HIV/AIDS and the world of work would first like to thank Mr Assane Diop, Executive Director of the Social Protection Sector, who made the original suggestion for this manual. We are grateful for the contributions of Mr. Stirling Smith, who has been the main author of the materials; the comments and insights provided by the ILO's Inter-Departmental Task Force on HIV/AIDS, other headquarters staff, and the HIV/AIDS focal points in ILO field offices; and the feedback and advice from those who field-tested the activities. We would also like to express our appreciation of the ILO's Document and Publications Production Branch for their assistance with design, layout and printing, and the ILO International Training Centre at Turin for producing the pilot edition of the manual.

The preparation of this manual was coordinated by Ms. Susan Leather, ILO/AIDS.

The illustrations are a selection of posters and other information and education materials held in the ILO/AIDS resource centre, Geneva.

In June 2001, we were pleased to present the ILO Code of Practice on HIV/AIDS and the world of work to our tripartite constituents and all those engaged in the fight against HIV/AIDS.

Later that month, I had the opportunity to present the Code at the UN General Assembly Special Session on HIV/AIDS. The Secretary General welcomed it as a system-wide instrument.

The Code has been launched world wide and has won a great deal of political support and commitment. To date, it has been translated into over 20 languages. The UN is using it as the framework for its own personnel policy.

This is a good start but we must keep up the momentum. And the focus must now be on implementation and impact.

I am delighted that we can offer this training manual as a tool to complement the Code, widen its reach and strengthen its applicability. It is a direct response to requests for technical assistance to implement the Code and develop workplace action.

Training is at the core of the ILO's programme on HIV/AIDS. The manual is a training instrument which emphasizes practical activities and guidelines to help our constituents and other users apply the Code to national strategic plans and to develop targeted and effective workplace policies and programmes. It is also a source of information on HIV/AIDS from the perspective of the world of work.

This manual is designed to be a living document. It is possible to modify activities, and to add modules or

FOREWORD

special guidelines for specific sectors and groups, for particular countries or local situations.

AIDS has a devastating impact on the world of work. At the same time, the workplace has tremendous potential to help shape a unified and multisectoral response. The ILO offers this manual to all who wish to take up the challenge.

Juan Somavia
Director-General

A guide to the manual

contents

Introduction	1
How to use the manual	4
Sample programmes	8
Including AIDS issues in other programmes	17
It's over to you	20
<i>Glossary</i>	21

Introduction: why an ILO manual on HIV/AIDS?

HIV/AIDS is one of the greatest challenges facing the world in the 21st century. It is an emergency of an unprecedented nature.

In the last decade the world of work has been recognized as a key arena where the battle against HIV/AIDS can be fought - and won. The ILO has a unique role to play in view of its expertise, gained over more than eighty years, and its structure - bringing together governments, employers and workers. This manual explains why the world of work is so important and shows how it can respond.

The manual is designed to help the ILO's partners understand the issues and apply the ILO Code of Practice on HIV/AIDS and the world of work, which was adopted in May 2001. The Code is at the core of the ILO's Programme on HIV/AIDS, providing guidance to governments, employers and workers, as well as other stakeholders, on national action plans and workplace policies and programmes to combat HIV/AIDS.

The Code has broad application, and in many cases will be used without the benefit of training or support from ILO offices. This manual is therefore intended as an education and reference document as well as a tool for training, a guide for negotiators, and an aid for all those seeking to promote action to limit the spread and impact of HIV/AIDS in the world of work.

Structure of the manual

The manual is divided into ten sections, including eight independent modules:

- **Guide to the manual** – this section
- **Module 1**
HIV/AIDS: the epidemic and its impact on the world of work

This module describes the spread of the epidemic; how the virus is transmitted; why HIV/AIDS is a workplace issue, and how it affects labour and employment; and the particular strengths of the ILO in contributing to the global response.

- **Module 2**
HIV/AIDS and human rights

Section 4 of the Code of Practice sets out ten key principles that provide the basis for workplace policy on HIV/AIDS. These inform and guide the ILO's rights-based approach and are stressed throughout the manual. Four are discussed in detail in this module: non-discrimination, no screening, confidentiality, and the continuation of the employment relationship.

- **Module 3**
Workplace action through social dialogue: the role of employers, workers and their organizations

This module concentrates on the development and implementation of workplace policies through the process of social dialogue. It establishes the roles of employers' and workers' organizations, and will help the social partners implement Sections 5.2 and 5.3 of the Code in particular.

- **Module 4**

- A legal and policy framework on HIV/AIDS in the world of work: the role of government**

This module is designed to help governments establish a policy and legal framework which promotes and supports action to reduce the spread of HIV/AIDS and to mitigate its impact at the national and local level, as set out in Section 5.1 of the Code. It targets government officials, labour inspectors and officers of employers' and workers' organizations who interact with government - on tripartite bodies, for example.

- **Module 5**

- The gender dimensions of HIV/AIDS and the world of work**

The Code recognizes the importance of gender equality in combating the HIV epidemic. Although gender issues will be addressed throughout the manual, they also need to be set out in a specific module. It must be stressed that this module is about gender, not only about women, and is addressed as much to men as to women.

- **Module 6**

- Workplace programmes for HIV/AIDS prevention**

The Code stresses the importance of prevention - the 'social vaccine'. This module assists employers and workers, their organizations and other partners in implementing effective prevention programmes at the workplace.

- **Module 7**

- Care and support**

The importance of care and support as part of an overall strategy for fighting HIV/AIDS has been receiving growing recognition. This module assists employers and workers, their organizations and other partners in implementing care and support programmes at the workplace. It uses a broad concept of care, which is not only concerned with treatment, and includes a discussion of social protection issues.

- **Module 8**

- HIV/AIDS and the informal economy**

ILO standards of all kinds are easier to apply in larger and formal enterprises, but the Code is intended to apply to all aspects of work, formal and informal. This module discusses how connections with persons working in the informal economy can be strengthened and the Code made relevant to their needs and situation.

- **References and resources**

Sources of information, including selected publications, organizations, and websites.

The manual is not designed to be read like a novel, from cover to cover. Consider it more as a menu: pick out the parts that interest you!

Structure of the modules

Modules contain several types of materials, including:

- presentation of the issues, with particular reference to the world of work and the ILO Code of Practice
- learning activities (group work, role play etc.) - there are never more than two activities to a page so that they can be photocopied (the note at the end of some is for the trainer not the participants, so they should be left off the copies)
- case studies
- extracts, models and samples of legislation, policies and collective agreements
- references.



How to use the manual

This manual is a source of information on HIV/AIDS and the world of work, a reference guide to the ILO Code of Practice and its application in policy development, and a tool for training.

It is ideal to use as a reference when planning a policy or strategy. You can work through the whole book or parts of it on your own, in a meeting or as a team exercise. You can see what other people have done, consider whether it could be adapted to your situation, and follow suggestions.

The main use of the manual will be in education and training. The rest of this module gives guidance on how to use it to provide training for all those in the world of work who wish to take action against HIV/AIDS. The Code of Practice identifies a range of groups with a role in training, including managers, personnel officers, peer educators, workers' representatives, health and safety officers, and labour inspectors. All of these, and others, should find helpful information and learning activities in this manual.

Active learning: methods and activities

The Code notes that "methods should be as interactive as possible". We have tried to follow this advice in the manual, but what do we mean by 'active learning'?

In active learning, participants in education and training programmes are not passive recipients of information. Their own experiences and ideas are recognized as a valuable resource. This requires a new interaction between the facilitator on the one hand and the course participants on the other.

Active learning is centred around the learner, not the trainer. Learning is negotiated and, usually, practical results are sought.

This is especially important in the HIV/AIDS context. Individuals need to change their behaviour. Just knowing how the virus is transmitted is not enough. Acting on that knowledge is crucial. Active learning encourages this kind of change.

Learning activities are suggested throughout this manual, which are designed to assist active learning. These usually involve a role play, discussions, or other group activity, and should take between 45 and 90 minutes. Small groups, as we suggest below, should be no larger than four or five, and may sometimes be smaller - some activities can be done in pairs.

There are more learning activities for each module than you will ever be able to use in one workshop. The wide range of activities allows you to select the ones most useful for the education or training context in which you are working. Some activities are quite general and ask learners to develop policy. Others are more direct, even personal, and ask learners to get involved with the stories of individuals in order to explore attitudes and behaviour issues. It is a good idea to employ a mixture of these in a workshop.

Even in larger groups and plenary sessions there can be active learning; there is no need to fall into the trap of one-way communication. Prepare questions to ask at regular intervals, stop and check that participants are following your line of reasoning, invite comments. The plenary can be broken up for short sessions of group work - just breaking up into pairs for a few minutes is a very effective way of keeping the whole group involved.

Study circles

Study circles are a form of small study group, which examine a topic through informal discussion. They can be organized by peer educators, educators at the workplace, or union activists. They can be used at the workplace, in the community, or in union offices.

The study circle leader does not have to give a lecture or be an expert on the subject. His or her job is to get the discussion going and to help it along. Circles can have the same leader for all of the meetings, or the task can be rotated. The leader may have to do some extra reading, find out more about the local situation, or obtain some background information. Above all, he or she must encourage everyone to participate and promote a democratic atmosphere.

Workshops

A workshop or meeting dedicated exclusively to the topic of HIV/AIDS would probably last a minimum of two days, and requires more resources than a study circle. Suggested programmes and activities are provided in this module - please adapt them to suit your local situation.

- **Case studies**

A situation or scenario is presented, and possible action/responses are suggested and discussed by the participants. An example would be to examine a problem and discuss how national legislation or a workplace policy might be used to deal with it. Case studies can be drawn from workshop members' own experience, press reports, a video or radio extract, or an enterprise's own findings. You will also need relevant national laws and ILO Conventions.

Course members should be allowed to look carefully at the known facts, suggest priorities, and propose solutions. All groups can look at the same case study, and the plenary can then discuss each group's proposals; or each group can select a different case study and report back to the plenary.

- **Role play**

A role play requires a small group to act out a situation, with a short brief prepared for each "actor". Sometimes a role play can present a group situation, for example a union team negotiating with employers (or government), or it may relate to individuals. Observers record the action and report on what they have seen. Since role plays should be fairly short, everyone can take part and play different characters. Each group then reports back to the plenary on the arguments used by each character or team and on how problems have been resolved (or not).

- **Group work**

All workshop participants are divided into small groups (four to five members); this allows maximum participation. Groups can be set a wide range of questions and tasks and can then report back to the whole workshop using flipcharts, photocopied reports, posters or even PowerPoint. Reports can also be made more visual; instead of being in writing, they can take the form of a diagram showing how issues are interconnected. Groups can also be encouraged to draw up their reports in the form of a drama, poem or song.

- **Panel**

Invite a group of outside resource persons to form a panel; each member of the panel makes a short statement on the topic under discussion. A brief debate may be held among panel members, but this needs to be carefully moderated by a chairperson. The audience can then ask questions, make comments, and discuss the issues presented.

- **Field trip**

This can be a visit to a workplace, organization or community to gain first-hand experience of the impact of HIV/AIDS and responses to the epidemic. A field trip needs to be carefully prepared. Participants should be provided in advance with background information on the site. A person with first-hand experience of the site should be available to brief participants and accompany them on the field trip. Part of the preparations should include drawing up a checklist which can be used for on-site observation. After the visit, the checklists can be used in small groups for drawing up the group reports for presentation to the plenary.

Starting and finishing a workshop

There are a number of standard activities which are normally used at the beginning and towards the end of each workshop. These are:

- introductions - at the beginning, to break the ice and help participants get to know one another
- action planning ('What next?') - towards the end
- evaluation - at the end of the workshop.

You can vary these slightly, according to the type of group and the length and subject of the workshop.

Activity: Introduction and workshop aims

AIMS To help us find out more about each other and to discuss aims for the workshop

TASK Sit next to somebody you don't know. Talk to each other for 5 minutes before introducing each other to the rest of the workshop

Try to find out the following about your partner:

- name
- job and workplace
- experience, if any, of the issue of HIV/AIDS
- what he/she hopes to achieve from attending this workshop.

Activity: What next?

AIM To draw up an action plan for following up the workshop

TASK Look back over what you have discussed in this workshop. Think about the steps you are going to take when you return to your workplace. Draw up an action plan using the following format:

Personal action plan on HIV/AIDS

What am I going to do?

What is the timetable? (When shall I do it?)

Who else do I need to involve?

Activity: Reviewing the workshop

AIM To help us to evaluate the workshop

TASK In your groups, prepare a report on what you think of the workshop.

Did it meet its stated objectives and your own expectations?

What was the most useful part of the workshop?

What was the least useful part of the workshop?

What improvements would you suggest for future workshops on HIV/AIDS and the world of work?

Sample programmes

We now suggest how you can use the learning activities set out in each module for a number of different programmes with a range of groups. But they are only suggestions - you will find that you are organizing or conducting courses for different groups in different circumstances. We encourage you to adapt and use these sample programmes according to your situation and needs. For example, you may wish to replace some of the learning activities with panel discussions or a presentation by a resource person.

A workshop to raise awareness on HIV/AIDS and the world of work

Target group: Representatives from workers' and employers' organizations and/or government officials - with little previous knowledge or experience of the issues.

Aim of the workshop: To help participants understand the seriousness of HIV/AIDS as a global problem and its particular impact on the world of work, as well as the potential of the workplace as a location where the disease can be fought.

This workshop would use materials and activities from all modules.

Approx. timings	Day 1	Day 2	Day 3
09:30-10:00	Welcome to workshop	Learning activity 1 from Module 5: <i>Tackling embarrassment</i>	Learning activity 7 from Module 3: <i>Drawing up a workplace agreement</i>
10:00-10:30	Paired introductions		
10:45-12:00	Learning activity 1 from Module 1: <i>HIV/AIDS and the workplace: fact and fiction</i>	Learning activity 5 from Module 5: <i>Gender dimensions of HIV/AIDS</i>	Learning activity 5 from Module 8: <i>Supporting the informal economy</i>
<i>Lunch break</i>			
13:15-14:30	Learning activity 4 from Module 1: <i>HIV/AIDS and its impact at work</i>	Learning activity 12 from Module 6: <i>Learning from experience</i>	What next? Action planning
14:30-16:00	Learning activity 6 from Module 2: <i>Ravi's story</i>	Learning activity 4 from Module 7: <i>Improving current practice</i>	Evaluation

A workshop for trade union officials and workers' representatives

Target group: Office bearers and full-time officers of workers' organizations.

Aim of the workshop: To develop a trade union policy on HIV/AIDS and an action plan for implementation.

Workshop for trade union officials

Approx. timings	Day 1	Day 2	Day 3
09:30-10:00	Welcome to workshop	Learning activity 1 from Module 5: <i>Tackling embarrassment</i>	Learning activity 5 from Module 3: <i>Workplace policies/agreements</i>
10:00-10:30	Paired introductions		
10:45-12:00	Learning activity 2 from Module 1: <i>Dealing with fears about HIV/AIDS at work</i>	Learning activity 5 from Module 5: <i>Gender dimensions of HIV/AIDS</i>	Learning activity 7 from Module 3: <i>Drawing up a workplace agreement</i>
Lunch break			
13:15-14:30	Learning activity 3 from Module 3: <i>Trade union action against HIV/AIDS</i>	Learning activity 3 from Module 6: <i>Getting the message across</i>	What next? Action planning
14:30-16:00	Learning activity 4 from Module 3: <i>Developing a trade union policy</i>	Learning activity 3 from Module 7: <i>What unions need to do</i>	Evaluation

A workshop for employers

Target group: Officers of employers' organizations, employers themselves, managers and relevant staff from enterprises.

Aim of the workshop: To promote the development of policies on HIV/AIDS by employers' organizations and to help enterprises to understand and apply the Code of Practice.

Workshop for employers and their organizations

Approx. timings	Day 1	Day 2	Day 3
09:30-10:00	Welcome to workshop	Learning activity 9 from Module 2: <i>Applying the Code at the workplace</i>	Learning activity 1 or 2 from Module 3: <i>Employers' action against HIV/AIDS</i>
10:00-10:30	Paired introductions		
10:45-12:00	Learning activity 1 from Module 1: <i>HIV/AIDS and the workplace: fact and fiction</i>	Learning activity 8 from Module 5: <i>Educating workers</i>	Learning activity 7 from Module 3: <i>Drawing up a workplace agreement</i>
Lunch break			
13:15-14:30	Learning activity 4 from Module 1: <i>HIV/AIDS and its impact at work</i> OR Learning activity 3 from Module 1: <i>Planning for HIV/AIDS in the enterprise</i>	Learning activity 7 from Module 6: <i>Talking about risk</i>	What next? Action planning
14:30-16:00	Learning activity 7 from Module 2: <i>Mary needs help</i>	Learning activity 1 from Module 7: <i>Creating a caring workplace</i>	Evaluation

A workshop on the use of social dialogue to negotiate and implement a workplace policy

Target group: Employer and worker representatives who are involved in negotiating at industry or enterprise level.

Aim of the workshop: To promote the development and implementation of workplace policies on HIV/AIDS.

Note: This programme begins by establishing certain key principles and includes a session which examines the legislation of the country in question, since, whatever the agreement reached on workplace policy, it must be consistent with the law.

Workshop for employers and workers

Approx. timings	Day 1	Day 2	Day 3
09:30-10:00	Welcome to workshop	Learning activity 1 from Module 2: <i>Human rights and the law</i>	Learning activity 1 from Module 3: <i>Employers' action against HIV/AIDS</i> OR Learning activity 3 from Module 3: <i>Trade union action against HIV/AIDS</i> Get employers to report to unions and vice versa.
10:00-10:30	Paired introductions		
10:45-12:00	Learning activity 1 from Module 1: <i>HIV/AIDS and the workplace: fact and fiction</i>	Learning activity 1 from Module 6: <i>What needs to be done</i>	Learning activity 7 from Module 3: <i>Drawing a workplace agreement</i>
Lunch break			
13:15-14:30	Learning activity 4 from Module 1: <i>HIV/AIDS and its impact at work</i> OR Learning activity 3 from Module 1: <i>Planning for HIV/AIDS in the enterprise</i>	Learning activity 1 from Module 7: <i>Creating a caring workplace</i>	What next? Action planning
14:30-16:00	Learning activity 9 from Module 2: <i>Applying the Code at the workplace</i>	Learning activity 8 from Module 5: <i>Educating workers</i>	Evaluation

A workshop on gender and HIV/AIDS

Target group: Government officials from labour departments, employers and trade union officers.

Aim of the workshop: To ensure that policies and programmes on HIV/AIDS include gender issues and promote equality.

A workshop on gender and HIV/AIDS

Approx. timings	Day 1	Day 2	Day 3
09:30-10:00	Welcome to workshop	Learning activity 7 from Module 2: <i>Mary needs help</i>	Learning activity 8 from Module 7: <i>Supporting families affected by HIV/AIDS</i>
10:00-10:30	Paired introductions		
10:45-12:00	Learning activity 1 from Module 5: <i>Tackling embarrassment</i>	Learning activity 7 from Module 4: <i>Gender and national HIV/AIDS law</i>	Learning activity 5 from Module 8: <i>Supporting the informal economy</i> Note the last question.
<i>Lunch break</i>			
13:15-14:30	Learning activity 5 from Module 5: <i>Gender dimensions of HIV/AIDS</i>	Learning activity 4 from Module 6: <i>Fear, anger and information....</i>	What next? Action planning
14:30-16:00	Learning activity 2 from Module 2: <i>Rights in ILO Conventions</i> Focus especially on Convention 111.	Learning activity 8 from Module 5: <i>Educating workers</i>	Evaluation

A workshop for labour inspectors

Target group: Labour inspectors who are relatively new to the issue of HIV/AIDS.

Aim of the workshop: To integrate the application of provisions on HIV/AIDS into the work of labour inspectors.

Workshop for labour inspectors

Approx. timings	Day 1	Day 2	Day 3
09:30-10:00	Welcome to workshop	Learning activity 6 from Module 2: <i>Ravi's story</i>	Learning activity 5 from Module 4: <i>Labour inspectors and HIV/AIDS</i> It is suggested that this activity be allowed to take all morning in order to allow inspectors to work out the full implications of the issue for their work.
10:00-10:30	Paired introductions		
10:45-12:00	Learning activity 1 from Module 1: <i>HIV/AIDS and the workplace: fact and fiction</i>	Learning activity 7 from Module 3: <i>Drawing up a work-place agreement</i>	
Lunch break			
13:15-14:30	Learning activity 3 from Module 1: <i>Planning for HIV/AIDS in the enterprise</i>	Learning activity 1 from Module 4: <i>Planning government strategy</i>	What next? Action planning
14:30-16:00	Learning activity 1 from Module 2: <i>Human rights and the law</i>	Learning activity 5 from Module 5: <i>Gender dimensions of HIV/AIDS</i>	Evaluation

A workshop for labour court officials

Target group: Judges, magistrates, lawyers and other staff in labour courts and industrial tribunals, relatively new to the issue of HIV/AIDS.

Aim of the workshop: To equip labour court officials with the necessary knowledge of HIV/AIDS to handle cases involving HIV status and/or to contribute to the review and reform of labour legislation in response to HIV/AIDS.

Workshop for labour court officials

Approx. timings	Day 1	Day 2
09:30-10:00	Welcome to workshop	Learning activity 4 from Module 4: <i>Comparing the law</i>
10:00-10:30	Paired introductions	
10:45-12:00	Learning activity 1 from Module 1: <i>HIV/AIDS and the workplace: fact and fiction</i>	Learning activity 6 from Module 2: <i>Ravi's story</i>
<i>Lunch break</i>		
13:15-14:30	Learning activity 2 from Module 2: <i>Rights in ILO Conventions</i>	Learning activity 5 from Module 5: <i>Gender dimensions of HIV/AIDS</i>
14:30-16:00	Learning activity 1 from Module 2: <i>Human rights and the law</i>	Evaluation

A study circle for employees

Target group: Employees from one or several workplaces.

Aim of the study circle: To raise awareness of HIV/AIDS and its implications at the workplace, and to develop union and/or workplace policy on the issue. The study circle may be sponsored by the union or employer. It can take place at the workplace or in the community.

How the study circle works

The study circle is democracy in practice. Every member is equal. The circle has a leader, who is one of the group - an example of peer education. He or she has had some training in how to conduct the study circle meeting.

The idea is that everyone should contribute to the debate. A discussion is organized in small groups, which then report back to the rest of the study circle. There is no 'right' or 'wrong' answer. The study circle usually meets once a week for at least ten weeks, for two hours or more. The study circle leader introduces the subject, and participants are then asked to put forward their own ideas and experience. This is most important - participation is what study circles are all about.

There are a few simple rules for study circles:

- Do listen to other people
- Do treat other members of the circle with respect
- Do not interrupt each other
- Do not gossip
- Do stick to the subject
- Do not leave half way through a meeting

Suggested programme for a ten-meeting study circle programme

Meeting	Topic	Comment
1	Paired introductions Myths/facts about HIV and AIDS: <i>How HIV is and is not spread</i>	It is useful to establish what people already know and understand about HIV/AIDS. A possible activity is set out below.
2	Learning activity 6 from Module 1: <i>HIV/AIDS and the union</i>	If the study circle is not sponsored by the union, substitute Learning activity 2 from Module 1: <i>Dealing with fears about HIV/AIDS at work</i>
3	Learning activity 6 from Module 2: <i>Ravi's story</i>	Study circle members should be encouraged to identify with Ravi. Ask them to think about times when they have felt they have been treated unfairly.
4	Learning activity 11 from Module 6: <i>Prevention in the community</i>	
5	Learning activity 8 from Module 7: <i>Supporting families affected by HIV/AIDS</i>	It would be helpful to have a short review of the first five meetings of the study circle at this point. Use an adapted version of the evaluation activity.
6	Learning activity 1 from Module 7: <i>Creating a caring workplace</i>	
7	Learning activity 1 from Module 5: <i>Tackling embarrassment</i>	By this time the group should feel confident enough to tackle this activity.
8	Learning activity 5 from Module 5: <i>Gender dimensions of HIV/AIDS</i>	
9	Learning activity 1 from Module 1: <i>HIV/AIDS and the workplace: fact and fiction</i>	This would normally be held at the beginning of a course. The purpose of placing it at the end of this programme is to assess to what extent the study circle members have changed their views on the issue.
10	Action plan Evaluation	It is very important that individual study circle members talk about ways in which they are going to make a personal commitment to action - e.g. making changes in their own behaviour, becoming peer educators, starting/joining a workplace committee, supporting a community activity, etc.

How HIV is and is not spread

AIMS To clarify how the disease is spread

TASK Work with your neighbour, in pairs. Discuss all the ways you think that HIV/AIDS can be spread. Exchange your list with the next pair. Put a tick where you think the other group is right, a cross where they are wrong, and then display the chart for everyone to see.

Including AIDS issues in other programmes

It is not necessary to treat HIV/AIDS as a separate topic in education programmes. In fact an important goal for the ILO and its constituents is to integrate a component on HIV/AIDS into every training course and major meeting. These could include:

- basic information on HIV/AIDS, and why it is a labour and development issue
- labour standards and HIV/AIDS
- safety and health at work
- gender aspects of HIV/AIDS.

Here are some suggestions.

A general module on HIV/AIDS

It will be difficult to cover HIV/AIDS as a workplace issue in a few hours. However, it is not unusual to be offered a “slot” on a longer course dealing with other issues. If you are given this opportunity, we suggest the following.

Suggested learning activity	Notes
Learning activity 1 from Module 1: <i>HIV/AIDS and the workplace: fact and fiction</i>	Try to keep this short - maybe turn it into a “brain-storm” session, where, instead of small groups, you keep the discussion in plenary, asking questions and encouraging inputs from all - but make sure that everyone gets the opportunity to make a contribution.
Learning activity 4 from Module 1: <i>HIV/AIDS and its impact at work</i>	You may need to help with examples, case studies and data on the extent of HIV/AIDS in your country.
If it is a trade union course.... Learning activity 5 from Module 1: <i>HIV/AIDS and union policy</i>	On a joint course, employers and trade unions could be split up into their respective groups for discussion, but then report back to a plenary - building mutual understanding between the two groups.
If it is a course for employers.... Learning activity 3 from Module 1: <i>Planning for HIV/AIDS in the enterprise</i>	
What next? Action planning.	Try to get a commitment from participants to some sort of follow-up on the issue.

Labour standards

There is a comprehensive training package available from the ILO in hard copy, on CD-ROM and on the Internet: *International Labour Standards: A Trade Union Training Guide, 1998*. Although written originally for trade unionists, it deals comprehensively with all aspects of labour standards.

In a longer course on international labour standards, you could use some of the activities from Module 2 of the manual, HIV/AIDS and human rights.

Suggested learning activity	Notes
Activity 2: <i>Rights in ILO Conventions</i>	This is designed to get course members to look at the core standards. Convention 111 is discussed in the text, but you can explore the relevance of all the eight core conventions to HIV/AIDS.
Activity 6: <i>Ravi's story</i>	In this activity, the link between ILSs and the human rights principles of Section 4 of the Code of Practice can be made clearer. The question could be re-phrased: "Which of the rights contained in the ILO's fundamental Conventions and in the ILO Code was Ravi denied?"

Safety and health at work

An input on HIV/AIDS could be made on courses on safety and health at work, whether for labour inspectors, employers or workers.

Suggested learning activity	Notes
Learning activity 2 from Module 1: <i>Dealing with fears about HIV/AIDS at work</i>	Most of the fears discussed in this activity arise from misunderstanding about the virus and how it is transmitted. In some workplaces, persons dealing with safety and health at work may well be the "front line" of efforts to counter myths about the virus.
Learning activity 5 from Module 6: <i>Universal precautions</i>	A workshop or course on safety and health at work for the health services would need more detailed treatment of the universal precautions. Participants could be asked to discuss the precautions and their application in depth, or other health and safety measures at their workplace/in the health system. A useful publication is ' <i>Reducing the impact of HIV/AIDS on nursing and midwifery personnel</i> ' from the International Council of Nurses.
What next? Action planning	Try to get a commitment from participants to some sort of follow-up on the issue.

Gender

Employers' and workers' organizations, as well as different government agencies, may be delivering a wide range of courses dealing with aspects of gender, gender equality, and women's rights. The ILO's *Women Workers' Rights, a modular training package*, 1994, is useful. The ILO's Gender Promotion Programme (GENPROM) has many other resources.

A short module on HIV/AIDS within a larger workshop on gender could include some or all of the following.

Suggested learning activity	Notes
Learning activity 5 from Module 5: <i>Gender dimensions of HIV/AIDS</i>	This helps to emphasize the vulnerabilities of women and the need for special measures to protect and empower them.
Learning activity 4 from Module 6: <i>Fear, anger and information</i>	Not gender-specific, but it raises many issues.
Learning activity 1 from Module 5: <i>Tackling embarrassment</i>	Only use this activity if the group has been working well for at least a few days - the educator responsible for the whole course should be able to advise, and you must have carried out at least one activity with them to build up confidence.
Learning activity 10 from Module 2: <i>Rights don't stop at the factory gate</i>	Again, this activity requires some sensitivity. It is particularly suitable for a trade union group.

Planning your own workshop

Whatever course you're organizing, you can use this basic planning form. It can be lengthened or shortened. You will have seen from the sample programmes that you can use learning activities from across the whole manual. Select a mixture.

You can also modify activities or write your own.

Target group :		Aims:	
Approx. timings	Day 1	Day 2	Day 3
09:30-10:00	Welcome to workshop		
10:00-10:30	Introductions		
10:45-12:00			
<i>Lunch break</i>			
13:15-14:30			Action planning
14:30-16:00			Evaluation

It's over to you

The manual is for you. Please do not feel you have to follow it rigidly. Adapt it. Use it to develop new learning activities and new education programmes. If you do, please send copies to ILO/AIDS.

Do remember the following points:

The purpose of the Code, and of this manual and your using it, is to bring about change. If people attend a workshop, or just read the manual, and nothing happens, that is a failure and a lost opportunity.

To fight HIV/AIDS, we need to change what individuals think, even what they feel, about sensitive issues such as the relations between men and women, and sexuality.

We also need to change what we do and talk about at the workplace - which means employers and trade unions changing too.

This kind of change cannot be measured in a workshop. So, although we have suggested finishing workshops with an evaluation activity, the real evaluation comes later - months later. In following up the results of workshops, say six and twelve months later, we should ask: have any workplace policies or agreements been developed? Is there a condom distribution facility? Have workers come forward voluntarily and asked for counselling and testing? Do women workers feel they can report sexual harassment?

If these types of change have occurred as a result of using this manual, small steps will have been taken to fight one of the greatest challenges of this century.

Good luck!

Glossary of terms used

HIV: the Human Immunodeficiency Virus, a virus that weakens the body's immune system, ultimately causing AIDS.

Affected persons: persons whose lives are changed in any way by HIV/AIDS due to infection and/or the broader impact of this epidemic.

AIDS: the Acquired Immune Deficiency Syndrome, a cluster of medical conditions, often referred to as opportunistic infections and cancers and for which, to date, there is no cure.

Antiretroviral drugs: substances used to kill or inhibit the multiplication of retroviruses such as HIV.

CEO: the chief executive officer of a company or corporation (private or public).

Discrimination is used in accordance with the definition given in the Discrimination (Employment and Occupation) Convention, 1958 (No. 111), to include HIV status. It also includes discrimination on the basis of a worker's perceived HIV status, including discrimination on the ground of sexual orientation.

Persons with disabilities is used in accordance with the definition given in the Vocational Rehabilitation and Employment (Disabled Persons) Convention, 1983 (No. 159), namely individuals whose prospects of securing, retaining and advancing in suitable employment are substantially reduced as a result of a duly recognized physical or mental impairment.

Employer: a person or organization employing workers under a written or verbal contract of employment which establishes the rights and duties of both parties, in accordance with national law and practice. Governments, public authorities, private enterprises and individuals may be employers.

Microbicide: an agent (e.g. a chemical or antibiotic) that destroys microbes. Research is being carried out to evaluate the use of rectal and vaginal microbicides to inhibit the transmission of sexually transmitted diseases, including HIV.

Occupational health services (OHS) is used in accordance with the description given in the Occupational Health Services Convention, 1985 (No. 161), namely health services which have an essentially preventative function and which are responsible for advising the employer, as well as workers and their represen-

tatives, on the requirements for establishing and maintaining a safe and healthy working environment and work methods to facilitate optimal physical and mental health in relation to work. The OHS also provide advice on the adaptation of work to the capabilities of workers in the light of their physical and mental health.

Opportunistic infections: illnesses caused by various organisms, some of which may not cause disease in persons with normal immune systems. Opportunistic infections common in persons diagnosed with AIDS include *Pneumocystis carinii* pneumonia; Kaposi's Sarcoma; cryptosporidiosis; histoplasmosis; other parasitic, viral, and fungal infections; and some types of cancers.

Reasonable accommodation: any modification or adjustment to a job or to the workplace that is reasonably practicable and will enable a person living with HIV or AIDS to have access to or participate or advance in employment.

Retrovirus: a type of virus that, when not infecting a cell, stores its genetic information on a single-stranded RNA molecule instead of the more usual double-stranded DNA. HIV is an example of a retrovirus.

Screening: measures whether direct (HIV testing), indirect (assessment of risk-taking behaviour) or asking questions about tests already taken or about medication, designed to establish HIV status.

Sex and gender: there are both biological and social differences between men and women. The term "sex" refers to biologically determined differences, while the term "gender" refers to differences in social roles and relations between men and women (see Module 5).

STI: sexually transmitted infection, which includes, among others, syphilis, chancroid, chlamydia, gonorrhoea. It also includes conditions commonly known as sexually transmitted diseases (STDs).

Termination of employment has the meaning attributed in the Termination of Employment Convention, 1982 (No. 158), namely dismissal at the initiative of the employer.

Tripartite: is the term used to describe equal participation and representation of governments and employers' and workers'

organizations in bodies both inside the ILO and at the national, sector and enterprise levels.

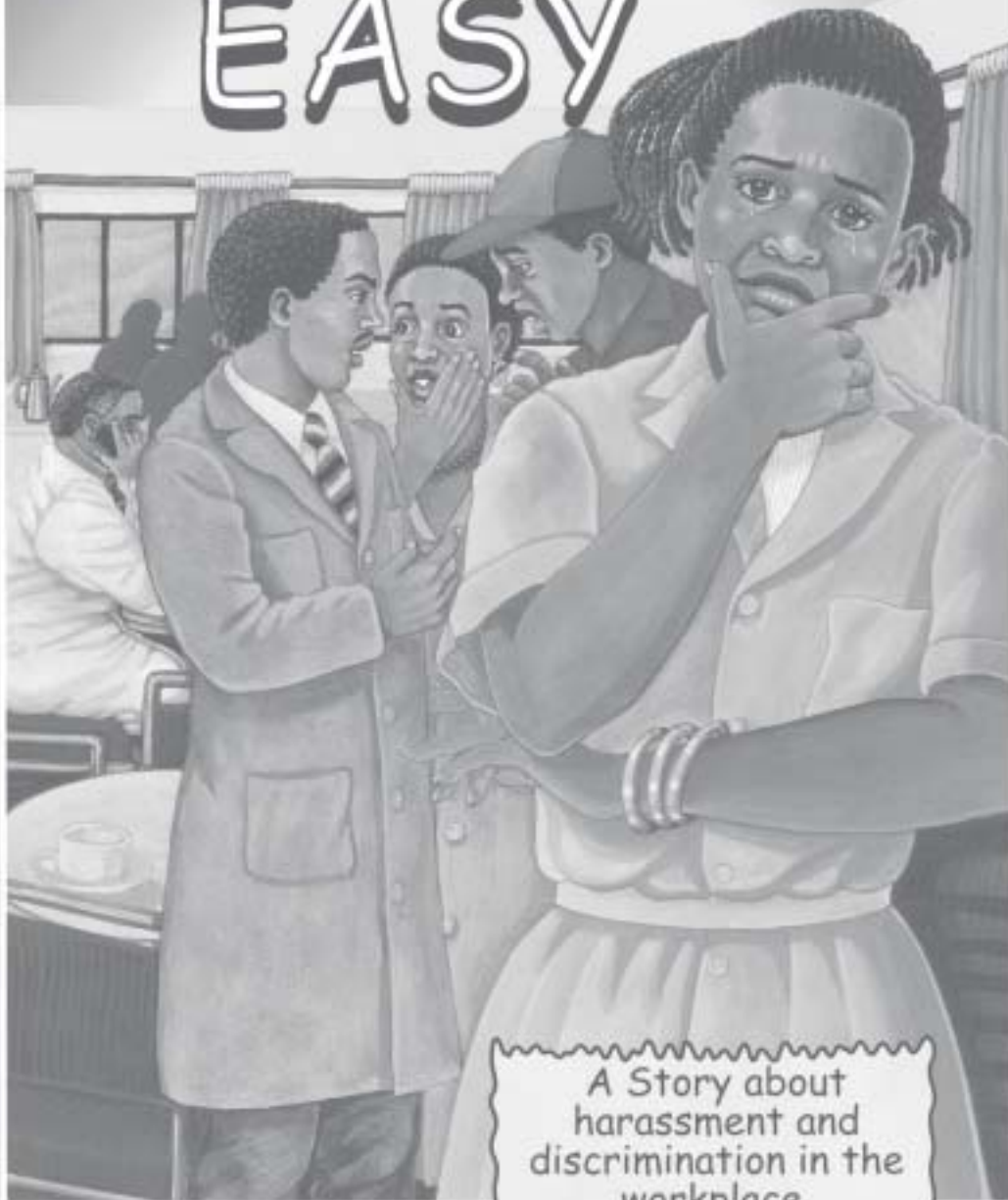
Universal Precautions are a simple standard of infection control practice to be used to minimize the risk of blood-borne pathogens (see full explanation in Appendix II).

Workers' representatives, in accordance with the Workers' Representatives Convention, 1971 (No. 135), are persons recognized as such by national law or practice whether they are:

(a) trade union representatives, namely, representatives designated or elected by trade unions or by members of such unions; or
(b) elected representatives, namely, representatives who are freely elected by the workers of the undertaking in accordance with provisions of national laws or regulations or of collective agreements and whose functions do not include activities which are recognized as the exclusive prerogative of trade unions in the country concerned.

Vulnerability refers to socio-economic disempowerment and cultural context, work situations that make workers more susceptible to the risk of infection and situations which put children at greater risk of being involved in child labour (for more detail see Appendix I of the Code).

IT'S NOT EASY



A Story about
harassment and
discrimination in the
workplace.

Module 1 > 1

contents

Introduction	1
Facts about HIV/AIDS	2
Global and regional trends	5
AIDS, poverty and development	7
The impact of HIV/AIDS on the world of work	9
Responding at the workplace	15
The role of the ILO	16
<i>Learning activities</i>	20
<i>Reference materials</i>	24

Introduction: the significance of HIV/AIDS

How has HIV/AIDS become such a global disaster and threat to our common future?

In the twenty years since it appeared, it has killed more people than any previous epidemic such as the bubonic plague of the fourteenth century, or the influenza epidemic in the years following the 1914 -1918 world war.

HIV/AIDS has ceased to be just a health issue. It is undoing many of the development gains made in recent decades. Unless we succeed in stopping the epidemic, countries could be left with reduced populations, fewer people available for productive work, and weakened economies.

It is creating orphans, who in many cases have to work to support their younger brothers and sisters, so it increases child labour.

It is a major cause of poverty and of discrimination. It aggravates existing problems of inadequate social protection and gender inequality.

There is no cure. The available treatments are very expensive and unavailable to the vast majority of victims. Millions more will die.

However, there are many places where the spread of HIV/AIDS has been slowed down and numerous examples of how people with HIV can live a full life for many years after diagnosis. We are learning how to mitigate the effects of the epidemic and live more positively with the virus: HIV is not an immediate death sentence.

From the early days of the disease there have been scare stories, misreporting, panic reactions and discriminatory policies. Gradually, the ignorance and prejudice are being dispelled and a rights-centred approach has developed. But many myths persist which prevent a rational approach to the illness.

Facts about HIV/AIDS

Definitions

HIV stands for Human Immunodeficiency Virus

The virus weakens the body's immune system.

AIDS stands for Acquired Immune Deficiency Syndrome

Because HIV weakens the body's immune system, a person becomes vulnerable to a range of opportunistic infections, which the body could normally fight off. It is one or more of these infections which will ultimately cause death, some years after infection.

The Human Immunodeficiency Virus (HIV) is transmitted through body fluids – in particular blood, semen, vaginal secretions and breast milk. Transmission occurs through these routes:

- unprotected sexual intercourse, both heterosexual or homosexual, with an infected partner (the most common route)
- blood and blood products through, for example, infected blood transfusions and organ or tissue transplants the use of contaminated injection or other skin-piercing equipment - this can be through shared drug use or 'needle stick' injuries
- mother to child transmission (MTCT) from infected mother to child at birth or during breastfeeding.

After infection, a person develops antibodies; these are an attempt by the immune system to resist attack by the virus. If a person is tested for HIV, and the presence of HIV antibodies is found, he or she is sometimes called HIV-positive or simply HIV+.

The risk of sexual transmission of HIV is increased by the presence of other sexually transmitted infections (STIs).

HIV: percentage of infections by transmission route¹

Blood transfusion	3-5
Mother to child transmission	5-10
Sexual intercourse	70-80
Injecting drug use	5-10
Health care (needle stick injuries)	<0.01

¹Department for International Development, *Prevention of Mother to Child Transmission of HIV, A guidance note* (London, 2001)

A person may live for many years after infection, much of this time without symptoms or sickness, although they can still transmit the infection to others. Of course, if a person is not aware that they are infected, they may not take precautions and, without knowing, pass on the virus.

Periods of illness may be interspersed with periods of remission. If a person is well cared for, can eat properly and rest, they can live for a number of years with a fair quality of life. They will be able to work. But AIDS is ultimately fatal.

HIV transmission

HIV is not transmitted by:

- kissing, hugging, shaking hands
- mosquito or insect bites
- coughing and sneezing
- sharing toilets or washing facilities
- using utensils or consuming food and drink handled by someone who has HIV

There is no recorded instance of the virus being transmitted through first aid procedures.

Research is currently under way to develop a vaccine, but it is unlikely that one will be available for many years. Research is also being carried out to develop a microbicide (spermicide) that can be used to prevent infection during intercourse.

There is no cure. Antiretroviral drugs are available that slow the progression of the disease and delay the onset of AIDS, but they are very expensive. They do have some success in preventing mother to child transmission.

Although drug companies have brought down the price of drugs, a substantial problem remains. The regime of administering the drugs requires a level of health infrastructure, including human resources, which is simply not available in many poor countries. For this reason the ILO Code of Practice suggests that in some cases the workplace may be a suitable point of delivery. The ILO also encourages employers to pay for treatment where possible – it is well worth treating common opportunistic infections even if antiretroviral therapy is beyond the resources of an enterprise.

Anglo-American, a large mining group which is the biggest employer in southern Africa, has decided to make the drugs available to its workforce free of charge. It estimates that this may cost between 2.5 and 5 million US dollars. Around 23 per cent of its 134,000 workforce are infected with HIV/AIDS. ²

² *Financial Times*, London, 7 August 2002

HIV is a fragile virus, which can only survive in a limited range of conditions. It can only enter the body through naturally moist places and cannot penetrate unbroken skin. Prevention therefore involves ensuring that there is a barrier to the virus – condoms, for example, or protective equipment such as gloves and masks (where appropriate) – and that skin-piercing equipment is not contaminated.

The virus is killed by bleach, strong detergents and very hot water. In the event of an accident, and in certain workplaces, it is important to follow the universal blood and body fluid precautions (known as “Universal Precautions” or “Standard Precautions”) which were originally devised by the United States Center for Disease Control and Prevention (CDC) in 1985. These precautions are explained in Appendix II of the ILO Code of Practice on HIV/AIDS and the world of work.

ایڈز کا مرض پھیلتا ہے

جنسی بے راہروی سے (Infected) متاثرہ حاملہ عورت سے اس کے بچے کو

خون لگوانے سے (Infected) متاثرہ خون لگوانے سے

متاثرہ (Infected) افراد کی استعمال شدہ سرنگ سے

آلات جراحی سے (Infected) متاثرہ آلات جراحی سے

ان سے بچاؤ کا مطلب ہے ایڈز سے بچاؤ

کیونٹی سٹیٹ گورنمنٹ 319-4-0-1

Levi's QUALITY NEVER GOES OUT OF STYLE

Global and regional trends

The HIV/AIDS pandemic has evolved in different ways in different parts of the world, and at varying speeds. In many regions it is still in its early stages. At the end of the year 2001, the total number of people living with HIV/AIDS was estimated to be 40 million: just under half of them are women, and about 8 per cent are children. HIV/AIDS caused the deaths of 3 million people during 2001 and, despite widespread prevention measures, 5 million new cases were reported.

The following is a breakdown of these figures by region:

HIV/AIDS in 2001

Region	Total number of people living with HIV/AIDS 2001	People newly infected during 2001	Deaths due to HIV/AIDS during 2001
Sub-Saharan Africa	28,500,000	3,500,000	2,200,000
Asia & Pacific	6,600,000	1,070,000	435,000
Americas and the Caribbean	2,870,000	235,000	115,000
Europe and Central Asia	1,550,000	280,000	31,000
North Africa and the Middle East	500,000	80,000	30,000
Australia and New Zealand	15,000	500	<100

Source: UNAIDS, *Report on the global HIV/AIDS epidemic 2002*

Latin America and the Caribbean

The Caribbean is the region with the second highest infection rates; adult HIV prevalence is 2 per cent. In certain countries, such as Haiti and the Bahamas, it has reached over 4 per cent. Fifty per cent of infections are among women in the Caribbean, and 30 per cent in Latin America. Brazil's comprehensive programme of prevention and care, including access to antiretroviral drugs, is resulting in falling rates of mortality and of new infections.

Eastern Europe and Central Asia

This region is experiencing the fastest rate of new infections, especially in Russia and Ukraine. With high levels of other STIs and intravenous drug use it is likely that prevalence will continue to rise. About 20 per cent of those living with HIV/AIDS are women.

Sub-Saharan Africa

This region has the highest prevalence in the world, with an average of 8.4 per cent of the popula-

tion infected. At 28.1 million, the region has more people living with HIV/AIDS than all the other regions of the world put together; about 55 per cent are women.

Recent antenatal clinic data suggest that several countries in southern Africa have adult prevalence rates exceeding 30 per cent. However, there are signs of hope - HIV prevalence is continuing to decline in Uganda, for example, and it remains relatively low in several parts of West Africa.

North Africa and the Middle East

Small-scale surveys show that there is a slow but marked spread of HIV/AIDS in this region.

Asia and the Pacific

The relatively low prevalence rates in this region are deceptive as the numbers involved are large and there are areas of high prevalence, especially in cities. Approximately seven million people are infected.

China's health ministry has estimated that 600,000 people were living with HIV/AIDS in 2000 and localized epidemics are increasingly common.

Although India's adult prevalence rate is not exceptionally high at 0.8 per cent (end of 2001), the absolute numbers involved are large. The epidemic is concentrated in a small number of States so far.

Thailand has successfully reduced annual new infections from around 100,000 in the early 1990s to about 30,000 in 2001. In 1993, one report estimated that the annual infection rate could reach over half a million by the end of the decade.³ Nevertheless, an estimated 700,000 Thais are living with HIV/AIDS today and it remains a major health and social issue.

In East Asia and the Pacific, women make up 20 per cent of those living with HIV/AIDS, while in South and South East Asia the rate is 35 per cent.

Western Europe, North America, Australia and New Zealand

A resurgence is being experienced in high-income countries with 75,000 people newly infected in 2001. Between 10 and 25 per cent of those living with the disease are women.

³ Viravidya et al, "Economic Implications of AIDS in Thailand", in David E. Bloom and Joyce V. Lyons, *Economic Implications of AIDS in Asia* (UNDP, New Delhi, 1993)

AIDS, poverty and development

For many years HIV/AIDS was viewed as a medical and health problem, rather than as a broad socio-economic challenge. In the last few years, the damage the pandemic is doing to years of development gains – and to the potential for future development – has been recognized.

The HIV/AIDS pandemic is aggravating current socio-economic problems in developing countries, as well as itself being exacerbated by these problems.

- Poverty is a factor in HIV transmission and strengthens the impact of HIV/AIDS.
- The effect of HIV/AIDS on individuals, households and communities can lead to an intensification of poverty and even push some non-poor into poverty.

Poor people suffer from higher levels of illiteracy, and lack of access to health and social services. This makes it much less likely that they will receive information about HIV and how to avoid infection. Poor diets and poor housing make those infected by the virus more vulnerable to opportunistic infections. So those living in poverty are more vulnerable to infection. Those with HIV often become sick and die faster than the non-poor, since they are more likely to be malnourished and in poor health and to lack access to health services and medication.⁴

At the same time, the impact of HIV/AIDS on households can be catastrophic. In the absence of widespread social safety nets, including health insurance or social security, the illness of a family member means both an increase in medical expenses and a decline in family income, often plunging families into poverty.

The epidemic is placing a huge strain on many countries:

- Kenya expects to be spending 60 per cent of its health budget on the treatment of HIV/AIDS by 2005;
- in Zambia in 1998, deaths of teachers equalled two-thirds of the number of graduates from teacher training colleges;⁵
- a third of rural households affected by HIV/AIDS in Thailand reported a 50 per cent reduction in agricultural output;
- South Africa's GDP is projected to be 17 per cent lower in 2010 than it would have been without AIDS, costing the economy some US\$ 22 billion.⁶

But within the poorer countries where the disease is concentrated, those with a higher than average

⁴ Collins, J. and Rau, B.: *Aids in the Context of Development* UNRISD, Programme on Social Policy and Development, Paper No. 4, December, 2000

⁵ ILO: *A future without child labour* (Geneva, 2002), page 43

⁶ Brookings Institution: *Meeting the Global Challenge of HIV/AIDS* (Washington, DC, April 2001)

level of education and income do not generally show lower rates of infection. Disposable income, status and occupational mobility can also be risk factors. This means there are serious implications for the labour supply in terms both of quantity and of quality.

The loss of huge numbers of skilled personnel - from teachers and doctors to farmers and mechanics - is having serious effects on the ability of countries to remain productive and deliver basic services. Even more worrying is the impact of the epidemic on the workforce of tomorrow. On the one hand, children are being taken out of school to help with the burden of care or to maintain family income; on the other hand, training and education services are being undermined. There is little evidence, however, of planning to adapt long-term development strategies to the realities of HIV/AIDS and to replace human capital losses.⁷

“One of the major impediments facing African development efforts is the widespread incidence of communicable diseases, in particular HIV/AIDS, tuberculosis and malaria. Unless [they] are brought under control, real gains in human development will remain an impossible hope.”
Stephen Lewis, UN Special Envoy on HIV/AIDS in Africa.

⁷ Cohen, D.: *Human Capital and the HIV epidemic in sub-Saharan Africa*, ILO/AIDS working paper number 2, ILO, Geneva, 2002

The impact of HIV/AIDS on the world of work

The ILO estimates that at least 25 million workers aged 15-49 - the most productive segment of the labour force - are infected with HIV.

HIV/AIDS is a workplace issue

HIV/AIDS should be recognized as a workplace issue, and be treated like any other serious illness/condition in the workplace. This is necessary not only because it affects the workforce, but also because the workplace, being part of the local community, has a role to play in the wider struggle to limit the spread and effects of the epidemic.

■ ILO Code of Practice on HIV/AIDS and the world of work

HIV/AIDS hits the world of work in numerous ways. In badly affected countries, it cuts the supply of labour and reduces income for many workers. Increased absenteeism raises labour costs for employers; valuable skills and experience are lost. Often, a mismatch between human resources and labour requirements is the outcome. Along with lower productivity and profitability, tax contributions also decline, while the need for public services increases. National economies are being weakened further in a period when they are struggling to become more competitive in order to weather the challenges of globalization.

The impact of HIV/AIDS includes:

- reduced supply of labour
- loss of skilled and experienced workers
- absenteeism and early retirement
- stigmatization of and discrimination against workers with HIV
- increased labour costs for employers from health insurance to retraining
- reduced productivity, contracting tax base and negative impact on economic growth
- a threat to food security as rural workers are increasingly affected
- falling demand, investment discouraged and enterprise development undermined
- social protection systems and health services under pressure
- increased burden on women to combine care and productive work
- loss of family income and household productivity, exacerbating poverty
- orphans and other affected children forced out of school and into child labour
- pressure on women and young people to survive by providing sexual services.

Employment and labour market implications

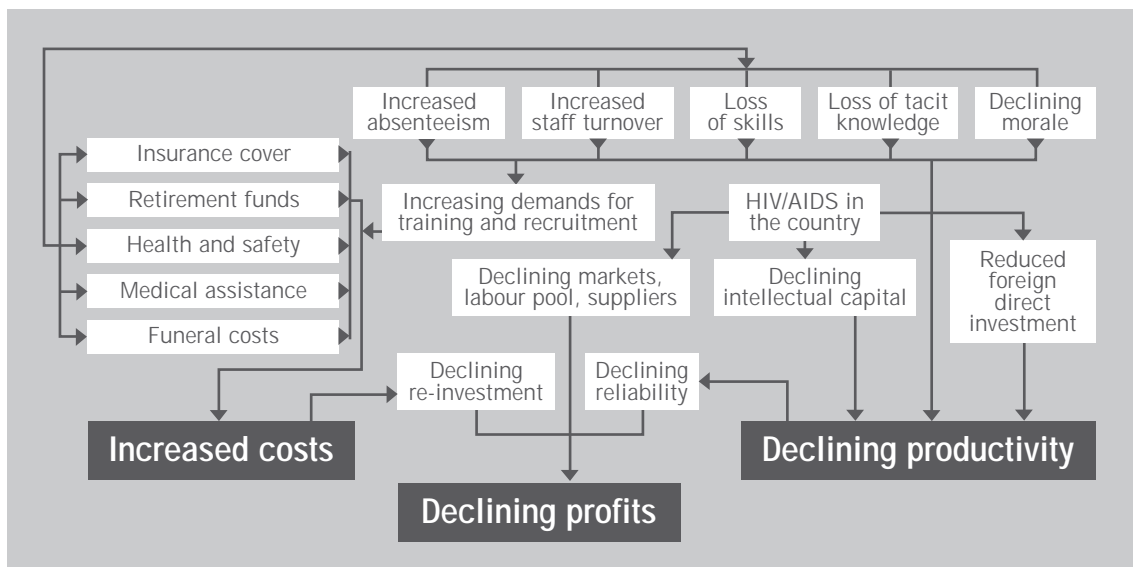
HIV/AIDS impacts directly on the growth of population in countries where the pandemic is most widespread. The US Census Bureau has projected that by the year 2010 life expectancy will fall from 60 years to around 30 years in the worst affected countries in southern Africa. The population of Zimbabwe in 2020 is expected to be 20 per cent smaller than it would have been without AIDS.

