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HIV/AIDS AND ITS IMPACT

Employers need a clear understanding of HIV/AIDS and the impact of the epidemic in order to plan a workplace programme.

This Section helps you find basic information about [HIV](#) and [AIDS](#), and their implications for society as a whole as well as for the world of work.

To view the contents, click on the headings on the left or scroll through the pages.

HIV/AIDS - the facts

The Human Immunodeficiency Virus (HIV) is a virus that weakens the body's immune system, ultimately causing AIDS.

The Acquired Immune Deficiency Syndrome (AIDS) is a cluster of medical conditions linked to HIV infection. These conditions include diseases known as [opportunistic infections](#), as well as certain cancers. To date there is no cure, but the onset of AIDS can be slowed and symptoms relieved with the appropriate use of antiretroviral drugs (ARVs).

A person with HIV is not necessarily sick, and can go on working for a number of years after infection. ARVs make it possible for people to continue living full and productive lives.

[The ILO Code of Practice on HIV/AIDS and the world of work \(Appendix I\)](#) and the accompanying [Education and Training Manual](#) contain basic facts about the epidemic and its implications, conditions that contribute to [vulnerability](#), and the gender dimension.

Consistent and reliable information is the essential starting point for workplace programmes.

Getting the facts across effectively involves:

- knowing where to find up-to-date factual information about HIV/AIDS, and
- giving people clear, consistent and relevant messages.

It also means countering assumptions, myths and misconceptions about HIV/AIDS, and dealing with denial and embarrassment - "breaking the silence" that surrounds issues related to HIV/AIDS and sexual behaviour.

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Factual information about HIV and AIDS must be:

- from reliable, authoritative sources
- truthful, accurate and up-to-date
- free from bias, prejudice or false assumptions
- in a form that people can understand and relate to.

Resources

The International Labour Organization is one of the ten UNAIDS co-sponsors. [ILO/AIDS^{\(www\)}](#) is the ILO's Programme on HIV/AIDS and the World of Work. This programme addresses the impact of HIV/AIDS on the world of work at all levels and promotes a tripartite response, focusing on the workplace. It provides guidance and resources for [employers](#), trade unions, policy-makers and others.

[Module 1 of Implementing the ILO Code of Practice on HIV/AIDS and the world of work - an Education and Training Manual](#) summarizes the facts and deals with some of the common myths and misconceptions about HIV/AIDS.

[UNAIDS](#) is the Joint United Nations Programme on HIV/AIDS. This site provides wide-ranging information about HIV/AIDS, its impact on people in different parts of the world, and the global response, and related topics. See [Questions and answers about HIV/AIDS and how HIV is transmitted](#).

[The World Health Organization \(WHO\)^{\(www\)}](#) has a special role within the United Nations system for HIV/AIDS treatment, care and support.

[The index to WHO HIV/AIDS topics^{\(www\)}](#) provides a wealth of health information about HIV/AIDS and related conditions, including useful fact sheets.

Learning activities

[Module 1 of the ILO Education and Training Manual](#) includes two relevant learning activities (Activity 1 - HIV/AIDS and the workplace: fact and fiction; Activity 2 - Dealing with fears about HIV at work).

More detailed training materials are available in the [HIV/AIDS Behaviour Change Communication Toolkit for the Workplace.^{\(www\)}](#)

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The global situation

The most recent figures on trends in HIV and AIDS show that the epidemic is outpacing action, with 4.9 million new cases of HIV identified in the course of 2005. In the same year there were 3.1 million deaths due to AIDS (AIDS Epidemic Update 2005, UNAIDS and WHO).

The impact is felt at every level of society - in families, communities and workplaces, and in every part of the world. The epidemic is at different stages across the world - its impact is harshest among certain sections of the population and in certain regions.

It is of critical significance that of the approximately 40 million people infected with HIV today, at least 26 million are workers aged between 15 and 49. Another ten million engaged in some form of productive activities are HIV-positive. This has implications for the size and structure of populations, for family and social cohesion, and for the livelihoods of individuals and the economies of nations. Fact sheets on the regional impact of the epidemic in the world of work, and local responses, are in preparation.

The ILO describes the epidemic as a 'broad economic challenge' - it is rapidly undoing hard-won gains in addressing poverty and development, and is a major threat to future development.

Understanding the impact of HIV and AIDS and the scale of the problem is essential for planning action and targeting responses. We need information about the nature and scale of the epidemic, its effects on individuals and their communities, as well as its wider impact on society, the economy and the world of work.

Resources

[UNAIDS^{\(www\)}](#) information on epidemiology.

[WHO^{\(www\)}](#) information on epidemiology.

[UNAIDS/WHO AIDS Epidemic Update: December 2005.^{\(www\)}](#)

[UNAIDS Questions and Answers on the impact of AIDS](#) gives an overview of the broader impact of AIDS on society.

[Module 1 of the ILO Education and Training Manual](#) provides an overview of the impact of AIDS on economic growth, poverty and development.

The ILO report [HIV/AIDS and work: global estimates, impact and response](#) (ILO, 2004) presents statistics.

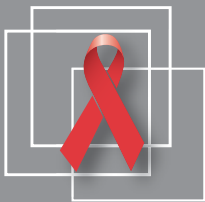
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The situation regionally and nationally

There are important regional and national variations in the impact of AIDS. The epidemic is at different stages across the world. It is important to know the situation in your area - it affects what you need to do, how it can best be done and the resources needed for effective action. Use the links below for regional information and national fact sheets.

Resources

UNAIDS Questions and Answers on the impact of AIDS includes information on regional differences in modes of transmission, and also gives latest information **by region**.^(www)

The UNAIDS/WHO Online database: Index to Epidemiological Fact Sheets on HIV/AIDS and Sexually Transmitted Infections^(www) provides factsheets on HIV/AIDS by country.

Information about the impact of HIV/AIDS in the form of **slides and graphics**^(www) are available on the UNAIDS/WHO Slide and Graphics Database website.

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HIV/AIDS - the impact on the world of work

The HIV/AIDS epidemic has become a global crisis. Increasingly affected is the business world, which is suffering not only from the human cost to the workforce but also in terms of losses in profits and productivity that result in many new challenges for both employers and employees... Constructive and proactive responses to HIV in the workplace can lead to good industrial relations and uninterrupted production.

François Perigot, President, International Organisation of Employers ([IOE](http://www.ioe.org))^(www)

The epidemic threatens the world of work in many ways. As millions of workers and their children become infected, get ill and die for lack of prevention, protection, treatment and care, the supply of labour is reduced and the workforce of tomorrow is at risk. So are enterprises, essential services and national economies.

Workplace problems reported by enterprises in many countries include:

- Reduced labour supply and higher labour costs
- Disrupted production and poorer services
- Loss of managers and experienced staff
- Lower morale and productivity
- Reduced profits.

HIV/AIDS is a major challenge to economic and social development, putting pressure on public services and essential supplies, distorting markets, discouraging investment, reducing the tax base and slowing economic growth. HIV/AIDS affects governments both internally (as employers) and externally (as legislators, facilitators and policy-makers).

Loss of skilled and experienced staff threatens business, essential services such as education and health care, and even food production. It also undermines the formal and informal transfer of skills to the next generation. Small and micro enterprises are particularly vulnerable.

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Business costs and losses

Impact on business in the hardest-hit countries is already serious, and is forecast to worsen over the next decades. The South African Business Coalition on HIV/AIDS ([SABCOHA](#))^(www) surveyed 1 032 companies across eight major economic sectors in 2005. About 40 per cent of the manufacturing and transport companies, and 60 per cent of the mines, reported that HIV/AIDS has led to a loss of vital skills and experience. The same sectors also reported reduced profits in between 38 per cent (manufacturing) and 55 per cent (mining) of companies. These sectors are especially concerned by the impact of AIDS on their labour force and production costs while financial service companies are more concerned about the impact on their client base.

The 2005 Executive Opinion Survey by the World Economic Forum found the proportion of firms worldwide expecting AIDS to affect their operations in the next five years had risen from 37 per cent in 2004 to 46 per cent.

Resources

For the latest statistical and analytical information on the impact of HIV/AIDS on the world of work see the ILO report [HIV/AIDS and work: global estimates, impact and response](#) (ILO, 2004). This report presents global estimates of the impact of HIV/AIDS on the male and female labour force and the working-age population in developing and developed regions for the period 1995-2015:

- [numbers of workers unable to work because of illness](#) — estimates and projections.
- [labour force losses and deaths of persons of working age](#) — estimates and projections.
- [resulting economic and social burdens](#) — new indicators and projections.
- [macroeconomic impact due to labour force effects](#) — changes in growth of GDP, 1992-2002.
- [multiple consequences on society](#) — notably for women and for children.

[Employers' Handbook on HIV/AIDS, A Guide for Action](#) (IOE 2002).

[Module 1 of the ILO Education and Training Manual](#) provides an overview of the impact of AIDS on the world of work.

[The Business response to HIV/AIDS: impact and lessons learned](#) (UNAIDS, 2000).

[World Economic Forum's Global Health Initiative ILO](#).^(www)

[AIDS increasing costs to companies in India - the ILO Study](#)

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The impact on individuals

“When I lost my husband I started a small business – a crèche in one room of my house. As time went by, some of the children lost their parents and I took them into my family. I now look after nine children. One of my daughters had a good job in the city and she helped by giving me half her salary for the children. But she died last week and I don’t know how I’m going to manage. I pray that my other daughter doesn’t have the disease.”

Thembi, Soweto, South Africa

The health effects of HIV/AIDS, and the pain and suffering and loss of life it causes, can be devastating.

The impact of HIV on individuals is not just a medical issue. It has far-reaching implications for every aspect of their lives, including life expectancy and quality of life.

Many hidden factors affect the impact of HIV/AIDS on individuals - including ignorance, poverty, fear and stigma:

- without HIV/AIDS education, individuals may knowingly or unknowingly put themselves and others at risk
- without access to treatment and care, people living with HIV become increasingly vulnerable to a range of infections
- without rights, many individuals are forced out of work and out of contact with their families and communities.

Fear, **discrimination**, stigma and victimization related to HIV/AIDS are all widespread. They can affect individuals living with HIV/AIDS (or assumed to be so) and also the people associated with them. This can result in many serious problems, including family breakdown, loss of work, rejection and isolation, poverty and denial of access to essential services. Women are particularly at risk and often (wrongly) blamed for transmitting HIV.

The human costs of HIV/AIDS also affect business. The epidemic deprives the economy of consumers as well as workers. At another level it is an issue of corporate social responsibility: business is part of society, and suffers social as well as economic costs.

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UNAIDS In Focus: HIV/AIDS, human rights and law. ^(www)

Section 2 of this CD-ROM: HIV/AIDS and Human Rights.

Testimonies of stigma and discrimination from people living with HIV/AIDS.

Section 4 of this CD-ROM: Combating stigma and discrimination.

Case study 1 - Barbados Employers' Confederation (BEC).

Case study 3 - Social Service of Industry (SESI), Brazil.

Case study 5 - Groupement Inter-patronal du Cameroun (GICAM).

Factors of risk and vulnerability

Poverty, conflict situations, discrimination and social exclusion make people more susceptible to infection and less able to cope with AIDS. Certain types of work situations are associated with higher risks of infection, in addition to direct occupational risk. Operators in the informal economy are also particularly vulnerable, as are young people, especially without employment.

Resources

The ILO Code of Practice - Appendix I looks at work conditions associated with particular factors of risk.

Joint ILO/WHO guidelines on health services and HIV/AIDS address occupational risk.

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HIV/AIDS - the gender dimensions

More and more evidence is emerging about the gender differences in HIV infection, the susceptibility of young women and girls, and the impact on women. Gender inequalities (socially-defined inequality) are made worse by the biological differences between men and women.

- Women, especially young women, are becoming infected at a faster rate than men. Generally speaking women have less income and property, less education, and less right to negotiate the conditions of sex. They also carry a greater share of the burden of care.
- Men are also vulnerable to social, cultural and economic norms and pressures. These may encourage men to take risks, such as having unprotected sex and/or multiple partners. These situations increase the risks of infection for their partners.
- The implications are potentially catastrophic unless effective action is taken. The workplace has a key role to play - workplace HIV/AIDS programmes, messages and activities can reach workers, their families, and their local communities. The decent work agenda, with its emphasis on equal access to employment and its benefits, can also help break the cycle.
- 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.

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Resources

Appendix 1 of the ILO Code of Practice outlines the gender dimension of HIV/AIDS and the risk factors for women and girls that contribute to the special vulnerability of women and young girls.

Module 1 of the ILO Education and Training Manual gives information on **Gender, work and AIDS**

Module 5 of the ILO Education and Training Manual looks specifically at the gender dimensions of HIV/AIDS on the world of work. It includes learning activities on this subject for use in workplace prevention programmes. The contents of Module 5 cover the following topics:

- **Introduction: this module is for men too!**
- **How does gender inequality promote the spread of HIV/AIDS?**
- **Men and masculinity**
- **Men who have sex with men**
- **Gender issues in the workplace**
- **Working towards gender equality.**

Women, girls, HIV/AIDS and the world of work — ILO/AIDS Brief.

UNAIDS fact sheet: **Women and AIDS: A growing challenge.**

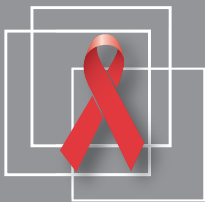
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HIV/AIDS, children and young people

The lives and well-being of future generations are gravely threatened by HIV and AIDS. Many children and young people are at serious risk of infection at home, in their communities and in the workplace:

- in 2005, 570,000 children under 15 years of age died of AIDS (UNAIDS, AIDS Epidemic Update 2005)
- AIDS has orphaned 14 million children, many of them are consequently forced to leave school to care for sick family members — others work as child labourers
- young girls may be forced into the sex trade, increasing their risk of infection
- without appropriate health care interventions, the virus can be passed on to babies during conception, pregnancy and childbirth, and/or via infected breast milk, if the mother is **HIV-positive**.

These things can be prevented. And given the right information in the right way, young people can also be agents for change - in their families, schools and communities.

Reaching young people with key messages about prevention, and providing children and **orphans** with care and support, are also important parts of a comprehensive workplace programme on HIV/AIDS. Programmes for workers should include their families and - as far as possible - the local community.

Resources

The **ILO Education and Training Manual - Module 1** includes a section on HIV/AIDS and child labour.

The International Programme on the Elimination of Child Labour (IPEC) published materials on **HIV/AIDS and child labour.** ^(www)

UNAIDS In Focus on children. ^(www)

UNAIDS in Focus on young people. ^(www)

UNAIDS in Focus on trafficking of women and children. ^(www)

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Although we need to understand the challenges we face, this CD-ROM is about solutions. There are many messages of hope in the global response to the epidemic and we all have the potential to act. In several countries, the rate of new infections is slowing, and more and more people are living with HIV for many years after diagnosis, still working and leading full lives. Over a million people now have access to antiretroviral therapy, and efforts are focusing on expanding these numbers rapidly.

What can employers do?

In the face of a list of problems that range from personal tragedy to economic disruption, how can employers make a difference? Isn't responding to AIDS the responsibility of the government, the UN, someone - anyone - else?

More and more employers are saying that it's their responsibility too. If the problem touches them, then they're going to be part of the solution.

Vic van Vuuren of Business Unity South Africa puts it like this:

"AIDS is a business imperative - it has to be built into our business plans, not treated as a side issue."

Employers act because:

- they care about the health and well-being of their workforce
- they value the skills and experience of their workforce
- they want to minimize the costs and disruption associated with the epidemic if action isn't taken
- they understand that AIDS has become too serious and too complex to be left to just one ministry or agency - the response to AIDS needs to enrol all parts of society.

"A healthy workforce is the biggest asset for the Company... It maintains high morale... and means less absenteeism that translates into better productivity."

Madhur Bajaj, Vice Chairman of Bajaj Auto Ltd, India

Employers act because they know they can make a difference. They can support prevention through workplace education programmes and provide care, even treatment. By keeping affected employees at work they can contribute to their well-being, maintain productivity and morale, and set an example of non-discrimination. Above all, they can influence their peers, and mobilize more and more employers to take a stand against AIDS at their workplace.

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“Large corporations garner huge profits from the global production and distribution of their products. With these benefits comes a concomitant involvement in and responsibility to those countries in which companies do business. There are both moral and economic justifications for companies to invest in ... solutions to the myriad challenges posed by HIV/AIDS.”

David Arkless, Senior Vice-President Corporate Affairs, Manpower

Resources

Module 3 of the ILO Education and Training Manual — **Advocacy and leadership: employers’ and workers’ organizations.**

UNAIDS, the United Nations Foundation, the World Economic Forum and the ILO have developed a series of **Partnership Menus** on workplace action by region.

Opportunities for business in the fight against HIV/AIDS^(www)

(GBC on AIDS, Columbia University and University of Capetown (2004) (downloadable as PDF).

The business response to HIV/AIDS: impact and lessons learned

(UNAIDS, 2000) provides information on the impact of HIV/AIDS on business, and the business response.

Employers’ Handbook on HIV/AIDS, A Guide for Action.

The Sections which follow take you through the stages of workplace action and connect you with the resources to guide and support your programmes.

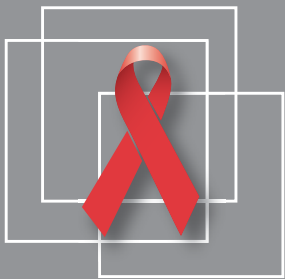
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LEGAL AND POLICY FRAMEWORK FOR WORKPLACE ACTION

The legal and policy framework that applies in a given country has the potential to provide significant encouragement and support for workplace action. This framework is provided by a combination of instruments starting with national laws. These may be 'hard' or binding laws, or 'soft' laws such as codes and policies. Regional instruments may also apply, such as the Southern Africa Development Community (SADC) Code of Conduct on HIV/AIDS and Employment, and **sector-specific agreements**; the national framework also draws on global instruments such as ILO Conventions.

The *ILO Code of Practice on HIV/AIDS and the world of work* is a voluntary instrument, but provides the basis for legislation as well as policies at all levels. It has informed legal reforms and national policy in more than 40 countries, and workplace policies in over 60.

The role of government

Governments have the primary responsibility for leading the national response to HIV/AIDS by providing and applying the legal and policy framework, and co-ordinating efforts to control the epidemic and mitigate its impact.

The ILO Code of Practice defines a broad range of rights and responsibilities belonging to government. They include enabling and facilitating measures and the mobilization of national and international funding. The need for **dialogue** with the social partners is emphasized (see below).

Resources

A fuller discussion may be found in Module 4 of the ILO Education and training manual on HIV/AIDS that accompanies the Code, **A legal and policy framework on HIV/AIDS and the world of work: the role of government**.

A collection of national instruments is available on the **ILO/AIDS website**.^(www)

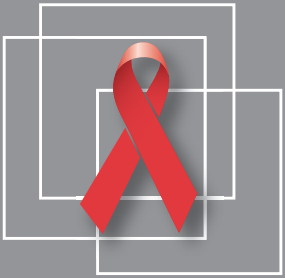
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The role of employers' organizations

Employers' organizations have a key strategic role as the connecting point and mediator between legal and policy structures at the national (and international) level and the workplace. On the one hand, they can represent the views of large numbers of **employers** in order to advocate on policy issues, liaise with government and take part in policy development. On the other hand, they can work with individual employers and managers to mobilize their support, and act as a conduit to pass vital policy guidance and information to individual workplaces. Employers' organizations are the partners of trade unions in joint action on AIDS (see **Social dialogue** below).

{image ioe}

Resources

The case studies in Section 5 of this CD-ROM show the many different ways that employers' organizations have taken action in all regions, and have helped stimulate, guide and support the workplace policies and programmes of thousands of individual companies.

Employers' Handbook on HIV/AIDS, A Guide for Action.

National Confederation of Eritrean Workers and the Employers' Federation.

Durban Chamber of Commerce Guidelines on HIV/AIDS.

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

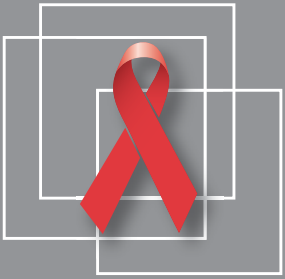
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Sectoral policies and agreements take different forms. They may be government policies or they may be the result of negotiation between employers and workers. The Department of Transport in South Africa, for example, has a Programme of Action on HIV/AIDS for the Transport Sector, prepared by the National HIV/AIDS Transport Co-ordinating Committee after consultation with a wide range of social partners.

AngloGold Ltd. (South Africa) and mining unions NUM, MWU-S, NETU, SAEWA, UASA have a national [Agreement on HIV/AIDS in the workplace](#). There are also an increasing number of global [framework agreements](#) between a multinational company and an international trade union.

Resources

- [Agriculture](#)
- [Education](#)
- [Health](#)
- [Hotel, catering and tourism](#)
- [Maritime and transport](#)
- [Mining and energy](#)
- [Public service and the military](#)

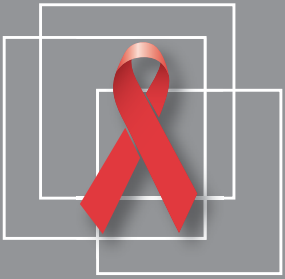
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ILO resources for policy development at all levels

The ILO has produced a range of materials to promote and support workplace policies and programmes. They include:

- An **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**
- **Using the ILO Code of Practice and training manual - Guidelines for employers** (and corresponding guidelines for trade unions)
- A workplace policy on HIV/AIDS: what it should cover and putting it into practice, **short** and long versions - the **long version** includes sample language that may be included in a policy.

These documents set out the key principles that guide and underpin effective action against HIV/AIDS. They also provide information to help deal with questions and give guidance for action.

Specific guidelines have also been produced for:

- **labour and factory inspectors**
- **labour judges and magistrates**
- **the health sector**
- **the transport sector**
- the education sector (forthcoming)
- small and micro enterprises (forthcoming)
- **Section 3 of this CD-ROM** explains how to use these materials at enterprise level.

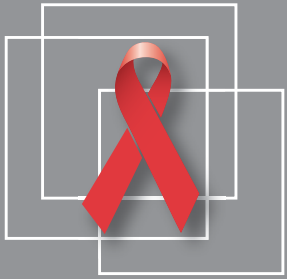
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The ILO Code of Practice

The **ILO Code of Practice on HIV/AIDS and the world of work** sets out fundamental principles for policy development and practical guidelines for concrete responses in the following key areas:

- prevention of HIV
- management and mitigation of the impact of HIV/AIDS in the world of work
- care and support of workers infected and affected by HIV/AIDS
- elimination of stigma and **discrimination** on the basis of HIV status.

The nine sections cover:

- the objectives, use and scope of the Code
- key principles
- rights and responsibilities of each of the **tripartite** partners
- prevention through information, education and training programmes
- **testing**
- care and support.

The Code was drafted in consultation with the ILO's **tripartite** constituents in all regions, reviewed and revised by a tripartite Meeting of Experts, and adopted by the ILO Governing Body in June 2001. In the same month it was presented to the UN General Assembly Special Session on HIV/AIDS, and welcomed as the framework for workplace action on HIV/AIDS throughout the UN system.

The Code can be used:

- to introduce HIV/AIDS as a workplace issue
- as the basis for social dialogue
- to guide the process of developing and implementing workplace policies and programmes
- to review and revise national law and policy.

It includes a step-by-step checklist for planning and implementing workplace action.

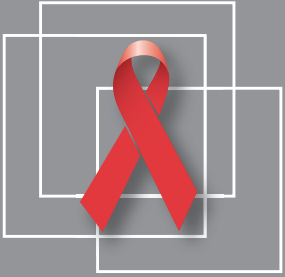
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Index to the contents of the ILO Code

- 1 - Objective
- 2 - Use
- 3 - Scope and terms used in the code
- 4 - Key principles
- 5 - General rights and responsibilities
- 6 - Prevention through information and education
- 7 - Training
- 8 - Testing
- 9 - Care and support

10 key principles of the ILO Code of Practice

The key principles of the Code provide the basis for policy. The **training manual** discusses and explains them in more detail.

They are reproduced here in summary as a **small poster** you can download and put up at work or hand out.

The principles have a special role to play in linking the protection of rights to the practical implementation of workplace programmes. Non-discrimination and the protection of rights are essential for effective workplace action on HIV/AIDS. The connections are discussed in Module 2 of the ILO Education and Training Manual (see below).

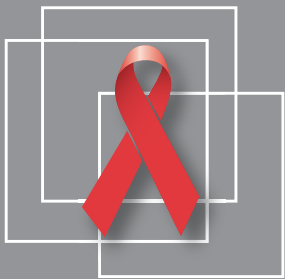
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Implementing the ILO Code of Practice on HIV/AIDS: an education and training manual

Implementing the ILO Code of Practice on HIV/AIDS: an education and training manual (from now on called “the Training Manual”) has been produced to complement the Code: it provides technical information, case studies, learning activities, model training courses, and samples of legislation and policies. It covers the roles of government and the social partners, human rights and legal issues, workplace policies, programmes for prevention and care, the gender dimension, and reaching out to the informal economy.

Each module follows the same pattern: it presents information on key issues that help explain and expand on what is covered by the Code, including useful reference material, and has a section of learning activities ready to photocopy, a number specifically targeted to employers. The first section is a guide to the manual – as well as tips for trainers, it has eight sample programmes for workshops or courses (lasting two or three days) and four modules or components (lasting two or three hours) that you can slot into other courses.

{image manual}

Index to the contents of the ILO Training Manual:

- 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 organization**
- 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**

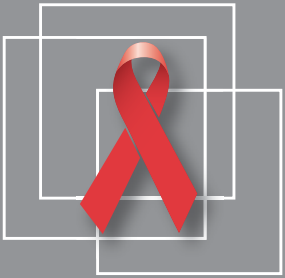
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Using the ILO Code of Practice and Training Manual – Guidelines for employers

The ILO has produced guidelines to show employers where to find information in the Code and the Manual to help answer key questions such as:

- why is HIV/AIDS an issue for employers?
- how can employers support national efforts?
- how can employers develop policies and programmes at the workplace?

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Using the ILO Code of Practice and Training Manual - Guidelines for employers

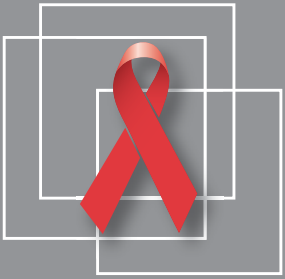
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International instruments

No International Labour Convention specifically addresses HIV/AIDS, but many instruments exist which can be and have been used. The Conventions that are particularly relevant 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.
- 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 main human rights treaties are:

- **The Universal Declaration of Human Rights**^(www)
- **The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)**^(www)
- **The Convention on the Elimination of All Forms of Racial Discrimination (CERD)**^(www)
- **The Convention on the Rights of the Child (CRC)**^(www)
- **The International guidelines on HIV/AIDS and human rights.**^(www)

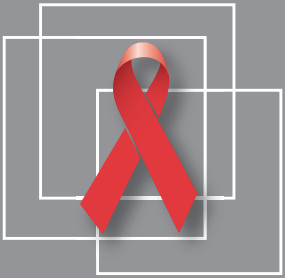
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Principle 5 of the ILO Code of Practice: Social dialogue

The successful implementation of an HIV/AIDS policy and programme requires cooperation and trust between employers, workers and their representatives and government, where appropriate, with the active involvement of workers infected and affected by HIV/AIDS.

Social dialogue between employers, workers and their organizations and governments provides the means to ensure that codes and policies have the support of all concerned and are put into practice.

Social dialogue takes many forms and is carried out at many levels. The **ILO Code of Practice** recommends that workplace policies and programmes on HIV/AIDS are developed and implemented through social dialogue, and also sets out the rights and responsibilities of governments and their competent authorities, of employers and their organizations, and of workers and their organizations.

The International Organisation of Employers (**IOE**) and International Confederation of Free Trade Unions (**ICFTU**) recognize the vital role of social dialogue in strengthening the response to AIDS. In May 2003, they issued a joint statement, setting out the ways that AIDS presents a common threat to employers and workers, and committing their organizations and memberships to a collaborative response: **Fighting HIV/AIDS together: a statement of commitment**.

The IOE and ICFTU followed up the declaration with a **meeting** in March 2004 to develop joint action plans for eight African countries. They agreed the following statement on the benefits of collaborative action:

- employers and workers together are stronger than the sum of their parts
- employers and workers can provide leadership in mobilizing civil society against HIV/AIDS, in promoting open discussion of sensitive issues, and in ensuring a broad-based national programme that includes the world of work
- the workplace is ideally suited to the delivery of programmes for prevention and care – including treatment where drugs can be made available – in a framework of non-discrimination and confidentiality
- the *ILO Code of Practice on HIV/AIDS and the world of work* provides the framework for action at national, sectoral and workplace levels
- workplace policies and programmes need co-ownership by employers and workers if they are to be effective; involving unions helps create the essential conditions of trust and openness that help fight stigma and promote prevention measures, including **VCT**

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- the particular vulnerabilities of women and needs of young people should be recognized and reflected in policies and programmes
- workplace programmes must be guided by a clear plan of action, and have the capacity to implement it; training should be focused on the specific needs of organizations and workplaces
- generalized messages have much less impact than targeted communication for behaviour change, especially when this is led by peer educators
- AIDS-related issues should be integrated in the ongoing activities and existing structures of organizations, enterprises and workplaces
- monitoring and evaluation should be built into the programmes to measure their effectiveness.

The report of the meeting includes a **summary of existing activities** by the social partners in the countries concerned, as well as a **blueprint for a common plan of action**.

Resources

Module 3 of the ILO Training Manual addresses these issues in more detail and gives examples of policies and agreements that protect rights and promote non-discrimination.

The Manual also includes **a useful table** summarizing different forms of social dialogue set out in the ILO Code of Practice.

Meeting Report 5 — IOE-ICFTU meeting to launch joint action plans on HIV/AIDS in Africa (2005).

Case study 6 – Employers Association of Indonesia APINDO.

Learning activities

Employers' action against HIV/AIDS (Activity 1) of the ILO Education and Training Manual.

Employers' action against HIV/AIDS (Activity 2) of the ILO Education and Training Manual.

Workplace policies / agreements (Activity 5) of the ILO Education and Training Manual.

A workplace policy on HIV/AIDS (Activity 6) of the ILO Education and Training Manual.

Drawing up a workplace agreement (Activity 7) of the ILO Education and Training Manual.

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Developing workplace policies

This Section provides guidance on key resources employers and others can use when developing and implementing HIV/AIDS workplace policies and programmes. **Section 4** of this CD-ROM provides information on resources for specific programme areas.

Note: Although this guidance is more easily applied by medium-size or larger workplaces, it can be adapted to the needs of smaller businesses or organizations, even if the action you take is on a reduced scale.

The smaller your workplace, the more helpful it will be to access resources and services that exist in the community, and to form partnerships - with larger enterprises (say a company you service or supply to) or with other small businesses.

Screening: is it useful?

Employers have the responsibility to ensure a safe and healthy workplace. Should this include testing workers to see if they have HIV?

Many employers have come to believe that compulsory testing is neither right nor useful. In presentations to an ILO training event in South Africa, October 2005, representatives of BMW South Africa and the SASOL petrochemicals group agreed that mandatory testing encourages unsafe behaviour. Because people have such deep fears of discrimination, compulsory testing leads to denial, distrust and the rejection of prevention messages.

The ILO Code of Practice puts it clearly and simply: "HIV/AIDS screening should not be required of job applicants or persons in employment" (**principle 6**). This is reinforced by principle 1 which says, "HIV/AIDS should be treated like any other serious illness/condition in the workplace" and principle 8, "HIV infection is not a cause for termination of employment." This does not mean that employers have an obligation to retain employees who are too ill to work: "As with many other conditions, persons with HIV-related illnesses should be able to work for as long as medically fit in available, appropriate work."

A helpful fact for employers is that workers with HIV are not necessarily sick. They may be able to work productively for many years, so keeping their skills and experience in the enterprise, avoiding replacement and retraining costs, and minimizing general disruption and loss of morale. It's also to the benefit of the worker, their family and the community if they keep their job and income.

A second helpful fact is that workers with HIV are not a danger to co-workers, supervisors or members of the public. Day-to-day contact at the workplace carries no risk. This includes eating in the canteen, using the toilets, even sharing a glass or a chocolate bar. There is a low level of risk in the event of an accident where blood is spilled, but simple universal or standard precautions – including basic training – can ensure protection. In health care settings the risk may be greater, and specific guidelines are available for the **health sector workplace**.

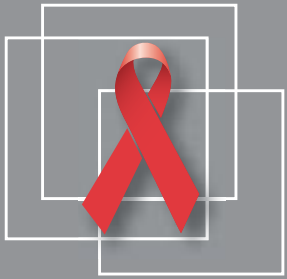
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Testing is also of limited use as a tool for planning human resource needs or projecting costs. A worker who tests negative today may become infected with the virus in the future. Nevertheless a profile of **HIV prevalence** and trends may be usefully established through anonymous testing based on informed consent. However, it's only voluntary, confidential testing – with counselling – that can give the employee access to care and treatment, and give the employer the means to help the workforce.

Employers have found that a workplace where trust and support are the norm, and where workers and managers do not fear discrimination or dismissal if they contract the disease, is one where prevention will be more effective and the take-up of care more complete. It also provides a model to the community at large.

Now you can get started!

Getting started

HIV and AIDS have an impact right across society. No-one is immune, and everyone can be part of the solution. The health system can't cope on its own. Increasingly, countries recognize the need for a response in all sectors and at all levels - including the world of work. The workplace is well placed to provide education that promotes prevention and counters discrimination, as well as offering care and support. Keeping on workers with HIV helps employers retain skills and experience, maintain morale, and minimize disruption to production.

In 2000, employers from all parts of French-speaking Africa gathered in Douala to consider the implications of HIV/AIDS for their associations, their enterprises and their workers. They issued a declaration, the *Appel de Douala*, in which they pointed out the need to set up a coordinated programme of awareness-raising, education, training and communication. They also urged enterprises to provide care and support for their workers living with HIV and AIDS.

There are many ways of getting organized and getting started. The size of the enterprise may limit what can be done, but every workplace can take on some activities. See:

- >> **When to start**
- >> **Where to start**
- >> **Getting organized - involving others**

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When to start

One of the key lessons of workplace action is that businesses have to be proactive in responding to HIV/AIDS - even before they feel the direct impact. The costs of inaction far outweigh the costs of prevention.

The right time to start is now, not when the problem is too great to be ignored.

Where to start

The ILO Code of Practice provides the framework for workplace action on HIV and AIDS. It establishes the three pillars of workplace action:

- prevention
- care, support and treatment
- protection of rights.

Getting organized

The first steps are to get people involved and put structures in place:

- Unless you are the **CEO**, you will need to get the top management to agree to a workplace programme - use some of the points set out in **Section 1** of this CD-ROM or select one of the case studies in **Section 5** to support your argument
- You will also need the support of the workforce, especially its **representatives** - their involvement from the beginning will help make sure that policies are relevant and are implemented successfully
- A meeting for all employees can start to raise awareness of the issue and demonstrate the employer's commitment to taking action
- Nothing will happen unless someone takes responsibility, so you will need to set up an HIV/AIDS committee or steering group, or use an existing committee if available - the occupational safety and health committee would be especially appropriate
- In smaller workplaces, appoint an HIV/AIDS coordinator or focal point instead of a committee
- The committee decides its terms of reference, decision-making powers and responsibilities (or the focal point works out his/her terms of reference and lines of responsibility).

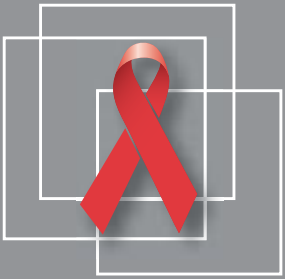
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The committee will need to:

- involve representatives of key departments
- ensure an appropriate gender balance
- involve people living with AIDS, if they are willing
- consider who may need to be involved from outside the workplace - including representatives of partner organizations, researchers, health care or training providers.

"HIV/AIDS interventions are most effective when they involve input from management and employees, with the full cooperation of the trade unions and HIV/AIDS organizations."

Mr Keith Foster, Caribbean Employers' Confederation

Resources

Workplace policy: 10 steps to implementation proposes a checklist for planning and implementing a workplace policy on HIV/AIDS as well as for setting up an HIV/AIDS Committee.

The ILO report, Workplace action on HIV/AIDS: identifying and sharing best practice, presents cross-cutting lessons for workplace action.

The **UNAIDS Best Practice booklet on Debswana** provides lessons learned from the company's experience.

Stakeholder involvement:

→ **Anglo Gold South Africa, and the NUM, MWU-S, NETU, SAEWA, UASA**

→ **Illovo Sugar, South Africa.**

Case study 3 - Social Service of Industry (SESI), Brazil.

Case study 6 - Employers' Association of Indonesia (APINDO).

Case study 10 - Employers' Confederation of Thailand (ECOT).

Learning activities

Training materials on workplace action through social dialogue are available in the **ILO Education and training manual on HIV/AIDS, Module 3.**

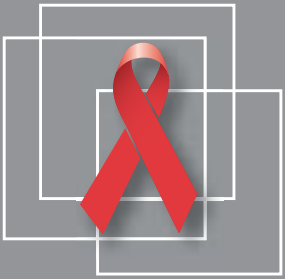
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Baseline information

Once you have established an HIV/AIDS Committee and it has defined its role, the next task is to assess the situation and identify the challenges ahead.