Many countries will experience a “population chimney” where the very young and old are supported by a thin pillar of adults in their working prime.

The labour force will be particularly affected by the impact of the epidemic on the structure of the population. The majority of those who die of AIDS are adults in their prime - workers at their most productive. In 1999, for example, 80 per cent of newly infected people in Rwanda, Tanzania, Uganda and Zambia were aged between 20 and 49.

Projections made by the ILO for eight African countries with the highest prevalence rates indicate that the labour force will be 10 to 32 per cent smaller by 2020 than it would have been without HIV/AIDS. Many of those infected with HIV are experienced and skilled workers in blue-collar and white-collar jobs, managers, and vital producers of food.

The impact of HIV/AIDS on enterprises



Source: UNAIDS, adapted by ILO

The impact on labour costs and productivity

At the enterprise level AIDS-related illnesses and deaths reduce productivity and increase labour costs. Enterprises in all sectors in seriously affected countries report increases in absenteeism (due to illness, the burden of care, and bereavement), in labour turnover (due to illness and death) and in the costs of recruitment, training and staff welfare (including health care and funeral costs). Absenteeism has a particularly disruptive effect upon production. Loss of skills and knowledge make it difficult to replace staff, even where there is a pool of unemployment. The workload of non-infected workers rises, to the detriment of their morale.

Increased insurance payouts are reflected in rising premiums. Health care costs increase, particularly in enterprises which extend medical services to employees' dependents. The costs of HIV/AIDS for enterprises are both direct and indirect. Many of the hidden costs have only recently become apparent, and include psychological pressures on managers faced with decisions that could have life and death consequences for employees.

Research at Boston University found that AIDS-related costs in the companies studied ranged from 3 to 11 per cent of the annual salary bill in 1999-2000. The difference between enterprises depends on each company's production structure and human resource policies.⁸

The way factors inter-connect and reinforce the negative effects of the epidemic is shown in the figure above.

Some facts and figures on costs

- Zambia's largest cement company reported that absenteeism for funeral attendance increased by 15 times in the 1992-1995 period.
- In the mid 1990s Uganda Railways were reporting steep increases in absenteeism and an annual staff turnover rate of 15 per cent, with more than 10 per cent of the workforce dead from AIDS-related illness.
- In Kenya 43 of the 50 employees of the Kenya Revenue Service who died in 1998 died from AIDS. The Kenyan Federation of Employers report that HIV/AIDS is costing companies an average of nearly US\$ 50 per employee each year.
- Some mining companies in South Africa believe that 40 per cent of their workforce may have HIV. AIDS will increase labour turnover by 3 to 6 per cent, and the Goldfields Mining Company estimates that AIDS adds US\$ 4-10 to the cost of producing each ounce of gold.
- According to the Zimbabwe Farmers Union, AIDS has reduced the production of maize by 61 per cent, cotton by 47 per cent, vegetables by 49 per cent and groundnuts by 37 per cent.
- One major transport company with 11,500 workers in Zimbabwe found that 3,400 of them were HIV positive in 1996. Costs for the company related to HIV/AIDS amounted to more than \$ 1million or 20 per cent of company profits.
- In Chennai (formerly Madras), India, a study of large industries found that absenteeism was expected to double in the next two years, mainly as a result of STDs and AIDS-related illnesses.
- A Thai government study has calculated that the direct and indirect cost of HIV/AIDS to the nation was US\$ 1.2 billion in 2000.
- A number of firms in the US report annual costs of between US\$ 3,500 and US\$ 6,000 for each worker with HIV/AIDS.

Source: ILO, UNAIDS and World Bank

⁸ AIDS Economic Team, Center for International Health, Boston University, cited in *The Economic impact of HIV/AIDS in Southern Africa, Meeting the Global Challenge of HIV/AIDS*, Brookings Institution (Washington, September 2001)

Cost of HIV/AIDS in six companies in Africa (US \$)⁹

Company Name	Total Costs	Cost per employee
Botswana Diamond Valuing	125,941	237
Botswana Meat Commission	379,200	268
Côte d'Ivoire food-processing firm	33,207	120
Côte d'Ivoire packaging firm	10,398	125
Muhoroni Sugar, Kenya	5,830	349
Uganda Sugar Corporation	77,000	300

HIV/AIDS and fundamental rights

AIDS threatens and undermines efforts to provide women and men with decent and productive work in conditions of freedom, equity, security and human dignity. Many affected by HIV/AIDS have no social protection or medical help. The poor suffer disproportionately.

Discrimination against HIV-positive persons (or even people suspected of carrying the virus) aggravates existing inequalities in society. Screening people for HIV infection in order to bar them from work, deny them promotion or exclude them from social protection and benefits counts as AIDS-related discrimination. So do breaches of confidentiality or the refusal to establish alternative workplace arrangements for workers with HIV/AIDS. This issue is discussed in more detail in the module on human rights.

HIV/AIDS and child labour

HIV/AIDS is now a key factor affecting the care of children and the pattern of child labour across the world. Children are being orphaned by AIDS. Also, through their vulnerability to sexual exploitation, they are at risk of infection by HIV.

It is estimated that nearly 14 million children under the age of fifteen have lost their mother or both parents as a result of AIDS – 95 per cent of them in Africa. By 2010 there could be 35 million. The epidemic forces children out of school and into child labour, often in exploitative and extremely hazardous forms of work. Young female orphans are especially vulnerable to sexual exploitation.¹⁰

When an adult in a family becomes ill with AIDS-related illnesses, children, especially girls, are likely to have to take on more household tasks or seek income-generating work in order to make up for lost income and to help pay for medical expenses. They will probably have to leave school.

High school dropout rates lower still further the level of qualifications and skills of the workforce.

⁹ Stover and Bollinger cited in UNAIDS *Impact* (Geneva, April 1999)

¹⁰ World Bank, *Findings* No. 201, February 2002

This, in turn, has a negative impact on productivity in the short term and on the human resources that underpin national development.

Girls are being driven into commercial sexual exploitation at an ever younger age, often as a result of myths – for example, that intercourse with a virgin can cure a person of infection – or simply because clients hope that a younger person is less likely to be infected.

Gender, work and AIDS

Gender inequality—linked to patterns of social, economic and cultural inequality—makes women more vulnerable to infection. The situation is made worse by biological differences between men and women. As the epidemic spreads, women are faced with the double burden of having to work and cope with the additional responsibilities of providing care and support for family and community members who fall ill.

Most women are still confronted with limited access to secure livelihoods and socio-economic opportunities. This increases their dependence on male partners and their vulnerability in situations where there are risks of HIV infection.

Men, too, are subject to social and cultural pressures that increase their susceptibility to infection and their likelihood of spreading it. Multiple partners and sexual infidelity are condoned for men in many societies. Certain occupations tend to encourage risk-taking behaviour, especially those that involve men spending long periods away from their families. This in turn increases the risk of infection for their partners when they return home.

The impact on trade unions

Trade unions in several countries have already lost key staff and activists at national and branch level.

Most unions in developing countries have limited resources; they invest what they can in the training and development of core staff and workplace representatives. The loss of these persons will affect how unions are able to organize and support their membership effectively.

In Zimbabwe in the 1990s, the mineworkers union, AMWZ, lost almost 90 per cent of its organizing staff and its national education officer.

The IUF, the global union federation representing food, hotel and plantation workers, reports an increasing loss of trade union leaders amongst its affiliated unions.

Unions in countries with high prevalence rates have to consider how they can best assist with programmes of prevention and care and ensure that workers are not subject to discrimination. They must also consider the direct effects of the epidemic on their own organizations.

A global campaign

The UN has been active in the struggle against AIDS since the early days of the epidemic. In 1987, the World Health Organization (WHO) took the lead responsibility and set up a Special Programme on AIDS, subsequently the Global Programme on AIDS.

In 1996, the United Nations re-structured its response to the epidemic and set up a collaborative programme: the Joint United Nations Programme on HIV/AIDS (UNAIDS), co-ordinated by the UNAIDS Secretariat in Geneva. In 2001 the ILO became the eighth co-sponsor of UNAIDS.

The role of UNAIDS is to engage the effort of many sectors and partners, and provide countries with the necessary technical and institutional support and information needed to respond effectively to the epidemic.

The United Nations General Assembly Special Session held in June 2001 adopted a **Declaration of Commitment on HIV/AIDS**. It is wide ranging, but five priorities are made clear:

First, to ensure that people everywhere - particularly the young - know what to do to avoid infection;
Second, to stop perhaps the most tragic of all forms of HIV transmission - from mother to child;
Third, to provide treatment to all those infected;
Fourth, to redouble the search for a vaccine, as well as a cure; and
Fifth, to care for all whose lives have been devastated by AIDS, particularly more than 13 million orphans.

Key factors needed to achieve these goals were also identified: leadership and commitment at all levels; the engagement of local communities; empowerment of women; improvement of public health care systems; and the commitment of new money. The importance of expanding prevention and protecting rights at the workplace was made explicit in paragraphs 49 and 69, in particular.

The ILO acts as lead agency in all strategies to combat HIV/AIDS at the workplace

Responding at the workplace

There are three reasons why it is necessary to deal with HIV/AIDS in the workplace.

Firstly, because, HIV/AIDS has a huge impact on the world of work - reducing the supply of labour and available skills, increasing labour costs, reducing productivity, threatening the livelihoods of workers and employers, and undermining rights.

Secondly, because the workplace is a good place to tackle HIV/AIDS. Standards are set for working conditions and labour relations. Workplaces are communities where people come together and they discuss, debate, and learn from each other. This provides an opportunity for awareness raising, education programmes, and the protection of rights.

Thirdly, because employers and trade unions are leaders in their communities and countries. Leadership is crucial to the fight against HIV/AIDS:

Every advance in the global struggle against HIV/AIDS has borne the mark of leadership. The successes have hinged on the perseverance of visionary and courageous people. Some are high-powered political and religious leaders and international icons. Others, less visible, have been no less effective in their actions as workers, students, business people...

Some businesses are implementing workplace programmes to protect workers against HIV infection and its consequences. Along with trade unions, they are also putting their networks and resources at the disposal of broader HIV/AIDS campaigns. However, they are the exception and not yet the rule. The need for committed action in the private sector remains immense.

Together we can: Leadership in a world of AIDS, UNAIDS, 2001

In Module 3, we will look at what initiatives employers and trade unions are taking to combat HIV/AIDS. Fundamental to effective action by employers and trade unions is a joint approach, particularly through the development of a workplace policy.

The role of the ILO

The ILO is involved in the fight against HIV/AIDS because the epidemic is everybody's business. It is not only the responsibility of health agencies, but a challenge to economic growth and global security. The whole international community is now mobilized against HIV/AIDS. The Special Session of the UN General Assembly in June 2001 was a demonstration of that commitment.

HIV/AIDS threatens the ILO's constituents and compromises the ILO's goal of achieving decent work. In response, the ILO brings particular strengths to the fight against HIV/AIDS:

- its tripartite structure, making it possible to mobilize employers and workers against HIV/AIDS as well as governments
- a central presence at the workplace, a venue well suited to education for prevention
- nearly a century of experience in guiding laws and framing standards to protect the rights of workers and improve their working conditions
- regional and national offices across the world
- specialist expertise in many relevant sectors, from occupational safety and health to social security
- a well-established record of research, information dissemination and technical co-operation, with a particular focus on education and training.

What is the ILO?

The ILO is the UN Specialized Agency which deals with the world of work. Each part of the UN system is responsible for a particular area - its 'mandate' or mission. The ILO's mandate is to promote social justice and equality, set standards in employment, and improve working conditions. So vocational training, employment creation, child labour, workers' rights, social security, and safety and health at work are some of the ILO's issues.

Like all UN organizations, the ILO is financed by member States. Countries join the ILO separately from the UN. The ILO has 175 member States.

The ILO is actually older than the United Nations. It was set up by the Treaty of Versailles, which marked the end of the First World War, in 1919. It became the first UN Specialized Agency in 1946.

The ILO Constitution states that "universal and lasting peace can only be established if it is based upon social justice."

What makes the ILO unique within the UN is its *tripartite structure*, including employers' and workers' organizations, as well as government.

Each member State sends four delegates to the ILO Conference, which meets every year. Two represent the government, one represents employers and one the trade unions. The ILO Governing Body is composed in the same way.

Decent Work

It is clear that the international community needs and expects the ILO to play a key role in the fight against HIV/AIDS. The ILO's goal has been summarized as the *promotion of opportunities for men and women to obtain decent and productive work, in conditions of freedom, equity, security and human dignity*.¹²

To achieve decent work, four strategic objectives have been developed – and HIV/AIDS is threatening all of them:

Fundamental principles and rights at work

Basic human rights, including fair treatment in recruitment and job security, are compromised by discrimination against people living with HIV/AIDS. This is why the ILO Code of Practice on HIV/AIDS and the world of work places an emphasis on rights (see next module).

Employment and income opportunities for women and men

The negative effects of HIV/AIDS on development and employment have been discussed. The ILO will provide guidance and practical help to sustain employment.

Social protection

The majority of workers in developing countries lack access to social insurance and services. There is concern that HIV/AIDS is undermining even the limited social security that exists.

Social dialogue and tripartism

The spread of HIV/AIDS has been helped by the culture of silence imposed by the stigma against people living with HIV and AIDS, and by reluctance to discuss issues such as drug use and sexual behaviour. The ILO's tripartite structure can open up difficult issues to frank discussion, leading to co-operative solutions.

¹² *Decent Work*, Report of the Director General to the International Labour Conference, 1999

ILO standards relevant to HIV/AIDS

Currently, no specific international treaty or convention exists which deals with HIV/AIDS. Some of the main legal instruments of relevance to HIV/AIDS have been developed by the ILO:

Discrimination (Employment and Occupation) Convention, 1958 (No.111).
This is one the eight fundamental Conventions of the ILO.

Occupational Safety and Health Convention 1981 (No. 155)

Occupational Health Services Convention 1985 (No. 161)

Termination of Employment Convention, 1982 (No.158)

Vocational Rehabilitation and Employment (Disabled persons) Convention, 1983 (No. 159)

Social Security (Minimum Standards) Convention, 1952 (No. 102)

Labour Inspection Convention, 1947 (No. 81) and Labour Inspection (Agriculture) Convention, 1969 (No.129)

The ILO's Programme on HIV/AIDS and the world of work

The ILO responded early to the threat of HIV/AIDS. In 1988, the World Health Organization (WHO) and the ILO issued a joint statement on AIDS and the workplace.

The response has deepened and quickened in recent years. A number of research studies have been conducted or are being carried out; the first were conducted in the African region in the mid 1990s.

In October 1999, a tripartite conference in Windhoek, Namibia, agreed a Platform of Action as a response to the crisis.

The International Labour Conference adopted a resolution in June 2000, instructing the Office to increase its capacity to address HIV/AIDS. A dedicated unit, the ILO Programme on HIV/AIDS and the world of work (ILO/AIDS), was established in November 2000.

An ILO Code of Practice on HIV/AIDS and the world of work

The ILO has produced a Code of Practice to provide practical guidance for governments, employers and workers, as well as other stakeholders, for developing national and workplace policies and programmes to combat the spread of HIV and mitigate its impact.

The Code establishes both the rights and the responsibilities of the tripartite partners as well as key principles of workplace policy. It covers the key areas of:

- prevention through education, gender-aware programmes, and practical support for behaviour change;
- protection of workers' rights, including employment protection, gender equality, entitlement to benefits, and non-discrimination;
- care and support, including confidential voluntary counselling and testing, as well as treatment in settings where local health systems are inadequate.

The Code was developed through widespread consultations, taking into account examples of national codes and company policies in many regions. It was approved by consensus at a tripartite meeting of experts in Geneva in May 2001 and adopted by the ILO Governing Body in June 2001. Launched at the United Nations General Assembly Special Session on HIV/AIDS in 2001, the Code has been enthusiastically welcomed by governments and their workplace partners in all regions and given widespread political support; it has been translated into 15 languages to date at the request of constituents.

The ILO is itself an employer. It is applying the Code of Practice in its own personnel policies: in July 2001, the Director General issued a circular setting out a personnel policy on HIV/AIDS which follows the principles of the Code of Practice.

ACTIVITY 1

HIV/AIDS and the work place: fact and fiction

AIMS To help you think about why HIV/AIDS is a workplace issue.

TASK In your group, discuss the following statements. State whether you agree or disagree, and give your reasons.

‘HIV/AIDS is spread by ignorance, prejudice and complacency.’

‘Now that antiretroviral drugs are available, HIV/AIDS is not an issue.’

‘HIV/AIDS is more than a health issue. It affects us all.’

‘Several workers in our enterprise have, sadly, died from AIDS. But we have always replaced them. Unfortunately, there is such high unemployment that any worker can be replaced.’

‘If a worker does contract HIV/AIDS, it is a private matter. But we should provide an environment at work which would support that worker if he or she chooses to tell the management or fellow workers.’

‘Yes, HIV/AIDS is a problem in our country. If it affects our company, we will deal with it by dismissing workers and paying them compensation.’

‘HIV/AIDS is spread by sex and drug use. Our company does not want to be associated with such things. It would be bad for our image to talk about these things. The workplace is not the right place to discuss things like safe sex.’

ACTIVITY 2

Dealing with fears
about HIV/AIDS at work

AIMS To help you understand the importance of having an HIV/AIDS policy before problems arise.
To help you practise common arguments about HIV/AIDS.

TASK In your group, discuss how you would respond to the following situations:

Workers refuse to eat with, or use the same toilet as, a worker known to have HIV.

Workers demand protective clothing because of their fear of being at risk of HIV infection.

Management proposes to move a worker known to be HIV+ from a post where s/he meets the public.

First-aiders have resigned their positions because they fear they are at risk from HIV/AIDS infection if they carry out first aid procedures (e.g. mouth-to-mouth resuscitation).

ACTIVITY 3

Planning for HIV/AIDS in the enterprise

AIMS To help you think about the implications of HIV/AIDS at enterprise level.

TASK In your group, consider the following scenario.
Prepare your response on a flipchart.

You are a human resource manager in a textile mill in southern Africa.

You have been asked to examine the impact of HIV/AIDS on the company over the next twenty years.

What are the main areas you would consider in attempting to assess the impact of the pandemic on the company?

What information sources would you find useful?

What academic, State or NGO bodies might you ask for assistance?

At what point would you seek to involve the union or workers in what you are doing?

ACTIVITY 4

HIV/AIDS and its impact at work

AIMS To understand how HIV/AIDS affects the workplace.

TASK In your group, think about your workplace (s).
What might be the consequences if a skilled worker:

- was off sick for one month with an illness caused as a result of being infected with HIV?
- had to leave his/her job because he/she was too ill with AIDS?
- died as a result of AIDS?

Note : This activity is suitable for a less experienced group, or for a group in a country where HIV/AIDS is not currently recognized as a high priority.

ACTIVITY 5

HIV/AIDS and union policy

AIMS To help you to develop union policy on HIV/AIDS.

TASK In your group, prepare a resolution for your trade union branch on a policy for HIV/AIDS.

ACTIVITY 6

HIV/AIDS and the union

AIMS To help you think about the impact of HIV/AIDS on your union.

TASK In your group, discuss the current situation in your union, at any level - workplace, region, national.

Have there been any cases you are aware of where a union activist or official has become infected with HIV? Or where an activist has died? What have been the consequences for the union? Does the union have any specific plans for dealing with such problems?

Prepare a report for your executive on how the union should protect itself from HIV/AIDS.

News reports

Head of UN Agricultural Development Agency Says AIDS is 'Ravaging' African Farm Workers

AIDS is "ravaging" farmers in rural Africa and is taking a "tremendous toll" on the continent's ability to produce food, Lennart Båge, President of the UN International Fund for Agricultural Development, said Wednesday. The United Nations estimates that among the 25 African countries worst affected by HIV/AIDS, 7 million farm workers have died of AIDS-related causes, and an additional 16 million workers could die by 2020. Båge, who was speaking at the agency's annual meeting in Rome, warned that HIV/AIDS will have a detrimental effect on African farmers and the continent's economy. Noting that "most people with AIDS" in Africa live in rural areas, Båge stated that the disease is "devastating rural life" on the continent. "You have a disappearing generation," Båge said. He stated that HIV/AIDS is reducing the labour pool of farmers and is "severely hindering" Africa's efforts to achieve the UN goal of halving hunger and poverty by 2015.

■ Reuters (Feb. 22, 2002)

WHO Report Says Increased Investment in Global Health Could Provide 'Essential' Treatment for AIDS and TB in Developing Countries

Eight million lives could be saved and \$ 186 billion in world income now lost to illness could be recovered each year if the world's richest nations donated \$ 101 billion annually for medical research and treatments for infectious diseases like HIV, malaria and tuberculosis in the developing world, according to a report released yesterday by the World Health Organization, the New York Times reports. A WHO committee headed by Harvard University economist Jeffrey Sachs reached this conclusion after analyzing the correlation between public health and economic development and how an influx of foreign aid, coupled with affected governments' own budgets, could improve health worldwide (Altman, New York Times, Dec. 21). The report, titled "Macroeconomics and Health: Investing in Health for Economic Development," is based on almost 90 studies and was funded in part by the Bill & Melinda Gates Foundation (Schoofs, Wall Street Journal, Dec. 21). Health spending in the developing world must rise to \$ 38 per person per year by 2015 if affected nations are to make "essential health interventions" for AIDS, malaria, TB and childhood diseases, the report concludes. Currently, the world's 60 poorest countries spend only about \$ 13 per person annually on health care. The increased funds would also provide immunizations, prenatal care and other preventive services.

HIV/AIDS' impact

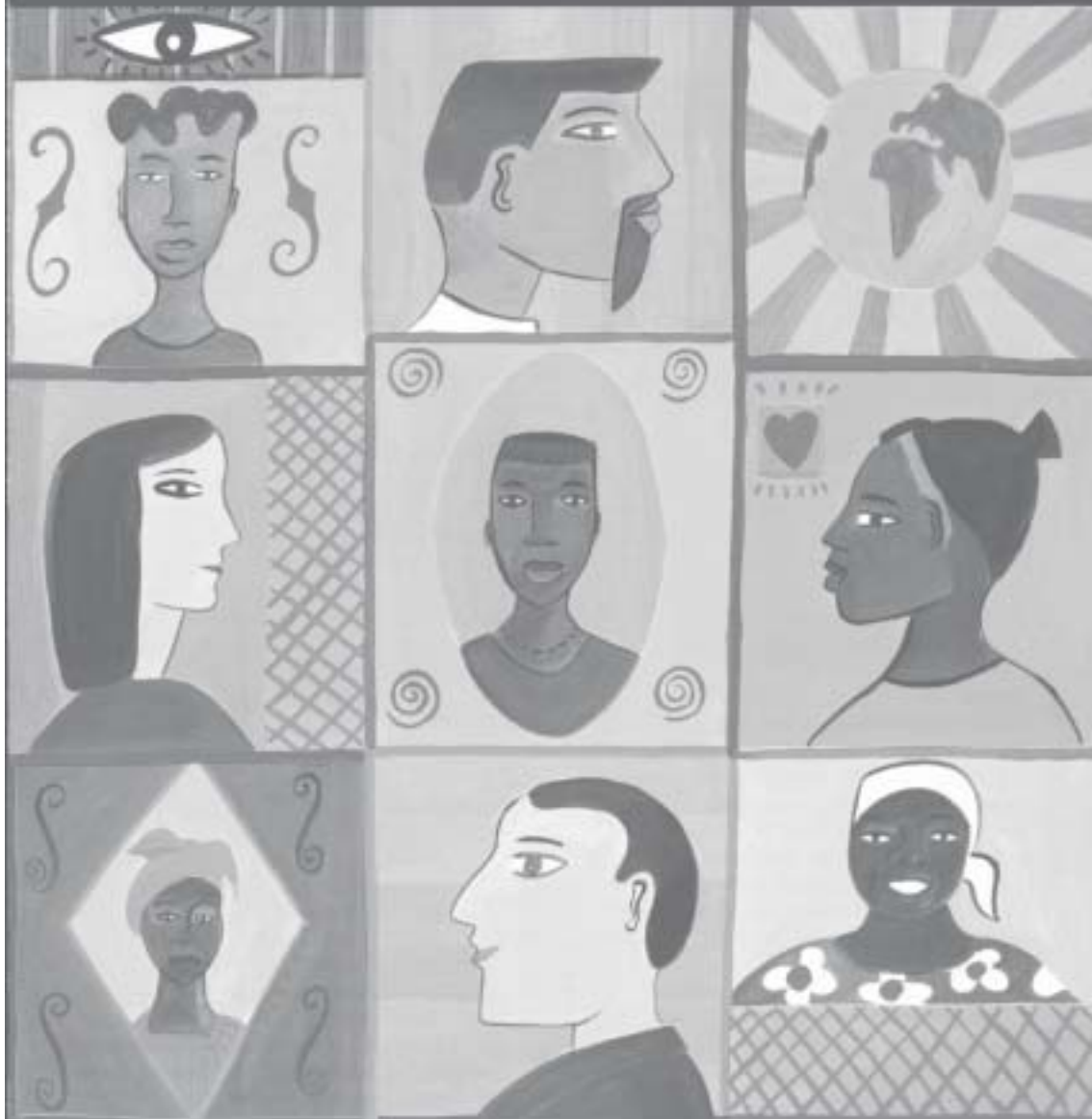
According to the report, HIV prevention programs reach 10 per cent to 20 per cent of people in developing nations, while 6 per cent to 10 per cent of HIV-positive people are receiving treatment for opportunistic infections and less than 1 per cent are receiving antiretroviral treatment (Brown, Washington Post, Dec. 21). Earning potential lost to AIDS in sub-Saharan Africa amounted to about 17 per cent of the region's gross domestic product in 1999. HIV/AIDS has hit the developing world, which was making health and economic gains prior to the onset of the pandemic, especially hard by reducing life expectancies and draining resources. The report calls on pharmaceutical companies to continue to lower prices for AIDS drugs and to extend those discounts to other "essential medicines." The report also says that poor nations should be allowed to import cheaper generic versions of the drugs as a "last resort" and calls for increased research into new treatments.

Financing Improvements

The report estimates that about \$ 66 billion in new funds is needed annually to improve international health. The report suggests that industrialized nations donate about \$ 38 billion of that total and that developing countries provide \$ 28 billion a year by devoting an additional 2 per cent of their GDP to health and nutrition programs (Wall Street Journal, Dec. 21). Sachs said he would like to see the United States contribute about \$10 billion a year to the effort. A commitment of that size would double US foreign aid to 1 per cent of the federal budget. The report's suggestions will likely face opposition in Congress, where "foreign aid has many enemies ... and health aid, especially, is fraught with controversy," the Times reports (New York Times, 12/21). However, health activists yesterday called on officials to heed the report. "We have long had the know-how and technology necessary to reduce the tragic and unnecessary deaths of tens of millions of people each year in the developing world," Dr. Nils Daulaire, President and CEO of the Global Health Council, said, adding that the world's richest nations "must act now" (GHC release, Dec. 20).

■ Kaiser Network, Dec 21, 2001

AIDS



PUTTING PEOPLE IN THE PICTURE

Make sure you, your friends, family and colleagues know the facts about HIV/AIDS

Module 2 > 2

contents

Introduction	1
What are human rights?	2
The ILO, HIV/AIDS and human rights	4
Testing	13
Testimonies of stigma and discrimination	17
Case study: Ravi's story	18
<i>Learning activities</i>	19
<i>Reference materials</i>	28

Introduction: HIV/AIDS - a human rights issue

The ILO approach to HIV/AIDS is a rights-based approach. What does this mean?

HIV/AIDS can be treated as a medical issue, a public health concern, or a socio-economic problem – among other approaches. For many years the focus was on the medical implications of the epidemic, especially the search for a cure and a vaccine. As these proved hard to find, the emphasis shifted to prevention. All these approaches are necessary, but they should be pursued in parallel with the protection of the human rights of all affected by the epidemic. A rights-based approach means applying human rights principles to the problem of HIV and AIDS.

Are human rights really important in the face of life and death? Yes. Rights are a matter of principle, but they have very practical effects. Take the right to non-discrimination. This is a fundamental human right, and it reinforces prevention in very practical ways. If people who are HIV-positive (or think they may be) are frightened of the possibility of discrimination, they will probably conceal the fact. They will not be able to get any treatment. It is very possible that they will pass on the infection to others. All successful prevention initiatives have been part of a wider approach that has included establishing an atmosphere of openness and trust and taking a firm stand against discrimination.

What are human rights?

Human rights are entitlements which come to all individuals because they are human. They are the birthright of every individual person. The purpose of conventions and laws is to recognize and protect these rights for individuals or groups. Some of the most important characteristics of rights are:

- they are founded on respect for the dignity and worth of each person
- they are universal, and apply equally to all people, without any discrimination whatsoever
- they are inalienable - no person can have his or her rights taken away, except in very specific situations: the right to liberty, for example, can be restricted if a person is convicted of a crime, in a proper court
- they are indivisible, interrelated and interdependent - if one right is violated, that may well affect other rights.

All humans possess all these rights, regardless of race, colour, sex, language, religion, political or other beliefs, national or social origin, disability, property, birth, age - or other status, including real or perceived HIV status. Whatever their political, economic or social system, states are under the obligation to protect and promote all fundamental rights.

Some core human rights:

- Everyone has the right NOT to suffer discrimination.
- Everyone has the right to education and information, and to freedom of speech.
- Everyone has the right to work, to free choice of employment, to just and favourable conditions of work, and to protection against unemployment.
- Everyone who works has the right to decent wages - "just and favourable remuneration".
- Everyone has the right to rest and leisure, including reasonable limitation of working hours and periodic holidays with pay.
- Everyone, as a member of society, has the right to health and to social security.
- Everyone has the right to privacy (protection against mandatory testing and confidentiality of personal data).

And there are many others.

The main human rights treaties

Human rights are recognized in several international instruments. There are more than sixty international treaties dealing with different aspects of human rights. The most important ones are:

- the International Bill of Human Rights which consists of:
 - the Universal Declaration of Human Rights;
 - the International Covenant on Economic Social and Cultural Rights; and
 - the International Covenant on Civil and Political Rights;
- the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW);
- the Convention on the Elimination of All Forms of Racial Discrimination (CERD);
- the Convention on the Rights of the Child (CRC);
- a number of the ILO Conventions, including the core labour standards.

The ILO, HIV/AIDS and human rights

The best way to respond to the human rights implications of HIV/AIDS is to develop policies at national and enterprise levels that protect the rights of those concerned. The ILO Code of Practice establishes fundamental principles for policies at all levels, and practical guidance for workplace programmes.

The ten key principles are as follows (text from the Code is in *italics*):

1. **Recognition of HIV/AIDS as a workplace issue:** *HIV/AIDS is a workplace issue* because it affects workers and enterprises – cutting the workforce (by up to 30 per cent in some countries), increasing labour costs and reducing productivity. It *should be treated like any other serious illness/condition in the workplace* – this statement aims to counter discrimination and also the fears and myths that surround HIV/AIDS. *The workplace has a role to play in the wider struggle to limit the spread and effects of the epidemic* – later sections of the Code, especially those on prevention, training, and care, clearly explain this role.
2. **Non-discrimination:** *There should be no discrimination against workers on the basis of real or perceived HIV status.* Non-discrimination is a fundamental principle of the ILO and is at the heart of the ILO's response to the epidemic. The principle of non-discrimination extends to employment status, recognized dependants, and access to health insurance, pension funds and other staff entitlements. *Discrimination and stigmatization of people living with HIV/AIDS inhibits efforts aimed at promoting HIV/AIDS prevention:* if people are frightened of the possibility of discrimination, they will probably conceal their status and are more likely to pass on the infection to others. Moreover they will not seek treatment and counselling.
3. **Gender equality:** *The gender dimensions of HIV/AIDS should be recognized. Women are more likely to become infected and are more often adversely affected by the HIV/AIDS epidemic than men due to biological, socio-cultural and economic reasons.* One of the main reasons why HIV has spread so quickly is gender inequality. The rate of new infections is increasing among women in most regions, and women tend to become infected at a younger age than men. A number of studies in Africa show that girls aged 15-19 are five to six times more likely to be HIV-positive than boys of the same age group - for biological and cultural reasons. Women are also more likely than men to be involved in caring for those who have the disease, or caring for orphans. It is therefore important that HIV/AIDS programmes respond to the circumstances and needs of men and women separately as well as together – both in terms of prevention and social protection to mitigate the impact of the epidemic.
4. **Healthy work environment:** *The work environment should be healthy and safe, so far as is practicable, for all concerned parties.* This includes the responsibility for employers to provide information and education on HIV transmission, and appropriate first aid provisions in the event of an accident (see reference to *Universal blood and body-fluid precautions* (in Code, Section 7.6 and Appendix II, and Module 6 of this manual). It doesn't, however, give employers

the right to test employees in the interest of public health, because casual contact at the workplace presents no risk of HIV transmission. *A healthy work environment facilitates ... adaptation of work to the capabilities of workers in light of their physical and mental health - thus mitigating the impact of AIDS on workers and enterprise alike.*

5. ***Social dialogue:*** *The successful implementation of an HIV/AIDS policy and programme requires co-operation and trust between employers, workers and their representatives and government, where appropriate – this is not only fundamental to the way the ILO works, but is very practical in that any policy is more likely to be implemented effectively if it has been developed with the full participation of all concerned parties. Emphasis is also given to the leadership role of employers' and workers' organizations in breaking the silence around AIDS and promoting action.*
6. ***No screening for purposes of exclusion from employment or work processes:*** *HIV/AIDS screening should not be required of job applicants or persons in employment. Compulsory HIV testing not only violates the right to confidentiality but is also impractical and unnecessary. At best, an HIV test result is a "snapshot" of someone's infection status today. It's no guarantee that he or she will not become infected tomorrow, or next month. It should also be remembered that people with HIV may remain perfectly fit and healthy for many years.*
7. ***Confidentiality:*** *There is no justification for asking job applicants or workers to disclose HIV-related personal information. Nor should co-workers be obliged to reveal such personal information about fellow workers. The right to confidentiality doesn't, of course, only apply to HIV/AIDS – rules of confidentiality have been established in the **ILO Code of Practice on the protection of workers' personal data**, 1997.*
8. ***Continuation of employment relationship:*** *HIV infection is not a cause for termination of employment. As with many other conditions, persons with HIV-related illnesses should be encouraged to work for as long as medically fit in available, appropriate work. This principle is based on the fact that being HIV-positive is not the same as having AIDS and related infections. Workers infected by HIV can, in most cases, carry on at their jobs for a number of years. It benefits the enterprise as well as the worker if she or he can be helped to work for as long as medically fit. Reasonable accommodation to help workers continue in employment can include rearrangement of working time, special equipment, opportunities for rest breaks, time off for medical appointments, flexible sick leave, part-time work and return-to-work arrangements.*
9. ***Prevention:*** *HIV infection is preventable. Prevention of all means of transmission can be achieved through a variety of strategies - guidelines and examples are given in succeeding sections of the Code, especially Section 6. Prevention is not simply a matter of providing a few posters, leaflets, or talks. A climate for prevention needs to be created, including an open discussion of relevant issues and respect for human rights. Measures for prevention include a combination of information, participatory education, practical support for behaviour change such as condom distribution, treatment for sexually transmitted infections (STIs), and the promotion of voluntary counselling and testing (VCT) where available.*

10. **Care and support:** *Solidarity, care and support should guide the response to HIV/AIDS in the world of work.* Prevention, care and treatment should be seen as a continuum rather than separate elements of a workplace programme. The availability of treatment encourages confidential voluntary testing, making it easier to provide care and encouraging prevention. Care and support includes the provision of voluntary testing and counselling, treatment for opportunistic infections – especially TB - and antiretroviral therapy where affordable, workplace accommodation, employee and family assistance programmes, and access to benefits from health insurance and occupational schemes (more details in Section 9 of Code).

ILO standards and HIV/AIDS

While there is no international labour Convention that specifically addresses the issue of HIV/AIDS at the workplace, many instruments exist which cover both protection against discrimination and prevention of infection, and these can be and have been used. The Conventions that are particularly relevant to promoting respect for human rights in the context of HIV/AIDS at work include:

- Discrimination (Employment and Occupation) Convention, 1958 (No.111). This is one of the eight fundamental conventions of the ILO (see below)
- Occupational Safety and Health Convention 1981 (No. 155)
- Occupational Health Services Convention 1985 (No. 161)
- Termination of Employment Convention, 1982 (No.158)
- Vocational Rehabilitation and Employment (Disabled persons) Convention, 1983 (No. 159)
- Social Security (Minimum Standards) Convention, 1952 (No. 102)
- Labour Inspection Convention, 1947 (No. 81) and Labour Inspection (Agriculture) Convention, 1969 (No.129)

What are international labour standards?

The term ‘international labour standards’ refers to the ILO Conventions and Recommendations. They are adopted by the International Labour Conference (ILC) held every June in Geneva, where delegates represent governments, employers’ and workers’ organizations from the ILO member States.

Conventions

When the text of a Convention is adopted, countries can choose to ratify it or not. Even if a country voted for the text of a Convention, it is not bound by it: ratification is a separate and voluntary process. Two member States must ratify an ILO Convention before it ‘comes into force’: this is a legal term, which means that the Convention is now a part of international law.

International Labour Conventions are binding on the countries which ratify them. Through ratification, countries voluntarily undertake to apply the provisions of the Conventions in a national context. This means adapting national law and practice and accepting international supervision.

Recommendations

Governments do not ratify Recommendations. Recommendations are linked to Conventions and are a set of non-binding guidelines, which may orient national policy and practice. They give more detailed measures on how the provisions in the Convention can be applied. Sometimes a Recommendation is adopted on its own, without accompanying a Convention.

The right to non-discrimination

Mark is HIV-positive. The textile company for which he is working has just acquired new modern machinery. He has not received training on the new machinery because the boss doesn’t want to invest in someone who’s “going to die soon anyway”.

This is an example of discrimination.

The right NOT to be discriminated against is one of the ten key principles of the Code of Practice. The principle of non-discrimination is fundamental to any policy and strategy to combat HIV/AIDS in the workplace.

4.2 Non-discrimination. In the spirit of decent work and respect for the human rights and dignity of persons infected or affected by HIV/AIDS, there should be no discrimination against workers on the basis of real or perceived HIV status. Discrimination and stigmatization of people living with HIV/AIDS inhibits efforts aimed at promoting HIV/AIDS prevention..

■ ILO Code of Practice on HIV/AIDS and the world of work

People infected or affected by HIV/AIDS may suffer discrimination at work in several different situations, for example if they are:

- screened for HIV and refused employment;
- dismissed from work because of their HIV status;
- denied training and promotion opportunities;
- subjected to compulsory testing;
- ostracized and isolated by colleagues;
- denied access to medical and sickness benefits;
- denied reasonable accommodation to help manage their illness.

ILO Convention No. 111

The Discrimination (Employment and Occupation) Convention, 1958 (No. 111) is the key instrument for a policy aimed at addressing discrimination. The Convention prohibits any “distinction, exclusion or preference which has the effect of impairing equality of opportunity or treatment in access to employment, training, promotion processes, security of tenure, remuneration, conditions of work, occupational safety and health measures and social security benefits.” It lists seven grounds of banned discrimination – race, colour, sex, religion, political opinion, national extraction and social origin.

The definition of discrimination contained in Convention No. 111 does not refer to HIV status, since it was adopted well before the epidemic occurred.

However, as is clear from Article 1(b), a government can choose to include other kinds of discrimination in its national policy to eliminate discrimination after consulting representative workers’ and employers’ organizations. So it could include HIV status.

We can also argue that the principle of non-discrimination on the grounds of HIV status may be assumed. The UN Commission on Human Rights has affirmed in Resolution 49/1999 that:

Discrimination on the basis of HIV or AIDS status, actual or presumed, is prohibited by existing international human rights standards and ... the term ‘or other status’ in non-discrimination provisions in international human rights texts should be interpreted to cover health status, including HIV/AIDS.

It should be noted that Convention No. 111 does not mean that all workers always have to be treated equally, or in the same way. Sometimes treating workers differently is allowed - in a positive way. Special measures are permitted when they are designed to meet the particular requirements of someone who needs special assistance. Treating such workers differently is not deemed to be discrimination.

The Convention, and other provisions against discrimination, does not mean that employers are bound to keep HIV-positive employees at work, however sick they may be. If a worker is no longer able to work, even with an adapted work environment and lighter duties, then that is reasonable grounds for dismissal. What is prohibited is the termination of employment on grounds of HIV status when the individual can still carry out his/her work.

ILO Convention No. 111

This Convention, one of the eight which have been designated as core labour Conventions, is a key text on the issue of discrimination at work. As well as defining discrimination, the Convention requires states which ratify it to

declare and pursue a national policy designed to promote, by methods appropriate to national conditions and practice, equality of opportunity and treatment in respect of employment and occupation, with a view to eliminating any discrimination in respect thereof.

The full text of the Convention is given in the reference section, along with more information about all of the core ILO labour standards.

The Convention has been ratified by 154 ILO member States.

The right not to be discriminated against at work due to HIV or health status has been recognized in laws and court decisions in many countries. Non-discriminatory provisions may assume a variety of forms at the national level. Good practices show the adoption of instruments of either 'hard' or 'soft' law.

For further discussion of legislation on HIV/AIDS, and the role of government, please see Module 4.

Action by governments and the social partners

Governments and the workplace partners can undertake action to protect the right to non-discrimination. Governments can:

- adopt legislation which clearly prohibits discrimination - many countries now have done this;
- include a strong message on discrimination in education programmes on HIV/AIDS;
- provide training for labour inspectors, other enforcement agencies and the judiciary on the importance of non-discrimination in relation to HIV/AIDS.

Employers and workers should work together to develop HIV/AIDS policies which prohibit discrimination based on HIV status (see Module 3 on social dialogue). Some companies already have an HIV/AIDS policy against discrimination. Workers' organizations can provide training for activists and members and can represent members who experience discrimination either from employers or from co-workers.

Workplace policies and discrimination

The Ford Motor Company of South Africa HIV/AIDS Policy states:

"3.6 The company has adopted a zero tolerance approach towards any form of harassment and discrimination at the workplace, towards employees with AIDS or HIV infection."

The collective agreement between the National Union of Mineworkers and the Chamber of Mines of South Africa states:

"2.1 Rights of employees who are HIV-positive. HIV-positive employees will be protected against discrimination, victimization or harassment."

The Durban Chamber of Commerce model code states:

"4. Guidelines - Infected Employees"

The Company endeavours not to discriminate against any employee on any unfair or arbitrary ground, including HIV or AIDS status."

Governments can also provide guidelines for workplace policies. A code of practice has been developed by the Government of the Republic of South Africa as a guide to employers, trade unions and employees.

The right to privacy

Miguel is worried that he might test positive for HIV. He asked the personnel department what the company policy is on workers who are HIV-positive. His request has been written down in his personnel file and now people in the factory are going around saying he has AIDS and they refuse to sit near him.

Miguel's right to privacy has been abused.

An important part of the right to privacy concerns a person's health. When people are facing a life-threatening illness they must decide who to tell and when to tell them. They may decide only to tell people close to them. They may tell some people in confidence. They may decide to tell their employer or not.

People who are HIV-positive are not ill. They may remain well for many years. This applies with or without treatment. In many societies and workplaces there is stigma associated with being HIV-positive. This stigma may apply both to groups in society and to individuals.

For this reason confidentiality concerning HIV status is especially important. It follows that confidentiality needs to be the cornerstone of any testing procedure that takes place.

The right to privacy is recognized by several international human rights instruments. The right to privacy includes privacy of information; in the context of HIV/AIDS, this would include the right for information relating to a person's HIV status to be kept confidential.

The ILO Code supports this right to privacy.

4.7. Confidentiality. There is no justification for asking job applicants or workers to disclose HIV-related personal information. Nor should co-workers be obliged to reveal such personal information about fellow workers. Access to personal data relating to a worker's HIV status should be bound by the rules of confidentiality consistent with the ILO's Code of Practice on the Protection of Workers' Personal Data, 1997.

■ ILO Code of Practice on HIV/AIDS and the world of work

Action by governments and the social partners

Legislation can assist by making it unlawful to disclose information regarding HIV status. Zimbabwe's Labour Relations (HIV/AIDS) Regulations of 1998 state:

- 4. (2) No employer shall require any employee, and it shall not be compulsory for any employee, to disclose, in respect of any matter whatsoever in connection with his employment, his HIV status.*
- (3) No person shall, except with the written consent of the employee to whom the information relates, disclose any information relating to the HIV status of any employee acquired by that person in the course of his duties unless information is required to be disclosed in terms of any other law.*

Employers, workers and their organizations have a crucial role in ensuring that the right to privacy of people living with HIV is protected. Some of the social partners have already taken a lead in this regard.

The HIV/AIDS Policy of the Debswana Diamond Company includes the following:

8. Confidentiality.

8.1 All medical information on an employee is personal and will be treated as confidential. Strict precautions will be taken to protect information regarding an employee's health records.

8.2 An employee who is infected with the HIV virus or suffers from AIDS is not obliged to inform the Company. Should an employee who is infected with AIDS decide to inform his peers, supervisors or management, strict precautions will be taken to ensure that such information is maintained in confidence and not disclosed to unauthorized persons.



Testing

Indira has just had an interview for a job with the new company established near her home. She seems to be the perfect candidate for the position. Before giving her a formal offer of employment, the company asks her to take an HIV test. Indira understands the concerns of the company but does not feel comfortable about taking an HIV test for her potential employer.

As discussed in the previous section, workers have the right to privacy. This includes the right to physical privacy which, in the context of HIV/AIDS, includes the right NOT to undergo compulsory testing.

Mandatory testing is testing that is forced on someone, whether they consent or not (sometimes even without their knowledge). It arouses very strong feelings and provokes opposition because it disregards fundamental rights and almost inevitably leads to discrimination. It is also ineffective from a public health point of view. So why do people continue to do it?

It is important to understand that both governments and employers have responsibilities to protect the public health – of their citizens, in one case, and of their employees in the other. And the costs of infection are high.

It is argued that testing – for example, before a person enters a country or takes up employment – prevents a number of problems arising later.

However, there are many drawbacks to testing.

- Firstly, testing is complex and costly, and there are many false positives (the US Immigration Service requires six tests to be taken, for the sake of accuracy).
- Secondly, the incubation period for HIV is several weeks (up to about three months in most cases), so a negative test result is not necessarily accurate.
- Thirdly, an immigrant or new employee may be uninfected today but catch the virus tomorrow.
- Fourthly, in an environment where rights are respected, employees are more likely to undergo voluntary testing and change their behaviour so that they take and cause fewer risks, and indeed become active agents for prevention.

The Code of Practice has a detailed section on testing. The ILO position is as follows:

- Screening is prohibited for exclusion from employment and related situations, such as promotion and access to training.
- Testing is permitted in limited circumstances under certain conditions.
- The confidentiality of HIV-related data must be respected.

4.6 Screening should not be required of job applicants or persons in employment

8. Testing for HIV should not be carried out at the workplace. It is unnecessary and imperils the human rights and dignity of workers: test results may be revealed and misused, and the informed consent of workers may not always be fully free or based on an appreciation of all the facts and implications of testing. Even outside the workplace, confidential testing for HIV should be the consequence of voluntary informed consent and performed by suitably qualified medical personnel only, in conditions of the strictest confidentiality.

8.1 Prohibition in recruitment and employment

HIV testing should not be required at the time of recruitment or as a condition of continued employment. Any routine medical testing, such as testing for fitness carried out prior to the commencement of employment or on a regular basis for workers, should not include mandatory HIV testing.

8.2 Prohibition for insurance purposes

(a) HIV testing should not be required as a condition of eligibility for national social security schemes, general insurance policies, occupational schemes and health and life insurance.

(b) Insurance companies should not require HIV testing before agreeing to provide cover for a given workplace. They may base their cost and revenue estimates and their actuarial calculations on available epidemiological data for the general population.

■ ILO Code of Practice on HIV/AIDS and the world of work

Action by governments and the social partners

This principle is supported in a number of cases by legislation.

Zimbabwe's Labour Relations (HIV/AIDS) Regulations of 1998 state:

4. (1) No employer shall require, whether directly or indirectly, any person to undergo any form of testing for HIV as a precondition to the offer of employment.

(2) Subsection (1) shall not prevent the medical testing of persons for fitness for work as a precondition to the offer of employment.

5. (1) It shall not be compulsory for any employee to undergo, directly or indirectly, any testing for HIV.

It can also be made clear in workplace policies. The HIV/AIDS Policy of the Debswana Diamond Company says the following:

7. Testing

The company does not require applicants for employment to undergo a pre-employment HIV/AIDS test and will not require employees to undergo the test whilst in employment.

Voluntary testing

Voluntary testing is a different matter. People may decide they wish to be tested for a number of different reasons. Where voluntary testing does take place it is essential that it be confidential and accompanied by professional counselling. This usually takes place before the decision to be tested is made and after the test result is known. This form of testing is confidential voluntary counselling and testing, or VCT for short. It is an important component of a comprehensive strategy for beating HIV/AIDS, because once people know their HIV status they can be helped to manage risky behaviour.

8.4 There may be situations where workers wish to be tested. Voluntary testing should normally be carried out by the community health services and not at the workplace. Where adequate medical services exist, voluntary testing may be undertaken at the request and with the informed consent of a worker, with advice from the workers' representative. It should be performed by suitably qualified personnel with adherence to strict confidentiality and to disclosure requirements. Gender-sensitive counselling, which facilitates an understanding of the nature and purpose of the HIV tests, the advantages and disadvantages of the tests and the effect of the result upon the worker, should form an essential part of any testing procedure.

■ ILO Code of Practice on HIV/AIDS and the world of work

Testing for scientific purposes

Policy on HIV/AIDS prevention and care will be more effective if we improve our knowledge of the dynamics of transmission, the impact of the epidemic and the effects of interventions. For this reason it is important to monitor the epidemic, gathering qualitative and quantitative data on the incidence of HIV/AIDS, its patterns and trends. The data can be broken down by sex, economic sectors, regions and so on. Such data needs to be gathered by statistical offices and/or independent researchers, in consultation with the social partners. Care must be taken to ensure that this monitoring process does not threaten workers' rights. This is why the Code of Practice sets out certain conditions for epidemiological surveillance.

8.3 Anonymous, unlinked surveillance or epidemiological HIV testing in the workplace may occur provided it is undertaken in accordance with the ethical principles of scientific research, professional ethics and the protection of individual rights and confidentiality. Where such research is done, workers and employees should be consulted and informed that it is occurring. The information obtained may not be used to discriminate against individuals or groups of persons. Testing will not be considered anonymous if there is a reasonable possibility that a person's HIV status can be deduced from the results

■ ILO Code of Practice on HIV/AIDS and the world of work

Workers who may have been exposed to risks at work

In certain occupations and workplaces workers may be exposed to risk of HIV infection at work, in particular through contaminated blood. This would normally apply to hospital staff or emergency workers, but accidents can happen in almost any workplace. Incidents such as these are rare – even in health care settings – but need to be guarded against. The measures to be taken are known as the *Universal blood and body-fluid precautions* and are described in Appendix II of the Code and Module 6 of this manual.

As with all health and safety issues at work, workers have the right to know of the risks involved and procedures to control the risk need to be in place. These procedures should be reviewed regularly and should be agreed between management and union.

8.5 Tests and treatment after occupational exposure

(a) Where there is a risk of exposure to human blood, body fluids or tissues occurs, the workplace should have procedures in place to manage the risk of such exposure and occupational incidents.

(b) Following risk of exposure to potentially infected material (human blood, body fluids or tissues) at the workplace, the worker should be immediately counselled to cope with the incident, about the medical consequences, the desirability of testing for HIV/AIDS and the availability of post-exposure prophylaxis, and referred to appropriate medical facilities. Following the conclusion of a risk assessment, further guidance as to the worker's legal rights, including eligibility and required procedures for workers' compensation, should be given.

■ ILO Code of Practice on HIV/AIDS and the world of work

Testimonies of stigma and discrimination

People living with HIV and AIDS in India were asked about their experience of discrimination.¹ This is what they said about the effects of their HIV status on workplace relationships:

“Those staff members who know about me talk about it. They point at me and say look, he is the HIV fellow. They keep their distance from me and remain aloof. I don’t share my tiffin box with them any more. I don’t feel like coming to work. I remain absent for 10/15 days and then lose wages.”
(Tatya, 38-year-old hospital ward worker)

“My colleagues didn’t openly say anything to me, but the environment was no longer the same. They avoided me. If I entered the room they would leave abruptly. Then they asked me to keep a separate glass for water. I decided to quit the job.” (Daljit, 25-year-old factory worker)

In Uganda, despite the fact that legal measures have been taken against companies that discriminate against employees with HIV/AIDS, HIV-positive workers have reported being afraid to reveal their HIV status in the workplace.

Finger-pointing was a frequently cited workplace response to people living with HIV/AIDS who were open about their condition.

“Even if your boss has not shown any sign of dismissing you, the fellow workmates talk behind your back. In this case the boss may sack you and your job is given to a healthier person, judging from what was always talked about you.”

Other testimonies, from France:

“I only have a seasonal job. The doctor who performed the test on me took it upon himself to inform my employer, who immediately told me he would not hire me again for the next season.”