This requires information. The ILO recommends the following action:

- 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
- The Committee establishes:
 - what national laws or policies have implications for the enterprise, and
 - what health and information services are already available both at the workplace and in the community.

If you are able to integrate HIV/AIDS activities in existing programmes and/or use community resources, your costs will be lower and your programme will be easier to sustain over the long term.

Here are some resources that will help you carry out these tasks.

To see how to find the information you need, scroll down the page or click on the headings below:

- >> [Conducting a confidential baseline study](#)
- >> [Identifying existing services and resources](#)
- >> [Reviewing national laws](#)

Conducting a confidential baseline study

Baseline information is important for effective planning. It also helps you in monitoring your progress and evaluating the effectiveness of your programme.

The information you get from the study should help you assess the situation you're facing. You can then identify specific needs and key target groups. You can also identify possible obstacles to prevention, and think about the best ways of overcoming them.

Important lessons have been learnt about how best to conduct a baseline study or formative assessment. There are ethical issues involved, and pitfalls to be avoided.

In larger workplaces, anonymous surveys and detailed data collection may be possible. Sometimes outside researchers will be called in.

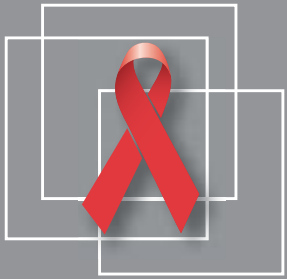
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In smaller enterprises, the process may involve making use of existing information like national HIV prevalence, company records, sickness leave and other absences, labour turnover and related costs, as well as consulting workers and their representatives. Where such records are not kept, use available information about infection levels in your country, province or city.

Some baseline studies involve surveys of workers' knowledge, attitudes, perceptions and beliefs about HIV/AIDS and about related behaviours. These can provide essential information, but great care must be taken in the design and conduct of these surveys. You may be able to get assistance from trained and experienced people through the ILO or UNAIDS (local office or headquarters) or a local academic institution or NGO.

If people are going to be questioned about their knowledge, attitudes and beliefs on HIV/AIDS and related issues, this may arouse concerns or distrust. Preparation is needed. People must be given the following information:

- why the study is being carried out
- how information is being handled
- how survey participants have been selected
- how privacy and confidentiality are being protected
- how the survey findings will be written up to protect anonymity
- once completed, what the main findings are and how they will help improve programmes on HIV/AIDS.

Those conducting the survey must be suitably trained and able to communicate, using local languages where necessary. Messages about confidentiality need to be reiterated in order to avoid fears of stigma and disclosure.

Some surveys include members of workers' families. In situations where the workforce is mainly male, involvement of female family members can help to provide a better gender balance as well as exploring issues affecting family members.

Experience has shown that a baseline study or formative assessment must be:

- confidential and anonymous (to allay fears and to guarantee privacy)
- culturally sensitive (to avoid causing offence or embarrassment)
- gender-sensitive (to address the different situations and concerns of women and men)
- carefully explained
- suitably designed and tailored to the needs of the situation (including language and communication needs)

The Health and Safety Digest of the Barbados Employers' Confederation, September 2005, published selected findings from a survey conducted for the **ILO-USDOL HIV/AIDS Workplace Education Programme**^(www) in Barbados. All the projects in this programme, which covers 23 countries, start with a national mapping exercise and a baseline survey in the partner enterprises.

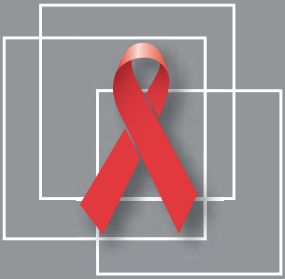
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Identifying existing services and resources

Health and advisory services are important both for prevention and for treatment, care and support. Obtaining information on existing services helps avoid duplication and save costs. It can help you identify opportunities for integrating HIV/AIDS information into existing programmes both inside and outside the workplace; it also reveals gaps and needs. The review should include general health promotion and health care services (where these exist) as well as specific programmes on HIV/AIDS. You can consult information, education and health care providers when gathering this information. The [ILO Code of Practice on HIV/AIDS and the world of work](#) suggests linkages to health promotion services and to employee assistance programmes.

Examples in the workplace include induction programmes for new employees, existing [occupational health services](#), in-service training and wellness programmes.

Examples outside the workplace include local maternity or sexual health services, health education or youth education programmes, vocational training, information centres (especially related to the National AIDS Council or Commission), health clinics and hospitals, and UN programmes.

Examples of service needs identified through baseline assessments include the need for services specifically targeted at migrant and mobile workers, women workers, rural communities and the informal economy.

Reviewing national laws

Employers and their partners must comply with national laws. The ILO Code recommends that the Committee should review the laws that apply and consider their implications for the enterprise.

[Workplace policy: 10 Steps to Implementation - Step 3](#) recommends that this review should go beyond specific laws on HIV/AIDS and include other legislation, such as labour, anti-discrimination, disability and social security laws.

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Collection of national instruments related to HIV/AIDS and the world of work^(www)

The ILO Training Manual gives guidance on legislation on HIV/AIDS in its **Module 4** and gives examples of HIV/AIDS legislation:

- **Namibia: Guidelines for the implementation of the Namibia National Code on HIV/AIDS in Employment**
- **Philippines Law on HIV/AIDS.**

Labour legislation: **Bahamas Employment Act No.27, 2001.**

The use of disability legislation: **China, Hong Kong Disability Ordinance, 1995.**

Booklet 2 of the ILO-FHI HIV/AIDS Behaviour Change Communication Tool-kit for the Workplace^(www) provides detailed guidance on conducting baseline studies.

Case study 2 - Botswana Confederation of Commerce Industry and Manpower (**BOCCIM**) - **Botswana Business Coalition on HIV/AIDS (BBCA).**

DaimlerChrysler South Africa: Baseline KAPB Study 2001^(www)

BMW South Africa KAP Survey Executive Summary.^(www)

Eskom, South Africa: study on barriers^(www) (stigma and **discrimination**)
Horizons press release 2002.

Information about ILO Conventions is available in Module 2 of the Training Manual.

Learning activities

Booklet 2 of the ILO-FHI HIV/AIDS Behaviour Change Communication Tool-kit for the Workplace^(www) provides training materials on conducting baseline studies.

Module 4 contains an activity on HIV/AIDS legislation.

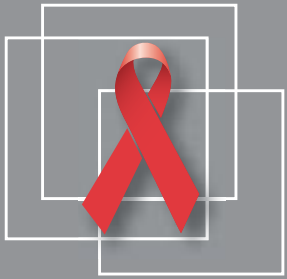
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Having gathered the information it needs, the next task for the Committee is to develop a workplace policy on HIV/AIDS as the framework for workplace action.

Speaking to a **tripartite** workshop on HIV/AIDS in the Caribbean, Mr Keith Foster of the Caribbean Employers' Confederation said that the development of a workplace policy is "the single most effective and important action employers can take" in their commitment to action on HIV/AIDS.

This section looks first at the process of drawing up and agreeing a policy, and then at the content of a workplace policy on HIV/AIDS. Scroll down the page for further information, or click on the headings below:

- >> [why have a workplace policy on HIV/AIDS?](#)
- >> [how should the policy be developed?](#)
- >> [what form should the policy take?](#)
- >> [what should the policy cover?](#)
- >> [communicating the policy](#)

{image 3}

On the ILO/AIDS website, a guide to developing policies and programmes at the workplace^(www)

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Why have a workplace policy on HIV/AIDS?

The ILO Training Manual lists seven key reasons:

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

How should the policy be developed?

Employers and workers have a common interest in preventing the spread of HIV/AIDS.

The ILO Code of Practice (**key principle 5**) encourages a process of social dialogue between employers and workers when developing a workplace policy and programme on HIV/AIDS.

This calls for full and meaningful consultation, and requires trust and co-operation between the parties - as encouraged by the IOE and the ICFTU in their **statement of collaboration**.

People living with HIV/AIDS (PLHAs) should also be involved, where they are willing.

Those responsible for drawing up the policy will need an awareness of the facts about HIV/AIDS, and about the human rights and gender dimensions of HIV/AIDS. A workshop or training course may be required. Unless the policy is very short and simple, it is useful for the Committee to circulate a draft for comment before it is adopted.

Module 3 of the ILO Training Manual outlines the process of developing workplace policies through social dialogue. It refers to the need for swift action and consensus, with any difficulties resolved in a spirit of compromise. It points out that working together on this issue may also improve labour relations generally.

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What form should the policy take?

The policy should be written in clear language that people can easily understand. It may take the form of a simple statement, a detailed document or negotiated agreement. Examples of **policies** are available on the ILO/AIDS website.

The policy may be a stand-alone policy, specifically on HIV/AIDS. Or it may be included in broader policies or agreements, such as those on occupational safety, health, anti-discrimination measures and/or working conditions. You will need to check that other policies are revised if necessary to avoid conflicts between one policy and another.

Some policies also set out the details of the workplace programme (the action to be taken) as well as the policy itself. Other organizations develop their programmes after formulating and adopting the policy framework, but keep the policy under review. Whatever the case, it is important not to delay.

What should the policy cover?

Both the ILO Code of Practice and the ILO Training Manual provide guidance about the content of workplace policies and programmes. The ten key principles of the ILO Code should form the basis for the policy.

The ILO has a **short guidance sheet** on what a policy should cover.

This document is also available in a **longer version** with sample language. It will be more effective if you discuss the policy with managers, supervisors and representatives of the workforce, and if together you adapt the broad guidelines provided to your own situation and needs.

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Communicating and publicizing the policy

Once the contents of the policy have been agreed, it should be formally adopted and then widely publicized and disseminated.

It is important to ensure that the policy is clearly understood and actively supported if it is to be successfully implemented. Advocacy and leadership are vital to successful implementation and effective communications.

A survey by the Barbados Employers' Confederation found that under 5 per cent of employees were aware of the availability of HIV/AIDS guidelines or services at their workplace [Health and Safety Digest, Sept 2005, [BEC](#)].

Many employers and employers' organizations have adopted policies and led campaigns on HIV/AIDS. They have also formed national and international coalitions and alliances to mobilize the business community against HIV/AIDS.

Likewise, many national and international trade union organizations have developed their own union policies and have mobilized their members against HIV/AIDS. Workers' organizations can also help to publicize and promote the employer's policy amongst their members through meetings, newsletters, workshops, training courses and special events.

Resources

Advantages of an agreed policy

The ILO education and training manual:

- provides guidance on social dialogue
- explains the advantages of collective agreements
- and gives an example: [AIDS agreement between the National Union of Mineworkers and the Chamber of Mines of South Africa](#).

Involvement of PLHAs: [the Greater Involvement of People with AIDS \(GIPA\)](#).

[UK Coalition of People Living with HIV and AIDS](#) ^(www)

[Employers' Handbook on HIV/AIDS, A Guide for Action](#).

Policy development - [Brazil's National STD/AIDS Programme](#).

Section 4 of this CD-ROM deals with gender aspects of policies and programmes.

Case study 1 - Barbados Employers' Confederation (BEC).

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Resources - continued

Case study 4 - Cambodian Federation of Employers and Business Associations ([CAMFEBA](#)).

Case study 7 - Jamaica Employers' Federation ([JEF](#)).

Examples of policies^(www) are available on the ILO/AIDS website.

Further advice on workplace policies is available from the ILO website and from other sources listed below:

- The **International Organisation of Employers**^(www) (IOE)
- The **International Confederation of Free Trade Unions**^(www) ([ICFTU](#))
- **Family Health International**^(www)
- The **Global Business Coalition of HIV/AIDS**^(www)
- The **Global Health Initiative (World Economic Forum)**^(www)
- The **US Centers for Disease Control and Prevention**^(www) (CDC)
- **SMARTWork Project**, Academy for Educational Development (AED).

Examples of company policies:

- Ambuja Cement - **Workplace policy on HIV/AIDS**
- Anant Spinning Mills - **Workplace policy on HIV/AIDS**
- Abdur Razzaque Ansari Weaver's Hospital - **Workplace policy on HIV/AIDS**
- Bridgestone India Private Limited - **Workplace policy on HIV/AIDS**
- Kisson Group - **Workplace policy on HIV/AIDS**
- MECON - **Workplace policy on HIV/AIDS**
- **Durban Chamber of Commerce**: Guidelines for Affiliated Companies
- **National AIDS Fund (USA)**.

Learning activities

The ILO Training Manual has activities on workplace policies and social dialogue:

- Module 2 (**HIV/AIDS and Human Rights**)
- Module 3 (**Workplace Action through social dialogue**, activities 5, 6 and 7).

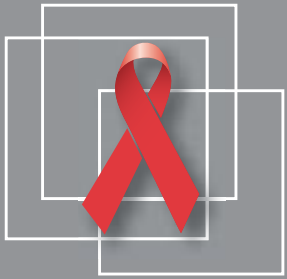
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Workplace programmes translate paper policies and commitments into practical action. The person or group responsible for the workplace policy and action programme will need to consider the best way forward.

Measures are needed to support prevention, to combat discrimination and stigma, and to provide care and support for people affected by HIV/AIDS.

Designing and developing your programme involves a number of steps, including preparation and action planning. There are similarities with some business projects here, but also some differences.

These steps are outlined below, while information on the **content of programmes** is covered in section 4 of this CD-ROM.

- >> **Goals and scope**
- >> **Key components**
- >> **Designing your programme**
- >> **Making it happen: planning**
- >> **Making it happen: implementation**
- >> **Making it happen: tools and resources**

Goals and scope

The broad **goals** of a workplace programme might be:

- a) preventing HIV transmission, and
- b) managing its impact on the business or workplace.

Specific objectives will depend on your particular situation and what can realistically be achieved with the time and resources available. A **baseline study** or situation analysis can help to identify local needs and priorities.

To define the **scope** of your programme, you need to consider:

- what you will do, and why
- who you want to reach, and how.

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Lessons from good practice show the importance of programmes that are both comprehensive and targeted:

- comprehensive programmes include three pillars — prevention, care and protection of rights (for more details see Section 4)
- targeted programmes (e.g. for mobile workers, women or young people) take account of the specific needs of the particular group and the factors affecting their knowledge, attitudes and behaviours. They include gender-sensitive programmes that have activities for men and women separately and together.

It may be possible to extend the scope of the programme to include workers' families and/or the local community. The ILO recommends this as it helps to support prevention as well as extending access to care.

Contents of the programme

The three pillars of a workplace programme should not be developed as separate activities.

Prevention is most effective when it is supported by **care, support and treatment** for those affected by HIV/AIDS, and by **measures to combat discrimination and stigma**. Workers may be reluctant to take part in prevention programmes - especially voluntary counselling and testing (**VCT**) — if there is no provision for care and support, or where they fear discrimination or dismissal.

Prevention includes the following programme areas:

- information and awareness-raising
- personal risk assessment, education and **behaviour change communication**
- practical measures to prevent HIV transmission and support behaviour change.

Care and support ideally involves a **comprehensive programme** including:

- voluntary confidential counselling and testing
- appropriate treatment
- psychosocial and material support for workers and their families, including reasonable accommodation
- family planning services, and
- support for **orphans** where possible.

Protection of rights includes

- measures to combat stigma and discrimination
- respect for privacy and confidentiality
- employment rights.

HIV/AIDS discrimination in the workplace is wrong: this is the title of a booklet for managers and supervisors prepared by the **Barbados Employers' Confederation** ^(www).

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Making it happen: planning

You (and/or the Committee or focal point) will need to consider:

- the situation - the local context and the factors affecting your workforce and your business
- goals and objectives - what you want to achieve
- strategy - what interventions are needed to achieve your objectives
- target groups - who you are trying to reach in each programme area
- obstacles - what the possible problems might be, and how these could be overcome
- responsibilities - who will do what and when
- methods - how the programme will be delivered
- means - what tools and resources you will need
- partners - who else may need to be involved.

You will need to consult fully and involve others in this process, including workers and their representatives as well as people living with HIV/AIDS.

Making it happen: implementation

You may like to get together with other employers (and trade unions) to share information and lessons of good practice, and make a joint plan.

Once you have planned the programme, you need to:

- get it approved by top management (if this is not you), and
- make sure that the funding and resources are in place to implement it.

You will also need to:

- think about how you are going to launch it, and when
- make sure that your communications about the programme and its launch are planned in such a way that everyone involved understands what you are doing and why
- show that senior management (and trade union leaders, if applicable) fully support the programme, by involving them in the launch
- continue to involve senior managers and supervisors in programme activities once the programme is underway.

The ILO Code of Practice recommends that - wherever possible - employers allow activities to take place in working time.

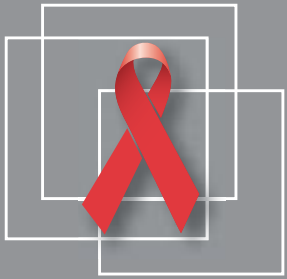
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Ford Motor Company (SA) and the SASOL pharmaceuticals group, also based in South Africa, closed down all operations when they launched their AIDS programmes, and made sure all employees took part.

Experience shows that many HIV/AIDS programme activities can be integrated into other workplace activities. Locating activities in venues where workers come together socially can also be helpful. Examples include canteens and rest rooms, and workers' living quarters.

Making it happen: tools and resources National Aids

Tools and resources are needed, both for programme development and for its implementation. They include:

- funding (from internal or external sources, or both - see next Section)
- suitable and accessible communications in relevant languages and formats (including communications about the programme's aims and activities)
- education and training materials adapted to the workforce
- commodities (including adequate supplies of condoms, drugs and equipment)
- time (for preparation, and for people involved in programme development and implementation as well as those involved in the activities themselves and for training programme leaders, key professionals and activists)
- tools and resources for collecting and analysing data (important for monitoring and evaluating progress and outcomes as well as for the baseline study or situation analysis)
- tools and resources for your project design and development, and for action planning and review - these can include simple checklists, organizational charts, drawings or tables. Larger employers in organizations with more resources may want to use special computer programmes to help them organize, schedule and review organizational tasks and monitor progress.

Lessons from experience show that partnerships can be invaluable in HIV/AIDS programmes. They can be built at any level and often bring additional resources (funding, experience and know-how) to the programme.

Even with limited resources, employers can provide workers and their families with information about care and prevention services that are available in the community, and about their rights to use them without fear of discrimination or stigma.

The information should be made available in clear language that everyone can understand, and in forms that reach as many people as possible. They should cover:

- the range and type of services available
- who can access them, where and how
- the benefits of using the services
- the confidential and non-discriminatory nature of the services
- the employer's policy of supporting and facilitating access to these services.