“I work in the paramedical sector and I don’t want to go to a doctor because I’m afraid he will forbid me to work. I live in a town where everybody gets to know everything.”

These cases indicate a wide range of discrimination and unfair treatment of people with HIV/AIDS. They indicate that workers with HIV can both suffer overt discrimination and be pressurized into leaving work. A major task of unions and employers is to work together to create a supportive environment at the workplace, with ‘zero tolerance’ for discrimination.

¹ UNAIDS: *Comparative Analysis: Research studies from India and Uganda: HIV and AIDS-related Discrimination, Stigmatization and Denial* (Geneva, 2001)

Case study: Ravi's story

The Bombay High Court ruled in favour of a person living with HIV/AIDS who was discriminated against at his workplace. Ravi (not his real name) had been working for over ten years as a casual labourer in a public sector corporation controlled by the government of India. According to the policy and practice of the corporation, casual workers were placed on a waiting list and were eventually absorbed as permanent workers if they were medically fit. Ravi was given a range of tests. No medical problems were found except that Ravi was revealed to be HIV-positive.

Significantly, the doctor who administered the tests, who was a leading physician experienced in HIV cases, certified that although Ravi had tested HIV-positive he was fit for duty. Nevertheless, his name was removed from the waiting list. When the Lawyers' Collective - a group of lawyers who act on HIV/AIDS issues - looked into the matter, they discovered that the corporation had issued written circulars making it mandatory for prospective and current employees to undergo an HIV test.

The circulars stated that if employees were found to be HIV-positive, they would not be hired and could even be sacked. On Ravi's behalf, the Lawyers' Collective filed a writ petition in the Bombay High Court challenging the written circulars of the corporation on the grounds that they violated his fundamental rights under the Constitution of India. The petition also challenged Ravi's removal from the waiting list.

The court rejected all of the employer's argument and directed that Ravi be reinstated on the waiting list, that he undergo another round of medical tests (because three years had elapsed since the first tests), that he be given work in the meantime, and that he be taken into regular employment if the tests showed he was fit. Finally, it awarded Ravi the amount of 40,000 Rupees as compensation for the period of his non-employment with the corporation. In its judgement, the court said that *the right to livelihood was guaranteed to all persons and could be overridden only by a procedure established by law that was just, fair and reasonable; and that persons with an ailment who are capable of performing normal job functions and who do not pose any threat to the interests of other persons at the workplace during their normal activities cannot be denied employment or dismissed from employment.*

Many people believe that the positive decision in this case was due in large part to the fact that the presiding judges were sensitive to the issues. It is quite possible that another set of judges would have rendered a decision that was quite different.

ACTIVITY 1

Human rights and the law

AIMS To help you see how human rights related to HIV/AIDS can be protected by the law.

TASK Read through your own national HIV/AIDS legislation, or one of the examples given.

In your group, decide how far the key principles of the ILO Code of Practice are covered in the legislation. Fill in the table to help you record your comments.

Key Principle (Section 4 of the Code of Practice)	Relevant provision in your national law	Comment: does the law meet the standards?
Workplace issue		
Non-discrimination		
Gender equality		
Healthy work environment		
Social dialogue		
No screening		
Confidentiality		
Dismissal		
Prevention		
Care & support		

Note : It is preferable to use your own national law. If unavailable, use a sample from the reference section, or another law which you may have - the closer the better; so if you are in say, Asia, and don't yet have a law in your country, use an example from that region. Does the national HIV/AIDS law, policy or plan include the world of work?

ACTIVITY 2

Rights in ILO conventions

AIMS To help you think about rights which are important for the fight against HIV/AIDS.

TASK Look at the ILO “core standards”. Which of these do you think might be of relevance to the struggle against HIV/AIDS and especially to people living with HIV/AIDS?

Note : A group may need some “prompting” to help them here. For example, a trade union group might consider that if a workplace is not unionized, or the union is not recognized, then workers will receive less protection. In a country with a high level of ‘AIDS orphans’, it might be particularly relevant to consider the Convention dealing with child labour.

ACTIVITY 3

Human rights and HIV/AIDS

AIMS To help you think about the rights in the Universal Declaration of Human Rights (UDHR).

TASK Read through the UDHR, and pick out those rights which you think are of particular relevance to the issue of HIV/AIDS.

Article number	What is the right?	Why is it important for the HIV/AIDS issue?

Note : You will need to obtain texts of key human rights conventions for this activity. The UN office in your country should be able to supply copies of the UDHR and other key documents. The website of the Office of the UN High Commissioner for Human Rights also provides the texts - in numerous languages: <http://www.unhchr.ch>

ACTIVITY 4

Arguments about human rights

AIMS To understand the relevance of human rights.

TASK In your group, examine the statements below.
Decide whether you agree or disagree, and be ready to give your reasons.

“You cannot apply the same human rights standards to all countries. They have different cultural and religious traditions.”

“Human rights instruments place duties on governments. It is not the responsibility of employers or trade unions to ensure enforcement of human rights.”

“Human rights, if applied, mean that everyone is treated fairly and equally.”

“Human rights conventions make no difference at all to everyday life at work. They’re all just remote international conference ideas. It all sounds fine, but it’s not practical.”

“Universal rights provide the basis for national laws and local policies.”

ACTIVITY 5

Discrimination and stigmatization

AIMS To help you define and understand discrimination and stigmatization.

TASK Work in small groups.

In your group, draw up a list of the ways in which people living with HIV/AIDS, or suspected of living with HIV/AIDS, have been treated at work. This can be based on your own experience or on what you have observed, or read about, or heard about.

Now put each of the ways of treating people into two lists, one headed discrimination and one headed stigmatization.

Compare your lists with the lists of other groups in the course.

Now try to define stigmatization and discrimination in a few sentences, and the difference between them.

Note : The facilitator may need to help the group. Here are some examples:

- being excluded from the workplace because of their HIV status
- being denied training and promotion opportunities
- being removed from their job and given other work for no sound medical reason
- being ostracized and isolated by the people they work with
- being denied access to medical and sickness benefits, unemployment benefits, survivors' benefits
- being treated less fairly than other employees with other serious health problems.
- being denied reasonable accommodation for their illness, such as access to part-time work
- being dismissed from employment while still fit to work.

ACTIVITY 6
Ravi's story

AIMS To help you look at how discrimination works in one case.

TASK In your group, read through and discuss Ravi's story.

Which of the rights contained in the ILO Code was Ravi denied?

What other rights do you think he was denied?

Give your opinion of the court's judgement.

Note : Any other case study dealing with an individual who has been experiencing discrimination and stigmatization could be used.

ACTIVITY 7

Mary needs help

AIMS To help you think about problems workers may have who are affected by HIV/AIDS.

TASK One participant is asked to play the role of Mary, a worker, and another the shop steward/personnel officer. Other course members observe the interaction and discuss it at the end.

Mary : Your husband recently died of AIDS. He forced you to have unprotected sex, even after he was probably infected.

You are scared that you might be going to die soon yourself. Who will look after your children? You are the only person in your family with a regular job.

You are thinking of having an HIV test; you are not sure.

The other workers, knowing your husband died of AIDS, have started to avoid you. They move away when you go into the canteen, though you all used to share a table.

You have decided to go to the union shop steward/personnel officer. You never really talked to them before. You feel very nervous.

Shop steward/personnel officer : Mary has asked to see you. You know her husband recently died of AIDS. You think she has come to ask about payment of funeral expenses.

Note : This is a potentially difficult exercise, to be handled with care. Nobody should be forced to play the role of Mary if they feel at all uncomfortable in doing so.

With a mixed group of trade unionists and managers, it might be interesting to try getting a trade unionist to play the role of personnel officer, and vice versa. Do not assume that the shop steward is a man. See if there is a difference between the male and female response to Mary's dilemma.

ACTIVITY 8

Spreading the human rights message

AIMS To help you think about ways of spreading the message about the rights of those infected and affected by HIV/AIDS.

TASK In your group, plan a poster, leaflet or short sketch (play) highlighting one or, at most, two principles from Section 4 of the Code.

Note : Use coloured pens and flipcharts for this. Put posters on the wall. Hold a vote to choose the best. Do the same with the sketches.

ACTIVITY 9

Applying the Code at the workplace

AIMS To help you plan the application of the Code of Practice.

TASK In your group, think about this situation:

You have been asked by your Board of Directors to identify whether the company is complying with human rights standards for people with HIV/AIDS. Your company is located in a country with an increasing prevalence of HIV/ AIDS. Look at the principles set out in Section 4 of the Code. Identify:

1. the main areas where you think the company does not comply with the principles;
2. what action the company would need to take in order to comply;
3. how you would seek to involve the workers in bringing about any changes and what other organizations you might call on to assist.

Note : This is for an employers' group, although it might be interesting to ask trade unions to undertake it as well.

ACTIVITY 10

Rights don't stop at the factory gate

AIMS To help you think about the application of the Code of Practice to groups outside your workplace.

TASK Consider this situation in your group:

You are the members of a shop stewards' (or worker representatives') committee in a factory. Your union branch is the best organized in your town. You have won a few struggles in the past and are proud of helping other groups of workers.

You have negotiated a good AIDS policy with the management.

You have been approached by a group of sex workers. They want to form an association for mutual help, so that they can demand that clients use condoms, that the police will not harass them, etc.

Because of your union reputation, they have come to you for your advice and support.

The shop stewards' committee is now meeting to discuss its response.

Most of you are married.

Note : This, of course, is for a trade union group. It is best used with a group which already has some confidence, works together well, and is comfortable with the tutor. This is a sensitive activity. It could be carried out as a case study, or as a role play. Handle it with care. Remember that role plays can produce strong emotional reactions.

- I. ILO core Conventions
- II. The ILO Declaration on Fundamental Principles and Rights at Work and its Follow-up
- III. ILO Convention No. 111
- IV. Philippines Law on HIV/AIDS

I. ILO core Conventions

The terms 'core Conventions' or 'core labour standards' refer to a group of eight ILO Conventions which define basic human rights at work. Convention No. 111 is of particular importance in handling the issue of HIV/AIDS.

The eight core Conventions are:

- **Forced Labour Convention, 1930 (No. 29)**
Aims at the immediate suppression of all forms of forced or compulsory labour. There are five exceptions: compulsory military service; certain civic obligations; prison labour resulting from a conviction in court; work needed during emergencies such as war, fires and earthquakes; and minor communal services, for example, Special Youth Schemes.
- **Freedom of Association and Protection of the Right to Organize, 1948 (No. 87)**
Guarantees the removal of acts of discrimination against trade unions as well as the protection of employers' and workers' organizations against interference or restrictions by public authorities.
- **Right to Organize and Collective Bargaining, 1949 (No. 98)**
Protects workers who are exercising the right to organize; upholds the principle of non-interference between workers' and employers' organizations; and promotes voluntary collective bargaining.
- **Equal Remuneration Convention, 1951 (No. 100)**
Underscores the principle of equal pay between men and women for work of equal value. This concerns all payments made by an employer for work by men and women: basic wages and any additional payments whether direct or indirect, cash or kind.
- **Abolition of Forced Labour Convention, 1957 (No. 105)**
Provides for the abolition of all forms of forced or compulsory labour as a means of political punishment or education; as punishment for the expression of certain political and ideological opinions; as workforce mobilization; as labour discipline; as a punishment for taking part in strikes; and as a measure of racial, social, national or religious discrimination.

- **Discrimination (Employment and Occupation) Convention 1958 (No. 111)**
Protects the right to equal opportunity and treatment. Provides for a national policy designed to eliminate, in respect of employment and occupation, all discrimination based on race, colour, sex, religion, political opinion, national extraction or social origin.
- **Minimum Age Convention, 1973 (No.138)**
Requires States to pursue national policies which will effectively abolish child labour. It establishes a minimum age for employment so that young people can develop physically and mentally before entering the workforce.
- **Worst Forms of Child Labour Convention, 1999 (No. 182)**
Defines as the worst forms of child labour such practices as child slavery, forced labour, debt bondage, trafficking, serfdom, prostitution, pornography and various forms of hazardous and exploitative work. It calls for immediate and effective measures to secure the prohibition and elimination of these forms of child labour as a matter of urgency.

II. The ILO Declaration on Fundamental Principles and Rights at Work and its Follow-up

In 1998, the International Labour Conference adopted the *ILO Declaration of Fundamental Principles and Rights at Work and its Follow-up*. The declaration recognizes that all states, by their membership in the ILO, have an obligation to respect, promote and put into practice in accordance with the Constitution, the principles concerning the fundamental rights which are the subject of the core Conventions. The first three articles of the Declaration read as follows:

The International Labour Conference,

1. Recalls:

(a) that in freely joining the ILO, all Members have endorsed the principles and rights set out in its Constitution and in the Declaration of Philadelphia, and have undertaken to work towards attaining the overall objectives of the Organization to the best of their resources and fully in line with their specific circumstances;

(b) that these principles and rights have been expressed and developed in the form of specific rights and obligations in Conventions recognized as fundamental both inside and outside the Organization.

2. Declares that all Members, even if they have not ratified the Conventions in question, have an obligation arising from the very fact of membership in the Organization, to respect, to promote and to realize, in good faith and in accordance with the Constitution, the principles concerning the fundamental rights which are the subject of those Conventions, namely:

- (a) freedom of association and the effective recognition of the right to collective bargaining;*
- (b) the elimination of all forms of forced or compulsory labour;*
- (c) the effective abolition of child labour; and*
- (d) the elimination of discrimination in respect of employment and occupation.*

3. Recognizes the obligation on the Organization to assist its Members, in response to their established and expressed need, in order to attain these objectives by making full use of its constitutional, operational and budgetary resources, including by the mobilization of external resources and support, as well as by encouraging other international organizations with which the ILO has established relations, pursuant to Article 12 of its Constitution, to support these efforts:

- (a) by offering technical co-operation and advisory services to promote the ratification and implementation of the fundamental Conventions;*
- (b) by assisting those Members not yet in a position to ratify some or all of these Conventions in their efforts to respect, to promote and to realize the principles concerning fundamental rights which are the subject of those Conventions; and*
- (c) by helping the Members in their efforts to create a climate for economic and social development...*

The existing supervisory machinery of the ILO provides the means of ensuring the application of Conventions in the States that have ratified them. For those that have not, the Declaration makes an important new contribution. Each year, the States that have not ratified the core Conventions will be asked to report on progress made in implementing the principles enshrined in them. This is an opportunity for States to re-examine the obstacles to ratification.

In addition, a global report will be prepared each year, focussing on one of the four fundamental rights and this will be submitted to the International Labour Conference.

The first cycle of such reports is:

- 2000: freedom of association
- 2001: the elimination of all forms of forced or compulsory labour
- 2002: child labour
- 2003: the elimination of discrimination.

The cycle will then be repeated.

III. ILO Convention No. 111

Discrimination (Employment and Occupation) Convention, 1958

The General Conference of the International Labour Organisation,
Having been convened at Geneva by the Governing Body of the International Labour Office,
and having met in its Forty-second Session on 4 June 1958, and

Having decided upon the adoption of certain proposals with regard to discrimination in the field
of employment and occupation, which is the fourth item on the agenda of the session, and

Having determined that these proposals shall take the form of an international Convention, and

Considering that the Declaration of Philadelphia affirms that all human beings, irrespective of
race, creed or sex, have the right to pursue both their material well-being and their spiritual
development in conditions of freedom and dignity, of economic security and equal opportunity, and

Considering further that discrimination constitutes a violation of rights enunciated by the
Universal Declaration of Human Rights,

adopts the twenty-fifth day of June of the year one thousand nine hundred and fifty-eight,
the following Convention, which may be cited as the Discrimination (Employment and Occupation)
Convention, 1958:

Article 1

1. For the purpose of this Convention the term discrimination includes –
 - (a) any distinction, exclusion or preference made on the basis of race, colour, sex, religion, political opinion, national extraction or social origin, which has the effect of nullifying or impairing equality of opportunity or treatment in employment or occupation;
 - (b) such other distinction, exclusion or preference which has the effect of nullifying or impairing equality of opportunity or treatment in employment or occupation as may be determined by the Member concerned after consultation with representative employers' and workers' organisations, where such exist, and with other appropriate bodies.
2. Any distinction, exclusion or preference in respect of a particular job based on the inherent requirements thereof shall not be deemed to be discrimination.
3. For the purpose of this Convention the terms employment and occupation include access to vocational training, access to employment and to particular occupations, and terms and conditions of employment.

Article 2

Each Member for which this Convention is in force undertakes to declare and pursue a national policy designed to promote, by methods appropriate to national conditions and practice, equality of opportunity and treatment in respect of employment and occupation, with a view to eliminating any discrimination in respect thereof.

Article 3

Each Member for which this Convention is in force undertakes, by methods appropriate to national conditions and practice --

- (a) to seek the co-operation of employers' and workers' organisations and other appropriate bodies in promoting the acceptance and observance of this policy;
- (b) to enact such legislation and to promote such educational programmes as may be calculated to secure the acceptance and observance of the policy;
- (c) to repeal any statutory provisions and modify any administrative instructions or practices which are inconsistent with the policy;
- (d) to pursue the policy in respect of employment under the direct control of a national authority;
- (e) to ensure observance of the policy in the activities of vocational guidance, vocational training and placement services under the direction of a national authority;
- (f) to indicate in its annual reports on the application of the Convention the action taken in pursuance of the policy and the results secured by such action.

Article 4

Any measures affecting an individual who is justifiably suspected of, or engaged in, activities prejudicial to the security of the State shall not be deemed to be discrimination, provided that the individual concerned shall have the right to appeal to a competent body established in accordance with national practice.

Article 5

1. Special measures of protection or assistance provided for in other Conventions or Recommendations adopted by the International Labour Conference shall not be deemed to be discrimination.

2. Any Member may, after consultation with representative employers' and workers' organisations, where such exist, determine that other special measures designed to meet the particular requirements of persons who, for reasons such as sex, age, disablement, family responsibilities or social or cultural status, are generally recognised to require special protection or assistance, shall not be deemed to be discrimination.

Article 6

Each Member which ratifies this Convention undertakes to apply it to non-metropolitan territories in accordance with the provisions of the Constitution of the International Labour Organisation.

Article 7

The formal ratifications of this Convention shall be communicated to the Director-General of the International Labour Office for registration.

Article 8

1. This Convention shall be binding only upon those Members of the International Labour Organisation whose ratifications have been registered with the Director-General.
2. It shall come into force twelve months after the date on which the ratifications of two Members have been registered with the Director-General.
3. Thereafter, this Convention shall come into force for any Member twelve months after the date on which its ratification has been registered.

Article 9

1. A Member which has ratified this Convention may denounce it after the expiration of ten years from the date on which the Convention first comes into force, by an Act communicated to the Director-General of the International Labour Office for registration. Such denunciation should not take effect until one year after the date on which it is registered.
2. Each Member which has ratified this Convention and which does not, within the year following the expiration of the period of ten years mentioned in the preceding paragraph, exercise the right of denunciation provided for in this Article, will be bound for another period of ten years and, thereafter, may denounce this Convention at the expiration of each period of ten years under the terms provided for in this Article.

Article 10

1. The Director-General of the International Labour Office shall notify all Members of the

International Labour Organisation of the registration of all ratifications and denunciations communicated to him by the Members of the Organisation.

2. When notifying the Members of the Organisation of the registration of the second ratification communicated to him, the Director-General shall draw the attention of the Members of the Organisation to the date upon which the Convention will come into force.

Article 11

The Director-General of the International Labour Office shall communicate to the Secretary-General of the United Nations for registration in accordance with Article 102 of the Charter of the United Nations full particulars of all ratifications and acts of denunciation registered by him in accordance with the provisions of the preceding Articles.

Article 12

At such times as it may consider necessary the Governing Body of the International Labour Office shall present to the General Conference a report on the working of this Convention and shall examine the desirability of placing on the agenda of the Conference the question of its revision in whole or in part.

Article 13

1. Should the Conference adopt a new Convention revising this Convention in whole or in part, then, unless the new Convention otherwise provides:

a) the ratification by a Member of the new revising Convention shall ipso jure involve the immediate denunciation of this Convention, notwithstanding the provisions of Article 9 above, if and when the new revising Convention shall have come into force;

b) as from the date when the new revising Convention comes into force this Convention shall cease to be open to ratification by the Members.

2. This Convention shall in any case remain in force in its actual form and content for those Members which have ratified it but have not ratified the revising Convention.

Article 14

The English and French versions of the text of this Convention are equally authoritative.

IV. Philippines Law on HIV/AIDS

PHILIPPINES OFFICIAL GAZETTE
Republic Act No. 8504

An Act promulgating policies and prescribing measures for the prevention and control of HIV/AIDS in the Philippines. Instituting a nationwide HIV/AIDS information and educational program. Establishing a comprehensive HIV/AIDS monitoring system. Strengthening the Philippine National Aids Council and for other purposes
Be it enacted by the Senate and House of Representatives of the Philippines in Congress assembled;

Section 1 – *Title.* - This Act shall be known as the “Philippines AIDS Prevention and Control Act of 1998”.

Section 2 – *Declaration of Policies.* - Acquired Immune Deficiency Syndrome (AIDS) is a disease that recognizes no territorial, social, political and economic boundaries for which there is no known cure. The gravity of the AIDS threat demands strong State action today, thus:

- a) The State shall promote public awareness about the causes; modes of prevention and control of HIV/AIDS through a comprehensive nationwide educational and information campaign organized and conducted by the State. Such campaigns shall promote value formation and employ scientifically proven approaches, focus on the family as a basic social unit, and be carried out in all schools and training centres, workplaces, and communities. This program shall involve affected individuals and groups, including people living with HIV/AIDS.
- b) The State shall extend to every person suspected or known to be infected with HIV/AIDS full protection of his/her human rights and civil liberties. Towards this end:
 - (1) compulsory HIV testing shall be considered unlawful unless otherwise provided in this Act;
 - (2) the right to privacy of individuals with HIV shall be guaranteed;
 - (3) discrimination, in all its forms and subtleties, against individuals with HIV or person perceived or suspected of having HIV shall be considered inimical to individual and national interest; and
 - (4) provision of basic health and social services for individuals with HIV shall be assured.
- c) The State shall promote utmost safety and universal precautions in practices and procedures that carry the risk of HIV transmission.
- d) The State shall positively address and seek to eradicate conditions that aggravate the spread of HIV infection, including but not limited to, poverty, gender inequality, promotion, marginalization, drug abuse and ignorance.

e) The State shall recognize the potential role of affected individuals in propagating vital information and educational messages about HIV/AIDS and shall utilize their experience to warn the public about the disease.

Section 3 – *Definition of Terms.* - As used in this Act, the following terms are defined as follows:

a) “*Acquired Immune Deficiency Syndrome (AIDS)*” – a condition characterized by a combination of signs and symptoms, caused by HIV contracted from another person and which attacks and weakens the body’s immune system, making the afflicted individual susceptible to other life-threatening infections.”

b) “*Anonymous Testing*” – refers to an HIV testing procedure whereby the individual being tested does not reveal his/her true identity. An identifying number or symbol is used to substitute for the name and allows the laboratory conducting the test and the person on whom the test is conducted to match the test results with the identifying number or symbol.

c) “*Compulsory HIV Testing*” – refers to HIV testing imposed upon a person attended or characterized by the lack of or vitiated consent, use of physical force, intimidation or any form of compulsion.

d) “*Contact Tracing*” – refers to the method of finding and counselling the sexual partner(s) of a person who has been diagnosed as having sexually transmitted disease.

e) “*Human Immunodeficiency Virus (HIV)*” – refers to the virus which causes AIDS.

f) “*HIV/AIDS Monitoring*” – refers to the documentation and analysis of the number of cases of HIV/AIDS infection and the pattern of its spread.

g) “*HIV/AIDS Prevention and Control*” – refers to measures aimed at protecting non-infected persons from contracting HIV and minimizing the impact of the condition of persons living with HIV.

h) “*HIV-positive*” – refers to the presence of HIV infection as documented by the presence of HIV or HIV antibodies in the sample being tested.

i) “*HIV-negative*” – denotes the absence of HIV or HIV antibodies upon HIV testing.

j) “*HIV-testing*” – refers to any laboratory procedure done on an individual to determine the presence or absence of HIV infection.

k) “*HIV Transmission*” – refers to the transfer of HIV from one infected person to an uninfected individual, most commonly thought sexual intercourse, blood transfusion, sharing of intravenous needles and during pregnancy.

l) “*High-risk Behaviour*” – refers to a person’s frequent involvement in certain activities which increase the risk of transmitting or acquiring HIV.

- m) *“Informed Consent”* – refers to the voluntary agreement of a person to undergo or be subjected to a procedure based on full information, whether such permission is written, or expressed indirectly.
- n) *“Medical Confidentiality”* – refers to the relationship of trust and confidence created or existing between a patient or a person with HIV and his attending physician, consulting medical specialist, nurse, medical technologist and all other health workers or personnel involved in any counselling, testing or professional care of the former; it also applies to any person who, in any official capacity, has acquired or may have acquired such confidential information.
- o) *“Person with HIV”* – refers to an individual whose HIV test indicates, directly or indirectly, that he/she is infected with HIV.
- p) *“Pre-test Counselling”* – refers to the process of providing an individual with information on the biomedical aspects of HIV/AIDS and emotional support for any psychological implications of undergoing HIV testing and the test result itself before he/she is subject to the test.
- q) *“Post-test Counselling”* – refers to the process of providing risk-reduction information and emotional support to a person who submitted to HIV testing at the time that the test result is released.
- r) *“Prophylactic”* – refers to any agent or device used to prevent the transmission of a disease.
- s) *“Sexually Transmitted Diseases”* – refers to any disease that may be acquired or passed on through sexual contact.
- t) *“Voluntary HIV Testing”* – refers to HIV testing done on an individual who, after having undergone pre-test counselling, willingly submits himself/herself to such a test.
- u) *“Window Period”* – refers to the period of time, usually lasting from two weeks to six (6) months during which an infected individual will test “negative” upon HIV testing but can actually transmit the infection.

Article I

Education and information

Section 4 – HIV/AIDS Education in Schools. - The Department of Education, Culture and Sports (DECS), and the Technical Education and Skills Development Authority (TESDA), utilizing official information provided by the Department of Health, shall integrate instruction on the causes, modes of transmission and ways of preventing HIV/AIDS and other sexually transmitted diseases in subjects taught in public and private schools at intermediate grades, secondary and tertiary level, including non-formal and indigenous learning systems: provided that if the integration of

HIV/AIDS education is not appropriate or feasible, the DECS and TESDA shall design special modules on HIV/AIDS prevention and control; provided, further, that it shall not be used as an excuse to propagate birth control or the sale or distribution of birth control devices; provided, finally, that it does not utilize sexually explicit materials.

Flexibility in the formulation and adoption of appropriate course content, scope, and methodology in each educational level or group shall be allowed after consultations with Parent-Teachers-Community Associations, Private School Associations, school officials and other interest groups. As such, no instruction shall be offered to minors without adequate prior consultation with parents, who must agree to the thrust and content of the instruction materials.

All teachers and instructors of said HIV/AIDS courses shall be required to undergo a seminar or training on HIV/AIDS prevention and control to be supervised by the DECS, CHED AND TESDA, in co-ordination with the Department of Health (DOH), before they are allowed to teach on the subject.

Section 5 – HIV/AIDS Information as a Health Service. - HIV/AIDS education and information dissemination shall form part of the delivery of health services by health practitioners, workers and personnel. The knowledge and capabilities of all public workers shall be enhanced to include skills for proper information dissemination and education on HIV/AIDS. It shall likewise be considered a civic duty of health providers in the private sector to make available to the public such information necessary to control the spread of HIV/AIDS and to correct common misconceptions about this disease. The training of health workers shall include discussions on HIV-related ethical issues such as confidentiality, informed consent and the duty to provide treatment.

Section 6 – HIV/AIDS Education in the Workplace. - All government and private employees, workers, managers, and supervisors, including members of the Armed Forces of the Philippines (AFP) and the Philippine National Police (PNP), shall be provided with the standardized basic information and instruction on HIV/AIDS which shall include topics on confidentiality in the workplace and attitude towards infected employees and workers. In collaboration with the Department of Health (DOH), the Secretary of the Department of Labour and Employment (DOLE) shall oversee the anti-HIV/AIDS campaign in all private companies, while the Armed Forces Chief of Staff and the Director General of the PNP shall oversee the implementation of this Section.

Section 7 – HIV/AIDS Education for Filipinos Going Abroad. - The State shall ensure that all overseas Filipino workers and diplomatic, military, trade, and labour officials and personnel to be assigned overseas shall undergo or attend a seminar on the causes, prevention and consequences of HIV/AIDS before certification for overseas assignment. The Department of Labour and Employment or the Department of Foreign Affairs, the Department of Tourism and the Department of Justice through the Bureau of Immigration, as the case may be, in collaboration with the Department of Health (DOH), shall oversee the implementation of this Section.

Section 8 – Information Campaign for Tourists and Transients. - Informational aids or materials on the cause, modes of transmission, prevention, and consequences of HIV infection shall be adequately provided at all international ports of entry and exit. The Department of Tourism, the Department of Foreign Affairs, the Department of Justice through the Bureau of Immigration, in collaboration with the Department of Health (DOH) shall oversee the implementation of this Act.

Section 9 – HIV/AIDS Education in communities. - Local government units, in collaboration with the Department of Health (DOH) shall conduct an educational and information campaign on HIV/AIDS. The provincial governor, city or municipal mayor and the barangay captain shall co-ordinate such campaign among concerned government agencies, non-governmental organizations and church-based groups.

Section 10 – Information on Prophylactics. - Appropriate information shall be attached to or provided with every prophylactic offered for sale or given as a donation. Such information shall be legibly printed in English and Filipino and shall contain literature on the proper use of the prophylactic device or agent, its efficacy against HIV and STD infection, as well as the importance of sexual abstinence and mutual fidelity.

Section 11 – Penalties of Misleading Information. - Misinformation on HIV/AIDS prevention and control through false and misleading advertising and claims in any of the three media or the promotional marketing of drugs, devices, agents or procedures without prior approval from the Department of Health and the Bureau of Food and Drugs and the requisite medical and scientific basis, including markings and indications on drugs and devices or agents purporting to be a cure or a fail-safe prophylactic for HIV infection, is publishable with a penalty of imprisonment for two (2) months to two (2) years, without prejudice to the imposition of administrative sanctions such as fines and suspension or revocation of professional or business licence.

Article II

Safe practices and procedures

Section 12 – Requirement on the Donation of Blood, Tissue, or Organ. - No laboratory or institution shall accept a donation of tissue or organ, whether such donation is gratuitous or onerous, unless a sample from the donor has been tested negative for HIV. All donated blood shall also be subjected to HIV testing and HIV(+) blood shall be disposed of properly and immediately. A second testing may be demanded as a matter of right by the blood, tissue or organ recipient or his immediate relatives before transfusion or transplant, except during emergency cases: provided that donations of blood, tissue, or organ testing positive for HIV may be accepted for research purposes only, and subject to strict sanitary disposal requirements.

Section 13 – Guidelines on Surgical and similar Procedures. - The Department of Health (DOH), in consultation and in co-ordination with concerned professional organizations and hospital associations, shall issue guidelines on precautions against HIV transmission during surgical,

dental, embalming, tattooing or similar procedures. The DOH shall likewise issue guidelines on the handling and disposition of cadavers, body fluids or wastes of persons known or believed to be HIV-positive.

The necessary protective equipment such as gloves, goggles and gowns, shall be made available to all physicians and health care providers and similar exposed personnel at all times.

Section 14 – Penalties for Unsafe Practices and Procedures. - Any person who knowingly or negligently causes another to get infected with HIV in the course of the practice of his/her profession through unsafe and unsanitary practice or procedure is liable to suffer a penalty of imprisonment for six (6) years to twelve (12) years, without prejudice to the imposition of administrative sanctions such as, but not limited to, fines and suspension or revocation of the license to practice his/her profession. The permit or license of any business entity and the accreditation of hospitals, laboratory, or clinics may be cancelled or withdrawn if said establishments fail to maintain such safe practices and procedures as may be required by the guidelines to be formulated in compliance with Section 13 of this Act.

Article III

Testing, screening and counselling

Section 15 – Consent as a Requisite for HIV Testing. - No compulsory HIV testing shall be allowed. However, the State shall encourage voluntary testing for individuals with a high risk for contracting HIV: provided that written informed consent must first be obtained. Such consent shall be obtained from the person concerned if she/he is of legal age or from the parents or legal guardian in the case of a minor or a mentally incapacitated individual. Lawful consent to HIV testing of a donated human body, organ, tissue, or blood shall be considered as having been given when:

- a) a person volunteers or freely agrees to donate his/her blood, organ, or tissue for transfusion, transplantation or research;
- b) a person has executed a legacy in accordance with Section 3 of Republic Act No. 7170, also known as the “Organ Donation Act of 1991”;
- c) a donation is executed in accordance with Section 4 of Republic Act No. 7170.

Section 16 – Prohibitions on Compulsory HIV Testing. - Compulsory HIV testing as a precondition to employment, admission to educational institutions, the exercise of freedom of abode, entry or continued stay in the country, or the right to travel, the provision of medical service or any other kind of service or the continued enjoyment of said undertakings shall be deemed unlawful.

Section 17 – Exception to the Prohibition on Compulsory Testing. - Compulsory HIV testing may be allowed only in the following instances:

- a) When a person is charged with any of the crimes punishable under Articles 264 and 266 as amended by Republic Act No. 8353, 335 and 338 of Republic Act No. 3815, otherwise known as the “Revised Penal Code” or under Republic Act no 7659.
- b) When the determination of the HIV status is necessary to resolve the relevant issues under Executive Order no 309, otherwise known as the “Family Code of the Philippines”, and
- c) When complying with the provisions of Republic Act no 7170, otherwise known as the “Organ Donation Act” and Republic Act No. 7719, otherwise known as the “National Blood Services Act”.

Section 18 – Anonymous HIV Testing.- The State shall provide a mechanism for anonymous HIV testing and shall guarantee anonymity and medical confidentiality in the conduct of such tests.

Section 19 – Accreditation of HIV Testing Centers. - All testing centers, hospitals, clinics and laboratories offering HIV testing services are mandated to seek accreditation from the Department of Health, which shall set and maintain reasonable accreditation standards.

Section 20 – Pre-test and Post-test Counselling. - All testing centres, clinics, or laboratories which perform any HIV test shall be required to provide and conduct free pre-test counselling and post-test counselling for persons who avail themselves of their HIV/AIDS testing services. However, such counselling services must be provided only by persons who meet the standards set by the DOH.

Section 21 – Support for HIV Testing Centers. - The Department of Health shall strategically build and enhance the capabilities for HIV testing of hospitals, clinics, laboratories, and other testing centers, primarily by ensuring the training of competent personnel who will provide such services in said testing sites.

Article IV

Health and support services

Section 22 – Hospital-based Services. - Persons with HIV/AIDS shall be afforded basic health services in all government hospitals, without prejudice to optimum medical care which may be provided by special AIDS wards and hospitals.

Section 23 – Community-based Services. - Local government units, in co-ordination and in co-operation with concerned government agencies, non-governmental organizations, persons with HIV/AIDS and groups most at risk of HIV infection shall provide community-based HIV/AIDS prevention and care services.

Section 24 – Livelihood Programs and Trainings. - Trainings for livelihood, self-help and co-operative programs shall be made accessible and available to all persons with HIV/AIDS. Person infected with HIV/AIDS shall not be deprived of full participation in any livelihood, self-help and co-operative programs for reason of their health conditions.

Section 25 – Control of Sexually Transmitted Diseases. - The Department of Health, in co-ordination and in co-operation with concerned government agencies and non-governmental organizations shall pursue the prevention and control of sexually transmitted diseases to help contain the spread of HIV infection.

Section 26 – Insurance for Persons with HIV. - The Secretary of Health, in co-operation with the commissioner of the Insurance Commission and other public and private insurance agencies, shall conduct a study on the feasibility and viability of setting up, a package of insurance benefits and, should it be warranted, implement an insurance coverage program for persons with HIV. The study shall be guided by the principle that access to health insurance is part of an individual's right to health and is the responsibility of the State and of society as a whole.

Article V Monitoring

Section 27 – Monitoring Program. - A comprehensive HIV/AIDS monitoring program or “AIDSWATCH” shall be established under the Department of Health to determine and monitor the magnitude and progression of HIV infection in the Philippines and for the purpose of evaluating the adequacy and efficacy of the countermeasures being employed.

Section 28 – Reporting Procedures. - All hospitals, clinics, laboratories, and testing centers for HIV/AIDS shall adopt measures in assuring the reporting and confidentiality of any medical record, personal data, or file, including all data which may be accessed from various data banks or information system. The Department of Health through its AIDSWATCH monitoring program shall receive, collate and evaluate all HIV/AIDS related medical reports. The AIDSWATCH database shall utilize a coding system that promotes client anonymity.

Section 29 – Contact Tracing. - HIV/AIDS contact tracing and all other related health intelligence activities may be pursued by the Department of Health: provided that these do not run counter to the general purpose of this Act; provided, further, that any information gathered shall remain confidential and classified, and can only be used for statistical and monitoring purposes and not as basis or qualification for any employment, school attendance, freedom of abode, or travel.

Article VI Confidentiality

Section 30 – Medical Confidentiality. - All health professionals, medical instructors, workers, employers, recruitment agencies, insurance companies, data encoders, and other custodians of any

medical record, file, data, or test results are directed to strictly observe confidentiality in the handling of all medical information, particularly the identity and status of person with HIV.

Section 31 – Exceptions to the Mandate of Confidentiality. - Medical confidentiality shall not be considered breached in the following cases:

- a) when complying with reportorial requirements in conjunction with the AIDSWATCH programs provided in Section 27 of this Act;
- b) when informing other health workers directly involved or about to be involved in the treatment or care of a person with HIV/AIDS: provided that such treatment or care carry the risk of HIV transmission; provided, further, that such workers shall be obliged to maintain the shared medical confidentiality;
- c) when responding to a subpoena duces tecum and subpoena ad testificandum issued by a Court with jurisdiction over a legal proceeding where the main issue is the HIV status of the individual: provided that the confidential medical record shall be properly sealed by its lawful custodian after being double-checked for accuracy by the head of the office or department, hand-delivered, and personally opened by the judge; provided, further, that the judicial proceedings be held in executive session.

Section 32 – Release of HIV/AIDS Test Results. - All results of HIV/AIDS testing shall be confidential and shall be released only to the following persons:

- a) the person who submitted himself/herself to such test;
- b) either parent of a minor child who has been tested;
- c) a legal guardian in the case of insane persons or orphans;
- d) a person authorized to receive such results in conjunction with the AIDSWATCH program as provided in Section 27 of this Act;
- e) a justice of the Court of Appeals or the Supreme court, as provided under subsection (c) of this Act and in accordance with the provision of Section 16 hereof.

Section 33 – Penalties for Violations of Confidentiality. - Any violation of medical confidentiality as provided in Sections 30 and 32 of this Act shall suffer the penalty of imprisonment for six (6) months to four (4) years, without prejudice to administrative sanctions such as fines and suspension or revocation of the violator's license to practice his/her profession, as well as the cancellation or withdrawal of the license to operate any business entity and the accreditation of hospitals, laboratories or clinics.

Section 34 – Disclosure to Sexual Partners. - Any person with HIV is obliged to disclose his/her HIV status and health condition to his/her spouse or sexual partner at the earliest opportune time.

Article VII

Discriminatory acts and policies

Section 35 – Discrimination in the Workplace. - Discrimination in any form from pre-employment to post-employment, including hiring, promotion, or assignment, based on the actual, perceived or suspected HIV status of an individual is prohibited. Termination of work on the sole basis of actual, perceived or suspected HIV status is deemed unlawful.

Section 36 – Discrimination in schools. - no educational institution shall refuse admission or expel, discipline, segregate, deny participation, benefits or services to a student or prospective student on the basis of his/her actual, perceived or suspected HIV status.

Section 37 – Restrictions on Travel and Habitation. – The freedom of abode, lodging and travel of a person with HIV shall not be abridged. No person shall be quarantined, placed in isolation, or refused lawful entry into or deported from Philippine territory on account of his/her actual, perceived or suspected HIV status.

Section 38 – Inhibition from Public Service. - The right to seek an elective or appointive public office shall not be denied to a person with HIV.

Section 39 – Exclusion from Credit and Insurance Services. – All credit and loan services, including health, accident and life insurance shall not be denied to a person on the basis of his/her actual, perceived or suspected HIV status: provided that the person with HIV has not concealed or misrepresented the fact to the insurance company upon application. Extension and continuation of credit and loan shall likewise not be denied solely on the basis of said health condition.

Section 40 – Discrimination in Hospitals and Health Institutions. – No person shall be denied health care service or be charged with a higher fee on account of actual, perceived or suspected HIV status.

Section 41 – Denial of Burial Services. - A deceased person who had AIDS or who was known, suspected or perceived to be HIV-positive shall not be denied any kind of decent burial services.

Section 42 – Penalties for Discriminatory Acts and Policies. - All discriminatory acts and policies referred to in this Act shall be punishable with a penalty of imprisonment for six (6) months to four (4) years and a fine not exceeding ten thousand pesos (P10,000.00). In addition, the licenses or permits of schools, hospitals and other institutions found guilty of committing discriminatory acts and policies described in this Act shall be revoked.

Article VIII**The Philippine National Aids Council**

Section 43 – Establishment. - The Philippine National AIDS Council (PNAC) created by virtue of Executive Order No. 39 dated 3 December 1992 shall be reconstituted and strengthened to enable the Council to oversee an integrated and comprehensive approach to HIV/AIDS prevention and control in the Philippines. It shall be attached to the Department of Health.

Section 44 – Functions. - The Council shall be the central advisory, planning and policy-making body for the comprehensive and integrated HIV/AIDS prevention and control program in the Philippines. The Council shall perform the following functions:

a) secure from government agencies concerned recommendations on how their respective agencies could operationalize specific provisions of this Act. The Council shall integrate and co-ordinate such recommendations and issue implementing rules and regulations of this Act.
The Council shall likewise ensure that there is adequate coverage of the following:

- the institution of a nationwide HIV/AIDS information and education program;
- the establishment of a comprehensive HIV/AIDS monitoring system;
- the issuance of guidelines on medical and other practices and procedures that carry the risk of HIV transmission;
- the provision of accessible and affordable HIV testing and counselling services to those who are in need of it;
- the provision of acceptable health and support services for persons with HIV/AIDS in hospitals and in communities;
- the protection and promotion of the rights of individuals with HIV; and
- the strict observance of medical confidentiality.

b) monitor the implementation of the rules and regulations of this Act, issue or cause the issuance of orders or make recommendations to the implementing agencies as the Council considers appropriate;

c) develop a comprehensive long-term national HIV/AIDS prevention and control program and monitor its implementation;

d) co-ordinate the activities of and strengthen the working relationship between government and non-government agencies involved in the campaign against HIV/AIDS;

e) coordinate and co-operate with foreign and international organizations regarding data collection, research and treatment modalities concerning HIV/AIDS; and

f) evaluate the adequacy of and make recommendations regarding the utilization of national resources for the prevention and control of HIV/AIDS in the Philippines.

Section 45 – Membership and Composition. -

(a) The Council shall be composed of twenty six (26) members as follows;

- 1) the Secretary of the Department of Health,
- 2) the Secretary of the Department of Education, Culture and Sports or his representative,
- 3) the Chairperson of the Commission on Higher Education or his representative,
- 4) the Director-General of the Technical Education and Skills Development Authority or his representative,
- 5) the Secretary of the Department of Labor and Employment or his representative,
- 6) the Secretary of the Department of Social Welfare and Development or his representative,
- 7) the Secretary of the Department of the Interior and Local Government or his representative,
- 8) the Secretary of the Department of Justice or his representative,
- 9) the Director-General of the National Economic and Development Authority or his representative,
- 10) the Secretary of the Department of Tourism or his representative,
- 11) the Secretary of the Department of Budget and Management or his representative,
- 12) the Secretary of the Department of Foreign Affairs or his representative,
- 13) the Head of the Philippine Information Agency or his representative,
- 14) the President of the League of Governors or his representative,
- 15) the President of the League of City Mayors or his representative,
- 16) the Chairperson of the Committee on Health of the Senate of the Philippines or his representative,
- 17) the Chairperson of the Committee on Health of the Senate of the House of Representatives or his representative,
- 18) two (2) representatives from organizations of medical/health professionals,
- 19) six (6) representatives from non-governmental organizations involved in HIV/AIDS prevention and control efforts or activities, and
- 20) a representative of an organization of persons dealing with HIV/AIDS.

b) To the greatest extent possible, appointment to the Council must ensure sufficient and discernible representation from the fields of medicine, education, health care, law, labour, ethics and social services.

c) All members of the Council shall be appointed by the President of the Republic of the Philippines, except for the representatives of the Senate and the House of Representatives, who shall be appointed by the Senate President and the House Speaker, respectively.

d) The members of the Council shall be appointed not later than thirty (30) days after the date of the enactment of this Act.

e) The Secretary of Health shall be the permanent chairperson the Council.

f) For members representing medical/health professional groups and the six (6) non-governmental organizations, they shall serve for a term of two (2) years, renewable upon recommendation of the Council.

Section 46 – Reports. - The Council shall submit to the President and to both Houses of Congress comprehensive annual reports on the activities and accomplishments of the Council. Such annual reports shall contain assessments and evaluation of intervention programs, plans and strategies for the medium and long-term prevention and control program on HIV/AIDS in the Philippines.

Section 47 – Creation of Special HIV/AIDS Prevention and Control Service. - There shall be created in the Department of Health a Special HIV/AIDS Prevention and Control Service staffed by qualified medical specialists and support staff with permanent appointment and supported with an adequate yearly budget. It shall implement programs on HIV/AIDS prevention and control. In addition, it shall also serve as the secretariat of the Council.

Section 48 – Appropriations. - The amount of twenty million pesos (P20,000,000.00) shall be initially appropriated out of the funds of the National Treasury. Subsequent appropriations shall be provided by Congress in the annual budget of the Department of Health under the General Appropriations Act.

Article IX

Miscellaneous provisions

Section 49 – Implementing Rules and Regulations. - Within six (6) months after it is fully reconstituted, the Council shall formulate and issue the appropriate rules and regulations necessary for the implementation of this Act.

Section 50 – Separability Clause. - If any provision of this Act is declared invalid, the remainder of this Act or any provision not affected thereby shall remain in force and effect.

Section 51 – Repealing Clauses. - All laws, presidential decrees, executive orders and their implementing rules inconsistent with the provisions of this Act are hereby repealed, amended or modified accordingly.

Section 52 – Effectivity. - This Act shall take effect fifteen (15) days after its publication in at least two (2) national newspapers of general circulation.

Croisade contre le Sida

Les Patrons

passent à l'action!



Module 3 > 3

contents

Introduction	1
What is social dialogue?	2
Workplace policies and programmes on HIV/AIDS	3
Advocacy and leadership: employers' and workers' organizations	8
Alliances against HIV/AIDS	11
Summary: forms of social dialogue in the Code of Practice	12
<i>Learning activities</i>	14
<i>Reference materials</i>	19

Introduction

4.5. The successful implementation of an HIV/AIDS policy and programme requires co-operation and trust between employers, workers and their representatives and government, where appropriate.

■ ILO Code of Practice on HIV/AIDS and the world of work

Employers, workers and their organizations have a vital role to play in the fight against HIV/AIDS. It is in the interests of both to save the lives of working people, and to help individuals stay at work as long as possible.

Employers face the challenge of managing the impact of the epidemic at the workplace, including the loss of skilled and experienced employees, disruptions to production schedules, rising labour costs, and falling productivity. (Module 1 contains fuller information on the impact of HIV/AIDS on enterprises.)

Trade unions, long concerned with the rights and working conditions of the labour force, now face the challenge of protecting the livelihood, health and lives of workers and their families from the threat of AIDS.

Each group has its own networks and structures to inform and mobilize. Both, together, can prevent the spread of the disease by constructing a defence consisting of a policy and programme on AIDS for every workplace.

For this reason, a substantial section of the ILO Code of Practice deals with the rights and responsibilities of employers and their organizations (paragraph 5.2) and of workers and their organizations (paragraph 5.3). These are not separate and opposing tasks. They are complementary. The wording of the two sections for employers and workers is very similar. The Code of Practice encourages a process of social dialogue between employers and workers – to develop an HIV/AIDS workplace policy and programme.

The issue of HIV/AIDS is so serious that both employers' and workers' organizations, recognizing the need for swift action and the advantages of consensus, should try to resolve any difficulties in a spirit of compromise. Working together on the issue may even improve labour relations.

What is social dialogue?

Social dialogue includes all types of negotiations, consultations or exchange of information between or among governments, employers and workers on issues of common interest.

As such, it plays a pivotal role in identifying the important labour, social and economic issues affecting the ILO's constituents and in applying the fundamental principles and rights at work promoted by the ILO.

One national trade union centre has defined social dialogue as

.....a recognition that although [employers and trade unions] have different constituencies and at times different interests, they can serve these best by making common cause wherever possible.¹

There are areas where employers and trade unions disagree, and have opposing views. On the fight against AIDS, there should be minimum disagreement. Social dialogue will help establish a common approach for effective action.

Social dialogue can operate at all levels, from the small enterprise to the multinational. It can be bilateral (between employers and workers) or tripartite (government, employer and workers). A table summarizing the different forms of social dialogue in the Code of Practice is included on page 14 of this module.

¹ British Trades Union Congress: *Partners for Progress* (London, 1997)

Workplace policies and programmes on HIV/AIDS

It is at the level of the workplace that many issues concerning HIV/AIDS emerge that directly affect the enterprise and the workforce. It is here that policies for non-discrimination, prevention and care need to be planned and measures implemented.

The development of a workplace policy is the single most effective and important action an enterprise can take in the fight against HIV/AIDS. The ILO Code of Practice provides guidelines for the development of policies and programmes on HIV/AIDS in the workplace. These encourage a consistent approach to HIV/AIDS, based on ten key principles, while being flexible enough to address the different needs of individual workplaces.

The Code of Practice suggests that workplace policies should be agreed between management and workers' representatives. There may be areas of difficulty, which need to be frankly acknowledged. Workers may want employers to provide antiretroviral drug therapy for all HIV-positive employees and dependants. Employers may say they cannot afford this. Or employees might want working patterns altered so that workers are not away from home, as there is evidence that such workers are more likely to engage in high-risk behaviour. Employers might see this as impracticable. In any case, the discussions leading to the adoption of a workplace policy should take place in a collaborative spirit of compromise and mutual understanding.

Why have a workplace policy on HIV/AIDS?

A workplace policy provides the framework for enterprise action to reduce the spread of HIV/AIDS and manage its impact. An increasing number of companies have workplace or company policies on HIV/AIDS. A policy:

- provides a clear statement about non-discrimination;
- ensures consistency with appropriate national laws;
- lays down a standard of behaviour for all employees (whether infected or not);
- gives guidance to supervisors and managers;
- helps employees living with HIV/AIDS to understand what support and care they will receive, so they are more likely to come forward for voluntary testing;
- helps to stop the spread of the virus through prevention programmes;
- assists an enterprise in planning for HIV/AIDS and managing its impact, thus ultimately saving money.

Why should the social partners agree on a policy?

The advantages of an agreed policy, rather than one simply published by the management, are as follows:

- an agreed policy demonstrates that both union and management are committed to dealing with the problems of HIV/AIDS in the workplace;
- an agreed policy is likely to be more effectively implemented;
- the process of consultation that takes place before the policy is agreed will allow both management and union to identify areas of possible disagreement and resolve them;
- an agreed policy can clarify how the policy fits in with other joint agreements that regulate workplace relations.

What should be included in a workplace policy?

A policy may consist of a detailed document just on HIV/AIDS, setting out programme as well as policy issues; it may be part of a wider policy or agreement on safety, health and working conditions; it may be as short as “This company pledges to combat discrimination on the basis of HIV status and to protect health and safety through programmes of prevention and care”. It should at least establish general principles, especially the rights of all at the workplace, based on the key principles of the ILO Code of Practice:

- 1 Recognition of HIV/AIDS as a workplace issue (see Module 1 of this manual)
- 2 No discrimination in relation to recruitment, promotion, training ... (see Module 2)
- 3 Gender equality (see Module 5)
- 4 Health and safety (including reasonable accommodation for AIDS-related illness – see Modules 6 and 7)
- 5 Social dialogue as a means to develop and implement HIV/AIDS policy (the present module)
- 6 HIV screening should not be required from job applicants or persons in employment (see Module 2)
- 7 Confidentiality (see Module 2)
- 8 Continuation of the employment relationship and grounds for dismissal (see Module 2)

- 9 Prevention (see Module 6)
- 10 Care and support for people living with HIV/AIDS (see Module 7).

The policy will need to refer to other relevant workplace agreements such as grievance and disputes procedures, disciplinary procedures, health and safety agreements and grounds for dismissal. Where there is a national law on HIV/AIDS, then it makes sense to have a general statement in the policy confirming the company's commitment to abide by any appropriate laws.

The guidelines produced by the Durban Chamber of Commerce, which appear in full in the reference section of this module, state:

“The Company recognises the provisions of the Employment Equity Act and the Labour Relations Act pertaining to fairness in recruitment. The Company does not take into consideration the HIV/AIDS status of an applicant when recruiting.”

Implementing the policy

Appendix III of the ILO Code of Practice gives a checklist which suggests the procedures to be adopted to agree and implement a joint workplace policy on HIV/AIDS. All should be firmly based in existing structures of social dialogue, and planned, implemented and monitored in a sustained and on-going manner. There will be many benefits from integrating HIV/AIDS into existing safety, drug and alcohol policies and the workplace medical service, where relevant.

Checklist (text from the Code is in *italics*).