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Key components and sample language for workplace policies.

A workplace policy on HIV/AIDS: what it should cover.

Section 4 of this CD-ROM looks in more detail at specific programme areas.

Case study 7 - Jamaica Employers' Federation (JEF).

Situation analysis - understanding what is needed : **Daimler Chrysler South Africa (DCSA)**.

Sasol HIV/AIDS Response Programme - **SHARP Case Study**.

Key sections of the ILO Code of Practice:

- Section 6: **prevention through information, awareness-raising and education**
- Section 7: **training**
- Section 8.4: **voluntary testing**
- Section 9: **care and support**.

Key sections of the ILO Education and Training Manual:

- **Module 6** covers prevention programmes. It contains case studies, learning activities and reference materials
- **Module 5** deals with gender issues. These need to be incorporated in your programme, even if your workforce is predominantly male
- **Module 7** deals with care and support

HIV/AIDS business coalitions: **guidelines for building business coalitions against HIV/AIDS**, World Bank, World Economic Forum, UNAIDS.

Learning activities

Module 6 of the ILO Training Manual has activities on workplace programmes for HIV/AIDS prevention.

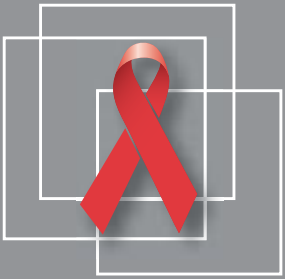
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“Although funds are important, the absence of funding should not mean that no action is possible.”

ILO Education and Training Manual

The next step is to set a **budget** and raise the necessary funds to translate the policy into action.

To view the information, scroll down the page or click on the headings below:

- >> [drawing up a budget](#)
- >> [seeking funds from outside the enterprise](#)
- >> [identifying existing resources within the community](#)

Drawing up a budget

Drawing up a budget involves several processes:

- identifying needs and requirements
- obtaining financial information
- deciding overall budget and the allocation for specific purposes (e.g. workplace education).

Employers need to work out the costs involved in workplace programmes - but they should also take into account the direct and indirect costs of inaction. Prevention costs less, especially in the longer term.

The initial budget may have to be revised as the programme develops. The exercise should be repeated when appropriate during the planning and development stages.

Once a budget has been drawn up, it should be submitted for approval to the funding source. This may be a senior executive or Finance Director, or the HIV/AIDS Committee if it has authority over its own budget. Financial controls and accountability will be needed and should be confirmed in the Committee's terms of reference.

Anglo Gold South Africa's agreement on HIV/AIDS with 5 trade unions specifically included protection of funding for HIV/AIDS. Although the agreement was reached through collective bargaining, funds for prevention and care were not interchangeable or 'in competition' with funds for pay or other benefits.

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Costs and cost-benefits

Costs of care and support programmes vary enormously, depending on the type of services provided, the size of the enterprise, the needs of workers and their families, and the level of uptake.

An increasing number of employers provide antiretroviral treatment, as well as free male and female condoms. These are practical benefits that encourage people to take up prevention and care services.

Further information on costs and cost-benefits is available from many different countries and enterprises around the world. Major companies have conducted full assessments and evaluations of cost-benefits of their programmes. They have found that the benefits to employers, and to governments, of providing HIV/AIDS care and support programmes far outweigh the costs of inaction.

Heineken's board has defined HIV/AIDS as a key issue for the company. The board undertook a risk assessment, considering the impact of HIV/AIDS and costs of interventions in three countries (Ghana, Burundi, and Thailand). Heineken's senior management identified HIV/AIDS not just as a medical issue, but as one with enormous social implications that could not be ignored. The results of the risk assessment gave confidence that Heineken's response made sense in financial as well as humanitarian terms.

Eskom's corporate responsibility programmes on HIV/AIDS are underpinned by the conviction that the benefits of HIV/AIDS prevention and care strategies outweigh the costs of an unchecked spread of HIV/AIDS within the workplace and communities. A key component of Eskom's programme is the emphasis on monitoring and evaluation. Eskom's experience shows how reliable information on the impact of the epidemic can be used to trigger and direct an effective company response.

After an initial impact study undertaken in 1995, Eskom commissioned a more sophisticated HIV/AIDS risk analysis in 1999, taking into account the demographics of employees. This study highlighted the economic and financial impact, particularly in terms of productivity, loss of personnel, training needs, and pension and medical costs. The company also undertook knowledge and attitude studies (demonstrating 80 per cent awareness and knowledge levels) and an anonymous voluntary HIV/AIDS surveillance study (showing that HIV prevalence was lower than the 1995 prediction of 11 per cent). These studies have provided evidence of success to date and will help assess the effectiveness of future actions and training.

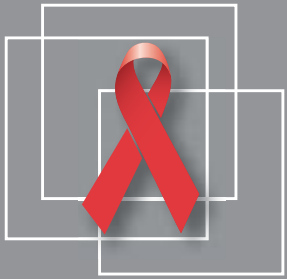
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Business responses.

A national-international partnership - **Brazil's National STD/AIDS Programme** involving Volkswagen do Brazil and VARIG.

Identifying resources

Where internal funds are limited or unavailable, it may be possible to identify outside sources of funding. Many imaginative and successful initiatives have been supported in this way.

Possible resources and partnerships include other members of the business community, employers' associations and business coalitions against AIDS, charitable foundations and NGOs, workers' organizations, research institutions and universities, government agencies, manufacturers and service providers in the community. Alliances may be formed at any level: local, sectoral, national or subregional.

Resources may be in kind as well as cash^(www) - they include knowledge and expertise, premises, services and networks. Enterprises can collaborate with other businesses, NGOs and service providers to support developments in the community - the benefits will also be felt within the workplace.

Developing partnerships

Examples of successful partnerships for treatment, care and support have involved a wide range of partner organizations - they are not necessarily confined to the workplace. Governments, manufacturers and suppliers, airlines, banks and insurance companies, non-governmental agencies, health care providers, media organizations and self-help groups have all been involved. For this reason they are often called public-private partnerships.

The benefits of partnership are clear: shared expertise and resources (not only funds), and the ability to do more than could be done alone. But there are potential difficulties when different organizations and interest groups are working together for the first time.

To avoid these, the roles and responsibilities of the partners should be clearly defined, with reporting lines to make sure that any problems are identified and resolved early. It is important to:

- agree goals, standards and working methods
- know in advance who is accountable for what, and
- work towards achieving them in a spirit of co-operation and trust.

Partnerships can be extremely valuable. Examples quoted here show that they can deliver at a local, national or international level.

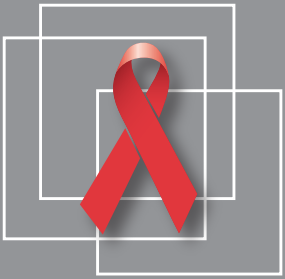
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Raising funds for workplace policies and programmes.

Mobilizing resources.

Alliances against HIV/AIDS.

Case study 3 - Social Service of Industry (SESI), Brazil.

Anglo Gold South Africa - collective agreement on HIV/AIDS.

Public-private partnership: **Geita Gold Mine Ltd. (GGML), Tanzania.**

Making Co-Investment a Reality.

Learning activities

Planning for HIV/AIDS in the enterprise.

Monitoring and evaluation

Monitoring is important. It means keeping track of what your programme is doing, and includes:

- checking that everything is going according to plan
- making sure that the plans are consistently implemented
- receiving feedback about the activities and the response
- investigating and resolving any problems that arise
- collecting information about changes in knowledge, attitudes and behaviours, and take up of services
- appropriate health surveillance, as defined by the ILO Code.

Evaluation is about assessing the information you get by monitoring. It tells you whether or not your programme is proving effective. It can also help you identify hidden or unforeseen problems.

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You will need to decide what to select as indicators of success. These should relate to your specific programme objectives. Examples of indicators of success might include:

- increased demand for condoms
- increased uptake of VCT
- more people volunteering
- reduction in the number of cases of **STI** and TB
- increased knowledge (e.g. of ways to prevent HIV transmission)
- changes in behaviour (e.g. condom use, reduced number of sexual partners)
- a reduction in cases of discrimination and stigma
- and - over time - fewer cases of HIV and AIDS.

If you want help, refer to the organizations listed to assist with baseline surveys.

You will need to see the whole picture to evaluate properly. For example, if fewer cases of new infection are reported, this does not necessarily mean the programme has been successful. People might be afraid to go for **testing** in case the results are disclosed; they might not know about services and support available; or they might be avoiding testing because of fear of being stigmatized.

Do make sure that you provide feedback about the progress you are making. If people know that something is working, it will help to motivate them to support the programme and will improve morale.

The **ILO-FHI HIV/AIDS Behaviour Change Communication Toolkit for the Workplace**^(www) provides detailed guidance on monitoring and evaluation in Booklet 6.

Resources

Case study 1 - Barbados Employers' Confederation (BEC).

Case study 3 - Social Service of Industry (SESI), Brazil.

Case study 5 - Groupement Inter-patronal du Cameroun (GICAM).

Knowledge and evidence: data-analysis, monitoring, and feedback.

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IMPLEMENTING WORKPLACE PROGRAMMES

This section provides you with a guide to key resources you can use when preparing action by programme area. It first considers two cross-cutting issues which will affect programming - gender and community outreach - then looks in detail at the three pillars of a workplace programme: activities related to prevention and care, and how the non-discrimination measures in your policy can be reinforced through education.

You will also find examples of programmes in **Section 5** of this CD-ROM (Business action – good practice and lessons learnt).

Know your status: voluntary counselling and testing

Voluntary counselling and testing (VCT) is a vital bridge between prevention and care, but it will only succeed where workers don't fear stigma and discrimination.

Why take a test?

VCT is the way people can find out their HIV status. It puts an end to uncertainty and helps them take more control of their lives and health.

If the result is negative, they can receive guidance and support to remain negative, protecting themselves and their partners and families.

If the result is positive, they can get access to care and support – hopefully including treatment – and advice on keeping healthy.

The principles of VCT

The test is based on the principles of voluntary, informed consent and confidentiality of results. The person concerned must understand the implications of taking a test and be counselled before and after. They 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.

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 written informed consent of a worker, with advice from the workers' representative if so requested. It should be performed by suitably qualified personnel with adherence to strict confidentiality and disclosure requirements.

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Gender-sensitive pre- and post-test 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 Section 8.4

Experience shows that take-up will be low if workers fear disclosure, stigma or rejection, or if they are unable to access treatment, care and support. It will also be low if they do not know about the services available, do not trust those providing the services, or do not understand the benefits of VCT. However, VCT should not be encouraged where no services are available to advise, support and care for those found to be HIV-positive.

Trained peer educators play a key role in promoting VCT, and supporting people who volunteer for testing. Workplace education and behaviour change programmes can also be effective in helping people develop skills for voluntary self-disclosure (e.g. to a partner, family members or friends) and supporting them afterwards.

Resources

Know your status leaflet

The ILO Training Manual provides learning activities on voluntary **testing**.

Guidance relevant to VCT can be found in the following sections of the ILO Code of Practice:

- Confidentiality – key principle (Section 4.7), and **Section 5(g)**
- Employers' responsibilities for **risk reduction and management** (Section 5(h))
- **Support for confidential voluntary HIV counselling and testing** (Section 5(l))
- **Testing, including VCT** (Section 8).

The Booklet 4 of the **BCC Toolkit**^(www) covers peer educators' training resources and includes VCT.

WHO Topic information page on Testing and counselling.^(www)

The UNAIDS website includes a comprehensive list of **HIV/AIDS topic areas**^(www) related to VCT, care, support and treatment, see too **UNAIDS/WHO Policy statement on HIV testing**.

Integrating voluntary counselling and testing services into reproductive healthcare settings (UNFPA)

WEF/GHI case study on testing: **Geita Gold Mine Ltd., Tanzania.**^(www)

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Combating stigma and 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 stigmatisation of people living with HIV/AIDS inhibits efforts aimed at promoting HIV/AIDS prevention.

ILO Code of Practice, Key principle 2

Undermining prevention and care

Stigma and discrimination, both inside and outside the workplace, are significant barriers to effective prevention, treatment, care and support. **A survey by SABCOHA** ^(www) (2005) found that over half the companies with HIV/AIDS policies and programmes consider the fear of stigma and/or discrimination has undermined the effectiveness of their programmes.

Stigma is defined as a social process that marginalises and labels those who are different, and discrimination is defined as the negative practices that stem from stigma...

Horizons Research Update, 2002.

Stigma is deep-rooted and pervasive. The most common forms it takes are social isolation and ridicule. Gossip, rumours, negative attitudes and verbal abuse, rejection, shaming and violence are widespread responses to people affected by or living with HIV/AIDS. It can even cause problems for those associated with HIV-positive people. Secondary stigma ('guilt by association') can affect family and friends, and even co-workers, peer educators, health care workers and other service providers.

Discrimination can involve actions by employers and their managers and supervisors, by co-workers and peer groups, by families and community groups and by service providers.

Examples of discriminatory actions include dismissing or demoting workers on grounds of their actual or assumed HIV status, harassing, abusing or victimizing them, refusing them benefits or access to services, evicting them from premises or the family home, refusing to share facilities with them or refusing to work with them. In all cases it involves treating them less favourably for HIV-related reasons.

Fear of stigma and discrimination is a major barrier to prevention and affects:

- how individuals and groups respond to peer educators, counsellors and other service providers associated with HIV/AIDS – and their willingness to use these services, especially VCT and treatment
- whether people are willing to use HIV/AIDS services or disclose their HIV status.

Research findings suggest that some workers fear stigma more than losing their jobs and women fear stigma more than men, also that women suffer most from verbal abuse and ill treatment – they are sometimes blamed for spreading the infection and subjected to violence as well as social rejection.

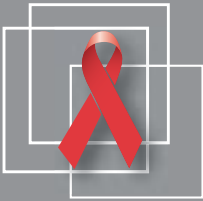
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What can employers do about it?

HIV-related stigma is fed by superstition, fear and misconceptions about HIV/AIDS. For this reason, it needs to be addressed as an integral part of workplace programmes for prevention, care and support. Building trust in the programme is essential.

Protection of rights begins with effective **workplace policies**. These should protect the rights of those affected by HIV/AIDS and provide for support. Policies should include:

- protection against discrimination, victimization or harassment
- employment protection (the right not to be dismissed or refused alternative employment simply on the grounds of HIV status)
- no compulsory testing (or pre-employment testing) of employees
- testing programmes only in conformity with the ILO Code of Practice and other international standards on pre- and post-test counselling, informed consent, confidentiality and support
- confidential handling of sensitive personal information.

All managers, supervisors, educators, counsellors and care providers should receive HIV/AIDS **information and education**, and be specifically trained in how to implement the workplace policy. As part of this, they should be sensitized to issues of stigma and discrimination and trained in how to respond to, and support, people who disclose that they are HIV-positive.

The policy is supported by information and education to make the workforce understand that they have nothing to fear from casual contact with an infected co-worker, and to give them an insight into the needs of people with HIV – especially for friendship and support.

Employers can also set an example: if you share a meal with a colleague known to have HIV, or shake his hand at the end of the day, this will have an impact throughout the workplace.

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The September 2005 issue of *Trend Watch*, produced by the **Jamaica Employers' Federation** ^(www), carries an article called 'Putting an end to HIV/AIDS discrimination in the workplace'.

It explains some of the fears people have that may cause them to reject colleagues and employees they know or suspect have HIV. These include fear of infection and moral judgements. The Jamaica Employers' Federation explains that awareness-raising and education can help reduce these fears.

The Barbados Employers' Confederation has even more detailed information in its booklet ***HIV/AIDS discrimination in the workplace is wrong***. It answers questions such as 'What actions are considered discriminatory?' and 'How can employers discourage discrimination?'

Advice for managing the fears of co-workers includes:

"Provide education ... emphasize that HIV cannot be contracted through casual contact.

Provide individual counselling for any employee who has difficulty accepting the medical facts.

Employers are not required to accommodate employees who have unreasonable fear of people with HIV or AIDS."

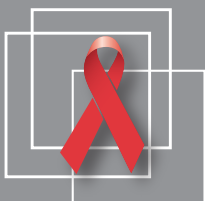
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Resources

Module 2 of the ILO Training Manual covers human rights and deals with stigma and discrimination.

Case study 1 – Barbados Employers’ Confederation ([BEC](#)).

Case study 3 – Social Service of Industry ([SESI](#)).

Case study 5 – Groupement Inter-patronal du Cameroun ([GICAM](#)).

The HIV/AIDS Care and Support in the Workplace **Handbook on Managing HIV/AIDS in the Workplace**, produced by the Thailand Business Coalition on AIDS, the Employers’ Confederation of Thailand and the ILO contains useful practical guidance for employers and managers on protection of rights and care and support in the workplace.

See also **Section 2** of this CD-ROM.

Addressing HIV/AIDS Stigma and Discrimination in a Workplace Program: Emerging Findings^(www)
Horizons Program/ESKOM/Development Research Africa (2002).

Addressing Stigma and Discrimination as a Barrier to Effective Workplace Interventions – ICASA Skills Building Workshop report,^(www) Nairobi, 2003 (Global Business Coalition on HIV/AIDS).

HIV/AIDS stigma and discrimination^(www) – feature on AVERT (AIDS charity) website.

UNAIDS Factsheet on **Stigma and discrimination**.

Good practice and lessons learned:

- **Illovo Sugar, South Africa**
- **De Beers, South Africa**

Learning activities

Module 2 of the Training Manual contains **activities on HIV/AIDS and Human Rights**.

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Prevention

Prevention has two key components: education and practical measures to reduce risk.

Education builds on basic information and awareness. It helps people apply general messages to their own situation and behaviour, and gives them the tools to assess and reduce their personal risk.

Practical measures include the provision of condoms, access to treatment for other sexually transmitted infections (STIs), and occupational safety and health (including the provision of protective clothing and application of Universal Precautions).

Scroll down the page for further information, or click on the headings below:

- >> **Information, awareness-raising and education**
- >> **Practical measures to support behaviour change**
- >> **Safety and health in the workplace**

Information, awareness-raising 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 significantly contribute to the capacity of workers to protect them against HIV infection... [and] reduce HIV-related anxiety and stigmatisation, minimise disruption in the workplace, and bring about attitudinal and behavioural change

ILO Code of Practice Section 6

Preparing your programme

Section 6 of the ILO Code of Practice provides guidance on prevention.

You will also find useful information in **Module 6** of the Training Manual and in **Action on HIV/AIDS in the workplace**^(www) - a step-by-step guide which will provide you with basic information for developing activities at the workplace.

You will need to start by identifying target groups and their information and education needs. This means finding out about different levels of awareness in each target group.

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Preparation for information and education programmes involves other important practical steps, including:

- training of programme co-ordinators, educators and facilitators,
- programme design, and
- preparation of programme content and related materials.

The ILO Code of Practice recommends that information and education should be provided in a variety of forms (not relying exclusively on the written word). Key messages must be consistent and clear. They should include accurate and up-to-date information about the basic facts of HIV/AIDS. They are also most effective when:

- targeted and tailored to the age, gender, sexual orientation, sectoral characteristics and behavioural risk factors of the workplace and its cultural context, and
- delivered by trusted and respected individuals.

The ILO also recommends that information programmes, courses and campaigns be integrated as far as possible into existing education, human resource development and health promotion programmes, and into occupational safety and health structures.

Information and awareness-raising

Section 6.1 of the ILO Code of Practice provides guidelines for information and awareness-raising.

Information provides people with key messages and facts about HIV/AIDS and how to prevent it.

Information and awareness-raising campaigns should be run for all employees, and for their families where possible, and may be extended to others in the local community.

The information provided should include the workplace policy on HIV/AIDS and related policies on confidentiality, non-discrimination, sexual harassment and violence.

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Education

The aim of a workplace education programme is to help prevent employees from becoming infected with HIV, while also teaching employees to accept an infected co-worker.

IOE Handbook on HIV/AIDS

Section 6.2(c) of the ILO Code of Practice provides detailed guidelines on the content of education programmes.

Education builds on information and awareness-raising campaigns, helping people to apply general messages to themselves and developing their understanding of their own decisions, attitudes and behaviour. It makes an important contribution to overcoming fear, embarrassment and stigma.

The ILO Code recommends “interactive and participatory” educational methods because these help people voice their fears, assess their risks, and develop the understanding and skills to change their behaviour.

Globally, between 70 and 80 per cent of all HIV transmission is through sexual contact. Issues of sexual behaviour must be included in education programmes, but this can be a difficult process for those involved. It must be handled in a manner that is sensitive to personal feelings as well as cultural and gender issues. Men and women should have the opportunity to discuss their concerns and feelings separately as well as together.

Lessons from experience show that the following approaches help increase the effectiveness of education:

- use of peer educators
- involvement of people living with HIV/AIDS
- personal skills development, for example negotiating skills in personal relationships (e.g. responding to pressure to take risks; negotiating condom use)
- using role play to facilitate sharing of factual information about HIV/AIDS and encourage changes in behaviour and attitudes.

The **IOE** handbook gives **additional guidance**.

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Behaviour change communication

The ILO and Family Health International have jointly produced **HIV/AIDS behaviour change communication (BCC): a toolkit for the workplace** ^(www) which provides comprehensive guidance on developing, designing, implementing, monitoring and evaluating BCC programmes. The Toolkit describes behaviour change communication as “an interactive process for developing messages and approaches using a mix of communication channels in order to encourage and sustain positive and appropriate behaviours.”

Key points for effective BCC:

- it should be planned as an essential part of a comprehensive programme that includes services (e.g. care, counselling), commodities (e.g. condoms, medical treatment) and policies to promote non-discrimination and trust
- participation of workplace stakeholders is vital from the outset and at every stage of development and implementation of the programme
- to be effective, BCC programmes need to be tailored to specific target populations
- specific messages and approaches need to be developed for particular groups
- people may need different messages and information resources at different stages of change

Results

Behaviour change communication can:

- increase knowledge of HIV/AIDS
- stimulate social and community dialogue
- promote essential attitude change
- improve skills and sense of self-effectiveness
- reduce stigma and discrimination against people living with HIV/AIDS
- create a demand for information and services
- advocate an effective response to the epidemic, and
- promote services for prevention, care and support of vulnerable populations

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The Toolkit includes a wide range of practical tools and educational materials, including

- sample questionnaires
- sample programmes and learning materials for adaptation
- peer education training programmes
- programmes for 'training the trainers' in how to use the Toolkit
- practical tools for key tasks such as formative assessments, interviewing, action planning, monitoring and evaluation.

It is organized in seven booklets (see below). **Booklet 1** ^(www) gives fuller details of the contents and includes an 8-step guide to developing a BCC programme for the workplace on HIV/AIDS. It is available on the ILO/AIDS website — the other booklets are sent on request (electronically, without charge).

1. Overview of HIV/AIDS behaviour change communication programming for the workplace
2. Gathering data for the development of a BCC programme for the workplace
3. Designing a behaviour change strategy
4. Developing materials for a BCC programme for the workplace
5. Peer education in the workplace
6. Tools for monitoring and evaluation
7. Training in the use of the Toolkit.

Peer education

Peer education is one of the most effective ways of inspiring behaviour change and conducting HIV/AIDS-related education in the workplace. Peer education is based on the idea that individuals are most likely to change their behaviour if people they know and trust help them to do so. It can break down barriers by allowing people to discuss sensitive matters without fear.

Peer educators are informal leaders who come from the group that is being trained. For example, if your programme is aimed at workers in a large hotel, you train a core group of employees as educators. Peer educators also provide a link between workers and services, such as sexually transmitted infection treatment, voluntary HIV counselling and testing, and condom distribution. Workers' confidence is inspired when they receive accurate and helpful information from people to whom they can relate.

Booklet 5 of the **BCC Toolkit** provides extensive guidance and resources for peer education.

Recruiting and training peer educators should be a major component of any education programme at work. Management and union/workforce representatives should work together to identify and train a pool of peer educators. **Section 7.2** of the ILO Code of Practice says that peer educators should receive specialized training.

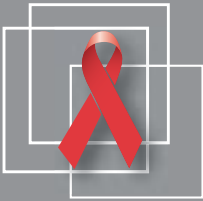
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Training

Section 7 of the ILO Code of Practice deals with training.

The ILO recommends that HIV/AIDS training should

- be integrated in the enterprise's annual training plan
- be developed in consultation with workers' representatives
- include senior management and line supervisors
- be based on identified training needs.

Training for those concerned – managers, supervisors, personnel officers, occupational health services, OSH or workplace committee members, and workforce representatives – will need to address their roles and responsibilities in the workplace and the actions required of them under the employer's policies and procedures. It is recommended that particular attention is given to addressing stigma and discrimination and providing support to people affected by or living with HIV/AIDS.

'Training of trainer' programmes help multiply the numbers of people available to pass on knowledge and skills to others; it can be an especially effective way of supporting and promoting peer education.

Practical measures to support behaviour change

Section 6.5 of the ILO Code of Practice recommends the following practical measures to support behaviour change:

- education for workers about risk reduction strategies
- availability of male and female condoms
- early and effective **STI** and TB diagnosis, treatment and management
- sterile needle and syringe-exchange programmes, where appropriate, or information on where they can be obtained.

The provision of free or low-cost condoms is a measure that is both easy and effective – it can be cost-free if supplies are available locally through the **NAC** or a NGO. You will need to make sure that people know how to use them – this can be an important barrier to cross. Ask the HIV/AIDS committee or focal point to include condom use in the workplace information and education programme. **Woolworths (South Africa)**, for example, has installed condom distribution machines in changing rooms and toilets throughout the organization.

In some societies, HIV transmission is more often through intravenous drug use and the sharing of infected needles.

Section 6.5 of the ILO Code of Practice recommends that syringe-exchange programmes be made available where appropriate, or relevant information provided.

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Information on HIV prevention and injecting drug use is featured on the [AVERT website](#).^(www)

Levi Strauss is a company that has not shrunk from ensuring its programmes are targeted at populations with high-risk behaviours, including injecting drug users.

Resources

The **ILO Code of Practice Section 6** provides comprehensive guidelines on prevention through information and education and covers the following specific issues:

- **Information and awareness-raising**
- **Educational programmes**
- **Gender-specific programmes**
- **Linkage to health promotion programmes.**

Section 7 of the Code provides guidelines on training.

Section 8.5 on testing and treatment after occupational exposure.

Module 6 of the Training Manual covers workplace programmes for HIV/AIDS prevention, including the protection of young people.

The Booklet 5 of the **BCC Toolkit**^(www) provides a comprehensive peer education guide, and Booklet 7 helps those responsible for training, supervising and supporting peer educators.

The IOE Handbook on HIV/AIDS, A Guide for Action gives guidance on **HIV prevention education in the workplace.**

It also includes the example of **ALUCAM**

Case study 1 – Barbados Employers' Confederation (**BEC**).

Case study 4 – Cambodian Federation of Employers and Business Associations (**CAMFEBA**).

Case study 10 – Employers' Confederation of Thailand (**ECOT**).

The ILO report, *Workplace action on HIV/AIDS: identifying and sharing best practice*, provides guidance and examples of good practices on **workplace policies and programmes on prevention.**

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Learning activities

Detailed training materials on developing and designing a behaviour change communication programme are available in the **BCC Toolkit**.^(www)

The Guide to the Training Manual contains **sample courses and programmes**.

Module 6 includes learning activities on prevention.

Safety and health in the workplace

The work environment should be healthy and safe, so far as is practicable, for all concerned parties, in order to prevent transmission of HIV, in accordance with the provisions of the Occupational Safety and Health Convention, 1981 (No. 155).

ILO Code of Practice Section 4.5

Although this issue is of particular importance for health care providers, it is not confined to health care settings. Any workplace can be the scene of an accident involving blood loss.

Occupational risk of HIV can arise where workers or others are exposed to infected blood and body fluids in the course of their work.

The main occupations exposed to these risks are health care personnel, cleaners, laundry workers and waste disposal operatives. Others can also be at risk – for example, where the work involves the use of skin-piercing equipment or sharps (e.g. razors, needles, blades or knives) when carrying out their work.

Risk should be reduced to a minimum by the application of infection control procedures, the provision of protective clothing-equipment, and related training.

Section 8.5 of the ILO Code of Practice sets out guidelines for procedures to manage the risks of exposure to human blood, body fluids or tissue. These include procedures for risk assessment and counselling employees about possible risks and medical consequences, available post-exposure prophylaxis, tests and treatment after occupational exposure and occupational incidents.

The ILO has collaborated with the WHO to produce **Joint ILO/WHO guidelines on health services and HIV/AIDS** which give detailed advice and information. They are relevant to occupational health services and private clinics as well as the public health system.

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Universal blood and body fluid precautions

Universal blood and body fluid precautions (known as 'Universal Precautions' or 'Standard Precautions') are a simple standard of infection control. They are applied universally to all persons regardless of their presumed infection status, and all relevant situations.

Universal Precautions consist of:

- careful handling and disposal of sharps (needles or other sharp objects)
- hand-washing before and after procedures
- use of protective barriers – such as gloves, gowns, masks – for 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

ILO Code of Practice, Appendix II

Universal Precautions are used to protect workers and others from risks of blood-borne pathogens such as HIV and Hepatitis B. They were originally developed in the US to protect hospital personnel but can be applied generally.

Post-exposure prophylaxis

In the event of exposure to blood or body fluids, steps should be taken to provide treatment to prevent infection. The person involved should receive information and counselling, and be referred to appropriate medical facilities. Post-exposure prophylaxis is an emergency response to protect the individual concerned. It involves the administration of ARVs (no later than 48 – 72 hours after the incident), plus testing and counselling.

See **Fact sheet no. 10**, Joint ILO/WHO guidelines on health services and HIV/AIDS.

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Training in OSH and first aid procedures

Section 7.6 of the ILO Code of Practice recommends that all workers should receive training about infection control procedures in the context of workplace accidents. It can be integrated into occupational health and safety training, first aid training, on-the-job training and/or induction training.

Who should be trained?

All workers should be trained, including new workers and temporary workers at induction. Cleaning, laundry and waste disposal workers should not be forgotten – they often work at different hours, or out of sight of others, or for contractors.

What should the training cover?

The ILO Code says that the training must explain that taking precautions should not be related to the perceived or actual HIV status of individuals.

Training in infection control should cover:

- basic information about HIV/AIDS – how the virus is transmitted, how it enters the body and how transmission can be prevented
- safe provision of first aid
- the application of Universal Precautions to reduce risk of exposure to human blood and other body fluids
- use of protective clothing and equipment
- the correct procedures to be followed in the event of exposure to human blood or body fluids
- arrangements for compensation in the event of an occupational accident.

In health care settings and other settings where work activities involve the use of body-piercing equipment, such as needles, knives, blades or scissors, training should include:

- the correct selection and safe use of equipment
- correct sterilization and waste disposal procedures.

As with all types of training, it will be most effective where it is based on practical demonstrations of correct procedures and working methods.

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Resources

The ILO Code of Practice provides comprehensive guidelines on prevention in **Section 6**

This section includes **Practical measures to support behaviour change**.

Section 7 of the Code covers training.

Section 8.5 sets out guidelines for testing and treatment after occupational exposure.

Appendix II of the Code discusses Universal Precautions and provides useful references.

Module 6 of the Training Manual deals with workplace programmes for HIV/AIDS prevention, including the protection of young people, and selected case studies.

The **ILO Handbook on HIV/AIDS for labour and factory inspectors** gives guidance on applying the Code of Practice, especially in relation to occupational safety and health.

WHO information and guidance sheets on **HIV/AIDS-related topics**.^(www) They include blood safety, universal precautions, including injection safety, antiretroviral therapy, preventing HIV infection in infants and young children, nutritional support, psychosocial support, testing and counselling, palliative care, post-exposure prophylaxis, joint HIV/TB interventions.

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Care, support and treatment

Care, support and treatment are fundamental elements of an effective response.

IOE Handbook on 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.

ILO Code of Practice Section 9

Access to care and support reinforces effective prevention by:

- encouraging confidential voluntary counselling and testing (VCT)
- offering further opportunities for:
 - discussion with infected individuals, their partners and relatives on how they might prevent transmission, and
 - supporting them in doing so (e.g. by encouraging safer sexual behaviours, providing condoms or providing access to treatment and advice to prevent mother-to-child transmission)
- helping to reduce the spread of other infectious diseases commonly associated with HIV/AIDS such as sexually transmitted infections (STIs) and tuberculosis (TB), through early diagnosis and effective treatment.

Providing care and support is one of the key principles of the ILO Code of Practice.

It is not necessarily expensive – keeping your employee at work is the best support you can give, plus sympathetic understanding.

This section helps you identify key issues and resources for workplace programmes of care and support – even if services are provided outside the workplace. It covers:

>> The role of employers in providing care and support to workers and their families

>> Key components of a comprehensive programme for care and support

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The role of employers

Employers have a key role to play in providing workers and their families with access to care and support. By promoting a policy of “zero tolerance for discrimination” (**Ford Motor Company S.A.**) and retaining **HIV-positive** employees as long as they are fit to work, they not only reduce disruption to production and maintain morale, but also set an example to the community at large.

Depending on the size of the enterprise and available resources, care and support may range from information on community services and encouraging the take-up of VCT to the provision of medical treatment for workers and their families.

It is in the interests of employers to do what they can. It is also an expression of corporate concern and social responsibility. Effective programmes of care and support (including appropriate treatment with **antiretroviral drugs** (ARVs) and early diagnosis and treatment of STIs and TB) have been shown to:

- contribute to prevention by encouraging take-up of services
- reduce labour turnover and improve productivity by helping infected individuals to remain productive as long as possible
- help employees with HIV and AIDS keep working and earning an income
- help protect the future generation (and therefore the future workforce).

By providing open and compassionate care and support (including appropriate treatment) enterprise programmes can also alleviate the community’s fear of HIV infection, and reduce stigma and discrimination both inside and outside the workplace.

The workplace can make a significant contribution to increasing access to treatment – by encouraging VCT, by delivering ARVs, and by supporting adherence. Where occupational health services exist, these can be adapted to treat HIV and opportunistic infections. Some employers are in a position to provide medication or health cover to workers and their dependents, in some cases with a contribution from employees. Others enable the distribution of state-provided ARVs, or cost-share with public authorities or donors to extend treatment access to the community (co-investment).

Employers do not have to take action on their own. Many do not have the resources to do so. But they can form partnerships and work together with others (e.g. health care providers, suppliers, trade unions, government agencies, NGOs, community and self-help groups and people living with HIV/AIDS).

Our experience is that the people who get onto treatment see an improvement in health. The vast majority of them go back to work and they continue with normal lives.

James Steele, manager of the AngloGold Ashanti AIDS programme

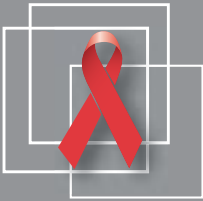
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Key components of a comprehensive programme for care and support

Module 7 of the ILO/AIDS Training Manual provides guidance on specific aspects of care and support.

It lists the key components that ideally should be included in a comprehensive care and support programme.

Responsibility for care and support and the location of services may vary.

Some aspects of care and support are necessarily the responsibility of the employer, such as arrangements to guarantee confidentiality of sensitive personal data, reasonable accommodation or time off for VCT.

Other parts of the programme may involve other organizations such as local community health services or voluntary organizations. For example, **Section 9.8(b)** of the Code suggests that employee and family assistance programmes “may be in-house, or enterprises could support such programmes collectively or contract out for such services from an independent enterprise.”

Regardless of who actually provides the services, it is vital that where services are available, workers and their families are given accurate information about how they can be accessed, and that their privacy and confidentiality is fully respected at all times.

The Education and Training Manual emphasises that comprehensive care and support involves a range of services, responding to the needs of workers with HIV/AIDS:

- for treatment
- for material and psychological support, and
- for protection against discrimination and dismissal.

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A comprehensive care programme includes:

- 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 services at the workplace where community provision is lacking.]

- confidential voluntary counselling and testing (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/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

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The ILO Code of Practice provides detailed guidelines on specific issues:

- **parity with other illnesses** (“no less favourable treatment” of HIV and AIDS than of any other serious illness or infection)
- **counselling**
- **occupational and other health services**, antiretroviral drugs and other aspects of treatment, care and support
- **linkages with self-help and community-based groups**
- **social security and other benefits**
- **privacy and confidentiality**
- **employee and family assistance programmes.**

Privacy and 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 Section 4.7

Privacy and confidentiality are of paramount importance here - if workers or their families fear stigma, discrimination or disclosure, or distrust their managers or health care staff, this will be a major barrier to prevention as well as to care and support.

The ILO Code spells out the need for confidential handling of personal and medical data. Feedback from experience of sexual and occupational health services shows that physical privacy is also important.

Care providers should consider the physical layout and design of facilities and waiting areas, and arrangements for making appointments, as well as the security and confidentiality of medical records and health reports. Use of screens, private consultation rooms and effective sound bafflers can provide greater privacy and prevent consultations being overheard.

Employers should ensure that employees can access care and support in working time where necessary, without being penalized, and without disclosing their HIV status or reasons for absence to others.

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Gender issues in care and support

Health services often fail to provide facilities for women, particularly reproductive health care. Women are also disadvantaged because of lower levels of literacy. In some areas this may mean that they are less able to access care and support services, or information about them.