- *An HIV/AIDS committee is set up with representatives of top management, supervisors, workers, trade unions, the human resources department, the training department, the industrial relations unit, the occupational health unit, the health and safety committee, and persons living with AIDS, if they are willing.* An existing committee may also be used, but in either case make sure that regular reports are made to the highest decision-making body in the enterprise. Efforts should be made to ensure the representation of women on the committee.
- *The committee determines its terms of reference and decision-making powers and responsibilities;* these must be approved by existing decision-making bodies (e.g. workplace committee, executive board).
- *Review of national laws and their implications for the enterprise;* this should go beyond any specific laws on HIV/AIDS and include anti-discrimination laws, for example.
- *The committee assesses the impact of the HIV epidemic on the workplace and the needs of workers infected and affected by HIV/AIDS by carrying out a confidential baseline study - important for effective planning and for monitoring the effectiveness of response.*

- *The committee establishes what health and information services are already available – both at the workplace and in the local community:* useful to avoid duplication and save costs.
- *The committee formulates a draft policy; the draft is circulated for comment then revised and adopted:* the wider the consultation, the fuller the sense of ‘ownership’ and support. The policy should be written in clear and accessible language.
- *The committee draws up a budget, seeking funds from outside the enterprise if necessary, and identifies existing resources in the local community.* Although funds are important, the absence of funding does not mean that action is impossible.
- *The committee establishes plan of action, with timetable and lines of responsibility, to implement policy:* it is important to have at least one named HIV/AIDS co-ordinator/focal point, especially where it is not possible to set up a committee just for HIV/AIDS.
- *The policy and plan of action are widely disseminated through, for example, notice boards, mailings, pay slip inserts, special meetings, induction courses, training sessions -* and programmes of information, education and care are put in place.
- The committee monitors the impact of the policy.
- *The committee regularly reviews the policy in the light of internal monitoring and external information about the virus and its workplace implications.* The HIV epidemic is evolving rapidly and so is the response – workplace policies and programmes must not stand still.

Key Questions

A collective agreement on HIV/AIDS

The parties may prefer the policy to be drawn up through a process of negotiation or collective bargaining. This could lead to a collective agreement specifically concerned with HIV/AIDS, or to the integration of additional clauses into an existing agreement.

One example of collective bargaining on HIV/AIDS issues is in South Africa, where the National Union of Mineworkers (NUM) and the Chamber of Mines negotiated a first agreement specifically on HIV/AIDS in 1993. In 2001, clauses on HIV/AIDS were added to the review of pay and conditions in the gold mines sector – the text of both are included in this module. It is interesting to compare the two approaches as well as noting the differences in content. One of the main issues in the recent negotiations was the ending of the single-sex hostel system; there is also a reference to the prevention of mother-to-child transmission.

An HIV/AIDS policy will have implications for existing terms and conditions of work. A collective bargaining process could take place in parallel alongside the process of drafting the workplace policy, or existing collective agreements can be modified once the policy has been finalized. One example might be disciplinary procedures. A workplace policy could state that employees who refuse to work with co-workers who are HIV-positive may be subject to disciplinary action. This would require a change in the collective agreement covering disciplinary procedures. It is also important to establish the grounds for dismissal (see Module 2, page 7).

The situation may arise where one side proposes that a workplace policy be drawn up, and the other does not agree. Collective bargaining arrangements may provide a way to begin discussions. Employers' and workers' organizations may require advice from the normal advisory and arbitration services provided by Ministries of Labour (or similar agencies).

In any case, the Code of Practice provides a good starting point, since it was drafted and approved by representatives of both employers and workers, together with governments.

Advocacy and leadership: employers' and workers' organizations

As discussed in Module 1, leadership is important in mobilizing a widespread response. For a number of reasons, HIV/AIDS was not seen as an urgent issue in the past, with social and labour implications, and this helped the epidemic take hold. Now, in order to ensure effective action, it is important that all those in a position of influence in the world of work speak out.

Employers' and workers' organizations are often a major force in civil society and can play a significant leadership role. They represent important constituencies and have extensive networks. Their policies, conferences, and campaigns often have a high public profile.

When management and union(s) in a company issue a joint statement that workers with HIV will not be dismissed, but will be supported and cared for, that is an enormously powerful statement and helps to counter fear and stigmatization.

The Chairman of the Kenya National AIDS Control Council, Dr Mohammed Abdalla, believes that major progress has been made in combating discrimination and stigmatization in Kenya since the Federation of Kenyan Employers took a public stand against discrimination in employment by issuing a code of conduct and encouraged open discussion of the disease.²

At the national and international level, employers' and workers' organizations have increasingly adopted policies and launched campaigns on HIV/AIDS. There are also many coalitions and alliances which have come together specifically over the issue. The costs of inaction are inevitably greater than the costs of prevention, and usually greater than the costs of care as well.

"If you lose someone you've trained for 20 years, that's a great loss. Condoms and AIDS education cost peanuts." (Company manager)

Employers and their organizations

5.2 (k) Advocacy. In the spirit of good corporate citizenship, employers and their organizations should, where appropriate, encourage fellow employers to contribute to the prevention and management of HIV/AIDS in the workplace, and encourage governments to take all necessary action to stop the spread of HIV/AIDS and mitigate its effects. Other partnerships can support this process such as joint business/trade union councils on HIV/AIDS.

■ ILO Code of Practice on HIV/AIDS and the world of work

² ILO: *Workshop for Employers' Organizations in East and Southern Africa*, ILO/AIDS Meeting Report (Geneva, 2002)

5.2 (n) International partnerships. Employers and their organizations should contribute, where appropriate, to international partnerships in the fight against HIV/AIDS.

■ ILO Code of Practice on HIV/AIDS and the world of work

The International Organisation of Employers (IOE) has produced a handbook for its members which states:

...it is imperative for business to respond to HIV/AIDS for its own benefit and that of its broader stakeholders. The consequences of HIV/AIDS have therefore become a “bottomline” issue... It is important that business becomes involved early in a multisectoral response. Early action will reap tremendous savings in both economic and human terms.³

The IOE stresses that “activities work best when commitment is demonstrated by the highest managerial level”.

The handbook provides a number of useful case studies showing action by individual enterprises and by employers’ organizations.

Employers’ organizations are ideally situated to take comprehensive multisectoral action against HIV/AIDS, the IOE suggests, because they have:

“an existing and effective organizational framework linking together member companies; a clearly defined target group of employees; the ability to provide leadership to mobilize members on a number of issues of concern to them; existing mechanisms for dealing with health and safety issues in the workplace; and the ability to speak on behalf of members on an issue as sensitive as HIV/AIDS and represent business in other forums dealing with HIV/AIDS (such as United Nations Theme Groups in most developing countries).”

Employers from West and Central Africa met in Douala, Cameroon, in 2000 and issued a Declaration committing employers to action against HIV/AIDS. The following year employers in eastern and southern Africa met in Mombasa, Kenya, and issued a *Time-bound action plan for employers’ organizations on HIV/AIDS*. The full report can be found on the ILO/AIDS website.

The follow-up to the Douala meeting has included the establishment of a coalition of businesses that are members of GICAM (the employers’ federation of Cameroon): this has become an official partner of the national AIDS committee and is implementing an enterprise action plan against HIV/AIDS.

³ International Organisation of Employers: *Handbook on HIV/AIDS* (Geneva, 2002)

Workers and their organizations

5.3 (n) International partnerships. Workers' organizations should build solidarity across national borders by using sectoral, regional and international groupings to highlight HIV/AIDS and the world of work, and to include it in workers' rights campaigns.

■ ILO Code of Practice on HIV/AIDS and the world of work

National and international trade union organizations have also adopted policies, produced articles, information and educational materials, and organized training. The International Confederation of Free Trade Unions (ICFTU) is the largest global co-ordinating body for the trade union movement. Its African regional organization adopted the Gaborone Declaration on HIV/AIDS in September 2000 and has produced a training manual for shop stewards. The Organization of African Trade Union Unity (OATUU) has also held meetings to mobilize its members against HIV/AIDS.

A consultation workshop at the ILO with the ICFTU, national union centres and global union federations resulted in the approval of an ICFTU programme of action on HIV/AIDS. This focuses on the mobilization of international and national trade unions and on providing assistance to strengthen their capacity to take action against HIV/AIDS.

Three union policies are included at the end of this module, and the resolutions of two global union federations in Module 4 on government and Module 7 on care and support.

Alliances against HIV/AIDS

A growing number of national and global alliances have been set up among businesses which are involved in collaborative action against HIV/AIDS and are playing an important advocacy and leadership role (see list of websites in the References and resources section of the manual). Some examples of bodies that operate at different levels include:

The Global Business Coalition

The Global Business Coalition on HIV/AIDS was founded in 1997. It is a peer advocacy organization that seeks to encourage involvement of the corporate sector in the response to HIV/AIDS. Its membership is made up of CEOs who have shown active and visible commitment to the epidemic. The GBC promotes learning and exchange between member companies to develop innovative responses to HIV/AIDS in the workplace and wider community.

The World Economic Forum is a member of the GBC and has also launched its own Global Health Initiative.

Business Exchange on AIDS and Development (BEAD)

BEAD is a global network of companies, NGOs, academic institutions and intergovernmental agencies concerned with the impact of disease and in particular HIV/AIDS, TB and malaria on business development in developing countries. BEAD offers companies the opportunity to network with a diverse range of stakeholders with regard to effective responses. It undertakes initiatives to address the financial and organizational impact of disease.

Thailand Business Coalition on AIDS (TBCA)

The aim of the TBCA is to provide leadership and advice for businesses in Thailand in dealing with HIV /AIDS at the workplace. Coalition members are given assistance on implementing effective prevention programmes. The Coalition also functions as a resource centre and provides consultancy services. This is one of the longer-established national groupings, while a new body with similar functions is the Singapore Business Coalition on AIDS (SBCA).

“Protecting your workforce protects your business!” (SBCA)

Summary: forms of social dialogue in the ILO Code of Practice on HIV/AIDS and the world of work

The table gives an overview of the roles employers and workers can play through social dialogue processes at different levels. At the same time, the tripartite process underpins every form and level of dialogue - even where the role of government is not made explicit, it is expected that government will support collaboration at all levels and actively facilitate it at the national level.

Level	Forms and subjects of dialogue	Stakeholder on the workers' side	Stakeholder on the employers' side
International	<p>Collaboration in advocacy campaigns, to focus attention on the impact of HIV/AIDS in the world of work, to address stigma and discrimination, and to promote access to affordable medication</p> <p>Consultation to identify and address risk factors affecting the world of work</p>	International trade union federation	International employers' organization, multinational company
Regional	<p>Collaboration in advocacy campaigns</p> <p>Consultation to identify risk factors and impacts affecting migrant workers and others on a regional and sub-regional basis, and to develop prevention strategies</p>	Area organization of union or national centre	Regional association or coalition
National and sectoral	<p>Collaboration on national AIDS councils, in advocacy campaigns, to support reform of labour laws to respond to HIV/AIDS, to include HIV/AIDS awareness in vocational training programmes, to ensure that workers with HIV/AIDS and their families are not excluded from social security programmes and to adapt benefit mechanisms to their needs</p> <p>Consultation in assessing and planning to mitigate the socio-economic impact of the epidemic, to identify and address risk factors for particular groups of workers, and to mobilize funding</p> <p>Negotiation of code or agreement on HIV/AIDS protection and prevention, including conflict-resolution mechanisms related to discrimination on HIV/AIDS</p> <p>Partnerships to save costs in providing information and education as well as care and support</p>	<p>National union centre</p> <p>National union for relevant industry/ sector</p>	<p>National organization of employers</p> <p>National organization of employers, chamber of commerce or sectoral association</p>

Level	Forms and subjects of dialogue	Stakeholder on the workers' side	Stakeholder on the employers' side
Enterprise	<p>Mutual support in development of non-discriminatory policies and practices</p> <p>Collaboration in assessing impact of HIV/AIDS on the workplace, in advocacy and prevention campaigns, in risk reduction and management, and in efforts to encourage confidential voluntary testing</p> <p>Consultation on the development and implementation of an HIV/AIDS policy, on information, education and training programmes, on measures to reasonably accommodate workers with AIDS-related illnesses, on ensuring that factors entailing the risk of infection are addressed, on the elaboration of educational strategies and on the establishment or extension of employee assistance programmes</p> <p>Negotiation of agreement including provisions on protection and prevention</p> <p>Action to set up conflict resolution mechanisms for issues related to discrimination concerning HIV/AIDS</p>	Workers' representatives	Employer
Community (including partnerships with local associations and NGOs)	<p>Collaboration in advocacy campaigns to support and encourage confidential voluntary testing</p> <p>Mutual support for information and education programmes in the local community (especially schools)</p> <p>Consultation to develop family assistance programmes</p>	Local union or workers' association	Local association of employers or chamber of commerce

ACTIVITY 1

Employers' action against HIV/AIDS

AIMS To help employers to develop policies and plans for their organizations and enterprises.

TASK Read through Section 5.2 of the ILO Code of Practice and Appendix III - Checklist on planning and implementing a workplace policy on HIV/AIDS.

Discuss how these provisions can be translated into practice:

- at the company level
- at the level of the industry/sector
- at the national level.

Include discussion of the role of the employers' organization.

ACTIVITY 2

Employers' action against HIV/AIDS

AIMS To help employers to develop policies and plans for their organizations and enterprises.

TASK Read through the Mombasa action plan agreed by employers in East and Southern Africa (see ILO/AIDS website).

Adapt it to your own situation, with a revised time-table.

ACTIVITY 3

Trade union action against HIV/AIDS

AIMS To help trade unions to develop policies and plans.

TASK Read through Section 5.3 of the ILO Code of Practice and Checklist III on planning and implementing a workplace policy on HIV/AIDS.

Discuss how these provisions can be translated into practice:

- at the company level
- at the level of the industry/sector
- at the national level.

Note : Several variations can be introduced, depending on who is attending the course. If local trade unionists are attending, then discuss action at that level only. If the participants are mainly from a national union, focus on action at the industry level.

If the representatives are from a national trade union centre, then focus on the national level.

ACTIVITY 4

Developing a trade union policy

AIMS To help you develop a policy on HIV/AIDS for your trade union.

TASK Work in groups. Each group develops a draft union policy on HIV/AIDS, which should take the form of a resolution to your union conference.

Each resolution should be written out or typed.

The course should then operate as a meeting, with each draft being presented for debate and amendment before any policy is adopted.

Note : This is a 2-stage activity. You could stop after stage 1, and each group could simply present its policy. Tackling stage 2, which is more like a role play, requires more time and basic knowledge of union meeting procedures.

ACTIVITY 5

Workplace policies/ agreements

AIMS To analyse existing policies and help you develop one for your workplace.

TASK Take two different policies or collective agreements on HIV/AIDS.

What are the strong and weak points of each?

Which do you prefer and why?

ACTIVITY 6

A workplace policy on HIV/AIDS

AIMS To discuss the case for a separate and specific HIV/AIDS policy.

TASK This a role play. Course members are divided into two teams.

1. Team A presents the case for a specific workplace policy on HIV/AIDS, arguing that this policy will assist the process of thinking about the challenge HIV/AIDS poses for the enterprise and will be a public statement of concern - a leadership statement. Given the high impact costs of HIV/AIDS and the many sensitivities that surround it, the matter needs to be treated as a separate issue.

2. Team B presents the case for NOT adopting a separate policy. Their argument is that the enterprise should treat HIV/AIDS in the same way as any other life-threatening illness. This will reflect the company's concern for all such illnesses and will ensure that no stigma is attached to HIV/AIDS. A policy or statement on life-threatening illness can also include a commitment on health and safety at work.

Note : This could be a joint activity, or it could also be suitable for separate employer or trade union groups. Both teams should be free to add arguments to the briefs given, but Team B should not argue against the seriousness of HIV/AIDS. Their argument is about ways of dealing with it. This could be a particularly appropriate activity in low-incidence countries.

ACTIVITY 7

Drawing up a workplace agreement

AIMS To help you to develop a joint approach to dealing with HIV/AIDS.

TASK This is a role play.

One group plays the union committee in the enterprise.

The other group plays the management.

Others observe.

Union brief : you want to negotiate a collective agreement on HIV/AIDS. You have written to management to suggest this. You are about to hold your regular monthly meeting with management.

Management brief : you want to restrict collective bargaining to core issues (wages, hours, holidays). You are willing to draw up a workplace policy, and you will show the union a draft of this before you finalize it.

Note : This is a key activity. Participants will need to read through the relevant sections of the Code very carefully to see what it says about drawing up a workplace policy and what it says about collective agreements.



LES NOMBREUX VISAGES DU SIDA

LA CONSCIENCE

Le premier

pas vers

l'action

Syndicat canadien de la fonction publique

www.scfp.ca

A large, dark, triangular graphic element on the right side of the cover, containing a collage of several faces, including a woman's face in the upper part and a man's face in the lower part.

LES NOMBREUX VISAGES

LA CONSCIENCE

Le premier

pas vers

l'action

- I. Durban Chamber of Commerce: Guidelines on HIV/AIDS
- II. National AIDS Fund (US): Sample Policy for Employers
- III. Gaborone Declaration of the International Confederation of Free Trade Unions - African Regional Organisation (Part II)
- IV. TUCP (Trade Union Centre of the Philippines): Policy on Prevention and Control of HIV/AIDS and STDs
- V. Southern African Clothing & Textile Workers Union: Policy and action programme to help combat HIV/AIDS
- VI. NUM-South Africa Chamber of Mines: i) AIDS Agreement (1993), ii) Agreement 2001, Section 3 on HIV/AIDS

I. Durban Chamber of Commerce: Guidelines for Affiliated Companies

HIV/ AIDS POLICY AND PROCEDURE FOR DEALING WITH LIFE-THREATENING DISEASES

1. Policy and Philosophy

..... recognises the threat posed to both the health of employees and the interests of the Company by the Acquired Immune Deficiency Syndrome (AIDS). In so doing the Company is committed to the promotion of awareness of the condition amongst all employees, and the provision, where reasonably possible, of support and assistance to those who have been infected with the Human Immunodeficiency Virus (HIV).

Whilst the Company is sensitive to the plight of HIV/AIDS sufferers, it is also acutely aware of the adverse consequences to the Company. The Company has identified the following areas where adverse effects may be experienced:

- Recruitment and Training;
- Employee Benefits;
- Absenteeism, attendance and productivity;
- Promotions and Affirmative Action;
- Safety.

2. Objectives

The Company through increasing the awareness of the condition, and by promoting a culture which is empathetic to those who suffer from the effects of the condition, seeks to achieve the following:

- (i) To protect the rights of all employees who suffer from either AIDS or HIV;
- (ii) To protect the rights of employees who do not suffer from either AIDS or HIV;
- (iii) To limit the effect of the spread of the virus by encouraging employees to engage in safe sex practices;
- (iv) To eliminate unrealistic fears and prejudices relating to the condition and the spread thereof.
- (v) To protect the interests of the Company in limiting the impact of the condition by using ethical and legally defensible means;
- (vi) To provide guidelines for managerial staff and sufferers on the management of the effects of the condition in the workplace;
- (vii) To effectively monitor and evaluate the effectiveness of the measures taken to manage the condition and its effects on the workplace.

3. Guidelines - Recruitment

The Company recognises the provisions of the Employment Equity Act and the Labour Relations Act pertaining to fairness in recruitment. The Company does not take into consideration the HIV/AIDS status of an applicant when recruiting. Rather, the Company's policy on recruitment and the inherent requirements of the job guides the Company in its recruitment practices.

4. Guidelines - Infected Employees

The Company endeavours not to discriminate against any employee on any unfair or arbitrary ground, including HIV or AIDS status. The Company recognises the provisions of the Constitution, The Labour Relations Act, The Employment Equity Act, and The Code of Good Practice on Key Aspects of HIV/AIDS and employment.

The Company endeavours to create a safe working environment for all. The Company will not discriminate against, either directly or indirectly, or differentiate between an HIV/AIDS sufferer and any other employee. The Company views an HIV/AIDS sufferer in the same way that it views any other employee suffering from a life threatening disease. Whilst the maintenance of strict confidentiality regarding the HIV/AIDS status of an employee is of paramount importance, the Company encourages employees to be open about their status. In so doing the Company is then able to proactively assist the employee through counselling and accurately monitoring the spread of the virus. The Company will deal with the HIV/AIDS sufferer with empathy and care. Consequently the Company will provide all reasonable assistance, which may include counselling, reasonable time off, sick leave, family responsibility leave and information regarding the virus and its effect.

5. Guidelines – Poor Performance

Whilst the Company accepts the rights of employees suffering from the condition, it also recognises the significant adverse effect on the performance of the Company. Where the performance of an HIV/AIDS sufferer is adversely affected by the virus, the Company reserves the right to address the problem as if it were an incapacity/ ill health matter. If a sufferer is unable to perform his/her tasks adequately, the manager or supervisor must resolve the problem according to the Company's procedure on Poor Performance – Ill Health. The supervisor must take into consideration the employees' physical condition, the nature of his/her job and all alternatives short of dismissal before considering dismissal for poor performance.

6. Guidelines – Non HIV/AIDS Sufferers

The Company endeavours to educate all employees about HIV/AIDS on issues which include, but are not limited to, the following:

- (i) What is HIV/AIDS;

- (ii) How is the virus contracted;
- (iii) What is the course of AIDS;
- (iv) The effect of the virus on the workplace;
- (v) The Company policy and procedure for dealing with HIV/AIDS.
- (vi) Employees concerns, myths and fears.

The Company endeavours to inform employees that there is virtually no risk of contracting the virus through casual contact in the work environment. Notwithstanding this the Company and all employees will take all reasonable precautions to prevent the spread of the disease to others. Should an employee refuse to work with a colleague who is HIV-positive, the employee will be warned that such conduct is unreasonable and that his/her conduct may place their own job in jeopardy. Action may be taken in accordance with the Company's Disciplinary Code.

The Company also recognises that failure to take appropriate action against an employee who harasses or discriminates against an employee with the HIV/AIDS virus renders the Company liable in terms of the Employment Equity Act. Whilst taking action against the employee who is guilty of harassment or discrimination in terms of the Company's Disciplinary Code, the Company may also provide reasonable assistance to the recipient of the unwarranted discrimination.

7. Testing

The Company recognises and adheres to the provisions of the Employment Equity Act relating to HIV/AIDS testing and the National Policy for Health Act - National Policy on Testing for HIV. The Company does not require the testing of employees in any of its employment practices. The Company will however provide the appropriate facilities for employees who wish to be tested voluntarily. With the request and written consent of the employee, the Company will ensure that the employee receives pre-test and post-test counselling as well as an HIV/AIDS test. The results of the HIV/AIDS test will be strictly confidential and the results will only be released to a third party, including the Company, upon the written consent of the employee.

8. Confidentiality

The Company recognises the sensitive issues that surround HIV/AIDS sufferers and therefore undertakes to handle matters in a discreet and private manner. Where a sufferer has revealed their status to management, the Company will keep the identity of the person confidential. However in line with the Company philosophy on the virus, the employee will be encouraged to be open about his/her HIV status.

II. National AIDS Fund (USA)

Sample Policy

(Company) does not unlawfully discriminate against employees or applicants living with or affected by HIV (Human Immunodeficiency Virus) or AIDS (Acquired Immune Deficiency Syndrome). The Company recognizes that HIV infection and AIDS, the most serious stage of disease progression resulting from HIV infection, pose significant and delicate issues for the workplace. Accordingly, we have established the following guidelines and principles to serve as the basis for handling employee situations and concerns related to HIV infection and AIDS.

1. The (Company) is committed to maintaining a safe and healthy work environment for all employees. This commitment stands on the recognition that HIV, and therefore AIDS, is not transmitted through any casual contact.
2. HIV is a blood-borne virus, and is spread only through intimate contact with blood, semen, vaginal secretions, and breast milk. For over ten years, scientists have made new discoveries about HIV infection and AIDS. But one piece of information has never changed – the disease spreads. Scientists have recognized this fact since 1982. The basic facts about HIV transmission and prevention are sound.
3. The (Company) will treat HIV infection and AIDS the same as other illnesses in terms of all our employee policies and benefits, including health and life insurance, disability benefits and leaves of absence. Employees living with or affected by HIV infection and AIDS will be treated with compassion and understanding, as would employees with other disabling conditions.
4. In accordance with the law, the (Company) will provide reasonable accommodations for employees and applicants with disabilities who are qualified to perform the essential functions of their positions. This applies to employees and applicants living with HIV infection and AIDS.
5. Generally, disabled employees have the responsibility to request an accommodation. It is the policy of (the Company) to respond to the changing health status of employees by making reasonable accommodations. Employees may continue to work as long as they are able to perform their duties safely and in accordance with performance standards. Supervisors and managers are encouraged to contact the Human Resources Department for assistance in making reasonable accommodations.
6. Co-worker concerns will be handled in an educational fashion. The Human Resources Department can provide information and educational materials. In addition, the names of community-based organizations in our operating areas are appended. Consult one of these groups for support and information. Supervisors and managers are encouraged to contact the Human Resources Department for assistance in providing employees with information and assistance.

7. Recognizing the need for all employees to be accurately informed about HIV infection and AIDS, the (Company) will make information and educational materials available. Employees who want to obtain information and materials should contact the Human Resources Department.
8. Co-workers are expected to continue working relationships with any employee who has HIV infection or AIDS. Co-workers who refuse to work with, withhold services from, harass or otherwise discriminate against an employee with HIV infection or AIDS will be subject to the same disciplinary procedures that apply to other policy violations.
9. Information about an employee's medical condition is private and must be treated in a confidential manner. In most cases, only managers directly involved in providing a reasonable accommodation or arranging benefits may need to know an employee's diagnosis. Others who may acquire such information, even if obtained personally from the individual, should respect the confidentiality of the medical information.
10. (Company) maintains an "open-door" policy. Employees living with or affected by HIV infection and AIDS, and those who have any related concerns, are encouraged to contact their supervisor, office administrator, (Company-)wide director, the Employee Relations and Development Manager, or the Chief Administrative Officer to discuss their concerns and obtain information.
11. If you have questions about this policy, its interpretation, or the information upon which it is based, please contact any of the individuals listed in item (7) above.
12. Appendix: List of local HIV/AIDS information and service organizations (optional).

III. International Confederation of Free Trade Unions - African Regional Organisation

‘Gaborone Declaration’

Framework of Action Towards Involving Workers in Fighting HIV/AIDS in the Workplace

Gaborone, Botswana, 29 September 2000

Part I: Preamble

A: Background

Provides an overview of the epidemic and its effects in Africa

B: Trade Union Commitment in Fighting HIV/AIDS at the Workplace

Points out the unique role which trade unions can play in combating HIV/AIDS

**Part II: Trade Union Programme of Action
Against HIV/AIDS at the Workplace**

7. Twenty years into the AIDS pandemic with death projections soaring unabated in developing countries, the time for studying the problem is over. In Africa, there is little room in a trade union agenda for studying the HIV/AIDS crisis further. Every available avenue should be explored to rush assistance to those who are desperately in need. At the same time African trade unions are aware of the need to safeguard resources from waste and abuse, for we know that in every instance where this occurs we move one step backward on our journey to end the scourge of HIV/AIDS. That is why we believe it is so important that organisations with existing structures with accountable, elected leadership are principal foot soldiers in the war against HIV/AIDS.

8. We pledge to advocate and build political will within governments and through sub-regional, regional and international structures to promote education and behaviour change in the workplace and within our communities; eliminate discrimination, stigma and denial; and, empower women to end the heavy burden brought on them by this disease. We do this on behalf of the 15 million members of the African Regional Organisation and the 125 million members of the ICFTU.

9. We further pledge to use shop stewards at the enterprise level to reduce infections through information and education; mitigating the effects by protecting human and trade union rights and reducing stigmatisation; and adapting and expanding approaches to halt transmission of the virus. Areas of action include: educating members in non-discrimination against workers living with HIV/AIDS; including relevant clauses in collective bargaining agreements; developing preventive education programmes; strengthening health and precautions at work; providing extended leave for affected workers; counselling on HIV/AIDS and other STDs; health-seeking behaviour; social marketing of condoms, and STD diagnosis and treatment services.

10. The programme of action will incorporate the following dimensions:

- Continuing to undertake systematic investigations to determine the extent of implications of HIV/AIDS at the workplace, including its effect on the growth of the labour force, labour force participation rates, women, child labour, union membership, productivity, etc.
- Building of partnerships and networking with trade union friendly organisations and donor partners, and other interested parties. This would involve activities such as the provision of instruction on the legal aspects of HIV/AIDS and the workplace, and training focal points at various levels.
- Owing to the tradition of community solidarity and the important role played by women workers and youth, the trade unions should assist in strengthening the community capacity to care for

People Living with HIV/AIDS. In all community-based activities, attention should always be given to local initiatives.

- Unions should also focus on preventive education. There is need to establish and strengthen national tripartite AIDS Councils in order to enhance ownership and sustainability.
- Integration of HIV/AIDS issues and gender components in all trade union programmes and technical co-operation projects currently being implemented in the African region, including Gender and Equality, Social And Economic Policy, Project Work, Education, Publicity, and Human and Trade Union Rights.
- Preparation of an information kit targeted to inform ICFTU-AFRO affiliates and its collaborating partners on the implications and follow-up action to mitigate the pandemic of HIV/AIDS and the world of work.
- At enterprise or branch level, the assistance should be in the formulation and implementation of policies to protect PLWHA at work, and providing prevention and care, including education and training.
- Technical assistance specifically on HIV/AIDS could be provided for social security schemes and medical schemes.
- Strengthening collaboration with other agencies such as the ILO, World Bank, WHO, UNDP, UNESCO, UNFPA, IOM and UNAIDS, who are actively involved in combating HIV/AIDS. Further collaboration will be sought with national, sub-regional and regional organisations with similar interests with respect to the total eradication of the HIV/AIDS menace.
- Enhancing the capacity of the ICFTU-AFRO towards the co-ordination of the implementation of the Framework of Action on HIV/AIDS.
- Building capacities of our national trade union centres so that they will have the ability to co-ordinate a workplace education and prevention campaign.
- Developing infrastructure by building capacity and through training within the affiliates to conduct shop-floor-based campaigns.
- Advocating for the establishment or maintenance and evaluation of the political will on the part of governments in fighting HIV/AIDS.
- Sharing knowledge and information on the HIV/AIDS pandemic.

Part III: The Role of Partners

11. We believe that no effective international strategy will succeed unless it places partners on an even footing based on mutual respect and the common determination of priorities of work, planning and implementation. We know from long experience that no proscribed solutions are sustainable unless they are developed in the context of a partnership.

Although we have begun with our own limited resources to build the capacity within our national trade union structures and in some of our affiliates, we know that there is much that remains to be done to put into place effective broad-based workplace education and prevention programmes. We have undertaken these efforts with very little support from the international community. We appeal for support to assist us in this effort.

12. The African labour movement welcomes and holds great hope for the actions of the International Confederation of Free Trade Unions, the International Labour Organisation, and UNAIDS in joining us in our efforts. We believe that thus far, among the most under-utilised weapons in the fight against HIV/AIDS, is the potential power that the social partners of government, employers and labour can deploy when mobilised.

13. Africa welcomes the arrival of more international forces – including community-based organisations – to join us in the battle against HIV/AIDS. At the same time, we are insistent that workplace-based programmes are those programmes which do not favour either employers or workers, but rather are those which enlist all of the social partners. In the interest of minimising waste and duplication, we call upon community-based organisations to respect basic trade union protocol by simply contacting national trade union centres, before exploring programmes with our affiliated unions.

Part IV: Conclusion

14. The ICFTU-AFRO and its affiliates commit themselves to the implementation of the Gaborone Trade Union Declaration and its resulting Framework of Action to ensure that the HIV/AIDS pandemic will not steal our future from us.

IV. Trade Union Congress of the Philippines (TUCP)**POLICY ON PREVENTION AND CONTROL OF HIV/AIDS AND STDs****1. Prevention and Control of the Spread of HIV/AIDS/STDs****1.1 Access to information**

All workers shall have access to adequate and updated information, health, and counselling and education programs on HIV/AIDS/STDs as well as to support services and referrals.

1.2 Support for Programs

Programs on HIV/AIDS/STDs shall be supported by all TUCP national leaders, officers and affiliates through the mobilisation of its relevant committees and departments. In recognition of December 1 as World AIDS Day, TUCP shall initiate and participate in relevant activities for its observance.

1.3 Partnerships

TUCP shall establish close working partnerships among employers groups, government, non-government organisations and research institutions but such partnerships shall be limited only to funding, coordination and technical support. Actual program implementation shall rest solely on TUCP and/or its affiliates.

1. Role of Employers, Government and other Members of Civil Society.

Employers should endeavour to allocate funds and provide support for the implementation and sustainability of plant-level HIV/AIDS/STDs prevention and control programs.

1.5 Republic Act 8504

TUCP shall support the implementation and enforcement of Republic Act 8504 or the Philippine AIDS Prevention and Control Act of 1998, lobby for the immediate issuance of its Implementing Rules and Regulations (RR) and carry out local unions on the said law.

2. Protection of Workers' Rights and Dignity of Persons Living with HIV/AIDS/STDs

2.1 For persons applying for employment

Mandatory testing for HIV antibodies shall be prohibited.

2.2 For Employees

Workers with HIV/AIDS/STDs shall be entitled to the same rights and opportunities as other employees.

2.2.1 HIV Antibody Screening

No mandatory HIV testing shall be done. Antibody testing shall be on a voluntary basis with pre- and post-counselling that guarantees anonymity.

2.2.2 Confidentiality of Records

Results of HIV antibody test and other employee health records shall be treated with the utmost confidentiality.

2.2.3 Protection of Employee Tenure

TUCP shall uphold the security of employment of workers with HIV/AIDS/STDs. They shall be allowed to work as long as they are physically fit and medically cleared to do so. They shall, likewise, be protected from stigma and discrimination by co-workers and employers as well as from demotion and termination by the latter. Workers with HIV/AIDS/STDs shall also have the right to a safe and healthy working environment and reasonable change in working arrangements when needed.

2.2.4 Reproductive Health (RH) Day

TUCP shall declare a Reproductive Health (RH) Day to provide workers complete services for their needs. TUCP shall advocate for the inclusion of this RH Day in the Collective Bargaining Agreement (CBA) as a regular part of its Family Welfare Program.

2.2.5 Benefits

TUCP shall endeavour to establish HIV/AIDS/STDs funds and/or endowments to assist/support workers with HIV/AIDS and STDs. It shall ensure that workers with HIV/AIDS/STDs be entitled to the same benefits as provided for by the law and by other employers. Workers whose jobs are considered high risk to infection through needle prick or exposure to blood and other blood products shall be provided with special protection and additional compensation. Universal precautions shall always be observed and practised in the workplaces.

3. Responsibility of Workers with HIV/AIDS/STDs

3.1 Workers with HIV/AIDS/STDs shall be responsible for maintaining a lifestyle that will control and prevent the spread of the disease.

4. Recognition of TUCP responsibility

4.1 TUCP affiliates shall negotiate for provisions in all CBA contracts that support HIV/AIDS/STDs initiatives including, but not limited to, time off with pay for workers' participation in the HIV/AIDS/STDs programs and activities.

4.2 TUCP shall develop an appropriate and gender-sensitive information, education, communication and motivation (IECM) campaign on the control and prevention of HIV/AIDS/STDs.

4.3 TUCP shall endorse and establish mechanisms for the integration of the HIV/AIDS/STDs Prevention Programs in existing Family Welfare Programs and/or other Health Promotion Programs in the Workplace.

5. Establishment of TUCP Core Group on HIV/AIDS/STDs

- 5.1 A TUCP core group shall be established to implement and coordinate a nationwide program on HIV/AIDS/STDs. They shall be composed of representatives coming from different federations affiliated to TUCP.
- 5.2 A focal person shall be identified and assigned to coordinate and monitor the integration and implementation of the HIV/AIDS/STDs Prevention Program in Workplaces.

V. Southern African Clothing & Textile Workers' Union

Policy and action programme to help combat HIV/AIDS (May 2002)

Introduction

This policy framework constitutes the basis of Sactwu's HIV/Aids programme. As a trade union, we recognise that HIV/Aids is a major challenge in our society. We have the challenge to

- launch an education programme to contribute to reducing and preventing the spread of HIV/Aids
- provide counselling to members who are HIV-positive, which will assist them in adapting their lives, and to live positively; and
- educate workers and the rest of society to ensure that those who are HIV-positive are not stigmatised and that we produce a caring supportive environment for HIV-positive people, at the workplace, in the union and in wider society.

We have the responsibility to campaign for treatment and aftercare to be provided for people who are HIV-positive, and to interact with government, employers and the donor community to ensure this.

To achieve these goals, Sactwu undertakes to use its resources, and its collective and advocacy power.

Crucially, Sactwu undertakes to enter into constructive partnerships with a range of other institutions with which we share similar goals. We now undertake to enter into a strategic partnership with the Treatment Action Campaign, and to seek a partnership with government, as well as with clinicians working on HIV/Aids, such as those at the Nelson Mandela School of Medicine at the University of Natal, Durban.

Education

Sactwu has a programme of training that has given basic training to 1,100 shop stewards over the past 18 months.

In the period ahead, it is agreed to refocus the education to ensure that the information and education reaches members effectively. This requires that we seek time off from employers for worker briefing meetings on the shop floor.

The basis of the education programme is to actively promote changes in lifestyle to avoid infection. This will include education on how the virus is spread, and steps that can be taken to avoid infection.

The education programme will focus on the ABC:

- Abstain from sexual activity
- Be faithful to your partner
- Condomise; that is, practice safe sex by using condoms.

For the 12-month period from 1 June 2002, we will target reaching

- 800 shop stewards in specialised training programmes
- all 110 000 members with the basic ABC message: abstain, be faithful or condomise; and
- 40 000 members with at least 60 minutes of education, and one booklet each.

We will conduct programmes to equip shop stewards with skills to be able to reach the entire membership in more generalised awareness-raising.

During November, Sactwu will run a 1-month HIV/Aids focus in the run-up to World Aids Day. During this 1-month period, at least 30 minutes of every constitutional meeting at branch, local, regional and national level will be used to address HIV/Aids awareness.

A special training programme dealing with combating discrimination at the workplace, and destigmatising HIV/Aids will be run in each region.

Testing and counselling

Sactwu affirms that the programme of testing and counselling will be based on the principle of strict voluntarism in testing, complete confidentiality of results and a supportive environment for those who test HIV-positive.

The voluntary testing and counselling programme will be offered to both workers and their dependents. The voluntary testing and counselling programme will be launched by 1 June 2002. Within the first twelve-month period from 1 June 2002, we will target reaching at least 2 000 members and dependents with counselling and testing. The union will develop union-based support groups for workers who test HIV positive as a result of this programme and will offer assistance as set out elsewhere in this policy.

Treatment

Sactwu recognises that treatment must form a critical component of any response to HIV/Aids. Accordingly, we commit ourselves to a programme of advocacy and support in order to achieve affordable and universally accessible access to drugs.

Basic treatment pack

Sactwu will provide a basic pack of vitamin and related drugs to members who test positive in the union-testing programme. This basic pack will include the provision of multi-vitamins and cotrimoxazole prophylaxis.

Nevirapine for pregnant women

Sactwu will offer to provide Nevirapine for pregnant members directed at reducing mother to child transmission, in any province where the state fails to do so, provided that the State provides formula feed and the necessary infrastructure to make the provision of Nevirapine effective.

Nevirapine will accordingly be provided in those instances where Sactwu reaches agreement with provinces, or possible partners to provide the required infrastructure, which will include appropriate post-natal care for pregnantwomen as well follow-up care for the mother and baby.

TB treatment

Sactwu will run a campaign to raise awareness of TB in the workplace, and make information available on access to the DOT system. This will require a set of training, posters, and briefing sessions at the workplace. All shop stewards will be mobilised to run the campaign. To give effect to this, Sactwu will recruit shop stewards and members to act as DOTS mentors and observers.

Sactwu will assist Bargaining Council health funds to lobby government to ensure that TB treatment is available at all workplaces.

STI Treatment

Sactwu will endeavour, through partnerships with government, to ensure that treatment for sexually transmitted infections (STIs) is made available to members.

Antiretrovirals

Sactwu is unable to provide the costs of antiretrovirals, and must act as a catalyst to release public, employer and donor monies to make the required antiretrovirals available. Sactwu fully supports and endorses the TAC campaign for antiretrovirals to be universally available to all.

Sactwu will encourage members to take part in pilot antiretroviral projects that have been identified by provinces, with particular focus on KwaZulu Natal.

Sactwu will lobby and campaign for provincial governments, including in the Western Cape, Gauteng and KwaZulu Natal, to initiate the antiretroviral projects as soon as possible.

Sactwu supports and will strengthen the Cosatu campaign for the compulsory licensing of antiretrovirals in order to dramatically reduce costs.

Home-based care

Sactwu will launch a programme of training and support for shop stewards to provide home-based care for people living with Aids. This programme will be linked to the voluntary testing and counselling programme, and will be offered in the initial period to workers who have tested HIV-positive in the Sactwu voluntary testing and counselling programme.

The home-based care programme will be started on a pilot basis and be evaluated after six months.

Dependents

The union will commence work to determine the approximate number of orphans of HIV members who have passed away. Partnerships will be considered with external agencies to commence to provide support for such children.

In addition, Sactwu supports the campaigns such as the extension of the child support grant to all children up to age 18, as well as the provision of a basic income grant for all South Africans.

Collective bargaining

All collective bargaining demands must carry a requirement for employers to provide practical support for the HIV/Aids programme, including the provision of finance, facilities for shop steward training and time off for workers.

Collective agreements must address commitments from employers to apply non-discriminatory policies for HIV-positive workers, in accordance with the Nedlac code and the ILO Code.

The union will develop proposals for collective bargaining dealing with the employment relationship and HIV/Aids, and will include matters such as the waiting period for access to provident fund monies for those who are no longer able to work.

Campaigns

Sactwu supports the submission of a comprehensive HIV-Aids Plan to Nedlac, for negotiation with business and government, and will campaign for such a Plan to be adopted. The Plan should address ways to help stop the spread of the virus and to provide care and support for people who are infected.

Sactwu undertakes to campaign for the rules of the State maintenance grant to be changed to reduce the waiting period for those who are HIV-positive.

Sactwu undertakes to partner with the TAC to ensure that all children are registered, and run a campaign to this effect.

Provincial and community partnerships

Sactwu undertakes to develop proposals and engage in discussion with provinces towards a partnership to provide momentum for the HIV-Aids programme.

Sactwu undertakes to work with community organisations which share our vision, to take the campaign forward and ensure that we mobilise our people on HIV/Aids.

VI. i) AIDS agreement between the National Union of Mineworkers and the Chamber of Mines of South Africa

Concluded between the parties as provided for in the agreement of 31 July 1991 concerning the 1991 review of wages and other conditions of employment.

Objective

The objective of this agreement is to provide industry-level guidelines;

- a) to minimize the effect of HIV in the mining industry;
- b) to prevent the spread of HIV infection; and
- c) for the management of HIV infection in the employer/employee relationship.

Policy

1. General principle.

Whilst recognising that there are circumstances unique to HIV infection, the fundamental principle to be applied is that HIV infection and AIDS should be approached on the same basis as any other serious condition.

2. Rights of the individual employee

2.1 Rights of employees who are HIV-positive. HIV-positive employees will be protected against discrimination, victimisation or harassment.

2.2 Testing. No employee should be required to undergo an HIV test at the request, or upon the initiative, of management or an employee organisation, provided that where HIV testing is intended in specified occupations on medical grounds, the employee will be required to undergo testing where this has been supported by the independent and objective medical assessment of a medical practitioner, mutually agreed by the parties. Failing agreement the Medical Bureau for Occupational Diseases will be requested to select such a practitioner.

2.3. Employment opportunities and termination of employment.

No employee should suffer adverse consequences, whether dismissal or denial or appropriate alternative employment opportunities which exist, merely on the basis of HIV infection.

2.4. Counselling

Appropriate support and counselling services will be made available to employees.

2.5. Benefits

Employees who are clinically ill or medically unfit for work will enjoy benefits in terms of the relevant conditions of employment as negotiated from time to time between the parties.

3. Epidemiological testing

3.1 Testing programmes for epidemiological purposes will be the subject of appropriate consultation with recognised employee organisations and will be subject to independent and objective evaluation and scrutiny.

3.2. The statistical results of testing programmes will be shared with employees and recognised employee organisations.

3.3. The results of epidemiological studies will not be used as a basis for discriminating against any class of employee in the workplace.

4. Testing Standards

4.1 All testing will comply with generally accepted international standards (on pre-and post-test counselling, informed consent, confidentiality and support).

5. Awareness and education programmes

5.1. In the absence of a vaccine or cure, information and education are vital components of an AIDS prevention programme because the spread of the disease can be limited by informed and responsible behaviour.

5.2. Appropriate awareness and education programmes will be conducted to inform employees about AIDS and HIV which will enable them to protect themselves and others against infection with HIV.

5.3. The involvement of employees and their recognised representatives is of key importance in awareness, education and counselling programmes to prevent the spread of AIDS as well as in the support for HIV-positive employees.

5.4. The employers will consult with employees and their recognised representatives on current and future programmes.

6. Lifestyle changes

6.1. It is acknowledged that it is the role of each individual to prevent the transmission of HIV through informed and responsible behaviour, and the parties also recognise that socio-economic circumstances can influence disease patterns in communities.

6.2. The parties agree to consider at mine level the socio-economic environment and lifestyles in relation to the effective prevention of HIV infection.

7. Health Care workers

7.1 The policy recognises the professional and ethical guidelines for health care workers as stipulated by the relevant statutory bodies.

8. Joint discussions

8.1 The signatory employee organisations undertake to participate in joint meetings with other interested parties, where necessary, to give effect to the terms of this agreement.

9. Amendment to agreement

9.1 The parties jointly undertake to assess and review the efficacy of the provisions of this policy one year after its implementation, or at any stage thereafter.

Signed by the NUM and the Chamber of Mines on behalf of recognising mines at Johannesburg on this 25th day of August 1993.

VI. ii) AGREEMENT

between THE NATIONAL UNION OF MINeworkers as principal and on behalf of its members as defined herein (the “Union”) and THE CHAMBER OF MINES OF SOUTH AFRICA acting on behalf of the entities listed in Annexure A hereto (the “Mines”) regarding

THE 2001/2002 AND 2002/2003 REVIEW OF WAGES AND OTHER CONDITIONS OF EMPLOYMENT ON GOLD MINES

1. Application of agreement

2. Wage increments

3. HIV/AIDS

3.1 Introduction

3.1.1 HIV/AIDS is a major threat to the well-being of people and the industry.

3.1.2 Combating HIV/AIDS will require a partnership between the Mines, the Union, individual employees, the Government and other stakeholders.

3.1.3 A successful strategy requires many interventions and there is no single fix, or quick fix.

3.1.4 Many uncertainties and unanswered questions remain in the successful prevention and treatment of HIV/AIDS.

3.1.5 The Mines and Union agree to work together to find effective, sustainable and affordable solutions and agree that attention be given to the issues mentioned below.

3.2 HIV/AIDS partnership structures

3.2.1 Company/Mine level HIV/AIDS partnership structures should be established within three months of signing this agreement, where they have not already been established.

3.2.2 The purpose of the HIV/AIDS partnership structures will be the development of relevant HIV/AIDS programmes within clear and defined budgets that will seek, inter alia to:

3.2.2.1 Create awareness, which is preventative in content, with particular emphasis on the ABC (Abstinence, Be Faithful and Condomise) of HIV/AIDS prevention.

3.2.2.2 Effect behavioural change, that may include programmes to encourage employees to voluntarily declare their HIV status without fear of victimisation.

3.2.2.3 Oversee the development of and early participation in Wellness Programmes for employees suffering from HIV/AIDS that will, inter alia, include:

Relevant counseling and education;

Medical care;

Regular medical assessment and appraisal;

Access to relevant medication in respect of diseases associated with HIV/AIDS;

Access to nutritious food; and

Access to hygienic living conditions.

3.2.2.4 Contribute to the raising of awareness and the necessary behavioural change by ensuring that testing programmes comply with the principle of confidential, informed, voluntary counseling and testing (CIVCT), and encouraging employees to participate in such CIVCT programmes by linking them to appropriate Wellness Programmes.

3.2.3 Funding will be provided specifically for HIV/AIDS programmes that are to be undertaken by the HIV/AIDS partnership structures, and the information on such funding will be made available to the partnership structures.

3.2.4 The joint HIV/AIDS partnership structures should interact with Housing Forums regarding housing matters, and the Mines will within the parameters of affordability and employee preferences make their best endeavours to accelerate programmes of making family accommodation available, including the conversion of hostels and utilisation of empty houses.

3.3 The Mines and Union further agree the following issues relevant to a comprehensive and effective strategy in the Gold Mining Industry to positively impact on the lives and circumstances of HIV/AIDS sufferers:

3.3.1 Making available effective treatment and medication for HIV infected pregnant employees, including anti-retroviral therapy (ART) as may be medically justified.

3.3.2 Recommending to the Mining Industry HIV/AIDS Committee that an annual Mining HIV/AIDS Summit be convened, to discuss effective HIV/AIDS strategies and to learn from successes and failures in the industry and elsewhere.

AIDS E TRABALHO

Como lidar com a AIDS no ambiente de trabalho?



Os portadores do vírus HIV ou doentes de aids tem direito de receber, gratuitamente, do Sistema Único de Saúde, toda a medicação necessária ao seu tratamento.



Você deve buscar informação clara e atualizada sobre HIV para evitar o risco de contaminação.



Ninguém pode ser impedido de trabalhar por ter aids ou ser portador do HIV.



Ninguém pode revelar informações médicas sobre a sua saúde. Nem mesmo o seu médico.



As pessoas com HIV ou aids não representam um risco de contaminação para os colegas por meio dos contatos comuns no ambiente de trabalho.



A responsabilidade social da empresa começa na promoção de programas de prevenção direcionados para os seus funcionários.



Ninguém pode forçá-lo a fazer testes de Aids, nem para contratá-lo e nem em exames médicos de rotina.



A empresa e o sindicato devem ser contra a discriminação nas políticas de emprego e apoiar os programas educativos sobre HIV/Aids.



Se no seu trabalho você corre risco de contaminação pelo HIV, (como em serviços de saúde onde os empregados se expõem a sangue e seus derivados) a empresa deve informá-lo, dar treinamento e educação preventiva constantes, além de fornecer os equipamentos necessários para garantir sua segurança.



Você tem o direito de ser informado sobre o que a sua empresa e o sindicato pensam e fazem em relação a esse assunto.



AIDS E TRABALHO

Como lidar com a AIDS no ambiente de trabalho

Os portadores do vírus HIV ou doentes de aids tem direito de receber, gratuitamente, do Sistema Único de Saúde, toda a medicação necessária ao seu tratamento.



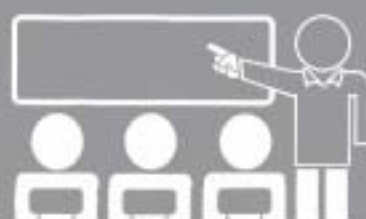
Você deve
falar de forma
clara e
aberta
para evitar
contaminar

Ninguém pode ser impedido de trabalhar por ter aids ou ser portador do HIV.



Ninguém
pode
informar
sua saúde
para o
médico.

As pessoas com HIV ou aids não representam um risco de contaminação para os colegas por meio dos contatos comuns no ambiente de trabalho.



A responsabilidade
é da empresa
promover
prevenção
entre os seus



Ninguém
pode

Module 4 > 4

contents

Introduction	1
The macro-economic impact of AIDS	3
Planning a national response	5
Mobilizing resources	10
Legislation on HIV/AIDS	11
The role of parliamentarians	14
Labour inspectors	15
Social security	16
<i>Learning activities</i>	20
<i>Reference materials</i>	24

Introduction

Governments are in the frontline of the fight against AIDS. The international community gives technical and financial support, and civil society plays a vital role - through the workplace, community, place of worship... But the final responsibility for leading and co-ordinating national efforts to control AIDS and mitigate its impact rests with governments. It is up to them whether AIDS becomes a political priority or not.

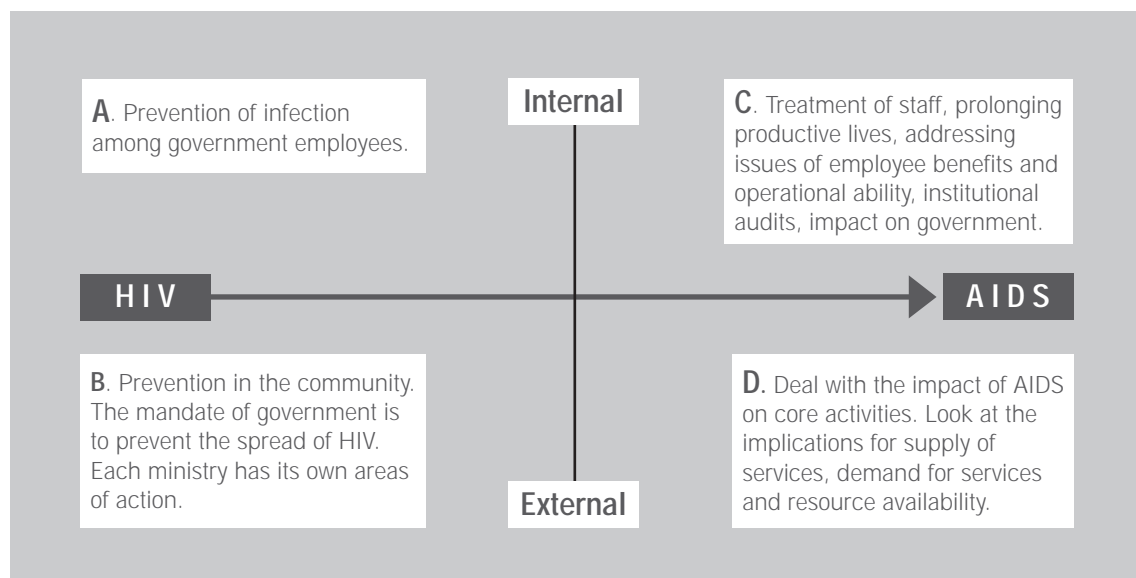
The implications of the epidemic are becoming increasingly hard to ignore. HIV/AIDS affects the work of governments in terms of revenue, expenditure, service provision, and the ability to govern:

1. Governments are themselves employers. Indeed, in many countries, the government is the largest employer. Absences from illness and eventually the death of government employees will severely impact on the ability of the government to provide services, and indeed to govern.
2. HIV/AIDS creates extra demand for many public services, especially health and social services. Not only are many hospitals overwhelmed, but so are orphanages, social security schemes, and the education system: in several countries teachers are dying at a faster rate than they can be trained.
3. Because of the impact of HIV/AIDS on the economy, countries with a high incidence of infection are experiencing slow or even negative growth as a result of falling incomes, productivity and profitability. The tax base will be reduced. Just when public expenditure needs to increase, government income is compromised by the effects of the disease.
4. The epidemic creates legal and political dilemmas. HIV/AIDS causes fear and can lead to discrimination and stigmatization. Governments may come under pressure from ill-informed public opinion or the media to discriminate, or permit discrimination, against people who are or might be infected. Governments have a vital role to play in protecting the human rights of all people affected by the disease and encouraging an open and tolerant public response.
5. Finally, under extreme pressure, governments have to work out an effective policy and strategic response. AIDS is undermining development plans and depleting human resources. Governments need to plan a response to the epidemic which addresses all of these issues, across all ministries.