Women also have a particular need for support stemming both from their greater share of the burden of care, and from their economic dependence on men. Material support for women in financial need might involve training and/or opportunities for income generation. The ILO Code points out that providing women with information and advice on ways to supplement low incomes also supports prevention by reducing the pressure on them to sell or exchange sex in order to survive (**Section 6.5(c)**).

Section 9.8(b) of the ILO Code states that programmes of care and support should recognise women's caring roles and the particular needs of pregnant women. It also highlights the needs of bereaved children or orphans and their particular vulnerability to sexual exploitation or forced labour.

The Code includes detailed guidelines on **employee and family assistance programmes**.

Resources

The workplace: **gateway to universal access**

Information and guidance on care and support can be found in the following sections of the ILO Code of Practice:

- Care and support – key principle (Section 4.10) and **Section 9**
- Confidentiality – key principle (Section 4.7), and **Section 5(g)**
- Employers' responsibilities for **risk reduction and management** (Section 5(h))
- **Diagnosis, treatment and management of STIs and TB.**

The ILO Training Manual **Module 7** focuses on care and support.

Booklet 5 of the **BCC Toolkit**^(www) helps peer educators promote access to VCT and treatment, and support people living with or affected by HIV/AIDS.

The **IOE Handbook on HIV/AIDS, A Guide for Action** deals with care, support and treatment. It also gives examples:

- **ALUCAM**
- **Woolworths.**

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Resources continued

Case study 2 – Botswana Confederation of Commerce Industry and Manpower (**BOCCIM**).

Case study 5 – Groupement Inter-patronal du Cameroun (**GICAM**).

Good practices and lessons learned on care, support and treatment: workplace policies and programmes.

HIV/AIDS workplace programmes and Public-Private-Partnerships (PPP) through co-investment - extension of treatment and care into the community.

Other useful resources on this topic:

- **WHO formal guidelines**^(www) on various aspects of HIV/AIDS care, support and surveillance, including monitoring and evaluation.
- The UNAIDS website includes a comprehensive list of **HIV/AIDS topic areas**^(www) related to care, support and treatment, and may also be helpful for programme development, monitoring and evaluation.
- The World Economic Forum's **Global Health Initiative (GHI)**^(www) provides detailed case studies from the private sector. These contain specific information on costs and cost-benefits and include supporting documents and contact details for further information.
- **SMARTWork Project**, Academy for Educational Development (AED).^(www)

Learning activities

Booklet 5 of the **BCC Toolkit**^(www) includes a section 4.12 on training resources for peer educators on preventing mother-to-child transmission.

The ILO Training Manual includes learning activities on **care and support**.

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A gender-specific approach

Gender issues have a profound influence on the spread of HIV. In many countries, rates of infection among young women (15-24 years) are four to ten times higher than among young men. It is therefore essential to recognize and address the gender dimensions of HIV/AIDS.

Women are more likely to become infected and are more often adversely affected by the HIV/AIDS epidemic 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 – Key Principles, **Section 4.3**

Gender inequalities are not simply a matter of social roles and cultural norms, but the economic inequality which stems from women's more limited education opportunities, more restricted access to employment, and lack of rights to property and credit. The poverty of women, as well as their limited possibilities of negotiating the conditions of sex, is a powerful force driving the epidemic. So too are the pressures on, as well as this beliefs and values of, men.

The **ILO Code of Practice** has the following advice to help the planning of programme activities:

- (a) All programmes should be gender-sensitive, as well as sensitive to race and sexual orientation. This includes targeting men and women 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 men and women 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.

See the ILO Code of Practice **Section 6.3**.

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The ILO Code of Practice gives an **overview of the gender dimension of HIV/AIDS**.

Gender-aware communications and training for peer educators are explained in the **HIV/AIDS Behaviour Change Communication Toolkit for the Workplace.**^(www)

Module 6 of the Training Manual deals with gender-specific programmes.

This includes **guidance on information and education for workers on preventing mother-to-child transmission**

Good practices and lessons learnt on gender:

- **Tata Iron and Steel Co. Ltd., India**
- **Eskom, South Africa**
- **The Lesedi Project, South Africa.**
- **Kahama Mining Corporation Ltd. (KCML), Tanzania**
- **Ho Chi Minh City Labour Union, Vietnam.**

Learning activities

Training materials and learning activities on the gender dimensions of HIV/AIDS.

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Outreach activities and community support

Just as it is impossible to neatly separate the world of work from the communities that provide its workers and make up its markets, so it is impossible to draw neat lines between the responsibilities of government, employers and employees at work and beyond.

Workplace action on HIV/AIDS: identifying and sharing best practice (ILO, 2003)

The workplace is part of a larger community, one which supplies its workers, buys its goods or services, and provides the educational, leisure and support services. The health and security of each impacts on the other, so it makes sense to share the benefits of workplace programmes as widely as possible.

Links beyond the workplace play an effective part in prevention, care and support and build the community's capacity to fight HIV/AIDS. Amongst other things, they can

- reinforce information and education programmes by getting key messages out to workers' families and the community
- support behaviour change in community settings, facilitate condom distribution and promote better understanding and awareness of how to prevent risks of infection and transmission
- influence the next generation, and the future workforce, through educational programmes targeting workers' families and local schools
- strengthen efforts to create partnerships and pool resources
- support smaller enterprises and vulnerable or isolated groups in the community.

The **ILO Code of Practice (Section 6.6)** recommends that employers, workers and their representatives should encourage and support information and education programmes on prevention and management of HIV/AIDS in the local community, especially in schools. The ILO is also working with a number of agencies, especially the **Global Fund** to Fight AIDS, TB and Malaria, to promote the provision of care and treatment through public-private partnerships that involve employers, the public authorities, and donors such as the Global Fund.

Initiatives to associate large and small employers are a way of promoting interaction with the community and informal economy. The GICAM, Groupement Inter-patronal du Cameroun, organized a seminar in Douala, Cameroon, in July 2004 called 'Large enterprises support **SMEs**'.

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Module 8 of the ILO Training Manual covers HIV/AIDS and the informal economy, and suggests ways for formal enterprises to reach out to informal workers and micro-enterprises.

It includes the following items:

- **applying the ILO Code to informal workplaces**
- **reaching out to the informal economy**, including customers and suppliers, and working with informal economy associations

The **IOE Handbook on HIV/AIDS, A Guide for Action** explains the needs for community involvement.

It also gives details of the **Levi Strauss & Co** initiative.

Section 3 of this CD-ROM covers partnerships in relation to sharing costs and resources.

Case study 8 – Federation of Kenya Employers (FKE).

Case study 10 – Employers' Confederation of Thailand (ECOT).

The **ILO report, Workplace action on HIV/AIDS: identifying and sharing best practice**, highlights a wide range of possibilities for links beyond the formal workplace.

Making Co-Investment a Reality.

Learning activities

Module 8 of the Training Manual includes relevant learning activities:

- **Mapping informal links** (Activity 2)
- **Supporting the informal economy** (Activity 5)
- **Making plans** (Activity 7).

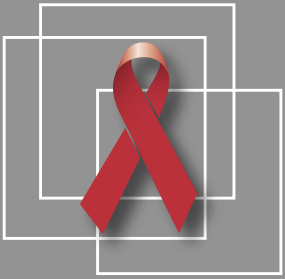
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Case studies

BUSINESS ACTION ON HIV/AIDS – GOOD PRACTICE AND LESSONS LEARNT

This Section provides a guide to examples of good practice you can adapt to your organization or workplace. It contains **11 case studies** from employers' organizations in all regions, as well as an overview of good practice and lessons learnt from a range of bodies.

Developing and sharing good practice

Many lessons have been learned about what works and what doesn't work in responding to HIV/AIDS. See:

- >> [Introduction: lessons learnt](#)
- >> [What is good practice?](#)
- >> [Identifying and sharing good practice](#)
- >> [Adapting and replicating good practice](#)
- >> [Examples of good practice and lessons learnt](#)
- >> [Finding out more](#)

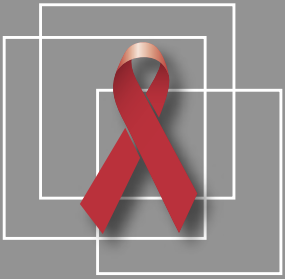
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Introduction: lessons learnt

Workplace action depends on:

a clear policy framework → a time-bound action plan for implementation → an individual or committee with responsibility for the programme → resources

In particular it needs:

- leadership and commitment from top management
- involvement and participation at all levels (including involvement of families)
- an atmosphere of openness and trust
- effective communications, with messages that are
 - factually correct
 - clear and consistent
 - culturally relevant, and
 - gender-sensitive.

Resources are not only financial. They may include

- technical support and expertise in a particular area, e.g. training (may be available through an ILO office or project, UNAIDS, or a local NGO)
- information and education materials (may be available from the same sources, and/or the National AIDS Council or Commission)
- supplies and commodities such as condoms and ARVs (these may be available at subsidized prices from the same sources)
- resources in cash and in kind for meetings, training and BCC sessions
 - this may just involve an employer making a room available and giving employees a time allowance to attend, or cash may be needed for fees and expenses.

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What doesn't work is delaying action, shifting responsibility or simply doing nothing.

Other things that don't work include:

- blame
- discrimination and stigmatization
- compulsory testing
- isolating infected people (or people associated with them)
- marginalizing affected populations

Myths about HIV/AIDS and lack of basic information all support discrimination and allow the disease to spread.

To view a summary of factors common to successful HIV/AIDS workplace policies and programmes, click here:

>> [10 key factors for success](#)

For links to specific examples of good practice and lessons learnt, see below.

What is good practice?

Good practice on HIV/AIDS in the world of work reflects the key principles of the ILO Code of Practice.

The ILO produced a background paper for the Tripartite Inter-regional meeting on [Workplace Action on HIV/AIDS: Identifying and sharing best practice](#) (Geneva, December 2003). This discusses good practice and how it can be adapted for use elsewhere.

The meeting involved ministries of labour, employers' and workers' organizations. Afterwards, ILO published the [Consensus Statement](#) agreed at the meeting. It refers to 'good' practice rather than 'best' practice:

"the epidemic is at different stages across the world. No single action is appropriate or possible in all settings...a practice, however good, may not be the best in all situations"

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The Consensus Statement sets out key issues to be considered when identifying, adapting and replicating good practice.

Identifying and sharing good practice

Identifying and sharing good practice can help countries and organizations in all stages of the epidemic to

- learn and benefit from other people's experiences
- avoid some of the problems experienced by others
- accelerate and upscale effective initiatives in prevention, care, support and treatment
- address the gaps in programmes and services.

The Consensus Statement sets out 10 criteria for identifying good practice in the world of work.

To view this, click here:

[Identifying good practice](#)

Adapting and replicating good practice

Having identified good practice, it is important to work out what needs to be done when adapting it for your specific situation.

The Consensus Statement provides a list of 9 steps. To view this, click here:

[Adapting a practice for replication](#)

Examples of good practice and lessons learnt

The ILO/AIDS report Workplace Action on HIV/AIDS: Identifying and sharing best practice gives a wide range of examples of good practice and lessons learnt in many different countries and work settings. They are listed under five main headings:

1. Policy and legal framework and social dialogue
2. Workplace policies and programmes: prevention
3. Workplace policies and programmes: care, support and treatment
4. Links beyond the formal workplace
5. Knowledge and evidence: data analysis, monitoring and feedback

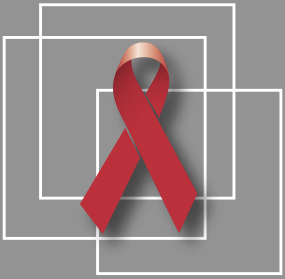
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Finding out more

To view the Consensus Statement in full,
click on the image:



To view the background report on best
practice in full, click on the image:



For more information on good practice and collections of detailed case studies, see:

the [UNAIDS Best Practice Collection](#)^(www)

the [World Economic Forum Global Health Initiative](#)^(www)

the [Global Business Coalition on HIV/AIDS](#)^(www)

and the South African Business Coalition on HIV and AIDS ([SABCOHA](#))^(www)

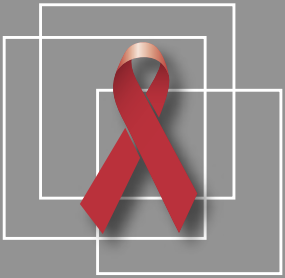
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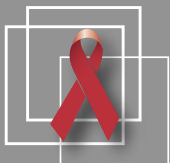
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Case studies

- 1 - **Barbados Employers' Confederation (BEC)**
- 2 - **Botswana Confederation of Commerce Industry and Manpower (BOCCIM)**
- 3 - **Social Service of Industry (SESI), Brazil**
- 4 - **Cambodian Federation of Employers and Business Associations (CAMFEBA)**
- 5 - **Groupement Inter-patronal du Cameroun (GICAM)**
- 6 - **Employers' Association of Indonesia (APINDO)**
- 7 - **Jamaica Employers' Federation (JEF)**
- 8 - **Federation of Kenya Employers (FKE)**
- 9 - **Federation of Swaziland Employers & Chamber of Commerce (FSE & CC)**
- 10 - **Employers' Confederation of Thailand (ECOT)**
- 11 - **Federation of Uganda Employers (FUE)**



The Barbados Employers' Confederation (BEC) is the only membership-based private sector organization specializing in industrial relations and human resource management in Barbados. It was founded in 1956 and was registered as a trade union of employers. It now has an estimated membership of 232 private enterprises and sectoral groups.

BEC represents Barbadian employers on several boards and national committees, including the National Insurance Board, the National HIV/AIDS Commission, the Technical Vocational Education and Training (TVET) Council, and the National Advisory Committee on Occupational Health and Safety (NACOSH).

The Confederation offers services to its members and other private sector entities in Barbados and the Caribbean region in the following areas: labour management relations, training and development and occupational health and safety.

Case study 1 Barbados Employers' Confederation (BEC)

HIV/AIDS activities

BEC's objectives for HIV/AIDS in the workplace are the following:

1. Reaching a substantial number of enterprises nationwide through information, education, and communication. Continued dissemination of the booklet "*Dealing with HIV/AIDS in the Workplace*".
2. Integrating HIV/AIDS prevention and anti-discrimination programmes into existing industrial relations and health and safety programmes targeting small, medium and large enterprises.
3. Continued collaboration with the social partners to conduct seminars and workshops on counselling and managing HIV/AIDS and other related workplace concerns.
4. Training for management and personnel to implement the HIV/AIDS policy and workplace programmes.
5. Continuing to produce and disseminate additional industrial relations and health and safety education literature on HIV/AIDS workplace issues.
6. Regularly reviewing the workplace policy on HIV/AIDS and modifying it as needed. Establishing a monitoring and evaluation system of the effectiveness of the policy and other guidance literature.

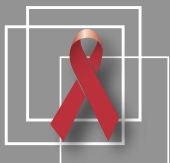
BEC participates in consultations and meetings among the social partners and has maintained an ongoing representation on national governmental committees. The Executive Director of the Barbados Chamber of Commerce & Industry represents BEC on the National HIV/AIDS Commission. An Industrial Relations Officer has been designated as HIV/AIDS focal point in the BEC, and is the organization's representative on the Ministry of Labour HIV/AIDS Core Group. BEC collaborated in the Ministry of Labour and Social Security seminar on the national *Code of Practice on HIV/AIDS and Other Life Threatening Illnesses in the Workplace*, and helped finalize the Code.

BEC first prepared the booklet *Dealing with Aids in the Workplace* in 1995. This sets out guidelines for managers and supervisors in dealing with the pandemic. The booklet was revised in 2001 and has been circulated to businesses across Barbados.

In 2001, BEC representatives took part in a series of town meetings addressing AIDS and its effect on society. Also that year, the BEC President, Executive Director and Director of Training and Research all served on National Committees associated with the AIDS control programme.

In 2002, BEC held its own seminar on the impact of HIV/AIDS on the productivity of enterprises. It was also involved in a march organized by the national HIV/AIDS Commission in support of AIDS Awareness Week.

In 2003, BEC published a brochure entitled *Health and Safety: Helpful Hints for Employers*, which featured information about managing HIV and other blood-borne pathogens. The brochure has been disseminated to employers across the country. BEC also participated in meetings with the National HIV/AIDS Commission to assist with the planning committee in the preparations for AIDS Awareness Week.



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BEC made an address and participated in the panel discussion at the AIDS in the Workplace Workshop conducted for the Youth Entrepreneurship Scheme in July 2003 and July 2004.

Other HIV/AIDS awareness-raising activities included participation by the Industrial Relations Officer in a national radio programme and an appearance on the National HIV/AIDS Commission's television series on HIV/AIDS in the Workplace.

In February 2004, BEC held a seminar on HIV/AIDS Best Practices in the Workplace. Feature presentations were made by the Consul General of Miami and the Director of Research from the Toronto AIDS Committee. In October BEC participated in AIDS Awareness Week of activities through the launch of the second booklet on HIV/AIDS entitled *HIV/AIDS Discrimination in the Workplace is Wrong*. The booklet is a guide for supervisors and managers to manage fear and discrimination in the workplace. The booklet has been disseminated to private and public sector employers nationwide.

Key resources

1. Booklet: *Dealing with HIV/AIDS in the Workplace*.
2. Booklet: **HIV/AIDS discrimination in the workplace is wrong**
(in conjunction with the Barbados Chamber of Commerce & Industry)

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The Botswana Employers Federation (BEF), established in 1971, was restructured on the demand of its members in 1988. BEF changed its mandate and name to the Botswana Confederation of Commerce Industry and Manpower (BOCCIM). The membership of BOCCIM exceeds 1,600 enterprises across the country and in each sector of the economy.

Case study 2 **Botswana Confederation of Commerce Industry and Manpower (BOCCIM)** **Botswana Business Coalition on HIV/AIDS (BBCA)**

Business collaboration on HIV/AIDS

The Botswana Business Coalition on HIV/AIDS (BBCA) was established in 1994 as an alliance of private sector companies dedicated to combating the AIDS epidemic, particularly within the workplace, through the business sector's unique skills and expertise. In 2002, BOCCIM signed a memorandum of understanding with BBCA and the Global Business Coalition on HIV/AIDS (GBC) to associate the comparative advantage of BOCCIM and its membership with the fight against HIV/AIDS. BOCCIM's Deputy Director is a member of the BBCA board.

BBCA is the official mouthpiece of the private sector on HIV/AIDS issues and sits on the National AIDS Council (NAC), which is the highest policy making body on HIV/AIDS issues, chaired by the state President. BBCA assists the business community – particularly small, micro and medium enterprises – in developing HIV/AIDS workplace programmes and policies. It shares best practices among members on coping with the adverse impact of HIV/AIDS, and provides a forum in which employers can exchange information, expertise and experiences. BBCA promotes the use of Antiretroviral (Therapy (ART), Prevention of Mother-To-Child Transmission (PMTCT) and Voluntary Counselling Testing (VCT). The coalition acknowledges the importance of collaboration and networking with different organizations.

The Coalition also helps the private sector to access Government HIV/AIDS services. It also helps companies implement the Minimum Internal Package (MIP) as stipulated in the National Strategic Plan (NSF) 2003 - 2009. The Minimum Internal Package is not a BBCA document but the private sector's mandate as set out in the National Strategic Framework on HIV/AIDS.

The MIP stipulates that, as a bare minimum, enterprises should undertake the following activities:

- Develop and implement targeted behaviour change interventions for all staff
- Establish institutional partnerships with VCT providers and promote staff utilization
- Ensure condom availability and accessibility in the workplace and intensively promote their use
- Provide access to counselling services for all staff
- Ensure appropriate workplace policies are in place and enforced
- Ensure staff awareness of all relevant HIV/AIDS support programmes and facilitate linkages with programmes to increase access
- Collect and disseminate routine information on absenteeism, morbidity and mortality and submit appropriate report to Company Management and National AIDS Coordinating Agency.



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Specific activities

1. Development of an HIV/AIDS workplace toolkit.
2. Leadership sensitization seminars which, among other things, are meant to create dialogue amongst business people to share ideas and experiences and also motivate companies with no HIV/AIDS strategy to start doing something.
3. HIV/AIDS in the workplace National Needs Assessment Survey. The survey is being carried out in two phases. The analysis of the first phase indicates that larger companies generally have HIV/AIDS programmes though not always developed through a consultative process.
4. Encouraging good practice: identifying and disseminating case studies – BBKA undertook this activity by organizing a competition, **The Red Ribbon Awards of Business Excellence**.

The purpose was to identify good practices, rather than promote competitiveness, so in order to motivate companies all entrants gained some form of award. The competition was open to small, medium and large enterprises throughout Botswana and applications were submitted in English or Setswana.

Evaluation criteria

- Compliance with the National Strategic Framework and HIV/AIDS policy, the ILO Code of Practice, and the SADC code of conduct.
- Innovativeness of the programme and its appropriateness to the workplace

Results

Competing companies were placed in one of the following categories:

4th place: Recognition of HIV/AIDS as a business issue

3rd place: Recognition of HIV/AIDS as a business issue and setting in place policies and mechanisms for implementing the MIP

2nd place: Recognition of HIV/AIDS as a business issue and special recognition for innovation

1st place: Recognition of HIV/AIDS as a business issue and special recognition for the most comprehensive HIV/AIDS intervention strategy and business best practice in HIV/AIDS for 2004



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The Red Ribbon Awards of Business Excellence are gradually paying dividends as the companies that submitted their programmes have pledged to strengthen their response to HIV/AIDS in the workplace, and companies which did not participate are preparing for next year's competition.

BBCA is currently compiling the case studies submitted so that these can be disseminated widely and used to encourage good practice in the future.

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SESI was founded in 1946 by the National Confederation of Industry, the Brazilian member of the International Organisation of Employers. Its purpose is to contribute to the strengthening of industry and the exercise of its social responsibility, providing services in the fields of health, education, recreation, and nutrition for workers and their families.

Through educational programmes, SESI advocates for prevention and a better quality of life at work, raising awareness among employers, workers and their families about the importance of health care.

Today SESI has active branches in each of Brazil's 27 States, in 1556 local government bodies and 2285 units such as schools, country clubs, programmes and projects.

Case study 3 Social Service of Industry (SESI), Brazil

HIV/AIDS activities

SESI, in partnership with the Health Ministry, has developed a programme on the prevention of HIV and AIDS, with the objective of stimulating changes in attitudes and behaviour related to the risk of infection and to discrimination and stigma. It is also part of the National Business Council on AIDS Prevention. This Council is the private sector answer to the challenge of AIDS and is comprised of private enterprises as well as employers' organizations.

SESI started by carrying out HIV/AIDS and STI prevention education in enterprises in 1988. It carried out a knowledge, attitude and practice (KAP) analysis to establish the level of knowledge on HIV and STI transmission, attitudes towards infected co-workers, sexual behaviour, condom use etc. The KAP analysis revealed that 99% of workers believed that the use of condoms could prevent HIV infection, but only 18.5% of the men and 22.6% of the women actually used condoms.

SESI therefore put in place an education and training programme designed to convey information in a clear and objective way, based on scientific research. To implement this programme, enterprises must allow their workers to attend the courses which may vary from 1½ to 20 hours, using a participative and interactive methodology, according to the enterprise's needs and size. The content of this programme may be adapted to each enterprise, taking into account shifts in and size of the labour force.

In addition to its training programme, SESI actively participates in HIV/AIDS and STI awareness activities organized during World AIDS Day, the Rio Carnival and on Valentine's Day.

SESI has published a very thorough *Pedagogical Methodology for Educative and Preventive Activities Regarding AIDS Prevention* and another on the use of condoms. It was followed by a study and evaluation of this methodology, which noted substantial impacts since it was first put into practice.

Results

The activities undertaken by SESI are evaluated by the following indicators: number of workers engaged in courses, number of enterprises involved, number of trainers trained, number of Regional Departments involved, number of workers and enterprises which have benefited by campaigns during Valentine's Day, the Rio Carnival or AIDS Day.

To date the organization has reached 1.6 million workers and their families and distributed nearly a million condoms.

The HIV/AIDS and STI prevention project enabled the organization to train more than 300 peer educators, involving about 5000 enterprises. Not only did HIV awareness increase, but the second survey showed that sexual behaviour had changed among those consulted, with a reduction in risk-taking.

Moreover, working along with the government enabled the private sector to build synergies with other projects and reach more people. It was also observed that participatory methodology involving peer educators can produce better results than when information is simply disseminated.



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Today Sesi has active branches in each of Brazil's 27 States, in 1556 local government bodies and 2285 units such as schools, country clubs, programmes and projects.

Key resources¹

1. *ILO Code of Practice on HIV/AIDS and the world of work* in Portuguese.
2. *Pedagogical Methodology for Educative and Preventive Activities Regarding AIDS Prevention*
3. STI/AIDS at shop level: a study on knowledge, attitudes and practice on enterprises which are near to Sesi, 1998.
4. STI/AIDS at shop level. An approach, starting from focal points, 1998
5. Leaflets: *STIs and AIDS at shop level: how to deal with AIDS*
6. Folders for employers and workers on AIDS prevention.

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¹ All Sesi documents are written in Portuguese



The Cambodian Federation of Employers and Business Associations (CAMFEBA) was formed in late 2000 as national umbrella organization for the private sector, modeled on the statutes of the Malaysian Employers' Federation. It has a mixed membership of associative bodies (ordinary members) and enterprises (associate or affiliate members).

Although CAMFEBA is a very young organization, it already has 400 members with approximately 280,000 employees. CAMFEBA's Council has 12 members, including some corporate members and six key business associations. Of these, the Garment Manufacturing Association (GMAC) is the most powerful and influential. The president of GMAC is the president of CAMFEBA. Activities include training members in collective bargaining, in dealing with difficult employees, and in organizing small enterprises for enhanced competitiveness.

Case study 4 **Cambodian Federation of Employers & Business Associations**

HIV/AIDS activities

The ILO/USDOL HIV/AIDS Workplace Programme started in Cambodia in May 2003. CAMFEBA participated in the planning and launch of the Programme as well as the national stakeholders' conference. It is represented on the Project Advisory Board (PAB) and actively supports implementation, including strategic guidance and ideas on how to involve business in this response. The GMAC is also a member of the PAB.

In cooperation with the ILO/USDOL Programme, CAMFEBA convened a workshop in May 2004 for human resources managers/general managers, most of them CAMFEBA members. This first and very productive workshop brought together 27 participants from 19 companies, UNAIDS, Family Health International and the Malaysian embassy. The secretariat of CAMFEBA was also very active in the follow-up by contacting and informing its members on the issues raised. Very good relations have been established with employers' organizations, all of which support the understanding that HIV/AIDS is a workplace issue of concern to their respective organizations.

CAMFEBA, together with the ILO, CARE and the Thailand Business Coalition on AIDS, conducted a workshop in September 2004 for 20 general managers and chief executive officers from some 20 companies who hadn't attended the first session. Following the workshop, there was a three-day training of service providers from the private sector, the secretariat of the employers' organization, the confederation of trade unions, relevant government ministry officials and NGOs.

Representatives from employers' organizations have also participated in consultations at international and national level, e.g. Private Sector Mobilization workshop held in Bali, Indonesia on 10-12 December 2003; National Stakeholders conference on HIV/AIDS in the workplace held in Cambodia on 18 December 2003; national consultations to develop a code of conduct to complement and help implement the law on HIV/AIDS.

Results

At the end of the May 2004 workshop on managing HIV/AIDS in the workplace, 12 large companies out of the 19 participating made a commitment to cooperate with the ILO to start HIV/AIDS interventions in their enterprises/factories. This would involve the adoption of a policy, and would focus on prevention activities through Behaviour Change Communication (BCC).

Cambrew Ltd. (Angkor Brewery) is one of the enterprises concerned. The company already provided HIV/AIDS education for its staff and beer promotion girls with support from FHI and its NGO partners. The management recently adopted a policy on HIV/AIDS developed with assistance from the ILO/USDOL Programme.

Of the 800 beer promotion girls, many have taken up opportunities to train in hairdressing, nail-manicuring and needlework; some have also been trained as peer educators. The programme is intended to supplement the income of the promotion girls, so that they will not be forced to seek risk-taking ways of earning extra money. The company has also started a savings scheme for the promotion girls, so that they will be able to start up their own businesses.



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The Garment Manufacturing Association has been working with 25 factory members in an HIV/AIDS working group called Strengthening Activities of Factory Education (SAFE), supported by CARE. SAFE supports the implementation of workplace programmes, especially training, coordinates the exchange of information, and helps networking between SAFE and other HIV/AIDS-related institutions nationally and internationally.

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Case study 5 Groupement Inter-Patronal du Cameroun (GICAM)

HIV/AIDS activities

GICAM took up the challenge of HIV/AIDS as a result of the programme carried out from 1999 by one of its members, ALUCAM¹. GICAM's effective experience started in November 2000 through a sub-regional workshop organized jointly with the ILO, the IOE and UNAIDS in Douala, on the theme The Role of Employers' Organizations in the Fight against AIDS. The workshop outlined a framework for the drafting of action plans by both enterprise members and sectoral associations, to be adapted to the context of each company or organization. Subsequently, GICAM defined a plan of action for employers' organizations to help them develop HIV/AIDS policies addressing prevention, treatment and the psychosocial support of sick workers. Since 2001 the issue of HIV/AIDS has systematically been addressed in the President's speech to the GICAM general assembly. GICAM also helps implement the workplace components of the National Strategic Plan to Fight HIV/AIDS launched in September 2000 by the National Committee to Fight HIV/AIDS (CNLS).

With support from the ILO, GICAM's activities have focused on three main areas, with an emphasis on leadership, awareness-raising, policy development, and partnership:

- (i) **Provide leadership to mobilize members on the issue of HIV/AIDS:** information, awareness and education have been provided through the organization of general assemblies, seminars, workshops and specific campaigns.

Examples include:

- In 2001, a workshop entitled *GICAM Crusade against HIV/AIDS* made several recommendations to reinforce (i) the involvement of chief executive officers and top-level management, (ii) a wide dissemination of the principles of the ILO Code of Practice, (iii) the development of joint actions among enterprises.
- In 2002, three workshops were organized to help enterprises define and implement HIV/AIDS action plans for mitigating the impact of HIV/AIDS on their enterprises.
- In 2003, a workshop was held on the theme *Enterprises and HIV/AIDS: the Global War* aimed at scaling up actions taken so far, through a massive participation of all relevant stakeholders.
- In 2004, a workshop was organized for the purpose of mainstreaming **SMEs** in the GICAM HIV/AIDS Programme and evaluating certain enterprises' plans of action.

- (ii) **Represent the business community in discussions on policy-making and in other forums dealing with HIV/AIDS:** as the private sector representative in the CNLS, GICAM has been very active in the formulation of national strategies on HIV/AIDS. A strong and fruitful relationship has been established with the Minister of Health and those responsible for HIV/AIDS, as well as new fields of cooperation developed with the Ministry of Labour, thus reinforcing its ongoing relationship with that Ministry.

¹ ALUCAM, a subsidiary of the French PECHINEY (now ALCAN) involved in the manufacturing of aluminum and aluminum-related products, collaborated with pharmaceutical firms and the Pasteur Institute to launch a research project, the purpose of which was to provide antiretroviral therapy to workers at no cost to them, at a time when the cost of treatment was about \$1000 per person per month. Treatment was provided after the research project ended and also even where employment was to be terminated.

Founded in June 1957, the Groupement Inter-Patronal du Cameroun (GICAM) is Cameroon's leading employers' organization. At the end of 2004, its membership consisted of over 210 individual enterprises and sectoral associations ranging from primary to tertiary sectors. GICAM's members produce over 72% of the output of the formal economy. GICAM is recognized both nationally and internationally as the voice of business in Cameroon on economic, labour and social policy matters.

GICAM's mission is threefold: (i) to offer the best possible service to members and enterprises, (ii) to represent, promote and defend the interests of members and enterprises, (iii) to promote a free enterprise and entrepreneurship culture in Cameroon and support economic growth. To this end, GICAM carries out studies in economic and social issues and puts forward the views of the business community to the government, trade unions, economic, financial and social institutions, the public and the media, whenever business interests come into play. GICAM's activities and actions are based on a number of key values: free enterprise and free market, ethical business, corporate governance, corporate social responsibility.



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(iii) Build partnerships with the Government, workers, UN agencies: building alliances and partnerships with the Government and UN agencies has been a key component of GICAM's HIV/AIDS strategy given the critical need for technical and financial resources. This strategy has proven successful as:

- GICAM is a member of a coalition including UNAIDS, the State of Cameroon, the workers (notably people living with HIV), the GTZ (German Development Agency), the CNPS (the National Social Protection Fund), public and private press
- Partnership Agreements have been signed by the CNLS, GICAM and members enterprises of GICAM. The purpose is to allow access to a 4-year World Bank financial package of \$4.6 million, as an addition to the specific efforts made by each enterprise
- A Partnership Convention has been signed by GICAM, the CNLS and the Cameroon Network of HIV-positive People (RECAP+). This Convention aims at promoting the involvement of people living with HIV as members of HIV/AIDS Committees established in companies, where they will mainly intervene as peer educators.

Results

1. Visible leadership by GICAM in HIV/AIDS awareness and education in the community and in HIV/AIDS policy making.
2. Significant resources mobilized at enterprise level, thus ensuring members' leadership in the fight against HIV/AIDS in the workplace.
3. At the end of 2004, plans of action against HIV/AIDS implemented in 183 enterprises including SMEs, ranging across industry, transportation, hotels, banks, insurance companies, etc.
4. HIV/AIDS not only seen as a profitability problem by top-level management but also – and sometimes primarily – as a human problem.
5. Increasing number of patients treated by ARVs in the enterprises.
6. Increasing voluntary testing campaigns.
7. Development of an integrated HIV/AIDS/Health and Safety/Social Protection approach.
8. Increased solidarity between employers and workers, with sick workers suffering less stigmatization and discrimination.
9. Linking Global Compact and HIV/AIDS campaigns in the context of strengthened corporate social responsibility.
10. GICAM's experience used as a key input for the development of an HIV/AIDS approach in employers' organizations and enterprises in the Central Africa region as well as the Indian Ocean region (Mauritius, Comoros, Reunion, Seychelles, Madagascar).



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Key resources

1. HIV/AIDS Presentation: Power-Point (English)
2. Partnership Agreement CNLS – Enterprises: Power-Point
3. Partnership Agreements CNLS – GICAM – Association of HIV-positive People
4. Various plans of action
5. Guidelines on HIV/AIDS in the Workplace

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Case study 6 Employers' Association of Indonesia (APINDO)

HIV/AIDS activities

APINDO and KADIN (Indonesian Chamber of Commerce and Industry) co-signed a tripartite commitment on HIV/AIDS on 25 February 2004, with the Ministry of Labour and the representatives of workers. This highlighted AIDS as a workplace issue, and emphasized the importance of the business community collaborating with workers in preventing HIV/AIDS in the workplace. APINDO also took part in consultations with the government and the ILO on the development of the Manpower Act on HIV/AIDS.

Senior APINDO officials supported a series of high level forums and workshops organized by the ILO and ASA/FHI (Aksi Stop AIDS/ Family Health International). These took place in Jakarta and other regions with a high prevalence of HIV/AIDS - East Java, Batam, Jakarta, West Java.

The ILO and APINDO are also planning enterprise-level pilot projects on HIV/AIDS prevention that will be carried out by APINDO members in the selected provinces. These will be part of the ILO-USDOL HIV/AIDS Workplace Education Programme, and other activities will be supported by the Global Fund.

Results

Even though formal project activities are just starting, the existing awareness-raising programme organized by the ILO, ASA/FHI and APINDO covers 400-450 companies. 50 of these have followed up with their own HIV/AIDS workplace programmes.

APINDO has carried out a baseline survey to track implementation of the ILO Code of Practice in the workplace. This revealed concern on the part of workers about HIV and AIDS, but a lack of company policies and programmes. APINDO now plans to conduct a mapping exercise for the ILO-USDOL Programme. This will include an evaluation of progress to date by the 50 companies.

For further information:

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Established in 1952 as the Employers' Council on Socio-Economic Affairs (PUSPI), the organization changed its name to APINDO (Asosiasi Pengusaha Indonesia, the Employers' Association of Indonesia) in 1985.

As of mid-2005, 5413 companies in all parts of the country are registered as regular members of the organization, covering all sectors of economic activities. Their combined workforce comprises approximately five million.

The aims and objectives of APINDO are:

- to unite and guide Employers, and to serve their interests, in the field of industrial relations and manpower affairs, and in human resources development in general,
- to create and maintain peace and harmony in the field of industrial relations and manpower affairs,
- to improve work productivity as a means for national development, and social-spiritual-material welfare,
- to formulate common opinions in the implementation of industrial relations and manpower affairs for Employers in alignment with Government policies.



The Jamaica Employers' Federation (JEF) was established in April 1958 as a representative organization of employers in Jamaica. The membership is now in the region of 350 including individual companies, corporations and associations. The major policy-making body is the Council which elects an Executive Committee. The Secretariat, headed by an Executive Director, is responsible for implementation. JEF provides its members and others with training as well as information on policies, conditions of employment, rates of pay, general and specific human resource practices, and industrial relations matters. The Federation also hosts an annual Convention, the first event of its kind in the Caribbean.