The Code of Practice defines a broad range of rights and responsibilities belonging to government, that include ensuring a coherent, co-ordinated and multisectoral response; conducting research; providing an appropriate regulatory framework; promoting awareness and prevention; promoting care and support, ensuring access to social security and treatment (where possible), and establishing guidelines for employers; the mobilization of local and international funding (see Section 5.1).

Tony Barnett and Alan Whiteside show some of the key inter-connections in the figure below, which appears in the chapter on Government and Governance in *AIDS in the Twenty-first Century: Disease and Globalization*

The impact of HIV/AIDS on government



As understanding of the impact of HIV/AIDS in the world of work grows, Ministries of Labour, which may not previously have been involved in dealing with the issue, will have to develop a response. They need to mobilize the support of all stakeholders in the world of work, in particular employers' and workers' organizations.

The macro-economic impact of AIDS

We discussed the impact of HIV/AIDS in Module 1, and here summarize the main social and economic implications for countries and their governments. The most seriously affected countries face a disaster from which recovery will be difficult to achieve. Botswana, where 39 per cent of adults are infected, is “faced with extinction”, according to one senior official.¹

A key factor is that the epidemic not only reduces the stock of skilled and experienced workers but also reduces the capacity to maintain the future flows.²

The main channels through which the HIV epidemic affects social and economic development are through its impact on the labour force and its related effects on savings. The effects flow from the key fact that the epidemic has its primary impact on the working age population. The effects are, of course, not confined to a simple calculus of labour losses, but have much deeper implications for the structure of families, the survival of communities and enterprises, and longer-term issues of sustaining productive capacity.

Similarly the HIV epidemic erodes the savings capacity of households, formal and informal productive enterprises, and of government, through its effects on flows of income and levels of expenditure. Reduced rates of savings will over time lead to ... [a fall in investment, reduced international competitiveness, and] declining per capita income. Thus it is estimated by UNAIDS that annual per capita income of half the countries of sub-Saharan Africa is falling by 0.5-1.2 per cent. Government expenditure in Botswana is expected to shrink by more than 20 per cent over the next two decades.

It is already the case that lower levels of household savings are having effects on investment in children's education, with consequences for the future stock of those with relevant education and skills. Public services in all countries are facing widespread attrition of trained staff and are unable to replace losses due to budget constraints. The same is happening with directly productive activities, such as mines and plantations, where losses of personnel are taking place at an accelerating rate.³

The government as employer

In many countries the government is, directly or indirectly, the largest employer. What is more, many government employees are in the frontline of managing the impact of the epidemic, from health workers and local government administrators to officials involved in human resource development and training.

¹ Dr Banu Khan, head of the National Aids Co-ordinating Agency, *Daily Telegraph* (London), 8 July 2002

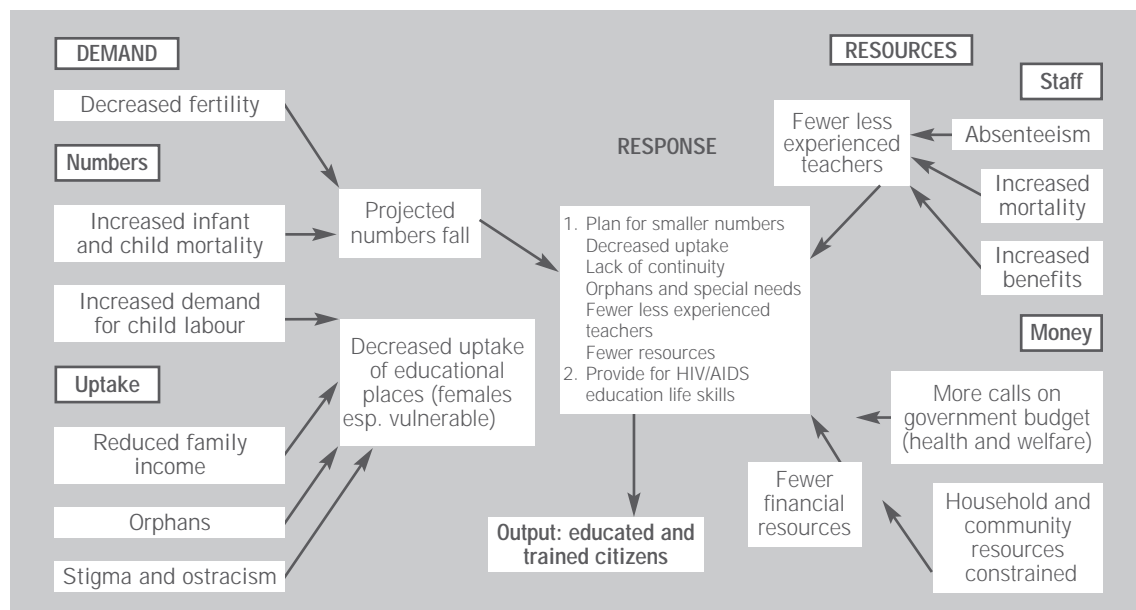
² Lisk, F.: *The labour market and employment implications of HIV/AIDS*, ILO/AIDS Working Paper (Geneva, 2002)

³ Cohen, D.: *Human capital and the HIV epidemic in sub-Saharan Africa*, ILO/AIDS Working Paper (Geneva, 2002)

The health sector is under double pressure as AIDS patients increase while more and more staff become infected. Death rates among health workers in Malawi and Zambia have increased five to six times over recent years, while health spending has been diverted in several countries from training to hospital care.

Education is facing a similar crisis. In 1999 alone, an estimated 860,000 children lost their teachers to AIDS in sub-Saharan Africa. The government of Mozambique expects to lose nearly 20 per cent of its teachers to AIDS by the end of the decade. Education faces both supply and demand impacts, as pointed out by Barnett and Whiteside in *AIDS in the Twenty-first Century*.

The impact of HIV/AIDS on education



This figure shows that the challenge is to maintain and improve the output in the face of new pressures resulting from HIV/AIDS.

Malawi is one of the few countries where there has been a study of the impact of HIV/AIDS on the public sector workforce. It examined the decade from 1990 to 2000. Mortality increased by a factor of 10. By the end of the period, 15 to 20 police officers were dying every month from HIV-related illness. There were vacant posts throughout the public sector – the Ministry of Agriculture, for example, was unable to fill nearly half of its posts – and instances of staff promoted without the necessary experience. Death rates were higher among the professional staff, where the volume of investment in education is the largest.⁴

Governments must take the lead in developing a strategic approach to the human resource and employment implications of the epidemic, at the same time as fulfilling their responsibilities as employers to develop workplace policies and programmes.

⁴ Cohen, D.: *Human capital* (Geneva, 2002)

Planning a national response

Many factors need to be taken into account here, most of them outside the scope of this manual. The following section focuses on how the world of work can be integrated into national plans and on some of the associated data requirements. It emphasizes the importance of adjusting development plans in the light of the epidemic – including Poverty Reduction Strategy Papers (PSRPs) where relevant – with particular reference to human resource needs.

A multisectoral approach

It is clear that HIV/AIDS is most effectively addressed when approached as a multisectoral concern. What does this mean? Quite simply, it means that the disease needs to be fought on several fronts simultaneously. It means not seeing it solely as a medical issue, or a problem affecting only people with 'risky' behaviour. It means understanding its potential to affect all sectors of society, and hence the need for a wide-ranging response. The task of labour ministries will be to ensure that labour market, employment and human resource issues are included.

Mobilizing the world of work is just one way of broadening the response, but one that was given a high priority by the government representatives who agreed on the Declaration of Commitment on HIV/AIDS at the UN General Assembly in June 2001.

49. By 2005, strengthen the response to HIV/AIDS in the world of work by establishing and implementing prevention and care programmes...., and take measures to provide a supportive workplace environment for people living with HIV/AIDS.

■ ILO Code of Practice on HIV/AIDS and the world of work

What are PRSPs?

In September 1999 the World Bank and the International Monetary Fund (IMF) announced a new framework to govern their lending and debt relief activities. They jointly declared that Poverty Reduction Strategy Papers (PRSPs) would become the basis for their lending programmes to the 80 or so poorest countries in the world. PRSPs are to be drawn up by national governments, with input from civil society, and with guidance from the Bank and the IMF. They are supposed to be 'owned' by the country. PRSPs should:

- measure poverty in the country;
- identify goals for reducing poverty; and
- create a spending and policy programme for reaching those goals.

According to the World Bank and the IMF, the PRSP should ensure that a country's macro-economic policies and plans are consistent with the goals of poverty reduction and social development.

A key aspect of the PRSP is that it requires that civil society be allowed to participate in the design of national development strategies. This means that employers' and workers' organizations should be able to help shape the PRSPs.

So far, PSRPs have been weak on labour issues – although the ILO is now organizing programmes in a number of countries to strengthen the contribution of the world of work. They have also tended to give insufficient attention to the impact of HIV/AIDS. When employers' and workers' organizations make their inputs and suggestions during the consultation process, they should seek to ensure that proper weight is given to the epidemic, and in particular its impact on the world of work.

Understanding the social and economic impact

Although the evidence is mounting, we still do not know enough about the socio-economic impact of HIV/AIDS on countries, communities and the world of work. The Declaration of Commitment on HIV/AIDS identifies the need for greater understanding:

68. By 2003, evaluate the economic and social impact of the HIV/AIDS epidemic and develop multisectoral strategies to address the impact at the individual, family, community and national levels; ... 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...

Appropriate and effective responses depend on knowledge and understanding of the problem. Data are needed, on the one hand, to measure the size of the problem and monitor trends in order to plan and target responses and, on the other, to monitor and evaluate the latter's effectiveness over time. An important use for statistics is in advocacy, to help persuade potential partners of the need for action.

Information and data collection

The stigma associated with HIV/AIDS has led to a culture of secrecy and denial that makes the collection of accurate and reliable statistics difficult. Nevertheless, data are systematically gathered on the size and spread of the epidemic (epidemiology), on behaviour, and on socio-economic impact.

The global surveillance of HIV/AIDS is the joint responsibility of the World Health Organization and UNAIDS. The results of this collaboration are published in annual overviews of the epidemic with regional and national estimates of deaths caused by the disease, new infections and the numbers living with HIV. They have also produced a document to guide monitoring and surveillance, *Guidelines for Second Generation HIV Surveillance*⁵, which contains useful information, even for non-specialists.

The main source of UNAIDS/WHO statistics is 'sentinel' sites. These are specific surveillance sites where blood is taken for other purposes; samples can be stripped of all identifying markers and tested for HIV infection. Individual consent is not required because the left-over blood sample is not identifiable. This procedure is called 'unlinked anonymous testing'.

Monitoring HIV/AIDS in the world of work

Information on the impact of HIV and AIDS on households, on firms and at the level of the economy

⁵ UNAIDS/WHO: *Guidelines for Second Generation HIV Surveillance* (Geneva, 2000)

is very scanty, and the methods to collect and assess this type of information are only now being developed. In its programme to guide and support action in the world of work, the ILO is developing indicators to measure and monitor the impact in such areas as labour, employment and productivity, and the cost-effectiveness of various measures. In particular, methods are being developed to apply the sentinel site approach to selected workplaces in order to be able to link (anonymous) epidemiological data with the impact in terms of costs and productivity. The next stage is to monitor and evaluate interventions.

Enterprises need to calculate not only how much HIV and AIDS is costing them, but also how much interventions will cost. In this way a cost-benefit analysis can be determined. Gold Fields, the South African mining company, has worked out that HIV added \$10 to the production costs of one ounce of gold, out of a total cost of \$170. The company has estimated that its strategy of prevention and treatment, working in collaboration with the National Union of Mineworkers, would enable it to reduce the costs attributable to the disease to \$4 an ounce.⁶

Workplace programmes often start with a situational analysis or a base-line survey to identify current levels of STIs/ HIV infection and aspects of behaviour that could lead to risk of infection. The latter are sometimes known as KABP surveys (knowledge, attitudes, behaviour and practices). They help ensure that prevention programmes are well targeted, and make it possible to measure their success.

Surveillance at the workplace should be unlinked and anonymous, though confidential voluntary testing may be offered, with counselling, to those workers who choose to know their status. The ILO Code of Practice stipulates conditions for epidemiological surveillance at the workplace:

8.3 Anonymous, unlinked surveillance or epidemiological HIV testing in the workplace may occur provided it is undertaken in accordance with the ethical principles of scientific research, professional ethics and the protection of individual rights and confidentiality. Where such research is done, workers and employers should be informed it is occurring. The information obtained may not be used to discriminate against individuals or groups of persons. Testing will not be considered anonymous if there is a reasonable possibility that a person's HIV status can be deduced from the results.

■ ILO Code of Practice on HIV/AIDS and the world of work

Proposals to conduct monitoring or surveillance at the workplace should be examined by both employers and workers' representatives, and implemented in full consultation with both partners. The importance of involving key stakeholders, and in particular the surveyed community, is emphasized by this advice from the US Centers for Communicable Disease Prevention & Control (CDC):

⁶ 'Production costs spiral at South Africa mines group', in *Financial Times* (London), 14 Apr. 2002

- A surveillance system can become a meaningless exercise in data collection unless the findings motivate action to reduce HIV transmission by key stakeholders.
- Consensus needs to be built among various stakeholders on the communities to be surveyed, the data to be collected and disseminated and the forms dissemination will take. This helps to build a sense of ownership of the findings and ensure there that their presentation is appropriate for and relevant to the various audiences.
- A comprehensive dissemination strategy needs to be developed at the same time as surveillance is planned. This strategy should include dissemination of some key findings as soon as possible after data collection is completed to sustain stakeholder interest and spread the implementation of prevention activities.
- Target audiences should be prepared to understand the meaning, limitations, and interpretation of the surveillance results well in advance of their actual release.
- Specific dissemination materials should be developed for each target audience to explain the findings in clear and simple language which they can understand.

Mobilizing resources

Governments have to mobilize resources for the fight against HIV and AIDS. For many developing countries, with major demands on their hard-pressed budgets, this is proving difficult and they need external support. While substantial amounts of donor resources have been provided, more is needed.

One initiative is the Global Fund to Fight AIDS, TB and Malaria (www.globalfundatm.org/principles.html), a new public-private partnership which will provide grants for public, private, and non-governmental programmes. Proposals need to be co-ordinated at country level through a Country Coordinating Mechanism, usually managed by the national AIDS council or committee. The sort of activities that could be supported include: increased access to health services; provision of critical health products including drugs; training of personnel and community health workers; behaviour change and outreach; and community-based programmes, including care for the sick and orphans.

In its first grant review, the Global Fund approved projects totalling US\$ 1.6 billion; nearly 70 per cent was for HIV/AIDS. The Fund issues calls for proposals from time to time. The second round closed in September 2002.

Individual bilateral and multilateral donors will continue to make funding available; decisions are increasingly being taken at country level – for example by the country offices of the European Union. The Multi-Country HIV/AIDS Programme (MAP) of the World Bank makes flexible and rapid funding available to African countries to assist in scaling up national HIV/AIDS efforts. UNAIDS has funds available for a similar purpose under the Programme Acceleration Fund (PAF). UN Theme Groups bring together representatives of all or most UN agencies in a particular country, and they consider ways to support local initiatives.

Legislation on HIV/AIDS

A major role for governments is to establish a policy and legal framework that protects the rights of those affected by HIV/AIDS and promotes action at all levels. A number of governments have adopted legislation to deal specifically with the implications of HIV/AIDS in the workplace.

The Declaration of Commitment on HIV/AIDS includes this target:

69. By 2003, develop a national legal and policy framework that protects in the workplace the rights and dignity of persons living with and affected by HIV/AIDS and those at the greatest risk of HIV/AIDS, in consultation with representatives of employers and workers, taking account of established international guidelines on HIV/AIDS in the workplace.⁷

The guidelines are provided by the ILO Code of Practice, which helps governments to:

- adopt or reform labour laws and other statutory instruments in order to eliminate workplace discrimination and ensure prevention programmes and social protection;
- adopt voluntary codes which guide action at the workplace;
- provide training for labour inspectors, other enforcement agencies and the judiciary on the rights of persons infected and affected by HIV/AIDS.

Legislation concerning HIV/AIDS at the workplace should cover, as a minimum:

- prohibition of discrimination at work related to HIV status
- prohibition of mandatory pre- and post-employment testing
- protection of HIV-related data (medical notes and also information relating to counselling, care, treatment and receipt of benefits)
- prevention and containment of transmission risks
- workplace accommodation, in particular working time flexibility
- grounds for dismissal related to medical unfitness to carry out adapted work, not HIV status
- benefits, including early retirement options, medical and funeral coverage
- scope for negotiation on these issues
- grievance and disciplinary procedures
- implementation mechanisms.

HIV-related legislation may assume a variety of forms. Good practices show the adoption of instruments of both 'hard' and 'soft' law.

'Hard law' is found in the provisions of law adopted by parliaments, such as the Philippines AIDS Prevention and Control Act, 1998 (see Reference materials, Module 2). It may also consist of legally

⁷ UN: *Declaration of Commitment on HIV/AIDS*, General Assembly Special Session, New York, 27 June 2001.

binding regulations, ordinances or decrees adopted by a Ministry or other government agency, such as Zimbabwe's *Statutory Instrument 202* of 1998, *Labour Relations (HIV/AIDS) Regulations*.

Some countries have developed national codes on HIV/AIDS; these are considered 'soft law' since they are not legally binding but provide guidelines that help develop and promote a national policy on the issue. An example is Namibia's *National Code on HIV/AIDS in Employment, 1998* (see Reference materials in this module).

A particular issue for consideration is that labour legislation frequently applies to "employees" rather than "workers". The ILO stresses that ILO standards and rights are relevant to all workers, regardless of workplace. As the Director-General said in his report to the 1999 International Labour Conference: "Almost everyone works, but not everyone is employed".

However, it is clear that most national labour legislation only covers work relations in the formal sector. Even where labour laws and codes are applicable to informal employment relationships, legal bodies and judiciaries rarely enforce them.

Governments should try to ensure the widest possible application of laws which cover HIV/AIDS, including in the informal economy.

Some examples of 'hard' and 'soft' law

- Zimbabwe's *Labour Relations (HIV and AIDS) Regulations* of 1998 ban non-consensual testing, outlaw workplace discrimination, require wide dissemination of the Regulations and dictate strong penalties, going as far as 6 months' imprisonment, for employers who violate the Regulations. The use of severe penalties can be controversial: it shows the Government's commitment to action but may alienate employers rather than encouraging their co-operation.
- Namibia's *National Code on HIV/AIDS and Employment*, gazetted as a Government Notice in 1998, adopts a ban on testing similar to the Zimbabwean Regulations, but emphasizes education. There is no provision for enforcement.
- South Africa, in its 1998 *Employment Equity Act*, prohibits discrimination based on HIV status. Testing is also banned, except where authorized by the Labour Court. The onus is on the employer to demonstrate that testing is necessary. In any legal proceedings in which it is alleged that an employer has discriminated, the employer must prove that any discrimination or differentiation was justified. The Act as a whole contains strong financial penalties for non-compliance.
- The 1998 *Philippines AIDS Prevention and Control Act* affirms that :
The State shall extend to every person suspected or known to be infected with HIV/AIDS full protection of his/her human rights and civil liberties.

- The Italian Act No. 135 of 1990 on urgent measures for the prevention of and fight against AIDS bans pre- or post-employment testing by private or public sector employers, with severe penal sanctions.



The role of parliamentarians

One of the means of supporting an expanded response to the HIV/AIDS epidemic is to prioritize HIV/AIDS on the national agenda and to take the message to political leaders. Parliamentarians are an important group, and particular efforts need to be made to ensure that they participate in national efforts to fight the pandemic. Where national committees or similar structures on AIDS exist, it can be a good idea to include members of parliaments/national assemblies on such bodies. Parliamentary committees could be encouraged to hold hearings on HIV/AIDS, as these can play an important role in raising awareness.

The role of members of provincial parliaments and assemblies should not be overlooked, particularly when, as in some federal systems, they deal with labour matters.

It is frequently the case that members of parliament enjoy close links with either employers' organizations or trade unions. These links can be formal or informal. In either case, social partners can use them to encourage parliamentarians to keep the issue under constant review and to ensure that the dimension of the world of work is not forgotten. They can provide information and policy to parliamentarians concerning the specific impact of HIV/AIDS at work.

Actions that parliamentarians can take include:

- ensuring that there is a national policy on HIV/AIDS and structures to implement it;
- promoting/supporting reform of legislation as necessary;
- ensuring that development plans address the implications of the epidemic;
- making speeches on HIV/AIDS inside and outside parliament - to help break the silence and taboos which still surround the subject;
- visiting workplaces with strong programmes on HIV/AIDS;
- visiting HIV/AIDS projects run by government or NGOs;
- paying visits to hospitals and other medical facilities which are treating people with HIV/AIDS- this helps to make the point that everyday contact does NOT spread the virus, and that people living with the virus do not need to be isolated;
- publicly supporting associations of people living with HIV and AIDS;
- pressing for increased resources to deal with the pandemic.

Parliamentarians might like to know that UNAIDS and the Inter-Parliamentary Union have produced a *Handbook for Legislators on HIV/AIDS, Law and Human Rights* (UNAIDS/IPU, Geneva, 1999). This does not contain much about the world of work, but is very helpful in explaining how legislation can be passed or amended to respond to the HIV epidemic.

Labour inspectors

The labour inspectorate is a key government agency. In practically every country labour inspectors are charged with the enforcement of certain labour laws. These may be concerned with safety and health, minimum wages, or other issues. Labour inspectors have a great deal of practical knowledge of workplaces and good relationships with employers' and workers' organizations.

One problem is the lack of resources:

In developing countries generally there was a great shortage of human and material resources to carry out the functions of labour inspection. There were perhaps genuine intentions to apply the law, but performance failed to measure up to these intentions. Posts existed but qualified inspectors could not be found and there were insufficient funds for training and purchasing equipment.⁸

Despite these problems, labour inspectors should receive training on HIV/AIDS, so that they can dispel myths and advise workplaces on the steps that should be taken. The ILO Code of Practice would form a sound basis for such training.

Labour standards and labour inspectors

There are a number of International Labour Conventions concerning labour inspectors. The two most important ones are:

Labour Inspection Convention No. 81 (1947), which deals with industry and commerce;
Labour Inspection in Agriculture No. 129 (1969), which deals with all agricultural enterprises.

There are also relevant Recommendations.

⁸ ILO: *Report of the Meeting of Experts on Labour Inspection and Child Labour* (Geneva, 1999)

Social security

One key task for governments in the face of the HIV/AIDS epidemic is the provision of social protection, which the ILO defines as including:

not only public social security schemes, but also private or non-statutory schemes with a similar objective, such as mutual benefit societies, occupational pension schemes. It includes all sorts of non-statutory schemes, formal or informal, provided that contributions to these schemes are not wholly determined by market forces. These schemes may feature, for example, group solidarity, or an employer subsidy, or perhaps a subsidy from the government.⁹

The principle behind social protection is the pooling of risk. If an individual, or single family, carries all the cost and burdens of death, sickness or other interruption of earnings, such circumstances place a tremendous strain on that person or family. But if the risk is pooled - through taxation or an insurance scheme with wide coverage - then the cost is affordable.

So, in most developed countries, with nearly 100 per cent coverage, the risks are “pooled” by the whole population through the state system. People who become ill with AIDS can receive treatment at virtually no cost to themselves or their family.

Social protection is a very large and complex subject. We do not attempt in this module to deal with the subject comprehensively. The intention is to help those who take part in social dialogue, who are not experts, to understand some of the key issues and concepts.

A human right

Social protection is a human right. The Universal Declaration of Human Rights states:

Article 22

Everyone, as a member of society, has the right to social security...

Article 25

a. Everyone has the right to... necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.

Not all societies can provide the same level of social protection, but there is growing realization that a broad-based national social protection policy can provide a cushion against some of the shocks and crises which can occur - drought, earthquake, floods, etc.

⁹ ILO: *World Labour Report 2000* (Geneva, 2000)

However, many of these “shocks” are short-term and limited - even a drought will, eventually, end. The HIV/AIDS pandemic is a long-term crisis, and therefore places an even greater strain on societies.

More than half of the world labour force and their families are excluded from coverage by statutory social security protection and are thus denied income security. The problem is greatest in developing countries. Thus, only 10 per cent of workers are covered in sub-Saharan Africa and South Asia. In other parts of the developing world coverage varies between 50 and 90 per cent. In middle income and even developed countries, there are significant gaps in social protection. In the United States, for example, about 20 per cent of people have no insurance to cover medical costs. And for many of those with medical insurance, their policy does not include cover for HIV/AIDS. The cost of AIDS-related care in the USA is approximately US \$ 20,000 for one person per year.

ILO standards

ILO Convention 102 on Social Security (Minimum Standards) adopted in 1952, differentiates between nine basic benefits:

1. medical care
2. sickness benefit
3. maternity benefit
4. unemployment benefit
5. family benefit
6. employment injury benefit
7. invalidity benefit
8. old-age benefit
9. survivors' benefit (widows and children)

There are a number of more detailed standards.

Who provides social protection?

Traditional ways of financing social security benefits include:

- social insurance - where contributions are made by workers, employers and (sometimes) government, and benefits are paid out to workers who qualify;
- social assistance - where benefits are paid on the basis of need from taxation the State's tax revenue;
- employer-funded benefits - usually confined to sickness and healthcare benefits, death benefits, and retirement pensions.

In recent years, there has been an increase in new ways to provide benefits for the very large numbers of workers who are not covered by traditional social security schemes and to provide benefits that are not available under those schemes. We discuss these schemes in Module 8 on HIV/AIDS and the informal economy.

How HIV/AIDS may affect social security

HIV/AIDS does not necessarily lead to unsustainable pressures on social security schemes (see next page), and the ILO Code of Practice emphasizes that there is no justification for excluding workers with HIV/AIDS from schemes. There is no need to panic in the belief that schemes will collapse. Of course, social security schemes should be kept under careful review. The Code of Practice recommends the following:

9.5. Benefits

(a) Governments, in consultation with the social partners, should ensure that benefits under national laws and regulations apply to workers with HIV/AIDS no less favourably than to workers with other serious illnesses. They should also explore the sustainability of new benefits specifically addressing the progressive and intermittent nature of HIV/AIDS.

(b) Employers and employers' and workers' organizations should pursue with governments the adaptation of existing benefit mechanisms to the needs of workers with HIV/AIDS, including wage subsidy schemes.

9.6. Social security coverage

(a) Governments, employers and employers' and workers' organizations should take all steps necessary to ensure that workers with HIV/AIDS and their families are not excluded from the full protection and benefits of social security programmes and occupational schemes. This should also apply to workers and their families from occupational and social groups perceived to be at risk of HIV/AIDS.

(b) These programmes and schemes should provide similar benefits for workers with HIV/AIDS as for workers with other serious illnesses.

■ ILO Code of Practice on HIV/AIDS and the world of work

The principle of pooling risk is an important one. The more people there are in any pool, the wider the distribution of the risk, and the more secure the finances of the scheme. We need more, not less, social security coverage, and schemes should attempt to cover larger numbers of people. Currently, many workers who are eligible to join schemes do not do so.

Does HIV/AIDS mean a crisis for social security?

Specialists have been discussing the implications of HIV/AIDS for social security schemes, whether provided by the state or companies. We will here consider only developing countries. On the one hand, schemes may be paying for medical care, sickness benefits, funeral benefits and, eventually, survivors' benefits. But at the same time, schemes will not pay out so much in pension benefits for retired workers for the simple reason that, sadly, those infected by HIV will almost certainly die before reaching retirement age. This saving on pension benefits will be made over the longer term, while spending on medical care, sickness benefits and disability benefits is more short-term.

Payments of disability or invalidity benefits (payments to compensate for lost wages for long-term absence from work) will not increase a great deal overall. The reason for this is that, at the moment, with the absence of high quality care, including antiretroviral therapies, the interval between the onset of AIDS and death is relatively short. This may change as drug costs decrease and better quality treatment becomes available.

It is also possible that the duration of survivors' benefits may decrease, because of the high probability of survivors' being infected.

Many schemes will therefore be under pressure in the short term, but in the long term the impact of HIV/AIDS will be balanced. An increase in contributions to schemes by employees, workers and government may be necessary. Of course, this is a general conclusion; the reality will vary enormously between countries, within countries and from one company to another. We can, therefore, take a cautiously optimistic view of the impact of HIV and AIDS on social security schemes.

However if, because of increased mortality, the total number of members of a scheme decreases considerably, this may create problems. If fewer workers are paying into a scheme, then contributions go down, and the scheme is less viable financially.¹⁰

¹⁰ Based on Plamondon P. and Cichon M.: *Assessing the impact of AIDS on social security pension schemes in developing countries* (ILO, mimeo, n.d.)

ACTIVITY 1

Planning government strategy

AIMS To review the areas where government action on HIV/AIDS is necessary in the world of work.

TASK Read through Section 5.1 of the Code of Practice and identify key areas for action - where policies already exist, and where policies need to be developed.

Does the national HIV/AIDS law, policy or plan include the world of work?

Does the national HIV/AIDS council or committee include representatives of employers' and workers' organizations?

ACTIVITY 2

Tripartism and HIV/AIDS

AIMS To review how tripartite arrangements can include the issue of HIV/AIDS.

TASK Review the arrangements and mechanisms operating at national and industry level. These can include events such as national tripartite conferences, or standing committees dealing with a single issue such as safety and health at work.

Have any of these tripartite structures discussed HIV/AIDS? If not, how could the issue be raised?

ACTIVITY 3

The multisectoral response

AIMS To think about the wider picture in the response to HIV/AIDS.

TASK Try to develop a diagram to represent your government's response to the various problems presented by HIV/AIDS. A number of ministries may be involved in dealing with the issue. Write them all down, and **add the linkages between them**. Your diagram should not only be about the world of work, but should also include other dimensions of the epidemic. Your diagram will probably have gaps. That's OK. The gaps might be due to your lack of information, or they may really exist! The purpose of the activity is to show the importance of a multisectoral approach.

ACTIVITY 4

Comparing the law

AIMS To help you to compare different legal standards.

TASK Compare the HIV/AIDS provisions in employment laws from two countries. One should be your own national legislation, if possible. There are examples in different modules.

Key Principle (Section 4 of the Code of Practice)	Legislation 1: (fill in title, country) Your comments	Legislation 2: (fill in title, country) Your comments
Workplace issue		
Non-discrimination		
Gender equality		
Healthy work environment		
Social dialogue		
No screening		
Confidentiality		
Dismissal		
Prevention		
Care & support		

Decide which piece of legislation best meets the standards of the ILO Code of Practice, and which you prefer, and why.

ACTIVITY 5

Labour inspectors and HIV/AIDS

AIMS To think about the role of labour inspectors in fighting HIV/AIDS.

TASK In your group, think about ways in which action around HIV/AIDS could be integrated into your work as labour inspectors. Consider actions which have low-cost implications and could be easily integrated into the normal work of inspectors, as well as more resource-intensive or specific initiatives.

ACTIVITY 6

Poverty Reduction Strategy Papers, HIV/AIDS and the world of work

AIMS To review your PRSP and what it says about HIV/AIDS.

TASK PRSPs are one of the most important documents which the poorest countries now have to develop in order to receive assistance from the World Bank and IMF.

Try to get hold of your national PRSP, interim PRSP or draft PRSP. See what it says about HIV/AIDS, including the world of work.

Note : It might be helpful to divide up different parts of the PRSP between different groups in the workshop, or just use key sections, as they can be quite lengthy documents. One group could look at the references to HIV/AIDS. Another group could look at what the PRSP says about the world of work.

ACTIVITY 7

Gender and national HIV/AIDS law

AIMS To review the gender implications of HIV/AIDS legislation.

TASK Read your country's law, policy or code on HIV/AIDS.

Discuss how far it addresses gender issues.

Find, as well, if it includes provisions for the world of work.

ACTIVITY 8

Governments as employers

AIMS To think about the role of government as an employer.

TASK In your group, consider the role of your government as an employer and think about ways in which it can take steps to respond to the HIV/AIDS pandemic. Consider:

- collecting information,
- developing a workplace policy,
- involving organizations which represent government employees.

- I. Guidelines for the implementation of the Namibia National Code on HIV/AIDS in Employment (1998)
- II. Resolution on HIV/AIDS passed at the World Congress of Public Services International (2002)
- III. Dispatch Online report (April 2002)

I. Guidelines for the implementation of the National Code on HIV/AIDS in Employment

In the terms of section 112 of the Labour Act, 1992 (Act No 6 of 1992), I hereby, in the Schedule to this notice, publish guidelines and instructions to be followed and adhered to by all employers and employees for the purpose of the application of the relevant provisions of the Act in respect of HIV/AIDS in employment.

John M Shaetonhodi,
Acting Minister of Labour
19 March 1998

TABLE OF CONTENTS

1. INTRODUCTION
2. OPTIONS AND RESPONSES
3. POLICY OPTIONS
4. SCOPE
5. POLICY DEVELOPMENT AND IMPLEMENTATION
6. POLICY COMPONENTS
- 6:1 EDUCATION, AWARENESS AND PREVENTION
- 6:2 ACCESS
- 6:3 WORKPLACE TESTING AND CONFIDENTIALITY
- 6:4 JOB STATUS
- 6:5 HIV TESTING AND TRAINING
- 6:6 MANAGING ILLNESS AND JOB SECURITY
- 6:7 OCCUPATIONAL BENEFITS
- 6:8 RISK MANAGEMENT, FIRST AID AND COMPENSATION
- 6:9 PROTECTION AGAINST VICTIMISATION
- 6:10 GRIEVANCE HANDLING
- 6:11 INFORMATION
- 6:12 MONITORING AND REVIEW

This code applies to all employers in Namibia. Although the Namibian Defence Force is excluded

from the general provisions of the Namibian Labour Act, it is bound by the Act's sections on non-discrimination. It is therefore believed that the employment code does apply to the NDF.

1. INTRODUCTION

- 1.1 With the world-wide marked increase in the number of persons infected with the human immunodeficiency virus (HIV) and suffering from acquired immunodeficiency syndrome (AIDS) mainly in the economically active part of the population, the 20 to 50 years age group, the employers, employees and their organizations show a high level of anxiety in regard to the impact of the pandemic on the work environment.
- 1.2 From an initial response of denial to a perception of AIDS as a medical problem, AIDS is progressively being recast as a development problem and an issue for all sectors.
- 1.3 Loss of employment and individual income, loss of employees without adequate availability of replacement, and a subsequent decline in production and national income can pose a severe and detrimental effect on the social and economic stability and the growth of a country. This is so in view of the fact that HIV/AIDS will affect economic growth and production through the illness and death of productive people and through the diversion of resources from savings (and eventually investment) to care.

2. OPTIONS AND RESPONSES:

- 2.1 In response to the AIDS pandemic and its volatile and dynamic nature, the Ministry of Labour, in conjunction with the Ministry of Health and Social Services and with the wide tripartite consultation through the Labour Advisory Council, has formulated the National Code on HIV/AIDS and Employment for HIV prevention and AIDS management. This code is proposed as an integral part of the government's commitment to address most of the major issues related notably to the prevention of new infection, as well as to the provision of optimal care and support for the workforce.
- 2.2 Workplace-based activities that locate HIV prevention and AIDS management in a sustained and comprehensive programme of health promotion have demonstrated gains in general health indicators.
- 2.3 This implies a need for stronger public health approaches in the productive sectors.

3. POLICY PRINCIPLES:

- 3.1 The same ethical principles that govern all health/medical conditions in the employment context should apply equally to HIV/AIDS.
- 3.2 The gravity and impact of the HIV/AIDS epidemic and the potential for discrimination created the need for this "National Code on HIV/AIDS and Employment" to be based on the fundamental principles of human rights embodied in the Constitution of the Republic of Namibia, the provisions of the Labour Act (Act No 6 of 1992), occupational health principles, sound epidemiological data, prudent business practice and a humane and compassionate attitude to individuals.
- 3.3 The inter-dependency of SADC countries and people, nowhere more evident than in the

spread of HIV, demands equity and a shared approach to the challenges of HIV/AIDS. The Regional (SADC) nature and implications of the epidemic and the desire to harmonize national standards in dealing with HIV/AIDS motivates this Code.

4. SCOPE:

- 4.1 Subject to the provisions of the Labour Act (Act No 6 of 1992) this Code applies to:
 - 4.1.1 all employees and prospective employees;
 - 4.1.2 all workplace and contracts of employment;
 - 4.1.3 all human resources practices forming part of a policy component of any organization.

5. POLICY DEVELOPMENT AND IMPLEMENTATION

- 5.1 As policy development and implementation is a dynamic process, this Code shall be:
 - 5.1.1 communicated to all concerned;
 - 5.1.2 routinely reviewed in the light of new epidemiological and scientific information;
 - 5.1.3 monitored for its successful implementation and evaluated for its effectiveness in the workplace.

6. POLICY COMPONENTS:

- 6.1 Education, awareness and prevention:
 - 6.1.1 Information, education and prevention programmes should be developed jointly by employers and employees and should be accessible to all at the workplace. Education on HIV/AIDS should, where possible, incorporate employees' families.
 - 6.1.2 Essential components of prevention programmes are information provision, education, prevention and management of sexually transmitted diseases (STDs), condom promotion and distribution and counselling on high-risk behaviour. Workplace AIDS programmes should co-operate with and have access to resources of the National AIDS programme.
- 6.2 Job Access

There should be neither direct nor indirect pre-employment testing for HIV. Employees should be given the normal medical tests of current fitness for work and these tests should not include testing for HIV.
- 6.3 Workplace testing and confidentiality:
 - 6.3.1 There should be no compulsory workplace testing for HIV. Voluntary testing for HIV at the request of the employee should be done by a suitably qualified person in a health facility with the informed consent of the employee in accordance with normal medical ethical rules and with pre- and post-test counselling.
 - 6.3.2 Persons with HIV/AIDS should have the legal right to confidentiality about their HIV status in any aspect of their employment. An employee is under no obligation to inform an

employer of her/his HIV/AIDS status. Information regarding the HIV status of an employee should not be disclosed without the employee's written consent.

- 6.3.3 Confidentiality regarding all medical information of an employee or prospective employee should be maintained, unless disclosure is legally required. This applies also to health professionals under contract to the employer, pension fund trustees and any other personnel who obtain such information in ways permitted by the law, ethics, or the code or from the employee concerned.

6.4 Job Status:

HIV status should not be a factor in job status, promotion or transfer. Any changes in job status should be based on existing criteria of equality of opportunity, merit and capacity to perform the work to a satisfactory standard.

6.5 HIV Testing and Training:

In general, there should be no compulsory HIV testing for training. HIV testing for training should be governed by the principle of non-discrimination, between individuals with HIV infection and those without, and between HIV/AIDS, and other comparable health/medical conditions.

6.6 Managing Illness and Job Security:

- 6.6.1 No employer should be dismissed merely on the basis of HIV status, nor should HIV status influence retrenchment procedures.
- 6.6.2 Employees with HIV-related illness should have access to medical treatment and should be entitled, without discrimination, to agreed existing sick leave provision.
- 6.6.3 HIV-infected employees should continue to work under normal conditions in their current employment for as long as they are medically fit to do so. When an employee becomes too ill to perform his/her agreed functions, standard procedures for termination of service for comparable life-threatening conditions should apply without discrimination or prejudice to his/her benefits.

6.7 Occupational Benefits

- 6.7.1 Government, employers and employee representatives should ensure that occupational benefits are non-discriminatory and sustainable and provide support to all employees including those with HIV infection. Such occupational benefits schemes should make efforts to protect the rights and benefits of the dependants of deceased and retired employees.
- 6.7.2 Information from benefit schemes on the medical status of an employee should be kept confidential and should not be used by the employer or any other party to affect any other aspect of the employment contract or relationship.

- 6.7.3 Medical schemes and health benefits linked to employment should be non-discriminatory. Private and public health financing mechanisms should provide standard benefits to all employees regardless of their HIV status.
- 6.7.4 Counselling and advisory services should be made available to inform all employees of their rights and benefits from medical aid, life insurance, pension and social security funds. This should include information on intended changes to the structure, benefits and premiums to these funds.
- 6.8 Risk Management, First Aid and Compensation
 - 6.8.1 Where there may be an occupational risk of acquiring or transmitting HIV infection, appropriate precautionary measures should be taken to reduce such risk, including clear and accurate information and training on the hazards and procedures for safe work.
 - 6.8.2 Employees who contract HIV infection during the course of their employment should follow standard compensation procedures and receive standard compensation benefits.
 - 6.8.3 Under conditions where people move for work, government and organizations should lift restrictions to enable them to move with their families and dependants.
 - 6.8.4 People who are in an occupation that requires routine travel in the course of their duties, should be provided with the means to minimize the risk of infection including information, condoms and adequate accommodation.
- 6.9 Protection Against Victimization:
 - 6.9.1 Persons affected by or believed to be affected by HIV or AIDS should be protected from stigmatization and discrimination by co-workers, employers or clients. Information and education are essential to maintain the climate of mutual understanding necessary to ensure this protection.
 - 6.9.2 Where employers and employees agree that there has been adequate information and education provisions for safe work, then disciplinary procedures should apply to persons who refuse to work with an employee with HIV/AIDS.
- 6.10 Grievance Handling:
 - 6.10.1 Standard grievance handling procedures in organizations, in labour and civil law, which apply to all workers should apply to HIV-related grievances. Personnel dealing with HIV-related grievances should protect the confidentiality of the employee's medical information.
- 6.11 Information
 - 6.11.1 Government should collect, compile and analyse data on HIV/AIDS and sexually transmitted diseases and make it available in the public domain. Stakeholders should co-operate in making available national data for monitoring and planning an effective response to the regional health, human resource, economic and social impact of the AIDS epidemic.

6.12 Monitoring and Review

- 6.12.1 Responsibility for monitoring and review of the Code and its implementation should lie with the parties to the tripartite Labour Advisory Council and with the Ministry of Labour.

II. Composite resolution No. 5: HIV/AIDS in sub-Saharan Africa

The 27th World Congress of Public Services International, meeting in Ottawa, Canada, from 2-6 September 2002,

NOTES that while no country has been spared from the Acquired Immune-Deficiency Syndrome (AIDS) epidemic, 70 per cent of the 40 million people infected with HIV/AIDS live in sub-Saharan Africa; and

RECOGNIZES that the HIV/AIDS epidemic in sub-Saharan Africa has become a crisis with devastating consequences for human, social and economic progress, as AIDS is the leading cause of death killing 2.3 million Africans in 2001, 3.4 million new HIV infections occurred this past year with 28.1 million Africans now living with the virus, and HIV prevalence rates in some Southern African countries are 30 per cent and above; and

IS DISTRESSED to know that some of highest rates of infection are among teachers, health workers and other professional employees; and

REALISES that despite all current efforts, international resources devoted to combating the HIV/AIDS epidemic in sub-Saharan Africa are not equal to the size of the problem; and

ACKNOWLEDGES that high-level political commitment from the international community is critical to strengthening the response to the HIV/AIDS epidemic in sub-Saharan Africa; and

RECOGNIZES that some progress has been made in lowering the price of HIV/AIDS drugs to Africa, but

CONDEMNS those multi-billion dollar pharmaceutical corporations that have demonstrated strong determination to use global patent rules introduced by the World Trade Organization (WTO) to maintain their grip on the manufacture, distribution and pricing of brand-name HIV/AIDS drugs worldwide because they are driven by the hard-headed pursuit of profit; and

APPLAUDS the Public Services International for preparing and distributing detailed and insightful information aimed at raising awareness of the HIV/AIDS epidemic in sub-Saharan Africa; and

RECOMMENDS that the PSI continue to develop a comprehensive plan of action on the issue of AIDS in sub-Saharan Africa that is both 'educational' and 'political' in nature; and

SUGGESTS that the PSI encourage all affiliated unions to make the issue of AIDS in sub-Saharan Africa a priority in international solidarity efforts, and that PSI works in co-operation with other global union federations to seek greater resources from nations for HIV/AIDS prevention programmes and medical assistance to help stricken regions of Africa;

URGES the PSI to make one goal of its action plan to encourage governments and the international community to devote more financial resources to the treatment and prevention of HIV/AIDS in sub-Saharan Africa and to the research efforts aimed at developing a vaccine; and

ENCOURAGES the PSI to continue demanding changes to global patent rules and promoting the use of generic drugs to cut the cost of HIV/AIDS drugs to treat the people of sub-Saharan Africa.

NOTES that the positions adopted by certain religious authorities relating to individual protection will do nothing to improve the situation.

III. Government to look at Aids impact in workplace

CAPE TOWN -- The Department of Trade and Industry (DTI) will be approaching companies to gain a clearer understanding of the impact Aids is having in the workplace, Minister Alec Erwin said this week. Briefing MPs on a new government plan to boost the economy's competitiveness, he said South Africa needed more accurate information on the impact of the disease. One area that needed to be looked at was what plans to put in place to counter a possible loss of skills. "If there are changes in the workforce, we must deal with it. We need to identify what is happening ... we don't have accurate records, and we must get them."

The department could look at company staff records, as well as pension fund and medical aid spending, to examine the effect of Aids. Erwin was speaking on day one of six days of public hearings -- conducted jointly by the National Assembly's trade and industry committee and the National Council of Provinces' economics committee -- on the new integrated manufacturing strategy (IMS). The minister has been criticized for ignoring the epidemic in the recently unveiled plan, which aims to accelerate economic growth and boost the competitiveness of the local economy.

Erwin said on SAFM radio last week that the disease did not seem to be having a "severe impact" on the skills level and life expectancy of the workforce. This contradicts numerous independent studies, including one released by labour consultants Andrew Levy and Associates last week that estimated about 30 percent of the country's workforce will be HIV-positive in 2005.

■ *Dispatch Online. Thursday, April 25, 2002*



**C'EST QUE LE MOMENT
DE NOUS
INFORMER EST VENU**

INFORMATION = PROTECTION

AN MEF - ILO
PROJECT ON AIDS AT THE WORKPLACE

The main body of the poster features a grayscale background of industrial machinery. It contains the text "C'EST QUE LE MOMENT DE NOUS INFORMER EST VENU" in a large, white, sans-serif font, followed by "INFORMATION = PROTECTION" in a smaller, white, sans-serif font. At the bottom, it says "AN MEF - ILO PROJECT ON AIDS AT THE WORKPLACE" in a small, white, sans-serif font. There are two circular logos at the bottom: the MEF logo on the left and the ILO logo on the right.

**SIDA NOUS
REGARDE**



**QUE LE MOMENT
DE NOUS**

Module 5 > 5

contents

Introduction	1
How does gender inequality promote the spread of HIV/AIDS?	3
Men and masculinity	5
Gender issues at the workplace	7
Working towards gender equality	11
<i>Learning activities</i>	15

Introduction: this module is for men, too!

This module is not a “women’s module”. Men should read it for their own sake, and for the sake of their families, communities and colleagues. Understanding how gender issues affect the spread and impact of HIV/AIDS is equally important for men and women.

Our views about men and women, about the roles that each play in the family, in society and at work, are strongly held. Our feelings about sexual behaviour also run deep, and many think that this should remain a private and personal matter.

You may think that the workplace, or a workshop about HIV/AIDS, is not the place to discuss these views and issues. But if we do not talk about gender and sex, we are left without defences. Globally, between 70 and 80 per cent of all HIV transmission is through sexual contact.

To stop AIDS, Africa must start talking about sex

AIDS is not like smallpox or polio. We may not be able to eliminate it simply with a one-time vaccination or course of shots for children, since new strains of HIV are constantly evolving. And, unlike other communicable diseases we have encountered most often in the past, HIV is transmitted through the most intimate and private human relationships, through sexual violence and commercial sex and because of women’s poverty and inequality.

...We must summon the courage to talk frankly and constructively about sexuality. We must recognize the pressures on our children to have sex that is neither safe nor loving and provide them with information, communication skills and, yes, condoms.¹

Pascoal Mocumbi, Prime Minister of Mozambique

We need to face up to the doubly sensitive issue of power relations between men and women and their sexual relations.

How do these issues affect the workplace? People do not leave their cultural and sexual identity behind when they arrive at their place of work, and information gained at work can be taken home and shared.

The ILO takes a human rights approach to HIV/AIDS, made explicit in the Code of Practice through ten key principles - one of these principles is gender equality. This is also very practical: the Code stresses the fact that successful prevention will depend on “more equal gender relations and the empowerment of women”.

¹ *The Courier*; (ACP-EU, Brussels) No. 188, September-October 2001

4.3 Gender dimensions of HIV/AIDS should be recognized. Women are more likely to become infected and are more often adversely affected by the HIV/AIDS epidemic than men due to biological, socio-cultural and economic reasons. The greater the gender discrimination in societies and the lower the position of women, the more negatively they are affected by HIV. Therefore, more equal gender relations and the empowerment of women are vital to successfully prevent the spread of HIV infection and enable women to cope with HIV/AIDS

■ ILO Code of Practice on HIV/AIDS and the world of work

This module explores why gender equality is important in the fight against HIV/AIDS and discusses how employers' and workers' organizations can apply this key principle in the world of work.

We know that the majority of trade union leaders and employers are men. But we stress again that this is not a women's issue - it is an issue for everybody.

The distinction between 'sex' and 'gender':

Sex refers to the universal biological differences between men and women.

Gender refers to male and female behavioural norms and social roles. These are not universal or 'natural' but are learnt or acquired. They vary from one society to another and have changed over time.

How does gender inequality promote the spread of HIV/AIDS?

Inequality in gender operates in many ways, most of which reinforce each other and also promote the spread of the epidemic:

Inequality in personal relations

Women in many different cultures are systematically assigned inferior social and economic roles. This leaves them less powerful in their relationships with men. As a result they are often unable to resist men's expectations about sex. They cannot negotiate safe sex or refuse unsafe sex - even if their partner engages in high-risk behaviour. Some men may not want to use a condom, or they may want numerous sexual partners. According to UNAIDS, up to 80 per cent of HIV-positive women in long-term relationships acquired the virus from their partners.

In its most extreme form, this inequality results in violence against women - rape, sexual assault, beatings. It is most often perpetrated by the woman's partner. Studies of women in all regions show that about half of them have been physically abused by an intimate partner.² In Russia, one murder in five is committed by the victim's spouse, and in the majority of cases the victim is a woman.

Inequality before the law

Unequal property, custody and support laws in some countries mean that women's rights often depend on their fathers and husbands. Widows are in a particularly weak position: after losing her husband to AIDS a woman may also lose her home and land, and even be blamed for her husband's illness. This can force widows into 'survival sex'.

Education and health

Women are also disadvantaged because of lower levels of literacy - a result of a lack of investment by governments and families in the education of girls. They are therefore less able to access information and education about HIV/AIDS.

Health services often fail to provide facilities for women, particularly reproductive health care. Maternal mortality is increasing in a number of countries where structural adjustment has led to cuts in the provision of health care. Women are also more likely to be malnourished and anaemic, making them more susceptible to infection.

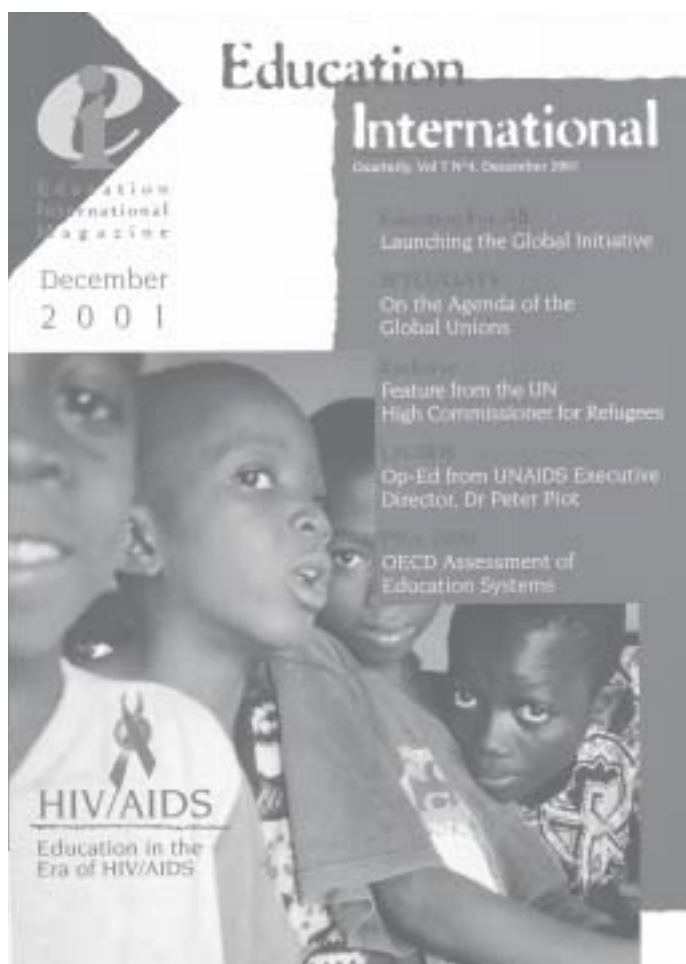
Women as carers

The burden of caring for sick family members and neighbours falls more often on women and girls than men, thus increasing their workload and diminishing income-generating and schooling possibilities. Where orphans are taken in by the extended family, it is women who provide most of the care.

² UNAIDS: *Gender and AIDS Almanac* (New York, 2001)

The special vulnerability of girls

The average age of infection for women is much lower than for men. The UNAIDS Report on the global HIV/AIDS epidemic, 2002, shows that in Africa HIV prevalence in the 15-24 age group is twice as high among females as among males. The girl child is especially vulnerable in a number of ways. There is a simple fact of biological development. Until her body is fully physically developed, a girl's reproductive system is more likely to be torn during sex, making her more vulnerable to sexually transmitted infections (including HIV). There is also the persistent myth that sex with a virgin will cure a man of the virus, and the belief that younger females are less likely to be infected. Young women are also the least able to assert or protect themselves against persuasion or coercion by older men. This can result in commercial sexual exploitation, with increasing numbers of girls being trafficked, but it can occur in any situation where a male is in a position of authority and power over younger people.



Men and masculinity

If we want to reduce the vulnerability of women to HIV infection, and the spread of the disease, we must look at ways of making men and women more able to negotiate their relationships on a basis of equality. The discussion of the gender dimension of HIV/AIDS in Appendix I of the Code stresses the fact that “men have an important role to play in adopting and encouraging responsible attitudes to HIV/AIDS prevention and coping mechanisms.”

This does not mean blaming men, or ignoring the pressures on them to behave in certain ways. On the contrary, it means improving our understanding of masculinity – the characteristics of male behaviour and the many factors that shape it, and rejecting the many stereotypes that surround it. Men also have expectations and burdens placed upon them, which contribute to their vulnerability. Just as women are often expected to remain within the home, and assume the main responsibility for child care and domestic labour, men are expected to be the chief provider of income through work - however dangerous, dirty or unpleasant. This can be a source of pride, but also of stress. Men are unable to spend much time with their children. They may travel within their country, or even abroad, to find work. Or they have to take jobs that mean they are away from their families for long periods – as is the case with seamen or truck drivers, for example.

In many societies men are also expected to be powerful and strong, not to show feelings, or talk about feelings. They can also believe that they should “know about sex and what to do”, though they may not. When men won’t admit to NOT knowing, it makes it harder for them to receive information about AIDS.

Being a man means ...

Many workers experience such poor working and living conditions that their behaviour pattern outside work includes ‘macho’, risk-taking and exploitative activities. In this case, the absence of decent work encourages the spread of HIV/AIDS.³

Trade unions in the Wazirpur area of New Delhi have pointed out that workers there carry out heavy and dangerous work for 12 hours a day under the close supervision of their employer. The workers are young male migrants from other parts of the country – who have left their homes before the age of eighteen - and who send money back to their families. They feel they are at imminent risk of serious injury or death. In this situation, they have developed a ‘macho’ sense of themselves: “Being a man means facing hardships, taking care of family and chasing women”. They are frequent users of commercial sex workers and generally have unprotected sex.

³ “Stresses and risks” in *Frontline* (Chennai, 11 May 2001)

Men who have sex with men

Men who have sex with men do not necessarily consider themselves to be homosexual. They may regard it as a phase before marriage, or not “real sex”, or it may be convenient to have a wife and family while continuing sexual relations with men. They often still have an image of themselves as heterosexual.

In many countries, homosexuality is still considered a crime. In the early 1980s, AIDS was stereotyped as a “gay disease”, which only affected homosexual men.

The double stigmatization of the disease itself and of homosexual men meant that precious years were lost in the fight against HIV/AIDS. Resources were not provided for crucial research into the virus, education about the disease was under-funded, and men did not come forward for testing – with the result that the infection spread.

Here again, the human rights approach is also the most effective. Recognizing the right of human beings to determine and control their own sexual behaviour - including the rights of men who choose to have sex with other men - will help the fight against HIV/AIDS.

Gender issues at the workplace

How does gender affect the world of work, and what action can be taken at the workplace to promote equality and empower women in the fight against HIV/AIDS?

Aspects of inequality

Women's lower status in society and their poorer income-generating possibilities make them more vulnerable to the economic impact of HIV/AIDS. Women are more likely to be in the urban informal sector, in subsistence farming, or in the most poorly paid jobs in the formal sector. This means a low income for most and little social or economic security, in terms of savings, insurance or social security.

The world of work is unequal in many ways. Compared to men women still face:

- unequal hiring standards
- unequal opportunities for training and retraining
- unequal pay for equal work
- segregation and concentration in a relatively small number of 'women's jobs'
- unequal access to productive resources, including credit
- unequal participation in economic decision-making
- unequal promotion prospects
- greater likelihood of being unemployed.

Violence against women at the workplace

Women often find themselves in positions of weakness and dependence at the workplace which easily lead to sexual harassment and abuse. It can be very difficult to say "no" to the boss or the landlord, to the official who can deny you a licence, to the lorry driver who can refuse to transport your goods, to the policeman who can keep moving you on in the street. A survey of 200 women in the United Republic of Tanzania⁴ discovered that 90 per cent of them felt that sexual harassment threatened their jobs and economic survival.

Research in Kenya's export-oriented sectors such as the coffee, tea, and light manufacturing industries found that women experienced violence and harassment as a normal part of their working lives:⁵

⁴ ILO: *HIV/AIDS and the world of work in Tanzania*, East Africa Multidisciplinary Team, 1995

⁵ International Labour Rights Fund: *Violence against women in the workplace in Kenya* (Washington, May 2002)

- over 90 per cent of the women interviewed had experienced or observed sexual abuse within their workplace;
- 95 per cent of all women who had suffered workplace sexual abuse were afraid to report the problem, for fear of losing their jobs;
- 70 per cent of the men interviewed viewed sexual harassment of women workers as normal and natural behaviour.

Violence also happens to women on their journey to and from work. In some societies, there is a view that it is justified to attack women who work outside the home. A study in Bangladesh found that more than fifty women were raped while travelling to and from work in a six-month period; five of them were murdered.

This level of violence at work occurs in a context of high levels of violence against women in the home. It was only in 1993 that it was internationally recognized that violence against women is a denial of their human rights (at the Vienna Human rights conference).

What is sexual harassment?

Sexual harassment is any repeated and unwanted verbal or physical sexual advance, sexually explicit derogatory statement, or sexually discriminatory remark ... which is offensive to the worker involved, which causes the person to feel threatened, humiliated, patronised or harassed, or which interferes with the person's job performance, undermines job security or creates a threatening or intimidating environment.

...

Sexual harassment encompasses a wide range of repeated and unwanted sexual advances including: unnecessary physical contact, touching or patting; suggestive and unwelcome remarks, jokes, comments about appearance; deliberate verbal abuse; ...demands for sexual favours; physical assault.

From *Sexual Harassment at Work: A Trade Union Guide*, International Confederation of Free Trade Unions (ICFTU)

Decent work?

Pressures on both men and women to earn income, and to work in difficult and demanding conditions, can increase their susceptibility to infection. The Code avoids naming occupations and groups of workers generally associated with higher than average levels of infection, but it does explain that:

Certain types of work situation are more susceptible to the risk of infection than others although the main issue is one of behaviour, not occupation. The following is an indicative list:

- *work involving mobility, in particular the obligation to travel regularly and live away from spouses and partners;*
- *work in geographically isolated environments with limited social interaction and limited health facilities;*
- *single-sex working and living arrangements among men;*
- *situations where the worker cannot control protection against infection;*
- *work that is dominated by men, where women are in a small minority.*

■ ILO Code of Practice on HIV/AIDS and the world of work, Appendix I.

It is interesting to note that most of these categories apply to men more than to women.

Rights for truck drivers in Africa

The International Transport Workers' Federation (ITF) carried out a study of truck drivers in East Africa. Separated from their families for a long time, waiting for days at border crossing points, and taking routes well supplied with bars, they frequently use sex workers. The ITF study concluded that:

Transport workers'... complex variety of sexual relationships is strongly linked to the nature of their work and the socio-economic conditions with which they live and work. Their sexual behavioural patterns are closely associated with their efforts to meet their basic needs and respond to poor social organization. Exclusion from a decent community life and victimization as carriers of HIV infection has contributed to the rapid spread of HIV among transport workers and the communities with which they closely interact. Therefore without observance of the rights of truckers, starting with a redress of their working and living conditions, no meaningful response to the control of HIV transmissionis possible.⁶

Sex workers

While sex workers include a number of men, the vast majority are women. Attitudes towards the sex sector vary enormously, from attempts to deny its existence in some countries to punishment and regulation. The sex sector involves considerable exploitation - including, in the worst cases, the use of trafficked children - and is often connected to organized crime and drug abuse.

⁶ International Transport Workers' Federation: *AIDS and transport: the experience of Ugandan road and rail transport workers and their unions* (London, 2000)

Many women do sex work because of poverty, or they may be coerced into it by family members or agents. Associations of sex workers resist the idea that they are always exploited, but they make choices within a limited range of options. Economic and social vulnerability remain strongly associated with women involved in commercial sex.

We must recognize that this is a profitable industry. One estimate for a typical brothel in Bangkok using children is that it generated a monthly profit of more than \$ 80,000.

There are enormous vested interests in maintaining the flow of cheap girls into the trade.⁷ In Indonesia, it has been estimated that the sex sector has a financial turnover of between US\$ 1.1 million and \$ 3.3 million per year; in Thailand \$ 300 million are transferred from urban to rural areas as remittances by sex workers - more than government spending on development.⁸ However, the sex sector is not recognized in official statistics and the money it generates does not appear in national accounts.

Most legislation still focuses on punishing sex workers and is based on moral judgements. The sex trade continues to flourish because of the profits to be made (though rarely by the women involved) and patronage by politicians and police. But since sex workers lack legal recognition, they have limited rights and, in most situations, little or no power. They are rarely able to insist that clients use condoms. In a few cases, where sex workers themselves have been empowered and authorities have supported campaigns to use condoms, this has had some effect.

Peer education in Abidjan, Cote d'Ivoire, has been successful in building unity among sex workers to insist on condom use. The Sonagachi project in Kolkata, India, is a good example of a wide-ranging project that includes child care, training and community development as well as measures to prevent infection and combat the stigma that surrounds sex workers.

A coherent and consistent policy towards the sex sector is lacking in most countries. We do not propose to discuss here what such an approach might involve. Clearly some activities, such as child prostitution, are completely unacceptable (and defined as one of the worst forms of child labour by the ILO).

What we can suggest, in relation to HIV/AIDS, is that recognition of sex workers as workers, with workers' rights, would help empower them to insist on the use of condoms and to refuse unsafe sex.

⁷ Bales, K.: *Disposable People* (London, 1999) p. 55

⁸ Lim, L. L.: *The Sex Sector: The economic and social bases of prostitution in Southeast Asia* (ILO, Geneva, 1998)

Working towards gender equality

The ideas that people have about gender roles are not left behind when workers arrive at the workplace. Employers' and workers' organizations have tremendous influence and can play an important leadership role in modifying attitudes. They should be backed up with messages from government and action through laws, statutory benefits, taxation, child care provision, and equal opportunities initiatives.

Any action that strengthens the position of women will help the fight against HIV/AIDS - firstly, by challenging attitudes and structures that disadvantage women and, secondly, by providing a greater range of economic alternatives. To put it simply, women who have more money are under less pressure to continue in unequal relationships with men who refuse to practise safe sex. And women who are financially independent do not need to sell themselves and their daughters in order to survive.

Trade unions and employers have an important role to play in raising the status of women. The percentage of women in the formal economy is very low and has actually declined in the last 20 years in some sectors. Unions and management need to review employment policies and structures. If discrimination at work is opposed, this helps the process of challenging it in society.

Education, for men and women, plays a key part in this process. There is a place for both separate and mixed activities. Women's education has become established in the programmes of many trade unions, but men-only education, with an emphasis on gender roles and issues, is very rare. Every effort should be made to ensure that mixed courses and workshops on gender issues have an equal participation of men and women. Gender should not be presented or interpreted as covering 'women's issues'.

Education should cover issues such as:

- psychosocial health, including violence at work;
- reproductive health;
- men's and women's social and economic roles;
- family responsibilities;
- working time.

ILO standards

A substantial number of ILO instruments, declarations, resolutions, publications and training packages deal with these issues. They include:

- Equal Remuneration Convention, 1951 (No. 100) and Equal Remuneration Recommendation, 1951 (No. 90)
- Discrimination (Employment and Occupation) Convention, 1958 (No. 111)

- Workers with Family Responsibilities Convention, 1981 (No. 156)
- Maternity Protection Convention, 2000 (No.183)
- Declaration of Equality of Opportunity and Treatment for Women Workers and Resolution concerning a Plan of Action with a View to Promoting Equality of Opportunity and Treatment for Women Workers (1975)
- Resolution on Equal Opportunities and Equal Treatment for Men and Women Workers (1985)
- Plan of Action on Equality of Opportunity and Treatment of Men and Women in Employment (1987)
- *Promoting gender equality: a resource kit for trade unions.*

Gender equality and HIV/AIDS in the world of work

A number of specific steps can be taken to address gender inequality in the context of HIV/AIDS:

- Workplace programmes for prevention and care should be gender-sensitive: this is covered by the relevant modules. Education and training are essential to changing attitudes, behaviour, and rules governing workplace and personal relationships between men and women.
- Work patterns should be avoided which separate workers from their families for prolonged periods. Problems are experienced where, for example, mine workers are living in single-sex hostels and are unable to live with their families. We have already discussed the situation of truck drivers. Even if these working patterns are difficult to change, conditions can at least be improved - facilities for rest and recreation could be provided as well as family accommodation (see Module 3).
- Enterprises need to be careful that their business practices do not encourage or condone risk-taking behaviour: it is relatively common practice for businesses to entertain their clients by paying for various services from the sex sector as part of their business entertainment expenses.⁹
- Employers' and workers' organizations can ensure that there is zero tolerance for violence and harassment against women at work. Procedures for complaints by women should be simple and support should be made available. Trade unions should make it clear to union members that this is regarded as a trade union issue. Employers should make it very clear that violence or harassment is a disciplinary offence.

⁹ Lim, L.L.: *The Sex Sector* (ILO, 1998)

- Special efforts could be made in workplace medical facilities to diagnose and treat sexually transmitted infections. The evidence is that a very large number of women and men have undiagnosed STIs and this makes them much more vulnerable to HIV.

Sector-specific measures

Some industries have taken very practical measures. The World Tourism Organization, for example, has promoted a multi-stakeholder initiative against child prostitution in the tourism industry, and industry associations have endorsed this and adopted their own statements or codes.¹⁰

In the Philippines, the National Union of Workers in the Hotel, Restaurant and Allied Industries (NUWHRAIN) has included a clause about prostitution tourism in its collective agreements with hotels. The clause is based on a model agreement developed by the International Union of Foodworkers (IUF), a global union federation. The IUF has carried out extensive research on the problem of sexual exploitation, especially of children, in the tourism sector.

Extract from the IUF model agreement

Hospitality facilities (hotels, restaurants, bars, etc.) shall display and make available to their customers information concerning the fight against prostitution tourism.

Employees at hospitality facilities shall have the right and make it their duty to report to their union any customer request having to do with child prostitution. Unions shall inform management about those matters and examine ways to discourage this type of request.

Employees shall have the right and make it their duty to refuse to respond to any request having to do with child prostitution. In the event thereof, management of hospitality facilities undertakes to support employees in any dispute with customers. No disciplinary measure whatsoever shall be taken against an employee having declined to act upon a request by a customer having to do with child prostitution.

No children may be employed in hospitality facilities, even on a voluntary basis. As a rule, young workers shall not work at night, in particular at jobs where they are in contact with customers.

Trade unions are encouraged to urge employees in the sector to report any suspicious situation, so that unions may act upon the matter with employers.

Employers' associations undertake to take steps - if necessary with respect to their own members - aimed at putting a stop to the sexual exploitation of children wherever it comes to their attention.

¹⁰ For the WTO statement and other information on the WTO campaign see: http://www.world-tourism.org/protect_children/wto_statement.htm

Conclusion

Gender equality is one of the key principles of the ILO Code of Practice and is enshrined in a number of UN treaties and declarations. It also makes sense: to fight HIV and AIDS, we must address gender inequality and promote gender equality in the world of work at the national, sector and enterprise level. Addressing the social and economic pressures on women and men to behave in certain ways is fundamental to the campaign against HIV/AIDS.



ACTIVITY 1

Tackling embarrassment

AIMS To break the ice in talking about sex.

TASK Take a piece of paper and write down two or three words (or more, if you like) describing sexual practices or intimate parts of the body.

Put the pieces of paper into a hat and mix them up.

Everyone picks out a piece of paper and reads out the words. Discuss what's embarrassing about them.

If you really cannot do this, leave your piece of paper blank!

ACTIVITY 2

Encouraging condom use

AIMS To identify barriers to condom use.

TASK Using condoms is recognized as an effective way to prevent infection. But it is still not as widespread as it should be.

As with the previous activity, take a piece of paper and write down a reason you have yourself, or that you have heard, for not using condoms. It does not matter whether you are a man or a woman. A woman could write: "My partner/my friend's partner will not use a condom because..." or she could comment on the female condom. A man could write: "I will not use a condom because..." or "I know some men who will not use a condom because..."

Put the pieces of paper into a hat. Mix them up.

Everyone picks out a piece of paper and reads out the words.

You can then discuss in your group the various reasons given and what can be done to respond to them.

ACTIVITY 3

Condomize the enterprise

AIMS To promote condom use.

TASK This is a role play. There are three groups at a union committee meeting.

Group A : you are the women's sub-committee of the union branch committee in an enterprise employing more than 1000 workers. Following a talk about AIDS organized by the company doctor, you have discussed the problem and decided that there should be a condom campaign at your workplace with machines dispensing condoms, posters etc. You have gone to the full union committee with this proposal.

Group B : You are members of the union committee. You are shocked by the women's proposal. It will encourage promiscuity. Anyway, it has nothing to do with work. The union should stick to bargaining about wages, holidays, and safety.

Group C : You are also members of the committee. Although you have no objection to the women's proposal - in fact you think it's a good idea – you feel it's not worth dividing the committee over the issue. Unity is the most important thing.

Somebody also needs to play the role of chairperson for the meeting, and two people should be observers, whose job is to take notes on the discussion and the strong and weak points used by each group.

When the groups have been chosen, each group should spend five minutes preparing the arguments they will use.

Spend no more than thirty minutes on the role play.

Afterwards, get out of your role. It is important not to go on having the debate! Discuss the key points made by each group and how the others responded to them. The observers should say what they think first.

Then discuss how condom use can be promoted in your workplace.

ACTIVITY 4

Workers with family responsibilities

AIMS To discuss attitudes to talking about sex with young people.

TASK In your group, discuss your response to the following statements:

1. 'To prevent the spread of HIV and AIDS, young people must abstain from sex. Talking about safe sex and telling young people to use condoms gives them the idea that under-age sex is OK, and encourages promiscuity.'

2. 'I would prefer to give my children condoms than have them get sick with AIDS.'

ACTIVITY 5

Gender dimensions of HIV/AIDS

AIMS To understand the gender dimensions of the HIV/AIDS pandemic.

TASK In your groups, read through "The gender dimension" from Appendix I of the Code of Practice (Basic facts about the epidemic and its implications).

Can you think of any examples from your own experience which illustrate the greater vulnerability of women? And the ways in which men are particularly affected by HIV?

Report back to the whole workshop.

ACTIVITY 6

What women want

AIMS To think about the needs of women workers.

TASK Ask the women at your workplace (or discuss in your group):

What problems do you face at work? What would be your first priority if you were able to make some changes?

What single thing would make combining your home life and working life easier?

Prepare a report and put it on a chart.

ACTIVITY 7

Mr Big

AIMS To help you discuss responsible and irresponsible behaviour.

TASK This is a role play. You are a group of workers talking in the canteen.

One man boasts about his sex life, his many partners, and so on.

Others react in a variety of ways, including one at least who warns about AIDS and makes sensible suggestions about preventing risk.

ACTIVITY 8

Educating workers

AIMS To think about how workers can be encouraged to understand HIV/AIDS and how to prevent it.

TASK In your group, think about the education and information available at your enterprise about HIV/AIDS.

Think about whether the messages apply equally to men and women.

Discuss the different ways in which men and women perceive certain issues, such as:

- the way HIV is spread;
- the myths about how HIV is caught and how it is 'cured';
- the protection available to men and women workers against HIV.

Now decide whether you need to review the education and information available at your enterprise.

No Cover
No Lover!!

DO IT RIGHT-
DO IT SAFE!

Use Safely

Safe
SEX
DRUGS
ROCK N ROLL

If you go for
Go SAFE

ALWAYS
SAFE
Always
New!

**GET
REAL**

**GET
SAFE**

USE
A
CONDOM
Always!!

Be Cool

DO IT RIGHT-
DO IT SAFE!

USE
Safely

GEOG
WAS
HERE

The Building Trades Group of Unions does not encourage or condone the use of drugs. We do, however, recognize that some individuals choose to use them, and at those times we encourage and support safe practices.

For more information phone

**THE BUILDING TRADES GROUP OF UNIONS
DRUG & ALCOHOL COMMITTEE**

(02) 9394 9397

A.D.I.S.

OR

NUAA

(02) 9331 2111

(02) 9369 3455

NSW HEALTH
DEPARTMENT

NUAA
NATIONAL UNION OF
ALCOHOL & DRUG ABUSERS

YOUR UNION - PROTECTING YOU

Module 6 > 6

contents

Introduction	1
Success stories	2
Prevention at the workplace	6
Gender-specific programmes	10
Peer educators	11
Protecting young people	15
Mother to child transmission	16
Workplace programmes: case studies	18
<i>Learning activities</i>	21
<i>Reference materials</i>	30

Introduction

It is a message that cannot be repeated too often: there is no cure for AIDS. A cheap, effective vaccine is years away. The only way to stop the spread of HIV infection is through prevention. HIV is a fragile virus. The ways it is spread are well known, as are the ways to prevent transmission.

It is therefore vital to

- constantly reinforce the simple facts about HIV infection, how it is spread and not spread, and how to prevent it;
- contradict the persisting myths about HIV and AIDS;
- combat the superstitions and taboos related to sexual behaviour;
- promote and support behaviour change.

This module looks at prevention and the role of governments, employers and workers in developing strategies and programmes to prevent HIV infection - in the workplace and also outside, in communities where the world of work can give a lead. It is followed by a module on care and support, although in practice prevention and care should not be developed as separate activities.

The World Health Organization says that:

Prevention, care and support are inseparable. The provision of good quality care and support prolongs and improves the quality of life, and provides opportunities for HIV prevention efforts. When HIV-positive people are treated with compassion and respect, not only are they more likely to act responsibly towards those around them, but they can also become powerful and credible advocates of HIV prevention. On the other hand, when the provision of care is undermined, or those affected by HIV/AIDS are stigmatized, the chances of success of preventative approaches recede.¹

¹ UNAIDS: *HIV Prevention Needs and Successes: A tale of three countries* (Geneva, 2001)

Success stories

As workplace activities take place within the framework of national policies, it is useful to look at some examples of national HIV/AIDS prevention programmes.

Several countries have been relatively successful at turning back the rate of increase in HIV infections. These countries nevertheless caution that there is a need for continued vigilance to ensure that progress is maintained and new areas of infection do not open up.

We will look at what three countries have done: Thailand, Uganda and Australia

Thailand

The national response to the epidemic in Thailand moved from a reluctance to take the issue seriously in the 1980s to the development of one of the most comprehensive HIV/AIDS programmes in the world. As a result, it is calculated that overall behaviour change reduced the annual number of new HIV infections from 143,000 in 1991 to 29,000 in 2000. An extensive and intensive prevention programme was introduced in 1990/1991, which combined mass media campaigns, focused interventions and community mobilization. A national multisectoral committee, chaired by the Prime Minister, oversaw the programme. Some of the main elements were:

- focusing on populations with high-risk behaviour, such as sex workers, injecting drug users and army conscripts;
- delivering safe sex messages to the general population through the mass media, with a special emphasis on young people;
- using the extensive family planning networks with their community educators for HIV/AIDS prevention;
- developing programmes to treat sexually transmitted infections (STIs) and reduce their prevalence in high-risk groups;
- promoting a policy of 100 per cent condom use among commercial sex workers;
- introducing legislation that protects the human rights of people with HIV and AIDS.

Even so, one in a hundred Thais is infected with HIV, AIDS is the leading cause of death, and the country is facing the challenges of care and of ensuring that prevention efforts remain adapted to changes in the epidemic.

Uganda

Uganda was one of the first countries in sub-Saharan Africa to experience the devastating effects of AIDS. By 1993 1.5 million Ugandans were infected, at that time the highest prevalence in the world.

According to President Museveni, the Ugandan government drew inspiration from a traditional saying, “When a lion comes into your village you must raise the alarm loudly”. An important part of its approach was to ensure the participation of all ministries, set out in *A Multisectoral approach to AIDS* (1993), and to build a consensus among religious, political and community leaders.

Measures taken to “raise the alarm” included:

- the use of radio and TV to get over a safe sex message;
- rallies in rural areas to mobilize communities;
- enlisting the support of churches and mosques;
- education in schools throughout the country;
- measures to empower women and promote women’s leadership.

Other measures such as same-day results for HIV testing, social marketing of condoms, and self-treatment kits for sexually transmitted infections have played an important part in reducing infections (as has ensuring the safety of blood transfusion supplies).

As a result of these measures:

- in Kampala the level of HIV infection among pregnant women attending antenatal clinics fell from 31 per cent in 1993 to 14 per cent by 1998;
- outside Kampala, infection rates among pregnant women fell from 21 per cent in 1990 to 8 per cent in 1998;
- infections among men attending clinics for the treatment of STIs fell from 46 per cent in 1992 to 30 per cent in 1998;
- the average age at which young people experience their first sexual encounter has risen from 14 to 16 and 17 for girls and boys respectively.

What is particularly significant about Uganda is that community action and leadership extended and reinforced government action. One example is the women’s section of the National Union of

Plantation and Agricultural Workers, which became known for taking messages about HIV/AIDS, among other issues, into villages all over the country through song, dance and drama.

Australia

Australia is often quoted as one of the earliest success stories in dealing with HIV/AIDS. The virus first spread through the gay community and was also a problem amongst intravenous drug users. The annual incidence of HIV infection peaked in 1983/84 and has continuously declined since then. The number of AIDS cases reached a peak in 1994 at just less than 1000 and by 1999 had declined to 196.

Amongst the reasons for this early success were:

- the development of a National Strategy to combat AIDS in 1989;
- partnership between government, the affected communities and medical, scientific and health-care professionals to ensure co-ordinated action, based on respect and open communications between them;
- the involvement of the gay community in framing education, prevention and care initiatives;
- existing networks in the gay community that ensured rapid mobilization to disseminate prevention messages and combat stigma and discrimination;
- the extensive use of needle and syringe exchange programmes;
- secure funding to support education and prevention.

As in other countries, leadership was an important component at both political and community levels, together with the active involvement of affected groups. In addition to the effective control of HIV infection, Australia has also developed considerable expertise in the treatment and care of people living with HIV/AIDS.

Key lessons

From these three countries, and other examples, certain key lessons can be drawn for prevention:

Leadership - The role of leadership is of crucial importance, both at the highest political level and in the community.

Multisectoral strategy and broad alliances - The national strategy should involve all ministries and a range of civil society bodies, not only those in the health sector; ministries of labour are often left out of national AIDS structures, but have a vital contribution to make, and it is essential that employers and workers be represented on national AIDS bodies.

Multi-level strategy - Action is needed at national, regional and local levels for the HIV/AIDS strategy to be implemented successfully.

Participation - People at risk from or affected by the epidemic, including people living with HIV/AIDS, should be actively involved in planning and implementing the national strategy at all levels.

Overcoming cultural barriers and taboos - It is vital to go into the 'no-go' areas and help people talk about attitudes and behaviour, even in difficult areas like sexual relations. There is a need to understand how the disease is spread in a community in order to develop initiatives to prevent new infections.

Behaviour change - Changing behaviour is difficult and requires helping individuals understand and learn to manage their own risk: it has to be based on accurate and accessible information and supported by practical support such as condom provision or clean needles.

Effective targeting - Messages must be aimed at the right group or groups: persuading sex workers to use condoms is of little consequence if the client determines whether they are used or not. The approach itself also needs to be appropriate to the local situation: communicating with isolated rural communities and illiterate people should involve participatory activities such as song and dance, and the use of local languages and existing channels of communication. Different messages are appropriate to different groups, for example adolescents as opposed to married men.

Zero tolerance for stigma and discrimination - Prevention can only succeed in an atmosphere of trust and security – discrimination discourages people from seeking help and encourages the spread of the virus.

The role of treatment - The use of antiretroviral therapies (ART) delays the progression from HIV infection to AIDS and is an incentive for voluntary counselling and testing (VCT).

Prevention at the workplace

Can we apply the lessons of successful national action at the workplace?

The workplace is an ideal place to contribute to prevention strategies. All workplaces include people at risk. Some workplaces and occupations operate in an environment that accentuates the risk of infection. Examples are mines that employ men and house them away from their families, or transport workers who travel away from home. Workplaces that employ a large number of migrant workers also fall into this category.

Ways of minimizing risk factors at the workplace can be worked out through social dialogue, as discussed in Module 3. But whatever the working environment, vital information about HIV/AIDS can be provided at the workplace.

Section 6 of the Code of Practice argues strongly for 'Prevention through information and education':

Workplace information and education programmes are essential to combat the spread of the epidemic and to foster greater tolerance for workers with HIV/AIDS. Effective education can contribute to the capacity of workers to protect themselves against HIV infection. It can significantly reduce HIV-related anxiety and stigmatization, minimize disruption in the workplace, and bring about attitudinal and behavioural change.

■ ILO Code of Practice on HIV/AIDS and the world of work

The Code also provides comprehensive guidelines about the format and components of a prevention programme:

Information and education should be provided in a variety of forms, not relying exclusively on the written word and including distance learning where necessary. Programmes should be tailored to the age, gender, sexual orientation, sectoral characteristics and behavioural risk factors of the workforce and its cultural context. They should be delivered by trusted and respected individuals. Peer education has been found to be particularly effective, as has the involvement of people living with HIV/AIDS in the design and implementation of programmes.

■ ILO Code of Practice on HIV/AIDS and the world of work

The Code presents prevention as a process whose main stages are:

- information and awareness-raising,
- participatory education programmes that include assessing and managing one's own risk, and
- practical measures to support behaviour change.

Information and awareness-raising

Most workplaces already provide information and training on occupational health and safety, as well as messages about working conditions, rights, and behaviour. Campaigns aimed at raising awareness about HIV and AIDS can and should be run for all working people. The Code suggests that:

6.1 (a) Information programmes should, where possible, be linked to broader HIV/AIDS campaigns within the local community, sector, region or country. The programmes should be based on correct and up-to-date information about how HIV is and is not transmitted, dispel the myths surrounding HIV/AIDS, how AIDS can be prevented, medical aspects of the disease, the impact of AIDS on individuals, and the possibilities for care, support and treatment. (b) As far as is practicable, information programmes, courses and campaigns should be integrated into existing education and human resource policies and programmes as well as occupational safety and health and anti-discrimination strategies.

■ ILO Code of Practice on HIV/AIDS and the world of work

Education programmes

Education programmes are an essential part of prevention, building on information and awareness campaigns. They help people apply general messages to their own situation and behaviour, and give them the tools for taking personal decisions about their exposure to risk and how they will manage it. The 'Guide to the manual' explains the importance of an interactive, participatory approach to education. The Code talks of giving workers "the opportunity to express and discuss their reactions and emotions caused by HIV/AIDS".

Risk assessment and management

Education for prevention means creating an environment which avoids judgement, and recognizes that individuals may do things outside work which the enterprise, union, or society officially disapproves. Attitudes towards risky behaviour need to be discussed openly. As the Code suggests,

6.2 (c) Where practical and appropriate, programmes should:

- emphasize that HIV cannot be contracted through casual contact, and that people who are HIV-positive do not need to be avoided or stigmatized, but rather should be supported and accommodated in the workplace;*
- emphasize the debilitating effects of the virus and the need for all workers to be empathetic and non-discriminatory towards workers with HIV/AIDS;*
- give workers the opportunity to express and discuss their reactions and emotions caused by HIV/AIDS.*

■ ILO Code of Practice on HIV/AIDS and the world of work

Education gives workers tools to help them take personal decisions about their behaviour and how they will manage risk.

6.2. (c) Where practical and appropriate, programmes should:

- *include activities to help individuals assess the risks that face them personally (both as individuals and as members of a group) and reduce these through decision-making, negotiation and communication skills, as well as educational and preventative and counselling programmes;*
- *give special emphasis to high-risk behaviour and other risk factors, such as occupational mobility, that expose certain groups of workers to increased risk of HIV infection;*
- *provide information about transmission of HIV through drug injection and information about how to reduce the risks of such transmission.*

■ ILO Code of Practice on HIV/AIDS and the world of work

For example, an individual may be a regular client of commercial sex workers. He (and it almost always is he) may recognize the risk this involves and decide to manage it by always using a condom.

Practical measures to support behaviour change

Help may be needed to sustain changes in behaviour – peer pressure, especially the encouragement of colleagues at work, can be very positive. Practical measures are also essential to support behaviour change: the most important is the provision of free or affordable condoms. In Brazil the price of condoms was reduced by half in the late 1990s, which led to a five-fold increase in condom use. This has been identified by the Brazilian government as a key factor in reducing HIV incidence in the course of the 1990s. In Uganda the provision of same-day testing services has made an impact. These services, which include pre- and post-test counselling, have provided important opportunities for delivering safe sex messages and have led to risk reduction behaviour. Other measures try to address specific risk factors. For example, there are ongoing discussions in South Africa between the National Union of Mineworkers (NUM) and the Chamber of Mines about ending the single-sex hostel system and providing accommodation for families.

6.5 Practical measures to support behavioural change

- (a) *In providing workers with sensitive, accurate and up-to-date education about risk reduction strategies, and, where appropriate, male and female condoms should be made available*
- (b) *Early and effective STI and tuberculosis diagnosis, treatment and management, as well as a sterile needle and syringe-exchange programmes, should also be made available, where appropriate, or information provided on where they can be obtained.*
- (c) *For women workers in financial need, education should include strategies to supplement low incomes, for example by supplying information on income-generating activities, tax relief and wage support.*

■ ILO Code of Practice on HIV/AIDS and the world of work

6.2. Educational programmes

- (a) Educational strategies should be based on consultation between employers and workers, and their representatives and, where appropriate, government and other relevant stakeholders with expertise in HIV/AIDS education, counselling and care. The methods should be as interactive and participatory as possible.
- (b) Consideration should be given to educational programmes taking place during paid working hours and development materials to be used by workers outside workplaces. Attendance should be considered as part of work obligations.
- (c) Where practical and appropriate, programmes should:
 - include activities to help individuals assess the risks that face them personally (both as individuals and as members of a group) and reduce these through decision-making, negotiation and communication skills ...;
 - give special emphasis to high-risk behaviour and other risk factors, such as occupational mobility, which expose certain groups of workers to increased risk of HIV infection;
 - provide information about transmission of HIV through drug injection and information about how to reduce the risks of such transmission; ...
 - promote HIV/AIDS awareness in vocational training programmes ...;
 - promote campaigns targeted at young workers and women
 - give special emphasis to the vulnerability of women to HIV and prevention strategies that can lessen this vulnerability (see Section 6.3);
 - emphasize that HIV cannot be contracted through casual contact, and that people who are HIV-positive do not need to be avoided or stigmatized, but rather should be supported and accommodated in the workplace;
 - emphasize the debilitating effects of the virus and the need for all workers to be empathetic and non-discriminatory towards workers with HIV/AIDS;
 - give workers the opportunity to express and discuss their reactions and emotions caused by HIV/AIDS;
 - instruct workers (especially health care workers) on the use of Universal Precautions and inform them of procedures to be followed in case of exposure;
 - provide education about the prevention and management of STIs and tuberculosis, ...;
 - promote hygiene and proper nutrition;
 - promote safer sex practices, including instructions on the use of male and female condoms;
 - encourage peer education and informal education activities; ...
 - be regularly monitored, evaluated, reviewed and revised where necessary

■ ILO Code of Practice on HIV/AIDS and the world of work

Gender-specific programmes

Education programmes need to take into account the different situations and needs of women and men, the social and cultural pressures on each, and other issues related to gender – especially power and control in relationships.

6.3 Gender-specific programmes

- (a) All programmes should be gender-sensitive, as well as sensitive to race and sexual orientation. This includes targeting both women and men explicitly, or addressing either women or men in separate programmes, in recognition of the different types and degrees of risk for men and women workers.*
- (b) Information for women needs to alert them to and explain their higher risk of infection, in particular the special vulnerability of young women.*
- (c) Education should help both women and men to understand and act upon the unequal power relations between them in employment and personal situations; harassment and violence should be addressed specifically.*
- (d) Programmes should help women to understand their rights, both within the workplace and outside it, and empower them to protect themselves.*
- (e) Education for men should include awareness-raising, risk assessment and strategies to promote men's responsibilities regarding HIV/AIDS prevention.*
- (f) Appropriately targeted prevention programmes should be developed for homosexually active men in consultation with these workers and their representatives.*

■ ILO Code of Practice on HIV/AIDS and the world of work

Where a workplace has a women's committee, or where a union committee has a women's section, these should be involved in drawing up the programmes.

In many cultures and countries, homosexuality still has great stigma attached to it, and may be against the law. In these circumstances, it is very unlikely that homosexual men will identify themselves as such. In many societies, men who have sex with other men are also married and have children.

HIV/AIDS prevention programmes must take into account the reality of the sexual behaviour of men and women. Discussion about sexuality may be difficult and uncomfortable; in some cultures it is taboo. But what is far more uncomfortable is thousands of unnecessary deaths from AIDS because people were too embarrassed to talk about sex, or did not approve of certain types of sexual behaviour.

Module 5 of this manual deals in more detail with gender aspects of HIV/AIDS and the world of work.

Peer educators

It is widely accepted that peer education is one of the most effective ways of delivering HIV/AIDS education to a specific community at risk. Peer educators are informal leaders who come from the group that is being trained. For example, if your programme is aimed at staff in a large hotel, you train a core group of employees as educators. Peer education works on the idea that people are most likely to change their behaviour if they are persuaded to do so by people they know and trust.

In Thailand, a government office set up a programme to train six people from each department, at all levels of responsibility, to become HIV/AIDS focal points. They were then authorized to hold regular information and discussion sessions for their colleagues during working hours. COSATU, the largest South African trade union centre, has developed a peer education programme and encourages its member unions to do the same.

Peer education:

- is inexpensive and able to reach a large number of people
- strengthens community leadership and responsibility
- maintains confidentiality
- is the most effective way of delivering a message to a specific target group
- can bring about sustainable behaviour change.

Recruiting and training peer educators should be a major component of any education programme at work. Management and union should work together to identify and train a pool of peer educators for each workplace or group of smaller workplaces. The Code of Practice (Section 7.2) says that peer educators should receive specialized training so as to:

be sufficiently informed about the content and methods of HIV/AIDS prevention so that they can deliver, in whole or in part, the information and education programme to the workforce; be sensitive to race, sexual orientation, gender and culture in developing and delivering their training; link into and draw from other existing workplace policies, such as those on sexual harassment or for persons with disabilities in the workplace; enable their co-workers to identify factors in their lives that lead to increased risk of infection; be able to counsel workers living with HIV/AIDS about coping with their condition and its implications.

■ ILO Code of Practice on HIV/AIDS and the world of work

Peer educator training will need to be delivered as close to the workplace as possible. Trade union educators, staff from personnel and training departments, and members of occupational safety and health committees could attend 'training the trainer' programmes to enable them to recruit, train and support peer educators. Training of trainers should be made available through employers' and workers' organizations, ministries of labour, and the ILO, where necessary with the support of experienced NGOs.

People living with HIV and AIDS

Workers who are HIV-positive and are willing to take part in education and training activities have a vital role to play in ensuring the development of effective programmes, and strengthening the credibility of prevention messages. Efforts among UN agencies to encourage this approach have been focused in a programme called Greater Involvement of People Living with AIDS, or GIPA, with very good results. People openly living with HIV/AIDS take up jobs in participating workplaces, help draw up company policies, and take part in awareness-raising, education, and informal counselling. An article at the end of this module describes how this works in some South African enterprises.

Links to general health programmes

HIV/AIDS education programmes need to be linked to general health programmes at the workplace, where they exist. These programmes may deal with issues such as:

- reproductive health and the management of sexually transmitted infections
- nutrition and healthy living
- substance abuse/ alcohol abuse
- stress
- malaria
- blood-borne diseases such as hepatitis B
- tuberculosis (TB) prevention and treatment.

Where these general health programmes exist, it makes sense to integrate HIV/AIDS education. The ILO's SOLVE programme develops this integrated approach and may be in use in some workplaces in your country (more details at the end of this module).

A further level of integration will be with education programmes on occupational health and safety. HIV/AIDS issues and programmes should be addressed by workplace health and safety committees, especially where no dedicated HIV/AIDS committee exists, and their members should be trained to help with the implementation of AIDS policies and the provision of education and training.

Prevention in the community

In developing programmes to prevent the spread of HIV/AIDS, management and unions should include families and the local community. The Code of Practice encourages such initiatives.

6.6 Community outreach programmes

Employers, workers and their representatives should encourage and promote information and education programmes within the local community, especially in schools attended by workers' children. Participation in outreach programmes should be encouraged in order to provide an opportunity for people to express their fears and enhance the welfare of workers with HIV/AIDS by reducing their isolation and ostracism. Such programmes should be run in partnership with appropriate national or local bodies.

■ ILO Code of Practice on HIV/AIDS and the world of work

Large enterprises will, in many cases, already have good links with their community - sponsoring education, health and welfare institutions, and other activities. The question of HIV/AIDS could be introduced into a suitable programme. This is in the interests of any enterprise, since the community is a source of workers both today and in the future and has an impact on behaviour and morale. The Ford Motor Company of Southern Africa sponsors HIV/AIDS education in the schools neighbouring its factories.

Training

Training is essential at all levels in the workplace to ensure that managers and supervisors understand the need for and support the development of AIDS policies and programmes, and that all key groups are able to implement them effectively. Section 7 of the Code states:

Training should be targeted at, and adapted to, the different groups being trained. Innovative approaches should be sought to defray costs. For example, enterprises can seek external support from national AIDS programmes or NGOs by borrowing instructors or having their own trained. Training materials can vary enormously, according to available resources. They can be adapted to local customs, the different circumstances of women and men. Trainers should also be trained to deal with prejudices against minorities, especially in relation to ethnic origin or sexual orientation. They should draw on case studies and available good practice materials. The best trainers are often staff themselves, and peer education is therefore recommended at all levels. It should become part of a workplace's annual training plan, which should be developed in consultation with workers' representatives.

■ ILO Code of Practice on HIV/AIDS and the world of work

- managers, supervisors and personnel officers
- workers' representatives
- health and safety officers
- factory/labour inspectors
- workers who may come into contact with blood and other body fluids.

Protecting young people

According to UN studies, the vast majority of the world's young people have no idea how HIV is transmitted or how to protect themselves from the disease. Yet adolescence is the time when the majority of people become sexually active. This is one reason virus continues to spread so rapidly.²

We have two dovetailing trends here that are, in large part, driving the HIV/AIDS crisis. One is that young people have sex, something the world must acknowledge as a pre-condition to mounting effective prevention programmes. The other is that young people actually don't have the proper knowledge to protect themselves. The tragic consequence is that they are disproportionately falling prey to HIV.

Carol Bellamy, Executive Director of UNICEF

In some of the countries most at risk from the disease, the proportion of young people who have correct knowledge to protect themselves is as low as 20 per cent. The result is that half of all new infections today are in people between the ages of 15 and 24. A recent UNICEF estimate for Eastern Europe is that the great majority of those with HIV are under 30 years of age. It is particularly worrying that women are being infected at a much younger age than men. Their partners are often older men and coercion is clearly an issue.

In countries where the spread of HIV/AIDS is slowing or declining, it is primarily because young men and women are being given the knowledge, tools and services to adopt safe behaviour. It shows there is a strong linkage between what young people know and how they act, and that a safe and protective environment is crucial for them to develop the skills necessary to avoid infection. In addition, special efforts are needed to reach especially vulnerable young people, such as injecting drug users.

There are two things which workplaces can do to ensure that their HIV/AIDS programmes tackle this reality.

Firstly, young workers may need special messages, delivered sensitively, with the right language, and relevant to them. Information on HIV/AIDS is more likely to be received if delivered by young people. Peer educators, or outside facilitators such as NGOs, should include young people.

Secondly, workers in the enterprise will have children, grand-children or younger siblings, and they should feel both convinced of the need to discuss HIV/AIDS with the younger members of their families, and confident enough to do so. So education in the workplace must assist in this process. It is natural for parents to want to protect their children, but sometimes this protection takes the form of avoiding discussing issues such as sex or drug use.

² UNICEF, UNAIDS and WHO: *Young People and HIV/AIDS: Opportunity in Crisis* (New York, 2002)

Mother to child transmission

Transmission of the virus from infected mother to child is one of the three main ways that HIV is transmitted. This can happen just before or during delivery - between 5 and 15 per cent of infants born to HIV-infected mothers acquire HIV this way. Untreated STIs or other infections increase the risk. Another 10 to 20 per cent of children become infected through breast-feeding. So between one quarter and half of the babies of HIV-infected mothers may acquire HIV in this way.³

Mother to child transmission becomes a workplace issue because pregnant workers, or the partners of workers, may be infected. The workplace therefore needs to play a role in prevention.

An obvious starting point is the information and education programme, which should not only help workers understand how this type of transmission takes place, but also give support to women, and their partners, in making difficult choices about breast-feeding. Maternity leave policies also provide the opportunity for action. Companies should have maternity leave and support policies in place: these may need some adaptation to include the special needs of pregnant workers with HIV. Finally, companies may be able to provide antiretroviral therapy or administer State-funded treatment.

Maternity Protection

In 2000, the International Labour Conference adopted the new Maternity Protection Convention (183), which provides for leave, cash benefits, and other facilities. Article 3 states that pregnant or breast-feeding women should not be obliged to perform work which is prejudicial to the health of the mother or the child, or where an assessment has established a significant risk to the mother's health or that of her child.

If a woman does not know that she has HIV, preventative action will not be possible. In a workplace with a strong emphasis on confidential voluntary counselling and testing (VCT), workers may already have been tested and know their HIV status. VCT may also be available for the families of workers.

If a test is taken at the commencement of pregnancy and is positive, the woman will require continued support during pregnancy, at childbirth and afterwards. Limited doses of antiretroviral drugs can lower the viral load and reduce transmission by 40-50 per cent. Companies should consider making their facilities capable of administering the correct drug therapy regime.

Where women workers return to work after their maternity leave – but also in the case of new mothers in the families of employees or with other links to the workplace – due attention should be given to the guidelines on infant feeding which are available from the WHO. In summary, these give the following advice:

³ Department for International Development: *Prevention of Mother to Child Transmission of HIV* (London, November 2001)

- Exclusive breast-feeding should be protected, promoted and supported for 6 months. This applies to women who are known not to be infected with HIV and for women whose infection status is unknown.
- When replacement feeding is acceptable, feasible, affordable, sustainable and safe, avoidance of all breast-feeding by HIV-infected mothers is recommended; otherwise, exclusive breast-feeding is recommended during the first months of life.
- To minimize HIV transmission risk, breast-feeding should be discontinued as soon as feasible, taking into account local circumstances, the individual woman's situation and the risks of replacement feeding (including infections other than HIV and malnutrition).
- HIV-infected women should have access to information, follow-up clinical care and support, including family planning services and nutritional support.

Workplace programmes: case studies

An increasing number of companies have set up prevention programmes, from simple awareness-raising campaigns to a combination of education, treatment for sexually transmitted infections (STIs), and condom provision - here are three examples. While co-operation between the social partners is essential to their success, technical support may be supplied by other stakeholders, for example NGOs with experience in AIDS education and training.

The Lesedi Project, South Africa

Lesedi means 'We have seen the light' and is the name given to a small intervention study and follow-up action based at the Harmony Mine in Orange Free State, South Africa. The study started in 1996 and was carried out in partnership with the Harmony Gold Mining Company, the National Union of Mineworkers, the National Reference Centre for STIs and Family Health International, along with local health service partnerships. Most of the miners at Harmony are from other parts of South Africa or surrounding countries, living in hostels. Faced with limited economic opportunities, many of the local women have sexual relations with miners for money or material support.

An analysis was carried out which indicated that most STI transmission took place between miners and a small number of commercial or casual sex partners. The study also showed that miners had access to information, condoms and STI treatment, but under-estimated the risk of HIV infection. The women, on the other hand, were at high risk of acquiring and transmitting STIs, but had poor access to prevention and care services, including information. The situation analysis suggested that control of STI and HIV transmission in the mining communities would depend on extending effective services to women; this was achieved by offering monthly treatment with antibiotics.

The outcome of the intervention was that rates of STIs were reduced among both the miners and the women at risk of infection. A cost-effectiveness assessment estimated that some 250 HIV infections were averted, a decrease of over 40 per cent. It was further estimated that the savings to the mining company were in the region of US\$ 540,000. After the study was conducted, the project was extended - initially to three other mining companies, and then to all mining companies in the region.

According to Family Health International:

"From the beginning the project sought to include all interested parties in order to build a broad base of support. The support of the union was critical. Union leaders explained the objectives of the intervention to the miners and obtained their co-operation and support. Union support also helped the project maintain a positive image and prevented discrimination towards women involved in the study."

Larsen and Toubro Limited, India

Larsen and Toubro is one of the biggest private companies in India, engaged in engineering, equipment manufacture and construction. It has manufacturing facilities in twenty locations across India.

Larsen and Toubro has a history of responding to HIV/AIDS dating back to 1985 when it first launched an awareness-raising programme. The company carries out:

Education programmes - These have involved training 85 trainers and social workers in 200 training programmes, which have thus reached 10,000 employees, 4,500 family members and 1500 schoolchildren. A particular focus of the programmes is youth, including apprentices, graduate trainees, employees' children and local municipal schools.

Care and support - The Company actively promotes non-discrimination and support for people living with HIV/AIDS. In partnership with the government and NGOs, the company provides counselling and assistance for those affected. Peer education is used to reduce stigma and promote acceptance of employees who are living with HIV/AIDS.

Spreading the message - Larsen and Toubro helped form 'The Industry Response to AIDS', a grouping of senior management from 13 companies based in Mumbai. The company has also contributed to the writing of policy guidelines for industry in India and attempts to share its programmes and expertise with other companies.

The following are some of the lessons learned from their long-standing experience:

1. A multi-layered response is necessary in large companies with several plants.
2. Education and prevention have to be built into the training strategy of the company.
3. It is essential to involve trade unions in the planning and implementation of programmes.
4. Peer educators play a key role in both prevention and care.
5. Education materials should be multicultural and multilingual, and appropriately directed at specific target groups.
6. The company's programme implementation department should be positioned as a professional, neutral and non-threatening body.

Cote d'Ivoire Electricité

The Ivory Coast power company, CIE, whose workplace anti-AIDS programmes include condom distribution and antiretroviral treatment for employees, is viewed as a model for the region and could serve as the basis for similar efforts by other African companies. CIE regularly distributes condoms to its employees and provides AIDS education for communities located near its offices, especially in areas where there is a high level of prostitution. HIV-positive workers receive

assurance from the company that they will not be fired because of their HIV status. The company also provides health coverage and confidential medical care to its 13,000 workers and their relatives; HIV-positive workers receive antiretroviral treatment through a company fund that is partly subsidized by employee contributions. CIE's policy to provide drugs sets it apart from most others.

Angelique Wilson, head of social affairs at CIE, said that the firm's anti-AIDS efforts are showing "clear signs of success." She stated that the rate of sexually transmitted diseases among workers had fallen by 65 per cent since the beginning of the programme. Since utility firms are among the largest employers in the Ivory Coast region, CIE's efforts serve as a particularly valuable example. In West Africa, approximately 10 per cent of people aged 15 to 49 are believed to be HIV-positive; Ivory Coast has the highest HIV infection rate in the region.

Adapted from Reuters, 14/1/2002.



ACTIVITY 1

What needs to be done

AIMS To help you think about a strategy for prevention.

TASK You are the human resources manager of a manufacturing company. The prevalence of HIV has been increasing alarmingly in the country and the workforce is vulnerable due to its average age, which is around 30, and the fact that the workplace attracts a number of men from surrounding rural areas, who are living away from home. You have been asked to prepare a presentation on action the company should be taking to protect the workforce and the company's investment in the development and training of its staff.

Prepare a short presentation on the measures the company could take to prevent the spread of HIV/AIDS, outlining the main areas or issues to tackle. Indicate in your presentation what assistance you might need from government, the ILO, and NGOs or community groups.

ACTIVITY 2

What needs to be done

AIMS To help you think about a strategy for prevention.

TASK In your group, consider this case study and prepare your report:

You are a trade union representing manufacturing workers.

The prevalence of HIV has been increasing alarmingly in the country. Most of the companies you negotiate with have done some basic awareness-raising about the issue, and several of them have policies on HIV/AIDS.

You think they should be doing far more. Prepare a brief for a meeting with the Chamber of Commerce where you wish to persuade the companies to expand and strengthen their response. Think about the issues you would raise with them and the proposals you would make.

ACTIVITY 3

Getting the message across

AIMS To help you work out ways of getting key messages about HIV/AIDS across to employees.