Case study 7 Jamaica Employers' Federation (JEF)

HIV/AIDS activities

The Jamaica Employers' Federation (JEF) and the Jamaica Confederation of Trade Unions (JCTU) acknowledged in 1988 the clear and present danger that HIV/AIDS presents to the world of work and joined forces to fight HIV/AIDS. They both take part in the National AIDS Committee (NAC).

The *JEF/JCTU Memorandum of Understanding* (MOU) was signed on 24 June 2003, seeking to "walk the talk of the *Regional Platform for action on HIV/AIDS*" signed in Barbados by the Caribbean Social Partners. This MOU is based on the principles of the *ILO Code of Practice on HIV/AIDS and the world of work*.

The JEF/JCTU alliance has and will continue to collaborate through the NAC and specifically through the MOU. This collaboration aims to build, at the local level, on the mutual agreement reached by the International Organisation of Employers (IOE) and the International Confederation of the Free Trade Unions (ICFTU) on dealing effectively with HIV/AIDS in the workplace. Through the medium of the tripartite partnership, the Jamaica Employers' Federation is involved in the development of a National Workplace Policy on HIV/AIDS and a broader National HIV/AIDS Policy.

JEF partnered with the Private Sector Organization of Jamaica (PSOJ) to host HIV/AIDS seminars in three cities between May 2003 and June 2004: Kingston, Montego Bay and Ocho Rios.

The Federation also provides consultancy services on HIV/AIDS in the following areas:

1. preparation of manuals
2. preparation of sample policies and
3. presentations to companies and employees

JEF is represented on the following HIV/AIDS-related boards and committees:

1. National AIDS Committee
2. Ministry of Health- National AIDS Education Sub-Committee
3. Ministry of Labour- National HIV/AIDS Workplace Policy Committee
4. UN Theme Group
5. UNDP Committee on AIDS
6. USAID- New Education Strategy for 2005-2009 Committee
7. HEART Trust/NTA- Life Long Learning Committee
8. Jamaica Confederation of Trade Unions- MOU Committee
9. Country Co-ordinating Mechanism of the Global Fund



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JEF has in place a structured training programme, which has so far covered 160 organizations and trained 350 CEOs, General Managers, HR Managers, Operations Managers and Company Nurses.

Training focuses on awareness, policy development and prevention, and is also aimed at bringing employers closer to an acceptable level of compliance with the ILO Code of Practice. To this end, interventions have been held between 2002 and the present in the following areas:

- Preparing an HIV/AIDS policy
- Preparing a wellness policy
- Safety & health impacting enterprise productivity – ILO and JEF
- Managing your wellness and occupational safety & health policy
- Safety and health economic integration and international market liberalization
- Ministry of Health – National HIV/STI Control Programme - National AIDS Committee - Jamaica Employers' Federation: Workshop 'Addressing HIV/AIDS through workplace policy guidelines'
- Managing an HIV/AIDS policy

Other HIV/AIDS initiatives undertaken by JEF include:

- An outreach project for children who are both infected and affected by HIV/AIDS, living in a children's home;
- The inclusion of issues relating to HIV/AIDS in existing training programmes/ curricula;
- Training seminars on HIV/AIDS in the workplace;
- Workplace tours to meet with management and staff and sensitize them to the issue of HIV/AIDS and the workplace;
- Addressing issues relating to HIV/AIDS in general publications, namely; *Handbook for Employers, The Employer 2004 and TrendWatch*;
- Increasing public awareness on HIV/AIDS through radio broadcasts/interviews on HIV/AIDS and the world of work;
- Representation on various HIV/AIDS committees/boards. JEF's efforts are continuous in the dissemination of information to its membership on the regional Platform for Action and the ILO Code of Practice through forums, seminars and the 'Inn-Chambers' discussion series. Information is disseminated through press releases, panel discussions and presentations.



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Results

The JEF Guidelines for Employers and the JCTU's Policy Statement on HIV/AIDS and the Workplace have established a working context for collaboration. The JEF guidelines have also been instrumental in the development of HIV/AIDS policies at the organizational level, given the absence of legislation.

Further to this, the JEF was the recipient of the 2003 Leadership Award from the Ministry of Health, in recognition of the organization's contribution to the development of the policy for the workplace within the national HIV/AIDS response.

JEF is now moving to adopt the children's home which houses the recipients of its outreach project. It is also engaged in soliciting the assistance of corporate Jamaica in providing support to the children. In May 2005, a benefit concert at the Jamaica Employers' Federation Convention was held with this objective in mind.

The Federation continues its campaign to include HIV/AIDS issues in its training programmes and to increase public awareness on the matter, through public forums and representation on the relevant national committees.

Key resources

1. The Jamaica Employers' Federation Handbook For Employers¹ (2001).
2. The Memorandum of Understanding between the JEF and the JCTU.
3. **NAC policy on dealing effectively with HIV/AIDS at the workplace.**

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¹ This is a compilation of guidelines for employers on - Dealing effectively with HIV/AIDS at the Workplace, Preparing a HIV/AIDS Policy & Policy Checklist, Recruitment, Termination, Application of the Labour laws, Grievance Handling, Sexual Harassment and Disciplinary Procedures.



Case study 8 Federation of Kenya Employers (FKE)

HIV/AIDS activities

The Federation of Kenya Employers embarked on a campaign on HIV/AIDS in the workplace by issuing its first guidelines to employers on HIV/AIDS in the workplace in 1984. In 1999, the Government of Kenya and the United Nations Development Program (UNDP) identified the Federation as a focal point for workplace HIV/AIDS interventions. Subsequently, the UNDP gave seed funding to the Federation to enable it to start workplace programmes.

The Federation published its first Code of Conduct on HIV/AIDS in the Workplace in 2000, revised the document in 2002 and translated it into Kiswahili, the national language, in 2003.

In 2004, the Federation published its first Facilitators' Training Manual on HIV/AIDS Workplace-based Awareness and Education. The manual is used to prepare human resource managers and heads of department to facilitate HIV/AIDS interventions in their workplaces on a continuous basis. The manual presents a comprehensive range of topics such as **epidemiology**, training methodology, guidelines for policy development, gender and HIV/AIDS, counselling and behaviour change communication, among others.

Using this manual, the Federation has embarked on a training of trainers programme, targeting an estimated 10,000 workplace facilitators over a period of eighteen months from May 2005. The facilitators are expected to take up the role of HIV/AIDS programme implementers in their own workplaces. The Federation will only provide them with technical support for effective programme implementation. This strategy aims at reaching more workers in a shorter period through their own managers and heads of department.

Results

It is estimated that 36 per cent of its members have used the FKE Code of Conduct on HIV/AIDS in the Workplace, alongside the ILO Code of Practice on HIV/AIDS in the world of work, to develop their own workplace policies or include statements of position in their personnel manuals. Through its sensitization programmes, many involving radio and TV broadcasts and the print media, employers and their workers in Kenya have increased their level of awareness about the need to fight HIV/AIDS in the workplace, alongside community-based interventions. Many employers are implementing corporate social responsibility by embracing activities that involve their immediate communities or business partners in the supply chain. The FKE programme has also helped to create a bond of solidarity between workers and employers, as they work together in a concerted effort to fight the pandemic in the workplace.

FKE was established in 1959 as an association representing the collective interests of Kenya employers. As of 2005, the Federation had a membership of 2,400 organizations. The Federation also acts as a Secretariat to nine employers' associations, coordinates the activities of several industrial groups in negotiations with their unions, and acts as a one-stop centre for its members on matters related to their industrial relations and other business concerns.

While FKE has maintained industrial relations as its core function, it has expanded its role and functions over time, in response to the needs of employers, to include: management training, management consultancy, executive selection, entrepreneurship development for micro- and small and medium enterprises, corporate social responsibility, total quality management, ISO 9000 quality management systems, ISO 14000 environmental management systems, productivity improvement programmes, elimination of child labour programmes, implementation of international labour standards, workplace HIV/AIDS prevention and management, and research and public policy advocacy.



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Key resources

1. *FKE Code of Conduct on HIV/AIDS in the Workplace* (2002) available in English and Kiswahili.
2. The *FKE/PEC Study on HIV/AIDS in the African Workplaces* (2002). This study was commissioned by the Pan African Employers' Confederation and covered employers' organizations in Anglophone and Francophone Africa.
3. *FKE Facilitators' Training Manual on HIV/AIDS Workplace-based Awareness Education* (2004). Please contact FKE secretariat at the e-mail addresses below.
4. Various sector reports on the status of HIV/AIDS interventions covering the large-scale plantation members in the tea, coffee, flower and floriculture, sugar and tourism sectors. The reports may be seen on the FKE websites as indicated below.

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On 1 July 2003 the Federation of Swaziland Employers (established in 1964) and the Chamber of Commerce became a single entity, continuing to provide the services previously offered by the two organizations. Its objectives are to promote and protect its members' interests and to encourage industrial harmony, productivity and prosperity for all. Services provided by the FSE & CC include consultation and advice on industrial relations and other legal matters, various employment issues, training, occupational health and safety, publications and research, representation in the industrial court and general representation. The various sized and diverse concerns represented by FSE & CC account for over 70% of businesses in the country.

Case study 9 Federation of Swaziland Employers & Chamber of Commerce (FSE & CC)

Business collaboration on HIV/AIDS

The Swaziland Business Coalition against HIV/AIDS (BCHA) was established in 2001 in response to the high prevalence of HIV and AIDS in the world of work in Swaziland. As an umbrella organization for business organizations, union federations and NGOs engaged in the fight against HIV/AIDS, the Coalition commissioned an independent consultant to identify the physical location and distribution of businesses and their workplace HIV/AIDS programmes and policies.

BCHA has four goals and four functions that are outlined in ten activities. The goals are

- promoting the spirit of caring about the welfare of employees,
- preventing HIV infection and mitigating the effects of AIDS in the world of work,
- mobilizing and empowering businesses in Swaziland to take effective action against HIV/AIDS for business survival, and
- promoting a sincere relationship between the employer and the employee.

The four functions of BCHA are

- mobilizing the private sector to fight against HIV/AIDS in the world of work, through collaboration, integration and education on the appropriate responses to HIV/AIDS,
- preventing the spread of HIV, STDs and TB in order to reduce their personal, social and economic impact in the world of work,
- complementing education with support services, and
- establishing a conducive work environment and policies relating to HIV/AIDS.

Specific activities

BCHA carries out the following activities:

1. Coordinating and assisting with capacity-building
2. Formulating and implementing relevant policies
3. Lobbying, sourcing, referring, and providing information about treatment options and the availability of drugs
4. Carrying out research activities
5. Lobbying for HIV/AIDS work-related policies
6. Providing information and carrying out the sourcing and planning for counselling, VCT, care and support services
7. Supplying information on prevention and mitigation services



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8. Facilitating peer education, counselling and other training related to HIV/AIDS
9. Providing formal and informal education on HIV/AIDS
10. Facilitating multi-sectoral collaboration as well as the involvement of relevant stakeholders.

Key resources

1. Draft of the BBICA's Framework – PowerPoint document.
2. Information on the websites of NERCHA (National Emergency Council on HIV/AIDS) and Family Life Association of Swaziland: www.flas.org.sz.

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The Employers' Confederation of Thailand (ECOT) was founded in 1977 with the assistance of two other employers' organizations: the Board of Trade and the Association of Thai Industries (both concerned mainly with economic questions), to act as the spokesperson for Thai employers in the area of industrial relations at national and international level. Its activities include industrial relations advice and training in labour-management relations, occupational safety and health, marketing and industrial relations.

According to the law governing the establishment of ECOT, its members have to be employers' associations registered with the Government Department of Labour Protection and Welfare (MOLSW). ECOT presently has 36 such association members, representing 113 companies. Many leading Thai companies, like the Bangkok Bank and the Siam Cement Company, are affiliated directly to ECOT as associate members rather than through their sectoral associations. ECOT has 894 companies in associate membership. Altogether, its members employ 251,724 workers.

Case study 10 Employers' confederation of Thailand (ECOT)

HIV/AIDS activities

ECOT believes that workplace HIV/AIDS programmes play an important role in mitigating the impact of HIV/AIDS on business. The age group most affected by the pandemic is the same group that is found in the workplace. Moreover, starting an HIV/AIDS programme gives the employer an opportunity to contribute to the welfare of their employees, which makes their business more viable and can help maximize productivity and profits. HIV/AIDS policies in the workplace help to enhance care and support for employees living with HIV/AIDS as well as preserving their employees' dignity by helping them maintain normal, productive lives for as long as possible.

ECOT has taken an active role in dealing with HIV/AIDS issues at the workplace. Since 2002, ECOT has represented employers in relation to HIV and AIDS in major national and international public forums. In addition, ECOT has initiated and conducted various direct activities with its member companies as well as providing public information through newsletters.

ECOT believes that employees living with HIV/AIDS have the same rights and obligations as all other staff members, and should thus be protected against all forms of unfair **discrimination** based on their HIV status. ECOT recognises that education for everyone on how to protect themselves is the only way this threat to the public health and the world economy can be stopped.

Since 2002, ECOT has addressed HIV/AIDS in the workplace through a range of activities aiming to:

- help organizations define a non-discriminatory workplace policy to accommodate workers with HIV/AIDS;
- provide a thorough and straightforward education programme on HIV/AIDS, geared to the particular workforce (i.e. the particular risks in their work); and
- develop a control programme where there is risk of exposure to blood or body fluids during the course of work duties (e.g. health care and service workers).

In addition to the above, to ensure a uniform and fair approach to effective prevention of HIV/AIDS among employees and their families, and the comprehensive management of **HIV-positive** employees, in 2004 ECOT further developed its programme as follows.

In collaboration with the Thailand Business Coalition on AIDS (TBCA) and the ILO Regional Office, an Employers' Handbook on managing HIV/AIDS in the workplace was produced, which is a bilingual manual to help employers to cope with the growing number of workers living with HIV/AIDS. The manual, consisting of four booklets, includes all the resources needed to build comprehensive HIV/AIDS workplace programmes which will enable employers to:

- Develop HIV/AIDS policies for their workplaces;
- Train managers to deal appropriately and compassionately when an employee is affected by AIDS;
- Educate workers about basic facts on HIV/AIDS and its effect on the workplace;
- Educate workers' families; and
- Promote community service and volunteerism.



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The manual also contains a list of resource materials for workplace programmes. Individual brochures within the manual discuss important workplace concerns, e.g. health insurance coverage, other workplace laws and so on.

Shared Experience

The story below is based on the experience of one of ECOT's members in dealing with an employee diagnosed as HIV-positive. Personal and company identification have been removed to respect the individual's rights and privacy.

The company is a mid-scale manufacturer of steel products. In late 2003, a male employee requested medical reimbursement from the HR benefit division. Unfortunately, the drug prescription triggered a doubt about the employee's medical treatment. The HR staff then went to see the in-house doctor to find out what medication the employee had been taking. They learned that the employee was affected by AIDS, which was not covered by the health insurance.

As the rights of employees with HIV must be protected, the HR staff then kept the case confidential while informing the employee that reimbursement could not be claimed due to the absence of health insurance cover. A month later, the employee resigned from the company and joined another organization.

Since that time, there has been a change in the law, and the social security fund now covers treatment related to HIV infection. Thus every employee with HIV or AIDS has the right to medical treatment from hospitals that are part of the social security programme.

Key resources

Employers' handbook on managing HIV/AIDS in the workplace, 2004
(available at: <http://www.ilo.org/public/english/region/asro/bangkok/library/pub7.htm>)

For further information:

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The Federation of Uganda Employers (FUE) was officially registered on 1 June 1960, with an Executive Officer and a Secretariat at Udyam House. It has an estimated membership of 250 organizations as well as nine sectoral association members. The FUE gained recognition by the Government as the sole organization representing employers' views. As a result, it is a member of a number of government boards and committees.

Through 42 years of dedicated services to member organizations, the following areas of management have emerged as FUE's areas of competence: industrial relations, enterprise performance, human resource management, synergy, consultancy competence training and general consultancy.

Case study 11 Federation of Uganda Employers (FUE)

HIV/AIDS activities

Over the last 10 years the FUE has provided professionals and line members of staff with information, education and communication (IEC) services for workplace-based HIV/AIDS prevention programmes. It is a free training programme conducted for staff, families and dependents of workers. The Programme benefits the neighbourhood population too. The delivery of the above programme is provided to a single member organization (in-house) or to several member organizations (general).

In addition, in 2000 the FUE published an *HIV/AIDS Training Manual* and in 2002, it introduced the first *Employers' Statement of Recommended Practice on HIV/AIDS in the Workplace*. The programme is geared towards the creation, facilitation, adoption and maintenance of HIV/AIDS risk-free behaviours as a strategy for behavioural change.

Results

Programme achievements

- Over 10,000 peer educators from different organizations have gone through the training of peer educators (TOPE) programmes
- 750 trainers have been trained in the training of trainers (TOT) programmes
- Some 300 top executives have been sensitized in half-day sensitization seminars
- l Over 300,000 employees have been reached through talks and screening of films with the neighbouring communities participating in the programmes (under the FUE Outreach Programmes)
- A dramatic film, *'It's not easy'*, was produced and has been distributed to FUE membership
- IEC materials have been developed which include audio-visual aids, brochures, comic books, posters, training manuals and different write-ups on HIV/AIDS, also jingles/spots to be broadcast on radio stations, geared towards preventing the spread of HIV infection and reducing the impact of the disease by developing workplace HIV/AIDS policies and programmes
- A Home-Based Care Programme has been developed and is being implemented to benefit some needy organizations under care and support initiatives.

Impact of interventions

A survey of knowledge, attitudes and practices (KAP) indicates that the interventions are successful and in particular:

- There is a significant increase in knowledge and change of attitudes
- There is an increased knowledge of safer sex options
- There is an increase in the use of condoms as a safer sex option
- Most importantly, the Programme has contributed dramatically to the national decline of HIV/AIDS prevalence rates, now recorded at about 6 per cent.



The Federation of Uganda Employers (FUE) was officially registered on 1 June 1960, with an Executive Officer and a Secretariat at Udyam House. It has an estimated membership of 250 organizations as well as nine sectoral association members. The FUE gained recognition by the Government as the sole organization representing employers' views. As a result, it is a member of a number of government boards and committees.

Through 42 years of dedicated services to member organizations, the following areas of management have emerged as FUE's areas of competence: industrial relations, enterprise performance, human resource management, synergy, consultancy competence training and general consultancy.

Key resources

Employers' Statement of Recommended Practice on HIV/AIDS in the Workplace

On sale via: <http://www.employers.co.ug/reports.php>.

HIV/AIDS Training Manual

On sale via: <http://www.employers.co.ug/reports.php>.

For further information:

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