TASK In your group, consider the situation outlined below and prepare your report:

You are the personnel department of a mine in South Africa. A group of miners have demanded a mass meeting with the branch. They are angry that the mining company has developed a project with the local university and some researchers have been interviewing informal sex workers and insisting they persuade their clients to wear condoms. The researchers have now asked to see the miners to persuade them to drink less and use condoms. The miners feel that the company is interfering with their private lives. They are bossed about enough at work and what they do with their girlfriends is their business. How would you approach the meeting and what arguments would you use?

Note : This could be adapted to a union branch executive meeting.

ACTIVITY 4

Fear, anger and information

AIMS To help you work out ways of getting key messages about HIV/AIDS across to union members.

TASK In your group, consider this case study and your response.

You are union educators in a plantation in East Africa.

A women's group has sent a message that they are alarmed about the increasing incidence of illness on the plantation. A young girl has been raped by a local man. There is little accurate information available, and people do not have a high level of literacy or access to the media.

How would you approach the meeting, and how would you channel the anger and fear of the women into a positive campaign to

- increase awareness about the problem and
- produce an improvement in the situation?

Spend 20-30 minutes in your group to prepare your report.

ACTIVITY 5

Universal Precautions

AIMS To help you understand and apply the Universal Precautions.

TASK In your group, read through the Universal Precautions (see the end of this module for a short version and Appendix II of the Code of Practice). Remember that they were devised for use in hospital and medical facilities in order to protect medical personnel from the risk of infection.

As you go through the Universal Precautions, make a note of the points where you would like further clarification. Also decide whether you need to implement any of the protective measures in your workplace for any department or group of workers.

ACTIVITY 6

Developing a training plan

AIMS To help you to develop a training plan for your workplace.

TASK Working together in your small group, develop an outline training plan for your organization. The purpose of the plan is to ensure that all levels of management are aware of HIV/AIDS issues, the company policy and how to implement it. Your plan should include:

which groups need training, what issues the training should cover for the different groups, and how you intend to evaluate the training.

You may find the chart below useful in making your presentation. You should also refer to Section 7 of the Code of Practice when drawing up your plan.

Target group	Form of training	Main issues	How you will evaluate

ACTIVITY 7

Talking about risk

AIMS To help you think about risk.

TASK Stage one

In your group, decide what you would do and/or say in the following situations.

1. You are one of a group of shop stewards having a drink after a union meeting. Several of your colleagues are looking at a group of women. One of them says, "Let's go with those women. They don't make you use condoms."

2. You are one of a group of managers on a residential training course. One member of the group looks worried. You ask him what is the matter. He replies, "I met a girl and we got carried away last night. I have a regular girlfriend at home, and we are careful, but last night I did not use a condom."

3. You are talking about AIDS to your supervisor. He comments, "Don't worry if you get AIDS. I have a friend who is a teacher and he will arrange for you to sleep with one of the girls at his school. If you sleep with a virgin, you are cured of AIDS."

4. You are sharing a table at lunch in the canteen. A co-worker says to his friend, 'My wife says she wants me to use a condom with her. I told her nothing doing - I don't like the feel of them.' You know that he is married, but that he has casual relationships and also visits bar girls.

Report back to the plenary.

Stage two

Once you have discussed these situations, choose one as a role play. Divide into groups of four. Two can play the roles, and two should observe, to see where the discussion goes. Observers: keep careful note - how convincing are the arguments and counter arguments? When you have finished, change places - the observers should play the roles. Then, in your group, summarize what you have found out, before reporting to the entire workshop.

ACTIVITY 8

Starting to deal with risk

AIMS To think about how we can encourage behaviour change at work.

TASK Consider the first paragraph of Section 6.2(c) of the Code:

...activities to help individuals assess the risks that face them personally (both as individuals and as members of a group) and reduce these through decision-making, negotiation and communication skills, as well as educational and preventative and counselling programmes;...

How could this be handled at your workplace? How can shop stewards, supervisors, personnel managers, peer educators and trainers be supported in frontline work to challenge the kind of risky behaviour discussed in the previous activity?

ACTIVITY 9

The temporary worker

AIMS To consider how to support workers faced with sexual harassment.

TASK You are a union representative in the office, and have approached Jane, a new worker on a temporary 3-month contract, to ask her to join the union. Nobody else is nearby. This is what she says:

“How can your union help me? I only have a temporary contract. I worked hard at college to get qualified to get this job and now I must support my family. I asked the supervisor if I might be made permanent. He said he could arrange it, if I have sex with him. I have never even had a boyfriend, so that I could concentrate on my studies. I am avoiding him, but he is insisting that I should reply soon.”

What do you say?

Note : You might like to refer to Module 5.

ACTIVITY 10

Getting information and support

AIMS To help you work out how to find information and support for your prevention programme.

TASK In your group draw up a list of people and organizations that might help you develop some company initiatives on the prevention of HIV/AIDS at the workplace. You will need to think about how you find out about best relevant practice in your own situation. In drawing up your list you may find the following questions useful.

1. How do we find out about good practice in the country?
2. How do we find out about good practice in the industry?
3. How do we find out what assistance the government and local authorities can offer?
4. How do we find out which NGOs and community groups can help develop effective initiatives?
5. How do we make sure that the advice of people living with HIV/AIDS, and their associations, is included in all prevention and care initiatives?

ACTIVITY 11

Prevention in the community

AIMS

To think about how the message might be spread in the community.

TASK

Gerry, who worked in your factory for many years, has recently died from AIDS. He was a good worker, an active member of the shop stewards committee. He was respected by management in negotiations.

Gerry had accepted his diagnosis and at the last union meeting before he left work urged that the union and management should “do something in the community” about the disease.

It has been suggested that a delegation from the factory should visit the local high school and help start an AIDS awareness campaign there.

In your group, decide:

1. What key messages should be put across?
2. How will the delegation present these messages?
3. Are there any issues to be aware of?
4. What about Gerry's children? Will they be there?
If so, would that affect what you would say?
5. What follow-up should there be?

ACTIVITY 12

Learning from experience

AIMS To help you learn from other enterprises.

TASK You will work together in small groups and you will be given one or two case studies to consider. Read through the case study and then discuss the lessons to be learnt. Prepare a brief report of any lessons that might be relevant to your own situation, in relation to prevention.

The case studies can be from this module, or any others you may have. Examples from your own country or region are usually preferable.

ACTIVITY 13

Peer educators

AIMS To help you think how workplace peer educators can be identified.

TASK 1. In your group, prepare a report which indicates:

- what types of staff/employees would make good peer educators;
- how the peer educators should be selected;
- recommendations for the training of peer educators;
- whether you think they should be paid or not;
- whether you think their work should be assessed from time to time.

2. In your group, draw up a circular for distribution, asking if anybody would like to come forward to be trained as a peer educator for HIV/AIDS. The circular should explain what they are going to do. Do not forget that the idea is to encourage people to volunteer.

- I. The Greater Involvement of People with AIDS (GIPA)
- II. The ILO SOLVE Programme
- III. Universal Precautions

I. The Greater Involvement of People with AIDS is a UN-supported programme; this case study is from South Africa, where GIPA has a specific workplace focus.

GIPA, which started in South Africa in 1997, follows three simple steps to break the silence over AIDS, overturn myths and help businesses design appropriate strategies. Step 1: place individuals living with HIV/AIDS in key workplaces. Step 2: let other workers know about their presence with the help of devices like workshops and road shows. Step 3: make them central to the planning of a company strategy.

Giving AIDS/HIV a human face

Since the inception of the GIPA programme, eleven individuals have joined up. Two have died. The other nine are prime examples of living positively. They have been placed in working environments as diverse as mining companies, parastatal organizations, and UN departments.

A second group of GIPA ambassadors were being placed at the time of writing. One of their first tasks will be to give a human face to a disease so stigmatized and shrouded in mystery that ordinary people do not know what to expect. Placing articulate, open and often healthy HIV-positive people in workplaces can serve to shatter any number of myths.

A decade into the pandemic, conventional wisdom still dismisses AIDS as a black disease or a gay plague – something that does not happen to ordinary people. At the same time there is a belief that its contraction means instant death. Martin Vosloo, one of the best-known GIPA participants is keenly aware of how his very presence can alter stereotypes. A burly, bumptious, ruddy-cheeked artisan, Vosloo was placed in a firm called Eskom to work mostly with construction workers, but he also spent some months at their headquarters in the north of Johannesburg.

“Initially I was like an exhibition piece”, he remembers. “I was the face of someone living with HIV and employees would come and take a look”. After his time at head office he travelled to various sites giving talks on AIDS awareness and safe sex. He also gave support and advice to those workers who were already HIV-positive. “I think being a white, heterosexual man made these guys not believe I was HIV-positive. I mean, I weigh 130 kilos and I’m six feet tall. So I look very healthy.”

Martin Vosloo was, with the benefit of hindsight, an ideal vehicle for getting the message across. He was infected by HIV in the course of a hard-living, hard-drinking lifestyle – experiences he shares when he persuades migrant site-workers against easy sex and not-so-cheap thrills.

Tackling prejudice in the workplace

In her office at Transnet in Johannesburg, Maria Ndlovu – the assistant manager of the parastatal body's Education for Aids Project and a GIPA participant – works to demystify AIDS. This is a mission given impetus by her own experience. "I was dying to talk to someone who was HIV-positive, to ask them "Is what I'm feeling HIV? But they were so silent, so gloomy, so sad. It was as if they were waiting for the electric chair." She is recalling her first visit to a support clinic at the HF Verwoerd hospital in Pretoria.

Caught in the crosswinds of myth, prejudice and denial, the other people at the clinic would not engage in the spirit of community she was looking for. The whites created a psychological distance, "as if they were not part of us HIV-positive", and the blacks kept their replies to her curious questions curt and quick.

The GIPA programme has given Maria and the other participants a voice with which to cut through the silence by tackling prejudice at the workplace. This is important because one of the reasons for the silence is the fear of losing your job. Martin Vosloo came into GIPA after losing successive jobs because of his HIV status.

In her two years at Transnet, Maria has become integral to Transnet's response to the epidemic. She has used the company magazines and newsletter to let staff know she is there for them and gives talks and seminars every week. "I've been told that simply seeing me makes a difference." The GIPA participants also become a quietly effective "drop-in" counselling service for colleagues. This builds the kind of supportive working environment that encourages others to find out their HIV status and to manage their health.

A cleaner at Transnet got to know Maria and confided that her daughter was very ill – in and out of hospital and confined to bed. Her boyfriend had died of AIDS, yet the girl denied the disease. Maria visited their home and related her story. She told the young woman of her rape in 1996, the subsequent AIDS test and the cold realization that she was HIV-positive. "So am I" said the girl – a response that freed her mother from questioning her, and allowed her to care effectively for her daughter until her death a few months later.

The cost of AIDS to business

At the heart of GIPA is the idea that those individuals most intimately affected by HIV/AIDS should be shaping the response to it. The idea has been around since 1983, and at the Paris AIDS summit in 1994 forty-two countries formally accepted that GIPA was critical to an effective and ethical response to the epidemic.

In South Africa UNAIDS decided to implement what was called "the GIPA Workplace Model". This programme was the result of a strategic decision by the UN both to support President Thabo Mbeki's call for a partnership against HIV/AIDS and to break new ground by helping people living with it to become actively involved in areas not previously considered. Workplaces seemed a good choice. Research was beginning to show just how severely business was being affected by the epidemic – with the heaviest costs coming from absenteeism, lost skills,

training and recruitment, reduced work performance and lower productivity. While each of the participants has shaped the programme differently, there are common experiences. By their presence alone, they make people aware of the intense need for HIV/AIDS policies and encourage open contact with infected people.

■ *The Courier*, No 188, September-October 2001, ACP-EU, Brussels

II. The ILO SOLVE programme

Stress, alcohol and drugs, violence (physical and psychological), HIV/AIDS and tobacco all lead to health-related problems for the worker and lower productivity for the enterprise. Taken together they represent a major cause of accidents, fatal injuries, disease and absenteeism at work in both industrialized and developing countries. These problems may emerge due to the interaction between home and work, they may start at work and be carried home or vice versa.

To address these problems at the enterprise level, a comprehensive policy should be implemented. Traditional approaches to occupational safety and health have addressed neither the policy requirements nor the action required to reduce the negative impact of psychosocial problems.

The SOLVE methodology is designed to allow for an organization or an enterprise to integrate psychosocial issues into overall enterprise policy and establish a framework for preventative action. Specific action is developed through **MicroSolve** packages, which target each of the five identified areas of SOLVE.

III. Universal Precautions

Universal blood and body fluid precautions (known as “Universal Precautions” or “Standard Precautions”) were originally devised by the United States Centers for Disease Control and Prevention (CDC) in 1985, largely due to the HIV/AIDS epidemic and an urgent need for new strategies to protect hospital personnel from blood-borne infections. The new approach placed emphasis for the first time on applying blood and body-fluid precautions universally to all persons regardless of their presumed infectious status.

Universal Precautions are a simple standard of infection control practice to be used in the care of all patients at all times to minimize the risk of blood-borne pathogens. Universal Precautions consist of:

- careful handling and disposal of sharps (needles or other sharp objects);
- hand-washing before and after a procedure;
- use of protective barriers – such as gloves, gowns, masks – for direct contact with blood and other body fluids;
- safe disposal of waste contaminated with body fluids and blood;
- proper disinfection of instruments and other contaminated equipment; and
- proper handling of soiled linen.

SOUL CITY

THE HEARTBEAT
OF THE NATION

Also on Radio and TV

SIMUNYE

One
time

living positively with HIV and AIDS



Jacana Education

This Community Development Project is brought to you in the interests of a Healthy Nation by:



EUROPEAN UNION

DFID
Department for International Development



living positively with HIV and AIDS



Module 7 > 7

contents

Introduction	1
Success stories	2
Care and support at the workplace	4
Care and support for orphans	12
Social protection	14
Workplace programmes: case studies	15
<i>Learning activities</i>	17
<i>Reference materials</i>	24

Introduction

The consensus about the importance of care highlights the fact that *health care is a human right*. The World Health Organization (WHO) has summarized the issues in a policy paper, “Key elements in HIV/AIDS Care and Support”.¹

Access to care and support also contributes to the prevention of HIV infection. Care provision encourages confidential voluntary counselling and testing (VCT). It offers an opportunity to discuss with the infected person, partners and relatives how they might prevent further spread of the infection, and support them in their choice to do so, e.g. by helping them to increase their safety as sexual partners or to gain access to treatment to reduce mother to child transmission of HIV.

Care and support for people living with HIV and AIDS decreases the spread of infectious diseases that are commonly associated with it - particularly TB and STIs - by early diagnosis and treatment of these conditions.

By caring openly and compassionately for persons infected with HIV, caregivers alleviate the community's fear of HIV infection and reduce stigma and discrimination.

There are social and economic benefits of care and support for people living with HIV/AIDS, for their families and workplaces, and for the wider community: when people living with HIV and AIDS are helped to live longer and more healthily, then pain and suffering, loss of income and the need for care are postponed. The workplace and economy benefit by retaining the workforce.

Care and support for people living with HIV and AIDS builds confidence and hope: if quality of life improves for people with HIV/AIDS, hope will be fostered for the benefit of the individual, the family and society at large.

¹ WHO/UNAIDS: *Key Elements in Care and Support* (Geneva, 2000)

Success stories

These examples show that care and support for people living with HIV and AIDS – even in countries with limited resources - is possible, affordable and effective.

Brazil

An estimated 580,000 people in Brazil were HIV-positive in the year 2000. Two decades earlier it had been estimated that the number infected by 2000 would be around 1.2 million. Much of this improvement is due to the programmes of the Brazilian government, which took early action to prevent the spread of the disease and to provide care.

The Brazilian government developed a drug distribution system programme in 1992. This initial programme became dramatically more far-reaching when the government decided to manufacture its own antiretroviral drugs, thus driving down prices. Many experts felt that the poor health care infrastructure would undermine delivery of the drug therapies, but this was not the case. According to Stephen Buckley, writing in the *Washington Post*,²

Bolstered by physicians, 133 testing and counselling centres and generally cooperative pharmacies, the programme has distinguished itself from numerous government-sponsored health efforts that have failed to reach their intended target – Brazil's poor and working class.

Uganda

An important part of the Uganda strategy has been the development of a successful voluntary counselling and testing service. Same-day results are a particular feature of the service offered. The testing that is offered by the AIDS Information Centre (AIC) is voluntary and confidential.

- The process starts with anonymous registration, which ensures client confidentiality.
- This is followed by test decision counselling.
- If the person decides to proceed, a blood test is taken.
- Prevention counselling then takes place, which includes prevention of STIs in general.
- This is followed by test result counselling for both positive and negative results.

² Buckley, S.: *Brazil becomes model in fight against AIDS* (Washington Post Foreign Service, Sept. 17, 2000)

- People who have had unprotected sex recently may be advised to return for a further test in three to six months time.
- Clients who are HIV-positive are counselled and referred to medical or social support systems that are available in the community. These services are referred to as the post-test club.

Northern Thailand

Thailand's HIV/AIDS epidemic has been most severe in the six northern provinces. In this region the health services were being overwhelmed by the epidemic, and the government has attempted to shift the burden of care from hospitals to the community and home. The first successful community-based prevention and care programme took place in 1992, in the village of Ban Dong Luang in Lamphun province. Having established links between the staff of local health centres and the village community, the project set up support groups and trained 15 local leaders as care providers, five of whom were also trained as counsellors. The health staff strongly encouraged the acceptance of people with HIV/AIDS in the village, and cases of discrimination were recorded as having decreased. Ban Dong Luang became the first community in the north to form an AIDS association, raising money for people with HIV and AIDS.

Care and support at the workplace

The ILO approach to workplace care and support is well summarized in the introduction to Section 9 of the Code of Practice, which states that:

Solidarity, care and support are critical elements that should guide a workplace in responding to HIV/AIDS. Mechanisms should be created to encourage openness, acceptance and support for those workers who disclose their HIV status, and to ensure that they are not discriminated against nor stigmatized. To mitigate the impact of the HIV/AIDS epidemic in the workplace, workplaces should endeavour to provide counselling and other forms of social support to workers infected and affected by HIV/AIDS. Where health-care services exist at the workplace, appropriate treatment should be provided. Where these services are not possible, workers should be informed about the location of available outside services. Linkages such as this have the advantage of reaching beyond the workers to cover their families, in particular their children. Partnership between employers and governmental and non-governmental organizations also ensures effective delivery of services and saves costs.

■ ILO Code of Practice on HIV/AIDS and the world of work

Comprehensive care

The ILO emphasizes that comprehensive care and support involves a range of services, responding to the needs of workers with HIV/AIDS for treatment, for material and psychosocial support, and for protection against discrimination and rejection. These would ideally include:

- health care services and appropriate treatment of HIV (where possible) and related infections – if there are no health services at the workplace, workers should be informed about the availability of services outside; health authorities may wish to consider supporting the delivery of health services at the workplace where community provision is lacking;
- confidential voluntary testing and counselling (VCT), as an important starting point for both prevention and care;
- an open, accepting and supportive environment for workers who disclose their HIV status, and legal provisions against discrimination;
- psychosocial support and counselling of individuals tested HIV-positive, and their families;
- reasonable accommodation – making changes to tasks, the workplace or working conditions (including hours and breaks) so that workers with HIV and AIDS can continue in their jobs;
- family planning services;

- healthy living programmes, including nutritional supplements where possible;
- financial support, training or income-generating opportunities for persons who lose employment because of HIV status, and for family members;
- social protection, including access to benefits provided by the state and/or the employer;
- information and training in HIV/AIDS care and prevention for caregivers at home;
- care and support for family members after the death of the primary breadwinner.

Voluntary counselling and testing

VCT is based on the principles of voluntary, informed consent and confidentiality of results. The person must understand the implications of taking a test and be counselled beforehand. A person should not simply be told the result of their test. Support, particularly if the test is positive, has to be provided. One of the most effective sources of support will come from people who have already tested positive and who are living with HIV and AIDS. Even a person with a negative test result should receive counselling. The Code of Practice says: *Voluntary testing should normally be carried out by the community health services and not at the workplace.*

Where adequate medical services exist, voluntary testing may be undertaken at the request and with the informed consent of a worker, with advice from the workers' representative. It should be performed by suitably qualified personnel with adherence to strict confidentiality and to disclosure requirements. Gender-sensitive counselling, which facilitates an understanding of the nature and purpose of the HIV tests, the advantages and disadvantages of the tests and the effect of the result upon the worker, should form an essential part of any testing procedure.

Parity with other serious illnesses

The Code of Practice says that HIV/ AIDS should be treated “no less favourably” than other serious illnesses in recognition of the fact that special treatment could be necessary - for example counselling or practical support in terms of nutritional supplements.

- 9.1. (a) HIV infection and clinical AIDS should be treated in the workplace no less favourably than any other serious illness or condition.*
- (b) Workers with HIV/AIDS should be treated no less favourably than workers with other serious illnesses in terms of benefits, workers' compensation and reasonable accommodation.*
- (c) As long as workers are medically fit for appropriate employment, they should enjoy normal job security and opportunities for transfer and advancement.*

Examples of serious conditions that could impact on people's working lives include diabetes, breast cancer, angina, and AIDS. Workers in the same workplace experiencing any of these, or comparable illnesses, should be able to expect the same level of care and support. The type of care might differ because of the nature of the illness, but should not be better or worse depending on the illness or how people think it may have been contracted. Blaming the victim for having become ill should play no part in the provision of care and support.

Employers can demonstrate their commitment to providing equal treatment by having a policy on HIV/AIDS and ensuring the policy is implemented. It is important that education and training programmes aimed at key staff such as human resource personnel, medical and supervisory staff stress the need to provide care and support in a non-discriminatory manner. General education and information campaigns need to explain to all employees that a person with HIV/AIDS is of no danger to them and should be treated with respect and consideration.

At the same time, employers are not obliged to retain workers who are medically unfit (as a result of AIDS or another condition). The grounds for termination of employment should be made clear in the workplace policy or agreement.

Terms and conditions of work

Companies that have benefits schemes - such as sick pay, health insurance and workers' compensation - should apply these schemes fairly and equally to all employees. People living with HIV and AIDS should not be discriminated against in welfare and other statutory benefits. At the same time adjustments may need to be made to respond to the way the disease develops, for example by extending sick leave. If existing provisions or schemes need to be altered, this should be by negotiation or consultation between management and union. In making any changes it would also be useful to seek the advice of people living with HIV and relevant associations at work or in the community.

Reasonable accommodation

Reasonable accommodation is the name given to practical adjustments that are made by the employer to assist workers with an illness or disability to manage their work. Measures will vary with different workplaces but might include:

- reducing or rescheduling working hours
- modifying tasks or changing jobs
- adapting the work environment
- providing more or longer rest periods
- granting employees time off for counselling and other services.

As with other working conditions, it is best if reasonable accommodation is defined in any particular workplace by agreement between management and unions or workers' representatives. It is important that other workers see reasonable accommodation as providing necessary care not favourable treatment.

In countries with a high level of HIV infection there will be a greater need to think creatively as to how the needs of employees with HIV/AIDS and the demands on the company can both be met through reasonable accommodation measures.

Job security, promotion and training

Workers who are medically fit should not suffer discrimination either in terms of job security or opportunities for training or promotion. Workers who become HIV-positive can remain well for many years. They may contract an infection, which is successfully treated, and return to medical fitness. Where HIV treatment, such as HAART (Highly Active Antiretroviral Therapy) is available, then life expectancy and quality of life can improve dramatically. Even if it is only possible to offer treatment for opportunistic infections, and help to ensure adequate rest and a healthy diet, these measures will help to prolong life – and extend a worker's ability to remain productive. Threatening job security or denying promotion is unfair and also robs the workplace of skilled employees able to make a real contribution for many years ahead.

Disclosure and confidentiality

Voluntary disclosure of one's HIV status has many consequences and can only be a personal decision. As we saw in Module 2, the right to privacy is a basic human right. Confidentiality at the workplace means that a person infected with HIV has full control over decisions about if and how his or her colleagues are informed. Employees may choose not to disclose their status at work for fear of stigmatization by the employer or fellow workers. In a safe and decent workplace, where employees are educated about HIV and where discrimination is prohibited, people living with HIV are far more likely to be open about their status.

A study in the United States of thirty individuals considering going back to work illuminates some of the issues of disclosure and discrimination.³ The reasons for wanting to return to work included:

- the psychological and emotional benefits of employment,
- financial benefits,
- the social nature of work.

³ Brooks, R. and Klosinski, L.: Assisting Persons Living with HIV/AIDS to return to work, *AIDS Education and Prevention*, 1999, 11(3), pp. 212-223

The fears expressed about going back to work included:

- health and medical concerns, which included the need to have flexible working hours,
- issues surrounding medical benefits and whether these would be adversely affected by a return to work,
- the existence of stigma, prejudice and discrimination amongst employers and co-workers.

Several participants in the study had experienced past discrimination and did not think that many employers would be sensitive to HIV/AIDS. Disclosure of their HIV status was an issue at the interview stage for those looking for a new employer. It was also an issue in relation to treatment by co-workers. Several participants in the survey stressed the need to be open with an employer from the beginning, which would help both sides deal with situations as they arose.

One of the conclusions of the study was that employers and employees needed help in understanding laws on discrimination and the meaning of reasonable accommodation.

Counselling

Counselling is an essential part of a care and support programme for people with HIV/AIDS. Employers and workers' representatives are both encouraged to take a proactive approach to counselling and make sure that HIV-positive employees have access to professional counselling in the workplace or, preferably, outside it. General information on medical services and support groups should also be made available.

Section 9.2 of the Code of Practice gives the following guidance:

(a) Employers should encourage workers with HIV/AIDS to use expertise and assistance outside the enterprise for counselling or, where available, its own occupational safety and health unit or other workplace programme, if they offer specialized and confidential counselling.

(b) To give effect to this, employers should consider the following actions:

- *identify professionals, self-help groups and services within the local community or region which specialize in HIV/AIDS-related counselling and the treatment of HIV/AIDS;*
- *identify community-based organizations, both of a medical and non-medical character, that may be useful to workers with HIV/AIDS;*
- *suggest that the worker contact his or her doctor for initial assessment and treatment if not already being treated, or help the worker locate a doctor if he or she does not have one.*

(c) Employers should provide workers with HIV/AIDS with reasonable time off for counselling and treatment in conformity with minimum national requirements.

(d) Counselling support should be made accessible at no cost to the workers and adapted to the different needs and circumstances of women and men. It may be appropriate to liaise with

government, workers and their organizations and other relevant stakeholders in establishing and providing such support.

(e) Workers' representatives should, if requested, assist a worker with HIV/AIDS to obtain professional counselling.

(f) Counselling services should inform all workers of their rights and benefits in relation to statutory social security programmes and occupational schemes and any life-skills programmes which may help workers cope with HIV/AIDS.

■ ILO Code of Practice on HIV/AIDS and the world of work

The Code recognizes that few workplaces have the resources or ability to provide counselling, so it emphasizes the need for the employer and workers' representatives to have a full understanding of the support services available in the community.

Occupational health services

Many larger companies have occupational health services that are available to employees. Section 9.3 of the Code of Practice recommends that companies extend these services to respond to the needs of people living with HIV and AIDS, including the provision of antiretroviral drugs where this is possible (and see case studies).

(a) Some employers may be in a position to assist their workers with access to antiretroviral drugs. Where health services exist at the workplace these should offer, in cooperation with government and all other stakeholders, the broadest range of health services possible to prevent and manage HIV/AIDS and assist workers living with HIV/AIDS.

(b) These services could include the provision of antiretroviral drugs, treatment for the relief of HIV-related symptoms, nutritional counselling and supplements, stress reduction and treatment for the more common opportunistic infections including STIs and tuberculosis.

■ ILO Code of Practice on HIV/AIDS and the world of work

Self-help and community groups

The role of self-help and community groups in providing care and support is important in all countries affected by the epidemic. Section 9.4 of the Code of Practice suggests that:

Where appropriate, employers, workers' organizations and occupational health personnel should facilitate the establishment of self-help groups within the enterprise or the referral of workers affected by HIV/AIDS to self-help groups and support organizations in the local community.

■ ILO Code of Practice on HIV/AIDS and the world of work

Where there are well-resourced self-help groups in the community, then referring workers may be the best solution. Unions and management could consider helping to set up such groups in the workplace as an alternative way of providing support where they are needed. Financial support for community groups could also be provided, as in the example of Molson Canada (see case study).

Employee and family assistance programmes

Employee assistance programmes (EAPs) are programmes which provide counselling for employees on a broad range of personal, health and legal issues. They can provide an effective framework for workplace health promotion services. EAPs vary among workplaces and countries - such flexibility enables them to cater for the specific requirements of individual companies and regions.

Family assistance programmes involve ways of assisting the families of employees cope with their disease or dependency.

(a) In the light of the nature of the epidemic, employee assistance programmes may need to be established or extended appropriately to include a range of services for workers as members of families, and to support their family members. This should be done in consultation with workers and their representatives, and it can be done in collaboration with government and other relevant stakeholders in accordance with resources and needs.

(b) Such programmes should recognize that women normally undertake the major part of caring for those with AIDS-related illnesses. They should also recognize the particular needs of pregnant women.... The programmes may be in-house, or enterprises could support such programmes collectively or contract for such services from an independent enterprise.

(c) The family assistance programme may include:

- *compassionate leave;*
- *invitations to participate in information and education programmes;*
- *referrals to support groups, including self-help groups;*
- *assistance to families of workers to obtain alternative employment for the worker or family members provided that the work does not interfere with schooling; ...*
- *direct or indirect financial assistance;*
- *managing financial issues relating to sickness and needs of dependents;*
- *legal information, advice and assistance;*

- *assistance in relation to understanding the legal processes of illness and death such as managing financial issues relating to sickness, preparation of wills and succession plans;*
- *helping families to deal with social security programmes and occupational schemes;*
- *directing families to relevant legal and health authorities or providing a list of recommended authorities.*

■ ILO Code of Practice on HIV/AIDS and the world of work

This kind of comprehensive family assistance is usually beyond the reach of an individual employer, but could be provided through collaboration between a number of different stakeholders, including local health authorities, community-based organizations and self-help groups. Employers' and workers' organizations can examine ways in which they can also contribute to families who may be in desperate need, by extending their own systems of care and support from the workplace into the community.

Evidence is growing of the plight of widows in India who have lost their husband to AIDS: many are blamed and rejected by their husband's family, thrown out of the family home, and left destitute. 'Compassionate employment' arrangements, by which widows may take over their husband's job, are denied to them. In such cases, support in finding work, including training, may be essential to their survival. The ILO is working with the Delhi Network of Positive People to develop income-generating activities for women in this situation.

Care and support for orphans

HIV/AIDS has created a huge number of orphans. In Africa, about two per cent of children were orphans before the pandemic. Now, in the most affected countries, it is 15 to 17 per cent. The current estimate is that 12 million children in Africa have lost one or both parents to AIDS, and this figure could increase to as many as 25 million by the year 2010.⁴

Many of these orphans are vulnerable to sexual exploitation, commercial and otherwise. Children are also involved in the care of sick family members, and the support of younger siblings; there is an increasing number of child-headed households.

There is evidence that HIV/AIDS is now a major cause of child labour. The ILO's International Programme on the Elimination of Child Labour (IPEC) is specifically addressing the mechanisms by which AIDS is pushing vulnerable children into exploitative forms of labour.⁵

The death of millions of agricultural workers - at least 7 million by the end of 2001 - means thousands of children taking on the work of their parents. Many farms in southern Africa are employing orphaned children as a way of helping them survive. The dilemma for trade unions, among other concerned parties, is how to protect the rights of children, and ensure livelihoods for adult workers, while recognizing that this work may be their only chance for orphans to survive. The IUF, whose affiliates include many agricultural unions, has recently passed a resolution on HIV/AIDS which addresses this among other issues (see Reference materials).

The Code encourages employers to take responsibility for orphaned children with connections to the workplace or enterprise.

9.8. Employee and family assistance programmes

(b)... They should respond to the needs of children who have lost one or both parents to AIDS, and who may then drop out of school, be forced to work, and become increasingly vulnerable to sexual exploitation. The programme may be in-house, or enterprises could support such programmes collectively or contract out for such services from an independent enterprise.

(c) The family assistance programme may include: ...

–specific measures, such as vocational training and apprenticeships, to meet the needs of children and young persons who have lost one or both parents to AIDS..

■ ILO Code of Practice on HIV/AIDS and the world of work

The huge increase in orphans due to AIDS places a great strain on the traditional solution - fostering by members of the extended family. There are many cases of grandmothers looking after several children. It is obviously a huge worry for parents who are HIV-positive: who will look after their children after their death?

⁴ World Bank: *Africa's Orphans and Vulnerable Children* (Washington, DC, 2002)

⁵ ILO: *A future without child labour* (Geneva, 2002)

Quality care of orphans is an important part of an AIDS prevention strategy. If workers are assured that their children will be well cared for after their death, and that no stigma will attach to them because their parent died from an AIDS-related infection, they are more likely to come forward for voluntary counselling and testing and to acknowledge their HIV status.

Fostering children with relatives is the best solution, and enterprises should ensure prompt payment of survivors' benefits to those responsible for the upbringing and welfare of the child. Enterprises could also consider grants toward health and education, so that the children do not drop out of school and join the ranks of child labourers. When the children get older, there might be scope for bringing them into the enterprise where their parent worked, as apprentices.

If no relatives or friends can be found to foster the child, an orphanage may be the only possibility. Enterprises might consider sponsoring a particular orphanage and providing some support and human resources to ensure it is well managed.

Social protection

Social protection is an important component of care and support. The simple principle behind social protection is pooling risk. If an individual or a single family bears all the costs relating to death or sickness, or other loss of earnings, such circumstances place a tremendous strain on that person or family. But if the risk is pooled - through taxation or an insurance scheme with wide coverage - then the cost is affordable.

The ILO defines social protection as including:

not only public social security schemes, but also private or non-statutory schemes with a similar objective, such as mutual benefit societies or occupational pension schemes. It includes all sorts of non-statutory schemes, formal or informal, provided that contributions to these schemes are not wholly determined by market forces. These schemes may feature, for example, group solidarity, or an employer subsidy, or perhaps a subsidy from the government.⁶

It is thus a broader concept than social security. There are a number of ILO Conventions dealing with various social security cash benefits, for example, Convention 102. Other Conventions dealing with social protection include Convention 183 on maternity protection.

Social protection issues are also covered in Module 4 on government and Module 8 on the informal economy.

⁶ ILO: *World Labour Report 2000* (Geneva, 2000)

Workplace programmes: case studies

As with prevention, companies are increasingly developing ways to provide care and support. Here are three examples of company action.

Volkswagen do Brazil

In 1996 Volkswagen do Brazil developed a comprehensive prevention and care programme in response to an increasing level of HIV infection in the company's workforce. The initiative focuses on HIV/AIDS prevention and the treatment of employees living with HIV/AIDS. The prevention programme uses educational presentations and information dissemination via the company radio, internal newspapers, bulletin boards, videos and HIV/AIDS brochures.

A principal feature of the care provided by the company was the establishment of a scheme that standardized assistance, while allowing for some flexibility based on individual needs. The treatment and counselling provided by the programme includes access to infectious disease specialists, social workers, nutritionists, psychologists, referrals to specialized hospitals and home care. Patients are also given access to antiretroviral drug treatment. In addition, as part of the company's non-discrimination policy, assistance is given to personnel in order to reintegrate them into the workplace and society. The scheme can be described as providing comprehensive care and support.

By the end of 1999, the company's monitoring system, which included both quantitative and qualitative indicators, showed:

- a 90 per cent reduction in hospital admissions;
- a 40 per cent reduction in the costs of treatment and care;
- 90 per cent of people with HIV/AIDS covered by the scheme remained active and symptom-free;
- an improved quality of life for people living with HIV and AIDS at the workplace and in the community.

The scheme is seen to be successful in providing care and support and reducing the heavy costs experienced through absenteeism and death of skilled employees.

Jardine Matheson, Thailand

The Jardine Matheson (Thailand) Group is a subsidiary of the Hong Kong based multinational Jardine Matheson Ltd. In Thailand the company is engaged in a wide range of industries including engineering, hotel and hospitality, shipping, security services and financial services.

Jardine Matheson became aware of the need to respond to the HIV/AIDS epidemic through its contact with the Thai Business Coalition on AIDS, which carried out some initial training with senior management. An AIDS committee was set up to develop a company policy and introduce HIV/AIDS awareness programmes.

As part of its response the committee established the Jardine Matheson AIDS Fund, which is sustained entirely through fund-raising activities. The Fund has set up an AIDS hotline and has made donations to several groups which provide care and support.

Molson, Canada

Molson is Canada's largest brewer with an annual turnover of \$1.2 billion. The company, which employs 3,880 workers, has had a long-standing commitment to HIV/AIDS care including the support of community-based AIDS service organizations (ASOs).

In 1996, Molson became the founding sponsor of AIDS Walk Canada, a national public awareness campaign. In the first year, the company entered into partnership with the Canadian AIDS Society and an advertising company to develop an advertising campaign aimed to reach 18 million people. By 1999, AIDS Walk Canada involved 110 communities and had raised 10 million Canadian dollars in support of local HIV/AIDS care, treatment and support services.

Molson has also given support to entertainment-related events such as rock concerts and festivals, and well-known stars have been used to promote awareness and raise money.

Molson's long-standing commitment and involvement in HIV/AIDS events and organizations has been recognized by both the Canadian government and Canadian AIDS organizations. The company is seen as a pioneer in the private sector support of AIDS activities. Since Molson is a household name in Canada, its association with AIDS issues and organizations lends credibility and acceptability to their messages and activities.

ACTIVITY 1

Creating a caring workplace

AIMS To help you think about what constitutes a caring and supportive workplace, and how to achieve it.

TASK In your group, think about:

- 1) the main characteristics of a workplace that supports people living with HIV/AIDS, and
- 2) the steps that have to be taken in order to make the work environment supportive in the ways you have identified.

Note : This activity is for a union, management or mixed group.

ACTIVITY 2

What managers need to do

AIMS To help you to plan an appropriate programme of care and support.

TASK In your group review how, as managers, you would deal with the situation outlined below.

You are human resource managers in the head office of a bank in southern Africa. An increasing number of bank staff are becoming infected, and several are seriously ill. Other bank staff are becoming restless about working alongside infected people, who are often absent and are not 'pulling their weight'.

At the same time you have been approached by a local People Living with HIV and AIDS group, who consider that the bank is not doing enough for its workers and wants it to do more.

Prepare a report outlining what factors you would have to look at in dealing with the unease of the workforce and improving the care and support offered to employees living with HIV and AIDS.

ACTIVITY 3

What unions need to do

AIMS To help you to draw up a union strategy on care and support.

TASK In your group, review the situation outlined below and prepare your report.

You are a union representing workers in a bank in Southern Africa. An increasing number of your members are becoming ill. You feel the company should be doing more to strengthen the care and support it is currently providing.

1. Make a list of the main demands you would make to ensure that those with HIV and AIDS are given as much support as possible.
2. Make a list of things the union can do to help those who are ill.
3. What action would you take to make sure your members support their colleagues who are HIV-positive?

ACTIVITY 4

Improving current practice

AIMS To help you to review and improve your current practice in responding to serious illness in the workforce.

TASK In your group, use this activity to help you review the care and support provided by your enterprise.

1. Make a list of the main ways that your company currently provides care and support for workers who are suffering from a life-threatening illness.
2. Assuming that more workers are going to become HIV-positive, what are the main areas you would need to improve in order to cope with this?
3. Who would you consult when considering these changes and how would you go about introducing them?

ACTIVITY 5

Negotiating 'reasonable accommodation'

AIMS To help you manage the impact of HIV/AIDS through workplace accommodation.

TASK This is a role play. You will be divided into two groups - union and management. Read through your brief carefully before starting the role play.

Management brief

You are a management team from a manufacturing company, in a region that is increasingly being affected by the HIV /AIDS epidemic. You have had several cases of workers becoming sick. This has led to difficulties on the production line and in one or two of the administrative departments. The union has approached you to provide reasonable accommodation for people who are ill. You are quite happy to do this, but do not want too wide an interpretation of reasonable accommodation as you think this would be expensive and lead to losses in production. Prepare some key arguments for the impending negotiations.

Union brief

You have become concerned about several of your members who are HIV-positive. There have been one or two disagreements with management about providing alternative work. A local AIDS support group has suggested you negotiate a reasonable accommodation agreement with management. Their advice is to make the agreement comprehensive and ensure people living with HIV and AIDS at work have the flexibility to alter their conditions of work to meet their needs and reduce their stress levels. Prepare some key arguments for the negotiations.

ACTIVITY 6

Negotiating treatment

AIMS To help you think about treatment issues.

TASK This is a role play. You will be divided into two groups - union and management. Read through your brief carefully before starting the role play.

Union brief

You are a union representing transport workers in southern Africa. A growing number of your members are HIV-positive; some have become ill and one or two have died. You fear that many more may do so. You have decided to negotiate for the provision of antiretroviral drugs for workers with HIV and their family members. You have heard that such an agreement was recently reached in the mining industry.

Prepare the main arguments you would use to convince management that they should fully subsidize the provision of antiretroviral treatment.

Management brief

The union has recently become much more active on HIV/AIDS issues at work. The company is beginning to suffer from absenteeism and the loss of skilled workers from AIDS. The union now wants the company to provide antiretrovirals for everyone with HIV. You think this is unreasonable and fear you would not be able to compete with other companies if you were providing such expensive treatment.

Prepare the main arguments you would use to refute the union claim.

ACTIVITY 7

A survey of counselling

AIMS To help you improve the provision of counselling.

TASK In your group, use this checklist to review the counselling services at your workplace:

1. Does your company provide HIV/AIDS counselling at the workplace?
2. If it does, how do you make sure the service remains confidential?
3. If it doesn't, do you think it should consider doing so or not?
4. Do the human resource / welfare staff know where to refer employees who may need HIV counselling?
5. Has the company attempted to check on the professional training and expertise of the counselling staff employed by the agencies you are sending employees to?
6. Do the welfare staff know what the recommended counselling involves and what areas it covers? In other words, how comprehensive is the counselling?
7. Once you have referred an employee to a counselling service or organization, what measures do the welfare staff take to ensure that the company provides continued support for the employee and continues to liaise with any relevant service?
8. Does your company grant time off with pay for workers who need access to counselling services?

ACTIVITY 8

Supporting families affected by HIV/AIDS

AIMS

To help you think about ways of supporting workers' families who are affected by HIV/AIDS.

TASK

In your group, consider in what ways you think your company and/or union can support affected families. Read through Section 9.8 of the Code of Practice on employee and family assistance programmes, and then make practical suggestions for providing support. Think of the strengths of your own organization and how these could be used to help families. Your suggestions should be specific rather than general.

ACTIVITY 9

Protecting orphans

AIMS To help you review the care and support provided for orphans.

TASK This is a role play. Divide into two groups, one representing management, and one the union.

The workplace AIDS committee is reviewing its policy on care and support for the families of workers who have died as a result of HIV-related illnesses and especially orphaned children.

Someone from the management group suggests that the enterprise should offer employment to the oldest child in each family where an employee has died. "This is the most practical form of assistance," he says. "A job is the best anti-poverty programme. The family will survive with dignity and the other children will be able to continue their education."

The union side welcomes the concern for AIDS orphans, but is concerned about what they see as an endorsement of child labour.

Can this be resolved? In the role play, explore the issues, and possible alternatives to the manager's proposal.

Resolution of the International Union of Food, Agricultural, Hotel, Restaurant, Catering, Tobacco & Allied Workers' Associations (IUF) on HIV/AIDS

The 24th IUF Congress, meeting in Geneva, May 14-17, 2002

NOTES WITH GRAVE CONCERN the devastating impact of AIDS and HIV, especially in sub-Saharan Africa. This epidemic has affected millions of workers and their families, wiping out breadwinners and thus increasing poverty and leaving many children orphaned.

NOTES that a new report from the FAO (*The impact of HIV/AIDS on food security in Africa*; 22nd Regional Conference for Africa, February 2002) estimates that

- in the 25 most affected countries in Africa, 7 million agricultural workers have died from AIDS since 1985.
- 16 million more deaths are likely in the next two decades.
- food production is affected through reduction of land under cultivation, declining yields, decline in crop variety and changing cropping patterns, loss of agricultural skills. For example, in Zimbabwe, communal agricultural output has decreased by 50% in a five-year period, largely due to HIV/AIDS. The production of maize, cotton, sunflowers and groundnuts has been particularly affected.

NOTES that there is increasing pressure for AIDS orphans to be allowed to work in agriculture to cover the costs of their remaining on the farm/plantation and to pay school fees. There is a very real and immediate danger that these children will be exploited and their health put further at risk by exposure to occupational health and safety hazards.

FURTHER NOTES that agriculture is not the only sector in IUF's jurisdiction to suffer drastically from the impact of HIV/AIDS, hotel and tourism workers are also greatly at risk. Africa is not the only continent affected, HIV/AIDS is a global crisis.

COMMENDS the tremendous work done by many trade unions at local, national and international level to combat HIV/AIDS and to win access to treatment at a fair and reasonable price.

WELCOMES the ILO Code of Practice on HIV/AIDS in the world of work as an important measure to provide guidelines on how to address HIV/AIDS within the context of work and to prevent discrimination against workers affected.

ACKNOWLEDGES that governments have a critical role to play in developing and implementing national AIDS prevention policies.

CALLS on affiliates:

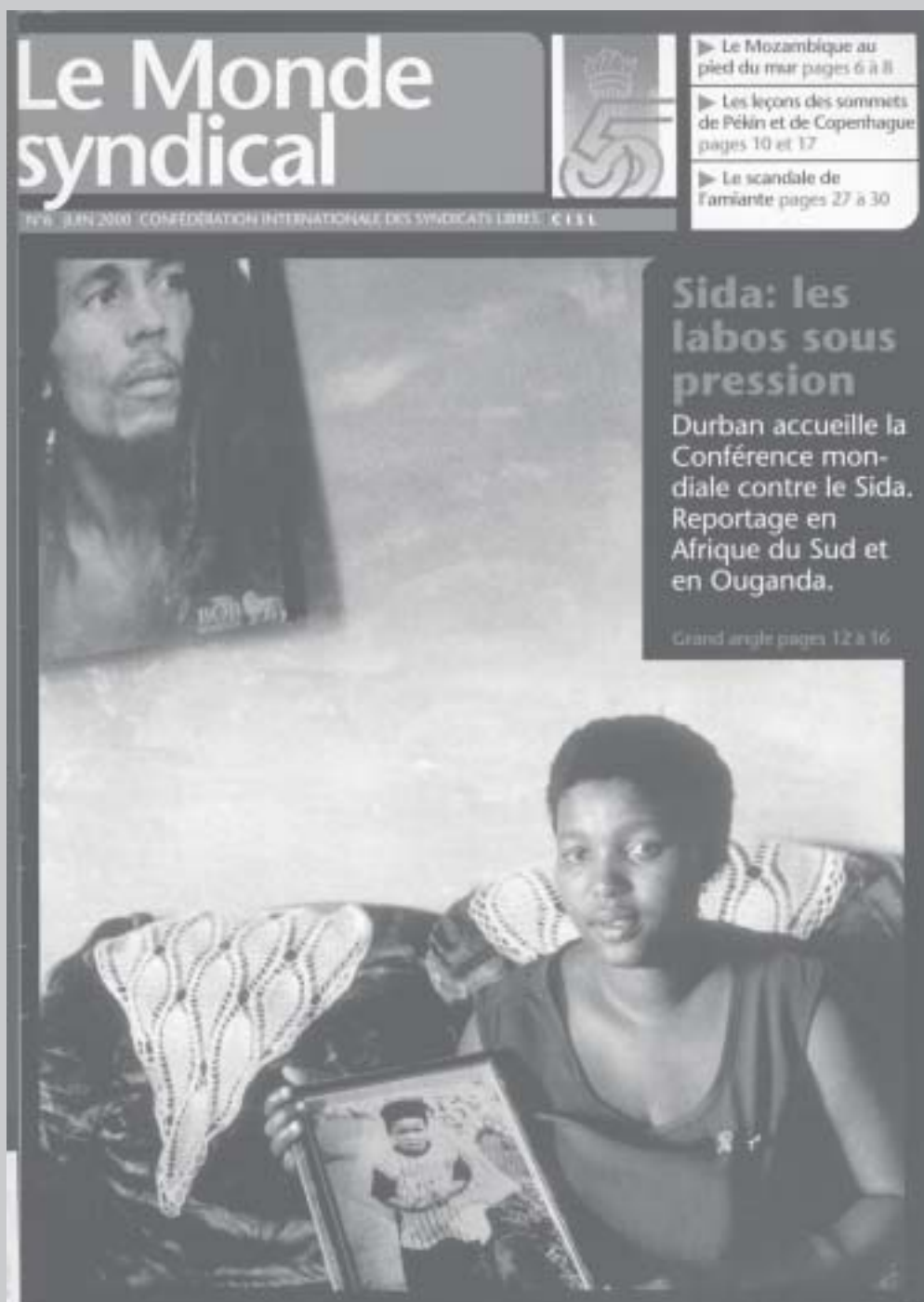
- To be involved in awareness raising programmes and campaigns aimed at HIV/AIDS prevention and campaigns for provision of essential drugs at local, affordable prices.
- To raise HIV/AIDS in collective bargaining, other appropriate fora with employers to ensure provision of training and preventive measures and no discrimination.
- To promote the ILO Code of Practice on HIV/AIDS in the world of work.
- To work with their government to ensure an effective HIV/AIDS national prevention policy is implemented.

CALLS on the IUF Secretariat:

- To work with appropriate UN agencies especially the ILO, FAO, WHO, UNAIDS to ensure information and resources are made available for trade unions representing vulnerable workers in the IUF's sectors to work on HIV/AIDS.
- To identify areas of co-operation with governmental organizations, NGOs and, where appropriate, employer and farmers' organizations to address this crisis.

7

MODULE



FIGHTING HIV/AIDS ...as easy as ABC

A bstain from sex

B e faithful to one partner

Use **C** ondoms all the time

Or **D** ie from AIDS

Workplace HIV/AIDS Project

Ghana Employers Association/TUC/UNFPA-Ghana

Module 8 > 8

contents

Introduction	1
What is the informal economy?	2
The informal economy and HIV/AIDS	4
Applying the ILO Code	8
Social protection	11
Reaching out to the informal economy	14
Case study	16
<i>Learning activities</i>	18

Introduction

Does the ILO Code of Practice on HIV/AIDS and the world of work apply to the informal economy? Yes, it does. The Code applies to all workers, in all situations - the world of work in the broadest sense. There are, however, a number of special problems in tackling HIV/AIDS in the informal economy. Policy-makers and planners still lack knowledge and understanding of how the epidemic affects work and workers in the informal economy. It is also difficult to apply standards and regulations. Employment relationships are often different in micro enterprises, and the organization of labour is less structured, although there is by no means an absence of associations of working people.

In this module we discuss how HIV/AIDS affects the informal economy and the issues to consider in planning a response. We examine how the ILO Code of Practice is relevant in the informal economy and suggest ways for the 'formal' sector to reach out to informal workers and micro enterprises.

This module of the manual is aimed at policy-makers in government, employers' and workers' organizations. Those involved in running associations in the informal economy, or providing education and support services for entrepreneurs and workers, should also find it useful. The module is not designed for people who actually work in the informal economy, including micro-entrepreneurs and the self-employed. Specific training materials should be developed or adapted for them.

What is the informal economy?

Defining the informal economy is complicated. The term 'informal sector', which was first used by the ILO in the 1970s, is more familiar to many. The term 'informal economy' is now preferred in order to show that informal activities are not separate and limited to a specific sector, but span all types of work from commerce and services to industry and agriculture. Indeed, it is important to understand the many linkages between formal and informal work. For example, surgical instruments made by children in several Asian countries in the 'informal economy' are used in major hospitals in Europe and North America - the 'formal economy'.

The characteristics of businesses and workers in the informal economy include the following:

- they lack recognition under legal and regulatory frameworks;
- their employment relationships and incomes are generally insecure and irregular;
- they are seldom organized and therefore have few means to make their voices heard;
- they are outside social protection mechanisms and systems;
- they cannot access public benefits and services such as credit, business information, or training schemes;
- they are vulnerable to interference by public authorities and police harassment, and are sometimes regarded as outlaws;
- their turnover is not counted in official statistics, though their economic contribution may be greater than that of formal enterprises;
- activities are informal either because the costs of formalizing them are too high or the procedures for doing so are too complicated, intimidating and time-consuming.

The term does not include the 'hidden' or 'underground' economy. Many enterprises deliberately operate illegally, and often very profitably, engaging in criminal and socially undesirable activities such as drug trafficking.

The size of the informal economy

In many countries the informal economy is the main source of employment and its importance is increasing. The ILO has noted that

...the informal economy has been growing rapidly in almost every corner of the globe, including industrialized countries - it can no longer be considered a temporary or residual phenomenon.¹

In the face of the debt crisis and structural adjustment - programmes - which are causing a massive loss of formal jobs -- the informal economy has offered the possibility of survival for many.

¹ ILO: *Decent work and the informal economy*, Report VI to the International Labour Conference, 2002

In Africa, informal work is estimated to account for over 90 per cent of new jobs, almost 80 per cent of non-agricultural employment, and over 60 per cent of urban employment. For women in sub-Saharan Africa, the informal sector represents 92 per cent of the total job opportunities outside agriculture (against 71 per cent for men) - the great majority of these jobs are performed by self-employed or own-account workers.² The situation is similar in many parts of Asia; in India, for example, 90 per cent of women workers are in the informal economy.

As part of cost-cutting measures and efforts to enhance competitiveness, firms are increasingly operating with a small core of wage employees with regular terms and conditions of employment and a growing periphery of non-standard or 'atypical' workers in different types of workplace and location.

Some of these workers, such as part-time workers or workers on fixed-term contracts, may still have a clear employment relationship. In industrialized countries, they may be included in the scope of employment legislation and social security schemes.

At the other end of the spectrum, production or service work is contracted out to a chain of sub-contractors, down to the level of the home-based worker, agency worker, or contract worker, who has no form of social security or legal protection. The position of these workers depends almost entirely on the whim of the employer - not the ultimate employer, but the sub-contractor or agent.

There are also many self-employed workers. Unable to find a job in the formal part of the economy, they try to gain a livelihood through a micro-enterprise. An example would be somebody selling snacks or cheap consumer items on the street, or running a transport service - perhaps a rickshaw or taxi.

It is common for several family members to be involved in an enterprise. This often includes children, who therefore attend school irregularly or not at all.

While some people choose the informal economy because they believe it offers a potential for entrepreneurship, growth or earnings that they would not find in the formal economy, the great majority of informal workers operate informally because they have no other choice. For most of those in the informal economy, income and security are lower than for the average formal worker. Some people see the informal economy as an opportunity and motor for growth, but others as exploitation and a brake on development. The ILO believes that every effort must be made to apply the decent work agenda to all workers, formal and informal.

² ILO: *Decent work and the informal economy*, 2002

The informal economy and HIV/AIDS

The informal economy is not homogeneous - it is not a 'sector' - so workers and enterprises are not all affected in the same way by HIV/AIDS. And there is not a single 'one size fits all' approach to dealing with the effects of the epidemic.

We explained in Module 1 that poverty worsens the impact of HIV/AIDS and at the same time the epidemic leads to an intensification of poverty. A similar mutual reinforcement mechanism applies in the informal economy.

- Conditions in the informal economy can make it easier for HIV to spread - people are more vulnerable to infection.
- The impact of HIV/AIDS on individuals, households and enterprises in the informal economy can be very severe, leading to greater poverty.

There are three main reasons why the impact of the epidemic is particularly severe in the informal economy:

- informal workers have little or no access to health services and social protection;
- they rarely enjoy financial security, surviving at the margins with few savings and little access to credit (except very expensive private money-lenders);
- the transient nature of their work can mean that a few days' absence will result in the loss of a job or the right to trade.

In sum, informal workers have fewer private means to cope with the effects of HIV/AIDS and less access to public services. Let's take a closer look at each factor.

Access to services

Workers in the informal economy have less access to a range of services and practical assistance. They are often bypassed by the networks which can offer help and advice. For example, condom distribution has become a key element in campaigns against the virus and some enterprises have had successful programmes to encourage workers to use condoms. Distribution networks are much less likely to reach the informal economy. The lack of access to social protection is a key defining characteristic of the informal economy. The daily struggle for survival makes it hard to plan ahead or invest for what might happen. This is why the extension of social protection is so important, and there is a more detailed discussion later in this module.

Financial security

Workers and micro-entrepreneurs have very little opportunity to save, and may even not have access to financial services. The lack of property restricts access to credit, and banks may refuse to open an account. Without credit unions or similar institutions, it is difficult to accumulate and

invest any surplus income, however small it may be. Financial institutions are also often the gateway to insurance schemes.

Transient work

Many informal workers are traders, whose livelihood depends upon having a regular 'Opitch' - by the road, near a sports ground, in a market. When they are absent through illness, they can lose this special spot. They may also trade in perishable goods and depend on a rapid turnover of stock. If they are ill, their stock may spoil.

The impact on enterprises

HIV/AIDS-related illnesses and deaths impact on informal enterprises and larger businesses in similar ways, but the former have fewer resources to cope with absenteeism, labour costs, loss of skilled workers and labour turnover.

Many informal enterprises have a small number of workers, whose skills and experience may be very specific to the enterprise. It is a mistake to think that there is a large pool of labour for replacing them. It is also argued that the informal economy is very flexible. This may be so, but individual enterprises may not possess such flexibility when faced with the shock of the owner or key worker becoming infected. And in cases where the family makes up the workforce, AIDS is a double blow.

The market for goods and services is often very local, so AIDS is probably also reducing demand as people use income and savings to buy care and treatment.

Migrant and mobile workers

Labour migration is increasingly common. It is an international phenomenon, but migration within countries is also very widespread, particularly from rural to urban areas. Many migrant workers end up in the urban informal sector. Seasonal or longer-term separation from their families and roots, as well as the conditions they live in, can be factors which promote risk-taking. China is one of a number of countries reporting that the increase of HIV infections in rural areas is linked to the increase in rural-urban migration, including return visits by migrant workers.

Information and education about HIV/AIDS – how it is spread and how to avoid infection – is vitally important in the fight against the epidemic. Governments and NGOs have devoted considerable resources to producing materials with these messages. Many large workplaces, employers' and workers' organizations have also developed prevention initiatives.

However, these messages and programmes are targeted at stable workforces, who often have a higher-than-average level of education and skills. The messages are usually in written form. Migrant workers from overseas may not be fluent in the language, or they may not be legally resident and therefore try to avoid contact with the authorities.

Gender dimensions

As the table shows, women tend to depend more on the informal economy for a livelihood than men. Because of discrimination against women in education and employment, jobs in the formal economy are often, in practice, reserved for men. We also know that women are infected more easily than men by the virus. So, in considering how we apply the ILO Code of Practice in the informal economy, we need to pay particular attention to the needs of women.

Women also generally have the burden of household responsibilities on top of work outside the home. The responsibilities for caring for somebody with an AIDS-related illness can dramatically alter the caregiver's daily routine. In highly affected areas, women often have to decrease the number of hours previously devoted to work and business outside the household in order to care for sick family members.

If women are vulnerable, so are those who depend on them – this often includes a small enterprise or farm as well as the family.

Informal non-agricultural employment, by sex 1994 / 2000

Region/country	Informal employment as percentage of non-agricultural employment	Women's informal employment as percentage of women's non-agricultural employment	Men's informal employment as percentage of men's non-agricultural employment
North Africa	48	43	49
Algeria	43	41	43
Morocco	45	47	44
Tunisia	50	39	53
Egypt	55	46	57
Sub-Saharan Africa	72	84	63
Benin	93	97	87
Chad	74	95	60
Guinea	72	87	66
Kenya	72	83	59
South Africa	51	58	44
Latin America	51	58	48
Bolivia	63	74	55
Brazil	60	67	55
Chile	36	44	31
Colombia	38	44	34
Costa Rica	44	48	42
El Salvador	57	69	46
Guatemala	56	69	47
Honduras	58	65	74
Mexico	55	55	54
Rep. Dominicana	48	50	47
Venezuela	47	47	47
Asia	65	65	65
India	83	86	83
Indonesia	78	77	78
Philippines	72	73	71
Thailand	51	54	49
Syria	42	35	43

Source: *Women and men in the informal economy (ILO, 2002)*

Sex workers

Sex workers are a particular group in the informal economy who are very much at risk. Although sex work is universal, it is almost everywhere unlawful and clandestine. Significantly higher HIV infection rates have been found among sex workers and their clients compared to other population groups. Many projects have established that sex workers are very willing to respond positively to prevention programmes, for example by encouraging condom use. The difficulty is often the reluctance of clients to agree. Programmes which help sex workers insist on condom use must be supported, as well as programmes providing training and alternative opportunities for generating income.

Module 5 on gender discusses some of these issues further.³ What must be emphasized is that sex workers are workers, and as such they deserve protection. Many women are pushed into sex work as a survival strategy when other informal activities fail, or the death of a partner or parent has left them destitute.

³ See also UNAIDS: *Sex Work and HIV/AIDS* (Geneva, June 2002)

Applying the ILO Code

The key principles of the Code of Practice apply equally to formal and informal workplaces. They cannot, however, be implemented in the same way in the informal economy as in larger, formal structures. The fact that the Code of Practice is a voluntary instrument means that it can be adapted to different needs and circumstances, and this is one of the activities being undertaken by an ILO project with informal workers in Ghana, South Africa, Tanzania and Uganda.

4.1. Recognition of HIV/AIDS as a workplace issue

Workers in the informal economy, including home-based workers, are in many ways more vulnerable to HIV infection (see above). It is therefore important to recognise as a 'workplace' within the scope of the Code any place where people carry out economic activities.

4.2. Non-discrimination

Workers in the informal economy have the same rights as any other worker. It may well be harder to protect those rights, but the same basic approach of advocacy, education and legal back-up is needed. Action to support associations of people living with HIV/AIDS and encourage them to extend their activities to the workplace should be considered.

4.3. Gender equality

The percentage of women workers in the informal economy is high, but they have little power and even fewer support mechanisms to negotiate the rewards for their work. The income they receive from informal activities may be insufficient to cover their basic needs and those of their children. Their dependence on men may be reflected in a lack of power to negotiate safe sex. Women in the informal economy, even if nominally self-employed, are just as vulnerable to sexual harassment as women in the formal sector, if not more so. Contractors, police or other State agents can wield considerable power over them (see Module 5 on gender). Women's associations are one way of strengthening their position, but the authorities should also extend to women the protection of the law.

4.4. Healthy work environment

Standards of occupational safety and health are generally very low in the informal economy. Legislation usually excludes enterprises below a certain size. The informal workplace is often also the worker's home, but home-based workers are also excluded. Simple, inexpensive measures can often help to keep workplaces safe and hygienic and can also improve productivity. It must be emphasized that as HIV is not spread through casual contact, it is very rare for workers to be infected at the workplace, be it formal or informal.

4.5. Social dialogue

Social dialogue in the formal sector is based on well-established structures and organizations of employers and workers. While these often do not exist in the informal economy, there are many membership-based institutions such as associations, credit unions, co-operative societies, or mutual insurance systems which offer the opportunity for dialogue.

New forms of social dialogue therefore need to be developed to include these other forms of association. At the national, sectoral and local level, the traditional social partners could invite other organizations to take part in consultations and other forms of dialogue (see Module 3). This has been called “tripartism plus”. It requires a degree of flexibility and creativity, but should be seen as a way of strengthening and extending traditional forms of dialogue rather than threatening them.

4.6. Screening for the purpose of exclusion from employment.

Workers in the informal economy are not usually required to undergo health checks or to produce medical certificates. If they are not fit they cannot perform their work, which is often paid at piece rates. If they do not work, they do not receive any pay. There are usually no employment records kept of any kind.

Given this context, it is unlikely that employers would think of testing applicants or employees, but they might ‘screen’ on grounds of appearance or hearsay. This is as unacceptable as insisting on testing.

4.7. Confidentiality

Keeping a secret may be more difficult in a very small workplace. This is especially the case where close family or neighbours are involved in working together. But the key principle of confidentiality must be maintained.

4.8. Continuation of employment relationship

The employment relationship is, by definition, informal and there is no social security to cover workers who cannot keep working. Small establishments need to replace absent workers in order to keep functioning, even if they only miss a few days. Self-employed workers who cannot work receive no income. Some employers are willing and able to keep paying the wages of one or two workers who are occasionally ill. But AIDS is making it impossible for them to keep up this informal ‘social security’ – a fact which underlines the importance of establishing mutual health insurance schemes.

4.9. Prevention

Education programmes, and initiatives such as condom distribution, should be available to workers in the informal economy. Elsewhere in this module, we discuss how larger employers can offer support. Programmes run by governments or non-governmental organizations must include informal economy workers.

4.10. Care and support

Community-based organizations have made remarkable contributions to the care of people with HIV/AIDS, but the need is ever-expanding. New points of delivery need to be explored, such as the workplace, and new forms of health insurance. The ILO is supporting a number of initiatives to extend social protection to the informal economy (see information on the STEP programme below).

Social protection

The issue of statutory social security schemes is discussed in Module 4 on government. Here, we look at social protection in the informal economy. Social protection is a broader concept than social security. The ILO defines it to include

not only public social security schemes, but also private or non-statutory schemes with a similar objective, such as mutual benefit societies or occupational pension schemes. It includes all sorts of non-statutory schemes, formal or informal, provided that contributions to these schemes are not wholly determined by market forces. These schemes may feature, for example, group solidarity or an employer subsidy, or perhaps a subsidy from the government.⁴

The simple principle behind social protection is to pool risk. If an individual or a single family carries all the cost and burdens of death, sickness or other interruption of earnings, such circumstances place tremendous strain on that person or family. But if the risk is pooled, through taxation or an insurance scheme with wide coverage, then the cost is affordable.

Social protection is a human right and also a principle laid down in the Code of Practice.

More than half of the world's workers and their families are excluded from coverage by statutory schemes and are thus denied income security. The problem is greatest in developing countries. Thus, only 10 per cent of workers are covered in sub-Saharan Africa and southern Asia. In other parts of the developing world coverage varies between 50 and 90 per cent. In middle-income and even developed countries, there are significant gaps in social protection, particularly among the self-employed and workers in irregular, seasonal or part-time employment. A major contributory factor is the trend towards greater informalization or flexibility in working conditions, which effectively leaves workers outside the scope of social security schemes.⁵

Mutual health organizations

For workers with low and irregular earnings, and in particular own-account workers, the priority social protection needed may not be a pension but income security and access to health care. Many workers in the informal economy have therefore established their own arrangements for meeting these needs. The question is, where these exist, can such arrangements cope with the HIV/AIDS crisis, which hits the informal economy especially hard.

A range of initiatives has been developed to supplement state provision, adapted to the needs of poorer workers and the informal economy. These are known as 'micro-insurance' schemes or 'decentralized systems of social protection'. They exist in the formal sector, but are particularly relevant to workers in the informal economy who are not covered by government or company schemes.

⁴ ILO: *World Labour Report 2000* (Geneva, 2000)

⁵ Based on ILO: *Social security: issues, challenges and prospects*, Report VI to the International Labour Conference, 2001

One example is the mutual health organization (MHO). Sometimes this is part of a larger scheme or organization which is already supplying other services - a union, professional association or traders' association may set up a mutual insurance scheme. The ILO has produced a definition:

A mutual health organization is a non-profit voluntary association of people, operating on the basis of solidarity between all its members. By means of its members' contributions, and based on their decisions, the mutual health organization organizes insurance, mutual aid and solidarity measures aimed at insuring against risks related to illness, bearing the consequences and promoting health.⁶

The World Labour Report 2000 adds the following important point about micro-insurance in general:

"[it] is not merely another form of insurance or health care financing. It is a form of social organization ... which involves the active participation of the group's members."

Any MHO has to consider ways to limit its exposure to the risk that a large number of chronically ill members will consume its resources. Any illness requiring long, costly or repeated medical treatment, not just AIDS-related conditions, could undermine the finances of an MHO. could undermine the finances of an MHO. Conditions imposed can include monthly or annual limits to benefits, a flat rate payment for each illness, payment of hospital costs or medicines only.

These measures limit the amount available for an individual member, but this will still mean some improvement in care for that person, and the same possibility for others in the future. MHOs will have to decide whether or not to accept into membership those already diagnosed as HIV-positive. Some MHOs have set up a specific fund for AIDS cases, where the amounts paid out are limited by the size of the fund.

Such schemes supplement provision by the State or employers, and guidance is available from the ILO on how to set them up.

What the social partners can do

Government has a key role to play in creating a favourable legal, fiscal and institutional framework to encourage the establishment and growth of mutual health organizations and other schemes. A clear policy framework must respond to the needs of the MHOs, rather than proceeding from the administration downwards. In some cases, governments have subsidized MHOs in their early stages as a form of wider social solidarity; the Indian government, for example, has allocated a subsidy to the Integrated Insurance Scheme of the Self-Employed Women's Association (SEWA) in India. Governments could also provide or facilitate re-insurance.

⁶ ILO: *Mutual health organizations and micro-entrepreneurs' associations: Guide* (Geneva, 2001)

Workers' organizations should consider establishing MHOs if they have not already done so. They could be part of a wider welfare scheme. Some of the most successful schemes studied have been created by trade unions, such as the Teachers' Welfare Fund of the Ghana National Association of Teachers⁷ and SEWA in India.⁸

Employers and employers' organizations could support the creation of such schemes and promote wide membership of schemes by collecting contributions via the pay roll. Employers' and workers' organizations can also encourage governments to establish the right framework for MHOs.

The STEP programme

Strategies and Tools against Social Exclusion and Poverty (ILO/STEP) supports the development of social protection systems which reach workers in the informal economy. STEP is an instrument for extending the coverage and effectiveness of health insurance and other forms of decentralized social protection. STEP works by providing technical assistance for policy and implementation, networking and spreading knowledge about successful models. It supports micro insurance schemes in the informal economy, and is now working on ways of adapting them in the face of HIV/AIDS. A priority is ensuring that gender is factored into its programmes.

⁷ Atim, C.: *The contribution of mutual health organizations to financing delivery, and access to health care* (PHR, Bethesda, USA, 1998)

⁸ ILO: *Women organizing for social protection. The Self-employed Women's Association's Integrated Insurance Scheme* (Geneva, 2001)

Reaching out to the informal economy

Governments and employers' and workers' organizations need to consider how they can work with the informal economy, and with NGOs and community-based organizations, to create networks which will reach into the informal economy workplace. The overlap between workplace, community and home should be understood, and varied and innovative methods found of imparting information and expressing messages about HIV/AIDS.

Prevention initiatives targeting workers and entrepreneurs in the informal economy must recognize that the time available for spending on training and education is very limited. Such initiatives should be integrated into other programmes which have concrete and practical benefits for workers and entrepreneurs, such as skills-building, health education, or savings and credit schemes.

Since there is no real dividing line or barrier between formal and informal, a number of links exist which could be used and strengthened to provide AIDS information and care.

Customers and suppliers

Larger enterprises have a number of relationships with suppliers, customers and contractors, many of which are smaller, informal enterprises.

The ILO project in India urges employers to identify all small enterprises with which they have production relations. The aim is to convince larger companies to extend their HIV/AIDS workplace information and education programmes to cover the firms which supply their goods and services.

Staff who visit suppliers, contractors and customers could distribute literature on the basics of HIV/AIDS. They could receive special training so that they can discuss and explain issues. Staff in purchasing and sales departments are perhaps not normally involved in the company's AIDS strategy, but they could have a huge impact. They meet customers and suppliers regularly, get to know many of them, and understand their problems. They are more likely to be trusted than strangers.

Suppliers and customers could also be invited to in-house training and information sessions on HIV/AIDS. This would involve little additional cost, and strengthening the relationship between the enterprise and the customer/supplier could be good for business.

One objection which might be raised is: "Do we want to talk to these other businesses about AIDS? Will they get the wrong idea about us?" This is where large companies need to show leadership. Silence and embarrassment only encourage the spread of AIDS.

Good neighbours

Around every large enterprise there will be a cluster of small businesses, not necessarily with any kind of formal relationship, but dependent in some way. For example, there may be stalls nearby selling food and drink to workers. There are cleaners and security guards. Workers travel to and from work on mini-buses, 'jeepneys', rickshaws and other forms of informal transport. Here again, the influence of the larger enterprise can be used to get the HIV/AIDS message across.

The same principle applies to workers' organizations, which could extend an invitation outside their own membership. In a training course organized by the Women Workers' Committee in the Trade Union Federation in Guinea, all women in the local community were welcome to participate - not only union members. The course included an AIDS awareness component, which was part of a larger effort aimed at expanding the membership base of the trade unions.

Working with informal economy associations

There are numerous membership-based institutions such as community associations, credit unions, co-operative societies, and mutual insurance schemes. Large employers or employers' organizations can work with these in a number of ways. They can sponsor or 'adopt' an AIDS programme for such associations, or partnerships can be set up to help companies implement activities for the local community. Workers' organizations can extend some of their activities and resources to them for a common goal.

There are also associations of people living with HIV/AIDS, who are a valuable resource in helping to develop programmes of prevention and care for both informal and formal workplaces. The ILO project in India works closely with the Delhi Network of Positive People, the Network of People Living with HIV/AIDS in Maharashtra, and the Positive Women's Network of South India.

Case study

Sister Self-Help Association, Ethiopia

Ethiopia is experiencing a severe HIV epidemic, with well over two million people infected (end 2001). UNAIDS estimated the prevalence of HIV/AIDS among commercial sex workers (CSWs) in major urban areas at almost 80 per cent in 2000. In the shadow of this dramatically increasing HIV epidemic there is considerable stigma against those perceived to be the carriers of the virus.

The Sister Self-Help Association was formed by a small group of CSWs who attended an HIV/AIDS sensitization programme. On the basis of their need for a regular income and better health provision, they agreed on a plan of action to improve their working conditions and protect their health. Three main types of activity have been undertaken:

Income generation

Three income-generating activities were launched: a restaurant, a convenience store and a catering service for local hotels.

The restaurant was openly called the “AIDS house” and did not attract an extensive clientele. The project identified the need for diversification and a small convenience store was set up on the premises. Project leaders also approached hotels in the area with a view to providing a catering service, mainly to supply enjera (local bread). However, due to the stigmatization of CSWs, and fears about the cleanliness of food prepared on their premises, most activities remain marginal and are unable to fully support the women.

Health services

Although government health care services are available free of charge for everyone in Ethiopia, national identity cards are required in order to be eligible. Most CSWs participating in the project did not have any form of ID card, since a residential address is required to obtain one, with the result that the majority of these workers have little access to health care. Through an informal agreement reached between the project managers and the local Health Bureau, the project has been awarded health coupons, which can be used at local clinics.

However, the number of coupons allocated rarely meets the demand. Since the project's income-generating activities have not provided full support, a number of the women involved have to continue sex work in order to pay their rent and support their families. Several women in the project also suffer from TB.

Awareness-raising

The project provides education on STIs and HIV/AIDS through puppet shows and peer education. Peer educators provide a behaviour change programme to help women move through early levels of

awareness, motivation for change towards safer sex, promotion of personal hygiene and maintenance of these new practices, aided by the distribution of condoms.

Despite a number of problems, which are being steadily addressed, the project is one of the few successful examples in Ethiopia of an organization developed by CSWs. Members have been trained as peer educators and provide outreach peer education activities for other sex workers within and outside the area; condom use and HIV testing have increased; infection rates are being monitored.



ACTIVITY 1

Applying the Code

AIMS To help you to think about HIV/AIDS issues in the informal economy.

TASK Work in small groups.

Read through Section 4 of the ILO Code of Practice. For each of the ten principles, think about the problems involved in applying that key principle in the informal sector. Put your list on a flipchart.

Exchange lists with another group. That group will try to find solutions to the problems you have identified. You will try to find solutions to the problems that group identified.

There won't be any easy answers, but that doesn't matter!

ACTIVITY 2

Mapping informal links

AIMS To identify the links between your enterprise and the informal economy.

TASK Using a large piece of paper and thick coloured pens, put your workplace at the centre of the page. Use arrows to indicate any goods/services leaving and entering (i.e. suppliers and customers). If you think that any of them are in the informal economy, mark them in RED.

Use BLUE pens to note down other informal activities near your enterprise used by workers there, e.g. stalls selling food and drink.

If any workers travel because of their work, e.g. van drivers who deliver your products, you might try to make a special chart for them.

When you have finished, display your chart on the wall for others in the group to see.

Note : This activity is designed for a larger enterprise, and should help you to think about how it can support small-scale suppliers and customers. It is suitable for use with management and union representatives. It does not matter if you don't have the coloured pens, as long as you mark the links on the flipchart. (This activity is particularly useful for a workshop held at the local level.)

ACTIVITY 3

Discussing AIDS in the supply chain

AIMS To help you identify problems in raising HIV/AIDS with your supply chain and customers.

TASK This is a role play. You will be divided into two groups.

Group 1 : You are small-scale suppliers of Company A. You employ a small number of workers, who are now skilled and experienced and would be difficult to replace.

You have a lot of problems and pressures. Competition is tough, and you find you are kept very busy just surviving.

You have an important contract with Company A, and a representative of the company has asked to meet you to discuss HIV/AIDS. You have no idea what this is about, but you discuss the ways AIDS is affecting you.

Group 2 : You are from the workplace HIV/AIDS committee in Company A. You have decided to roll out your programme on HIV/AIDS to suppliers and customers whom you have identified as being in the informal economy. You are now about to meet a small group of them for an initial discussion. Plan what you are going to say. The two groups meet - act out their discussions.

Note : Most of the time available should be spent on the second part of the activity, once the two groups meet.

ACTIVITY 4

Applying the Code: reaching out

AIMS To think about how the social partners can reach out to the informal economy.

TASK Section 5 of the Code of Practice - on general rights and responsibilities - has very similar wording for all social partners on the informal economy.

Read through the relevant clause for your group:

- Government: 5.1 (l)
- Employers: 5.2 (m)
- Workers: 5.3 (k)

and read Checklist III on planning and implementing a workplace policy on HIV/AIDS.

Then discuss how you would apply these clauses and how the checklist might be adapted for use in the informal economy. You might want to consider action at the level of an individual informal enterprise or a cluster of enterprises in an area.

ACTIVITY 5

Supporting the informal economy

AIMS To help you think about ways that practical support could be given to micro enterprises.

TASK What are the support mechanisms that need to be set up so that small and micro enterprises and traders connected with your enterprise can cope better with the epidemic?

Look at some of the case studies on workplace programmes (Modules 6 and 7). Could you use any of the ideas in your enterprise or area?

How can they be organized?

What special measures might be needed for women?

Note : The same activity could be undertaken to plan support for informal sector associations

ACTIVITY 6

It can happen: learning from case studies

AIMS To learn from the experience of others.

TASK Read through one or more case studies on action concerning HIV/AIDS in the informal economy. We have given one example in this module but you can find others.

What are the key points? What could you try to do in your area/ community/ supply chain?

ACTIVITY 7

Making plans

AIMS To plan practical help for informal sector businesses.

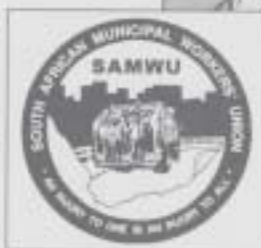
TASK Draw up an action plan to help an identified group of employers/workers in the informal economy with regard to HIV/AIDS.

Action plan for(fill in name of supplier/customer)

What needs to be done to help them deal with the impact of HIV/AIDS?	Who should be responsible for doing it?	What is the timetable?	What outside help is available?

NO LOVE WITHOUT A GLOVE

AIDS MANUAL



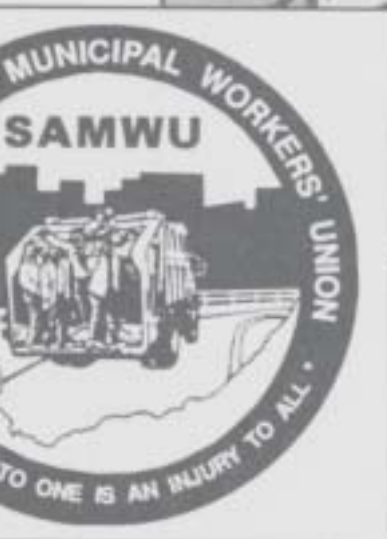
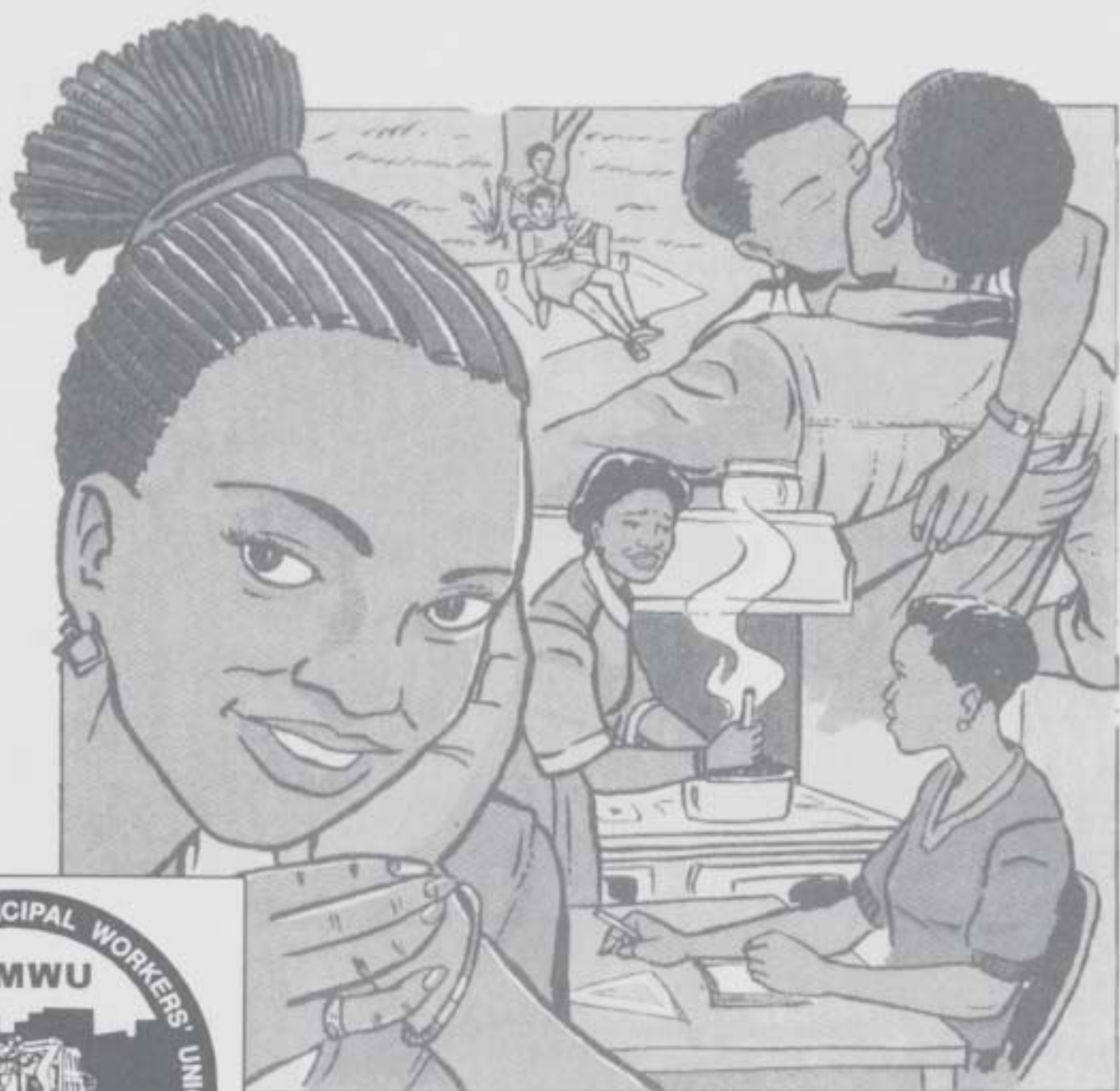
for SAMWU Shopstewards

September 2000





AIDS MANUAL



for SAMWU

References >

contents >

Sectoral codes, guidelines and information	1
Websites	4
Selected references for the modules	7
Regional contacts	13

There is now an enormous amount of literature available about HIV and AIDS. This very short guide is divided into:

- Selected references from the ILO Code of Practice. The full-size version of the Code contains a substantial reading list, but the pocket edition of the code does not contain appendices IV - VII, so some of the materials listed are re-printed here, especially the sector-specific information.
- General sources of information: and
- Resources for issues raised in each module.

Sectoral codes, guidelines and information

Agriculture

- Barnett, T.: "Subsistence agriculture", in Barnett, T.; Blas, E.; Whiteside, A. (eds.): *AIDS brief for sectoral planners and managers* (Geneva, GPA/UNAIDS, 1996).
- du Guerny, J.: *AIDS and agriculture in Africa: Can agricultural policy make a difference?* FAO Sustainable Development Department (Rome, 1999).
- Schapink, D. et al.: *Strategy to involve rural workers in the fight against HIV/AIDS through community mobilization programs, draft for review*, Paper discussed at a regional workshop on community participation and HIV/AIDS, June 2000, United Republic of Tanzania (Washington, DC, World Bank Rural HIV/AIDS Initiatives, 2000).
- Southern Africa AIDS Information Dissemination Service (SAFAIDS): *AIDS and African smallholder agriculture* (Zimbabwe, 1999).

Education

- Education International and World Health Organization: *Training and resource manual on school health and HIV/AIDS prevention* (Brussels, 2000).
- Kelly, M.J.: "What HIV/AIDS can do to education, and what education can do to HIV/AIDS" (Lusaka, 1999), in *Best Practice Digest*, UNAIDS website.
- UNAIDS: *School health education to prevent AIDS and STD: A resource package for curriculum planners* (Geneva, 1999).
- University of Queensland: "HIV policy and guidelines", in *Handbook of university policies and procedures* (Brisbane, 2000).
- World Consultation of Teachers' International Organizations: *Consensus statement on AIDS in schools* (undated).

Health sector

- Centers for Disease Control and Prevention: "Public health service guidelines for the management of health care worker exposures to HIV and recommendations for post-exposure prophylaxis", in *Morbidity and Mortality Recommendations and Reports* (Atlanta, 1998), Vol. 47, No. RR-7.
- Garner, J.S.: *Guidelines for isolation precautions in hospitals*, Hospital Infection Control Practices Advisory Control Committee, CDC (Atlanta, 1996).
- ICN (International Council of Nurses): *Reducing the impact of HIV/ AIDS on nursing and midwifery personnel* (Geneva, 2000).
- WHO/ILO: *Statement from the Consultation on action to be taken after occupational exposure of health care workers to HIV* (Geneva, Oct. 1989).

Hotel, catering and tourism

- Caribbean Epidemiology Centre (CAREC): *HIV/AIDS in the workplace – A programme for the tourism industry*, Caribbean Tourism Health, Safety and Resource Conservation Project (CTHSRCP) (Trinidad and Tobago, 2000).
- International Hotel and Restaurant Association/Pacific Asia Travel Association/UNAIDS: *The challenge of HIV/AIDS in the workplace: A guide for the hospitality industry* (Geneva and Paris, 1999).
- Moomaw, P.: 'When an employee says, "Boss, I have AIDS"', in *Restaurants USA* (National Restaurant Association, Washington, DC), Mar. 1996.
- United States Agency for International Development (USAID): *AIDS briefs, tourism sector* (Washington, DC, undated).
- WHO: *Statement on screening of international travellers for infection with human immunodeficiency virus* (Geneva, 1988).

Maritime and transport

- Aerospace Medical Association Human Factors Committee (AsHFC): *Neurobehavioural testing of HIV infected aviators, Draft position paper* (Alexandria, 1996).
- Bikaako-Kajura, W.: *AIDS and transport: The experience of Ugandan road and rail transport workers and their unions* (International Transport Workers' Federation, London, 2000).
- International Transport Workers' Federation: *Proposals for a policy on HIV/AIDS prevention and care for transport workers in Uganda* (London, 2000).
- Nueva Era en Salud/Civil Military Alliance to Combat HIV/AIDS: *The Panamanian International Maritime and Uniformed Services Sector STD/HIV/AIDS Project, executive summary* (1998).
- Philippine Seamen's Assistance Program (PSAP)/ITF Seafarers' Trust: *PSAP AIDS education programme for Filipino seafarers* (Rotterdam, undated).
- WHO/ILO: *Consensus statement from the Consultation on AIDS and seafarers* (Geneva, Oct. 1989).

- Yeager, R.: *Inter-Organization Policy Meeting on the Development of HIV/AIDS Prevention in the Maritime Sector*, Background paper (London, Oct. 1997).
- Yeager, R; Norman, M.: "HIV and the maritime – Seafarers and seaport workers: A hidden population at risk", in *Civil-Military Alliance Newsletter* (Hanover, NH), Oct. 1997, Vol. 3, No. 4.

Mining and energy

- Anglo American Corporation of South Africa Limited: *HIV/AIDS policy* (1993).
- International Federation of Chemical, Energy, Mine and General Workers' Unions (ICEM), *Report and conclusions of workshop on HIV/AIDS* (Johannesburg, 2001).
- United States Agency for International Development (USAID): *AIDS briefs, mining sector* (Washington, DC, undated).
- World Bank/International Finance Corporation (IFC): *HIV/AIDS and mining*, IFC website. (And see p. 13)

Public service and military

- PSI: Policy and plan of action on HIV/AIDS, Public Services International (Ferney-Voltaire, 2001)
- United Nations Military Planners and Commanders/United Nations Department of Peacekeeping Operations and Civil-Military Alliance to Combat HIV/AIDS: *Policy guidelines on HIV/AIDS prevention and control for United Nations military planners and commanders* (Geneva, Feb. 2000).
- United States Agency for International Development (USAID): *AIDS briefs, military populations* (Washington, DC, undated).
- United Nations Department of Peacekeeping Operations: "Module 1: Defining HIV and its impact on the military", in *HIV prevention and behaviour change in international military populations* (New York, 1999).

Websites

There are a number of websites which provide relevant information.

Start with the ILO's own site. You can go to <http://www.ilo.org> and click on the link to ILO/AIDS or go straight to <http://www.ilo.org/aids>

United Nations websites

The website of UNAIDS (the Joint UN Programme on HIV/AIDS) is a key source of information: <http://www.unaids.org>.

UNAIDS produces a *Best Practice series* - some of the titles are mentioned below under the references for each module.

The eight UN agencies which are the UNAIDS co-sponsors include the ILO and:

United Nations Children's Fund (UNICEF)

<http://www.unicef.org>

United Nations Development Programme (UNDP)

<http://www.undp.org>

United Nations Population Fund (UNFPA)

<http://www.unfpa.org>

United Nations International Drug Control Programme (UNDCP)

<http://www.undcp.org>

United Nations Educational, Scientific and Cultural Organization (UNESCO)

<http://www.unesco.org>

World Health Organization (WHO)

<http://www.who.int>

World Bank

<http://www.worldbank.org>

On all the websites you should link to pages about HIV and AIDS, or you can use the search engine.

Other websites

HIV/AIDS information with socio-economic and/or workplace focus

Family Health International, a non-profit organization, has an extensive education programme on HIV/AIDS, some of it in the context of the workplace: <http://www.fhi.org>

International AIDS Economics Network discusses the economic impact of the epidemic. It has a monthly Newsletter with useful links, which you can receive by visiting its website: <http://www.iaen.org>

The Joint Center for Political and Economic Studies hosts a literature review on the economic impact of AIDS on South Africa, including the impact on the workplace and the response of government, industry and communities: http://www.jointcenter.org/international/hiv-aids/1_lit-review.htm

Health Economics & HIV/AIDS Research Division (HEARD), a research and teaching organization at the University of Natal in Durban, South Africa, has numerous publications and information on the economic, development and social impact of HIV/AIDS: <http://www.und.ac.za/und/heard>

Canadian HIV/AIDS Legal Network: this site has many resources on the policy and legal issues raised by HIV/AIDS: <http://www.aidslaw.ca>

National AIDS Trust is an HIV/AIDS policy and advocacy organization: <http://www.aidsalliance.org>

A list of links to workplace issues and HIV/AIDS will be found at <http://hivinsite.ucsf.edu/InSite.jsp?page=li-05-13>

KaiserNetwork is a general health site, with a large section on HIV and AIDS. You can sign up for a daily email digest of stories about HIV and AIDS. The service is free. Stories are archived and can be searched: <http://www.kaisernetwork.org>

HIV/AIDS information from business and labour organizations

The Global Business Coalition on HIV/AIDS brings together an increasing number of international businesses dedicated to combating the AIDS epidemic through workplace-related action: <http://www.businessfightsaids.org>

The Asian Business Coalition on AIDS is made up of companies from about ten countries in the region: <http://www.abcon aids.org>

US Centers for Disease Prevention and Control: the CDC's Business Responds to AIDS and Labor Responds to AIDS Programs (BRTA/LRTA) offer many resources to help large and small businesses and trade unions meet the challenges of HIV/AIDS in the workplace and the community: <http://www.hivatwork.org>

The World Economic Forum's Global Health Initiative is designed to foster greater private sector involvement in the global battle against HIV/AIDS, TB and malaria. The website has resources to help engage companies in the fight against HIV/AIDS, promote good practices and expand corporate advocacy: <http://www.weforum.org>

Futures Group International has produced a number of policy reports on the economic impact of HIV/AIDS, the human rights issues and possible interventions: <http://www.tfgi.com/hivaids.asp>

The International Organisation of Employers website includes the text of its handbook for employers on HIV/AIDS: <http://www.ioe-emp.org>

A number of trade union websites demonstrate their action on the issue. The International Confederation of Free Trade Unions site has a button for HIV/AIDS on the home page. <http://www.icftu.org>

Several of the global union federations have campaigns, education and policy material on their websites. Links to all these can be found on the ICFTU site.

Selected references for the modules

Module 1

HIV/AIDS: the epidemic and its impact on the world of work

Barnett, T.; Whiteside, A.: *AIDS in the Twenty-First Century: Disease and Globalization* (Palgrave Macmillan, Basingstoke, 2002)

Brookings Institution: *Meeting the Global Challenge of HIV/AIDS* (Washington, Apr. 2001).

Bloom, D. E. and Lyons, J.V. (eds.): *Economic Implications of AIDS in Asia* (New Delhi, United Nations Development Programme, 1993).

ILO:

- *Human capital and the HIV epidemic in sub-Saharan Africa*, ILO/AIDS Working Paper (Geneva, 2002).
- *The labour market and employment implications of HIV/AIDS*, ILO/AIDS Working Paper (Geneva, 2002).
- *HIV epidemic and other crisis response in sub-Saharan Africa*, InFocus Programme on Crisis Response and Reconstruction Working Paper (Geneva, 2002).
- *HIV/AIDS: A threat to decent work, productivity and development* (Geneva, 2000)
- *HIV/AIDS in Africa: The impact on the world of work* (Geneva, 2000).

N'Daba, L.; Hodges-Aeberhard, J.: *HIV/AIDS and employment* (Geneva, ILO, 1998).

UN: *Declaration of Commitment on HIV/AIDS*, UN General Assembly Special Session on HIV/AIDS, 2001.

UNAIDS:

- *Guidelines for studies of the social and economic impact of HIV/AIDS* (Geneva, 2000).
- *The Global Strategy Framework on HIV/AIDS* (Geneva, 2001)
- The regular reports by UNAIDS on the epidemic provide estimates of infection rates for each country and overviews of the pandemic. The latest is the *Report on the Global HIV/AIDS Epidemic 2002* which was released to coincide with the XIVth International Conference on HIV/AIDS held in Barcelona, Spain, in July 2002.

Whiteside, A.; Sunter, C.: *AIDS: The challenge for South Africa* (Cape Town and Tafelberg, Human & Rousseau, 2000).

Module 2

HIV/AIDS and human rights

Council of Europe, European Health Committee: *Medical examinations preceding employment and/or private insurance: A proposal for European guidelines* (Strasbourg, May 2000).

Human Rights Watch is an independent organization campaigning on human rights.

They produce a number of reports on HIV/AIDS and rights, for example: *Epidemic of*

abuse: police harassment of HIV/AIDS outreach workers in India, New York, 2002.
Their website is: <http://hrw.org>

Office of the High Commissioner for Human Rights (OHCHR)/UNAIDS: *HIV/AIDS and human rights: International guidelines* (New York and Geneva, 1998).

UNAIDS:

- *A Conceptual Framework and Basis for Action: HIV/AIDS Stigma and Discrimination* (Geneva, 2002).
- *A human rights approach to AIDS prevention at work: The Southern African Development Community's Code on HIV/AIDS and Employment* (Geneva, 2000).
- *Protocol for the identification of discrimination against people living with HIV* (Geneva, 2000).
- The *International Guidelines on HIV/AIDS and Human Rights* (2nd edition, September 2002) are available from UNAIDS and on the website of the United Nations High Commissioner for Human Rights: <http://www.unhchr.ch>
- The UNAIDS Best Practice Collection has a number of relevant papers.

United Nations Commission on Human Rights: *Discrimination against HIV-infected people or people with AIDS*, Final report submitted by Mr. Varela Quiros (Geneva, 28 July 1992).

WHO/ILO: *Statement from the Consultation on AIDS and the workplace* (Geneva, 27-29 June 1988).

Module 3

Workplace action through social dialogue: the role of employers, workers and their organizations

Canadian Union of Public Employees: *Information kit on HIV/AIDS and the workplace* (Ontario, 2000).

Family Health International: *Workplace HIV/AIDS programs: An action guide for managers* (Arlington VA, 2002). Also available for downloading from their website.

Federation of Kenya Employers: *HIV/AIDS education at the workplace – animators/facilitators' manual* (Nairobi, 2002).

Gresak, G.A.: *From Ostriches to Proteas: a resource manual for South African employers, unions and employees to manage HIV/AIDS issues in the workplace* (Johannesburg, 2001).

International Confederation of Free Trade Unions – African Regional Organisation: *A training manual for shop stewards on HIV/AIDS in the workplace* (Nairobi, 2002).

International Organisation of Employers: *Employers' Handbook on HIV/AIDS* (Geneva, 2002).

South African Motor Corporation (Pty.) Ltd.: *SAMCOR Policy/Letter on HIV/AIDS* (1999).

UNAIDS: *PHILACOR Corporation: Private sector HIV/AIDS response* (Philippines), Best Practice Collection (Geneva, 1999).

UNAIDS/The Global Business Council on HIV & AIDS/The Prince of Wales Business Leaders Forum (PWBLF): *The business response to HIV/AIDS: Impact and lessons learned* (Geneva and London, 2000).

United States Office of Personnel Management: *HIV/AIDS policy guidelines* (Washington, DC, 1995).

Module 4

A legal and policy framework on HIV/AIDS in the world of work: the role of government

Berridge, V.: *AIDS in the UK. The making of policy, 1981-1994* (Oxford, 1996).

Health Economics & HIV/AIDS Research Division (HEARD), University of Natal: *AIDS toolkit* (Durban, South Africa - website details above).

Hodges-Aeberhard, J.: *Policy and legal issues relating to HIV/AIDS and the world of work* (Geneva, ILO, 1999 - revised 2002).

ILO:

- *An outline of recent developments concerning equality issues in employment for labour court judges and assessors* (Geneva, 1997), see 'Specific developments concerning HIV/AIDS discrimination', pp. 27-31.
- *Social security: issues, challenges and prospects* (Geneva, 2001)

ILO/Ministry of Labour and Youth Development, United Republic of Tanzania: *Report for the national tripartite seminar for chief executives on strengthening workplace management in tackling employment implications of STI/HIV/AIDS* (Dar es Salaam, 2000).

International Confederation of Free Trade Unions: *Guide to Poverty Reduction Strategy Papers* (Brussels, 2001).

Occupational Health and Safety Center, Dept. of Labor and Employment, Republic of the Philippines: *Training manual: appreciation course on HIV/AIDS and the workplace (with reference to Republic Act 8504)* (Quezon City, 2000).

South African Department of Health/Community Agency for Social Enquiry (CASE): *Guidelines for developing a workplace policy programme on HIV/AIDS and STDs* (Mar. 1997).

UNAIDS: *AIDS and HIV infection, information for United Nations employees and their families* (Geneva, 1999).

UNAIDS/IPU (Inter-Parliamentary Union): *Handbook for legislators on HIV/AIDS, law and human rights* (Geneva, 1999).

- UNAIDS and the World Bank: *AIDS, Poverty Reduction and Debt Relief* (Geneva, 2001)
- United Nations: *Resolution 54/283 on the review of the problem of human immunodeficiency virus/acquired immunodeficiency syndrome in all its aspects*, adopted by the General Assembly at its 54th Session, New York, 14 Sep. 2000.
- Western Australia Commission: *Code of practice on the management of HIV/AIDS and hepatitis at workplaces* (West Perth, Sep. 2000).

Module 5

The gender dimensions of HIV/AIDS in the world of work

- Commonwealth Secretariat: *Gender Mainstreaming in HIV/AIDS: Taking a Multisectoral Approach* (London, 2002) www.thecommonwealth.org/gender
- ILO:
- *Gender Equality: A guide to collective bargaining* (Geneva, 2002).
 - *National Report for Promoting the Linkages between women's employment and the reduction of child labour*, Gender Promotion Programme (Geneva, 2001).
 - *Realizing decent work for older women*, Gender Promotion Programme (Geneva, 2000).
 - *Women and men in the informal economy, A statistical picture* (Geneva, 2002).
- Lim L. L.: *The Sex Sector: The economic and social bases of prostitution in Southeast Asia* (Geneva, ILO, 1998).
- Panos Institute:
- *The Intimate Enemy: Gender Violence and Reproductive Health*, Briefing No 27 (London, 1998).
 - *Triple Jeopardy – Women and AIDS* (London, 1990).
- UNAIDS:
- *Gender and AIDS Almanac* (New York, 2001).
 - *Resource Packet on Gender and AIDS* (Geneva, 2001).
 - *Working with men for HIV prevention and care*, Best Practice Collection (Geneva, 2000).
- United Nations Development Fund for Women (UNIFEM): *Gender, HIV and Human Rights: A Training Manual* (New York, 2002) - www.unifem.undp.org
- Save the Children: *South Africa's Children, HIV/AIDS and the Corporate Sector, A toolkit for action for HIV/AIDS affected children* (SCF, 2002).
- Smith, S.; Cohen, D.: *Gender, Development and the HIV epidemic* (New York, UNDP, 2000).

Module 6**Workplace programmes for HIV/AIDS prevention**

Department for International Development: *Prevention of Mother to Child Transmission of HIV* (London, 2001).

Family Health International: 'Forging multi-sectoral partnerships to prevent HIV and other STIs in South Africa's mining industry', *Impact on HIV*, Volume 2, No. 1, June 2000.

UNAIDS:

- *Condom social marketing, Selected case studies*, Best Practice Collection (Geneva, 2000).
- *HIV prevention needs and successes: A tale of three countries*, Best Practice Collection (Geneva, 2001).

United Nations Children's Fund (UNICEF) and the Panos Institute: *Stigma, HIV/AIDS and prevention of mother-to-child transmission*, report of a pilot study (London, 2001).

WHO: *Guidelines on AIDS and first aid in the workplace*, WHO AIDS Series 7 (Geneva, 1990).

Module 7**Care and support**

Centers for Disease Control and Prevention: "1999 USPHS/IDSA Guidelines for the prevention of opportunistic infections in persons infected with human immunodeficiency virus", in *Morbidity and Mortality Weekly Report (MMWR)* (Atlanta), see Appendix: 'Environmental and occupational exposures', Vol.48, No. RR-10, 20 Aug. 1999, pp. 62-64.

Employers' Forum on Disability: *A practical guide to employment adjustments for people who have HIV* (London, 2002). The website is: <http://www.employers-forum.co.uk>

ILO:

- *A future without child labour* (Geneva, 2002).
- *Intersecting Risks: HIV/AIDS and Child Labour* (Geneva, 2002).

UNAIDS: *HIV and AIDS-related stigmatization, discrimination and denial: forms, contexts and determinants. Research studies from Uganda and India* (Geneva, 2000).

United Nations Non-Government Liaison Service (NGLS): *Voices from Africa: NGO Responses to HIV/AIDS* (Geneva, 2001).

World Bank: *Africa's Orphans and Vulnerable Children* (Washington, Feb. 2002).

Module 8

HIV/AIDS and the informal economy

FNV and CNV: *Organising Change - Strategies for Trade Unions to organise women workers in economic sectors with precarious labour conditions* (Amsterdam, 1997).

ILO:

- *Decent work and the informal economy*, Report to the 90th Session of the International Labour Conference, Geneva, 2002.
- *Microfinance strategies for HIV/AIDS Mitigation and Prevention in sub-Saharan Africa* (Geneva, 2001)
- *Training module for NGOs on HIV/AIDS prevention in informal economy workplaces* (New Delhi, 2002).
- *Women and men in the informal economy: A statistical picture* (Geneva, 2002)
- *Women Organizing for Social Protection: The Self-employed Women's Association's (SEWA) Integrated Insurance Scheme* (Geneva, 2001) - www.ilo.org/step/publs

ILO/ACTRAV: *Trade unions and the informal sector: towards a comprehensive strategy* (Geneva, Oct. 1999).

ILO/STEP and ILO/AIDS: *Contributing to the fight against HIV/AIDS within the informal economy: the role of decentralized systems of social protection* (Geneva, 2002).

UNAIDS and International Organization for Migration: *Migrants' Right to Health* (Geneva, 2001)

Regional contacts, ILO and UNAIDS

ILO Regional Offices

ILO Regional Office for Europe and Central Asia
4, route des Morillons
1211 Geneva 22 Switzerland
Tel: (41) 22 799 6650
Fax: (41) 22 799 6061

ILO Regional Office for Asia and the Pacific
11th Floor, United Nations Building
Rajdamnern Avenue
Bangkok
10200 Thailand
Tel: (66) 2 288 1710
Fax: (66) 2 288 3062

ILO Regional Office for Africa
Immeuble du Bureau Regional de l'OIT
Boulevard Lagunaire
Commune du Plateau
Abidjan
Côte d'Ivoire
Tel: (225) 20 31 8900
Fax: (225) 20 21 2880

ILO Regional Office for the Americas
Las Flores, 295
San Isidro
Lima 27
Peru
Tel: (51) 1 215 0300
Fax: (51) 1 421 5292

ILO Regional Office for the Arab States
Kantari, Justinian Street
Aresco Center, 12th Floor
Beirut
Lebanon
Tel: (961) 1 75 2400
Fax: (961) 1 75 2405

UNAIDS Inter-country teams

Inter-country team for the Middle East and North Africa
c/o WHO
Abdul Razzak Al Sanhoury Street
Nasr City
Cairo 11371
Egypt
Tel: (202) 311 6954
Fax: (202) 276 5427

Inter-country team for East and Southern Africa
Metropark Building
351 Schoeman Street
Pretoria 0001
South Africa
Tel: (27) 12 338 5308
Fax: (27) 12 338 5310

Inter-country team for West and Central Africa
c/o UNDP
04 BP 1900
Abidjan 04
Cote d'Ivoire
Tel: (225) 22 40 44 02/01
Fax: (225) 22 40 44 09

Inter-country team for South-East Asia and the Pacific
UN ESCAP Building (B359)
Rajadamnern Nok Ave.
Bangkok 10200
Thailand
Tel: (66) 2 288 1490
Fax: (66) 2 288 1092

Inter-country team for South Asia
c/o UNDCP, EP-16/17
Chandragupta Marg
Chanakyapuri
New Delhi 110021
India
Tel: (91) 11 410 4970 – 73
Fax: (91) 11 410 3534

Inter-country office for Latin America and the Caribbean
c/o WHO/PAHO
525 23rd Street NW
Washington, DC 20037-2895
USA
Tel: (1) 202 974 3486/3842
Fax: (1) 202 974 3643

