

**Workshop for employers' organizations in East and  
southern Africa on a time-bound action plan to combat  
HIV/AIDS**

**Mombasa, Kenya, 26-27 November 2001**



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## Preface

The ILO's Programme on HIV/AIDS was created following a resolution passed at the International Labour Conference in June 2000, asking the Director-General to increase the capacity and competence of the ILO to address HIV/AIDS. The resolution recognized the impact of HIV/AIDS on the world of work at all levels – on workers, their rights and livelihoods; on employers, enterprises and productivity; and on governments, public services, and the national economy. It also recognised that the ILO's core mandate, tripartite structure and decent work agenda give it the right, the responsibility and the means to respond effectively to the epidemic.

Over 25 million workers are infected with HIV and millions more are affected by the epidemic in addition to the tragic situation of children orphaned by AIDS. The ILO is ideally placed to help prevent the spread of HIV and mitigate its impact by mobilizing its tripartite constituents – governments, employers and workers; its workplace programmes of education and training; its experience in standard-setting and the protection of rights; and its global network of offices and technical cooperation projects.

It is widely acknowledged that the role of employers is critical in translating a general awareness and concern about HIV/AIDS into concrete action at the workplace. There are examples of imaginative programmes from all regions that employers have developed in cooperation with governments and workers to improve working conditions, protect rights at work, and extend social protection. In November 2000, the ILO sponsored a meeting in Douala, Cameroon, of Employers' organizations from West and Central Africa to exchange information and review workplace action against AIDS. This resulted in the 'Appel de Douala', which has helped promote and support ongoing activities in the subregion. To complement the Douala workshop, Employers' organizations in East and Southern Africa proposed a similar meeting for their region, one focused not only on information exchange and awareness-raising but on the production of a concrete action plan. The meeting, held in Mombasa, Kenya, in November 2001, also offered the opportunity to introduce the new ILO code of practice on HIV/AIDS and the World of Work, and to discuss its application by employers. The participants agreed on the severe, indeed disastrous, impact of the HIV epidemic on their enterprises and workers, and expressed concern for the future. They nevertheless shared a belief in the possibility of taking effective action, and of their own responsibility as employers to support national and workplace efforts to combat HIV/AIDS.

The report of the Mombasa workshop presents an overview of the range of activities undertaken by employers in the sub-region, and serves as a useful guide to the development of policies and programmes in the world of work. The action plan, in particular, is a practical example of the steps which need to be taken in order to develop and implement workplace-based action to combat HIV/AIDS.



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## Introduction

The Workshop was hosted and organized by the Kenya Federation of Employers (FKE), in collaboration with the ILO and with support from the International Organization of Employers (IOE). Its purpose was threefold:

- first, to complement the workshop held for employers' organizations in West and Central Africa in November 2000, with the intention of raising awareness about the implications of HIV/AIDS for enterprises, and mobilizing commitment to action;
- second, to introduce the ILO code of practice on HIV/AIDS and the world of work as a guide to policy development and programming for employers and their workplace partners;
- third, to draft an action plan for employers' organizations to ensure that the process of implementing policies and programmes to combat HIV/AIDS is clearly mapped out.

The ILO was represented by Mr. Jean-Francois Retournard, Director of Employers' Activities (ACT/EMP), employer activities specialists Mr. Joel Kaswarra from the Multidisciplinary Advisory Team for East Africa (EAMAT), Mr. Hezron Njuguna from the MDT for Southern Africa (SAMAT), and Mr. Soren Swensen from the ILO's International Training Centre at Turin. Dr. Benjamin Alli and Ms. Susan Leather represented the ILO's Programme on HIV/AIDS (ILO/AIDS). The workshop programme is attached at Appendix II and list of participants at Appendix III.

## Keynote addresses

Participants were welcomed by **Mr. Tom Owuor**, Chairman of the FKE, who used a few well-chosen figures to present the scale of the problem of HIV/AIDS across Africa and within Kenya, where 800 people a day die of AIDS. He analysed a range of obstacles standing in the way of effective action, from ignorance and denial to poverty and the lack of health services. As a result productivity is being lost, food security is falling, health and welfare costs are rising, and the country faces an enormous challenge in managing a response to the epidemic, including the care of its 1.5 million orphans. Mr. Owuor argued that all sections of society need to mobilize to take action within their spheres of competence, and stressed the particular role employers can play in respect to their workforces and the wider community. The FKE is working with its members to establish AIDS programmes in every workplace.

**Mr. R.G. Lenya**, of the Kenya Federation of People living with HIV/AIDS, gave poignant insights into the exclusion and stigmatization experienced by most of those Kenyans who are knowingly living with HIV. He pointed out how important it is that those who have the virus are able to go on working in order to support themselves and their families, to maintain productivity at the enterprise, and not become a drain on the community. He thanked the FKE for taking a stand against discrimination and supporting those with AIDS: "those living with a hostile virus need friendship at the workplace", he said simply. The Chairman of the FKE Coastal Region Branch, **Mr. George Kidenda**, gave a brief overview of the FKE's activities since 1988, when it first produced guidelines on HIV/AIDS at the workplace. He made it clear that the FKE had developed its activities in a "spirit of tripartism" and close consultation with unions. Other landmarks included advocacy with the government to publicly acknowledge the socio-economic and workplace impact of AIDS, the production of a Code of Conduct on AIDS in 2000, and the training of nearly 700 personnel officers and managers in how to respond to HIV/AIDS (more details

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below). He also focused on the issue of medication: lack of resources is a critical factor for countries like Kenya where only a tiny minority can afford medication. He urged national leaders and the international community to mobilize resources and campaign on pricing so that suitable treatment can become widely accessible.

**Mr. Frederick Muia** spoke on behalf of the IOE to make two main points: that HIV/AIDS is a serious and growing threat to the productivity and viability of enterprises, and that the workplace is an ideal place to develop effective responses, including prevention, care, and the clarification of the rights of those infected. In this respect, Mr. Muia said that the IOE strongly endorses the ILO code of practice, which provides an opportunity for a coordinated and systematic approach to workplace-related activities (see below for IOE contribution to panel discussion). **Mr. Retournard** of the ILO's Bureau for Employers' Activities urged employers not to be discouraged by the magnitude of the problem that faced them but to identify the concrete action they can take in their own spheres of influence and in partnership with others, nationally and globally. There are already encouraging examples of effective action which now need to be scaled up, but employers also need support and resources in order to be effective. Enterprises can't carry all the responsibility, and the role of government is vital. So, too, is the support of the international community and the ILO is now mobilized and ready to offer its support.

The Chairman of the Kenya National AIDS Control Council, **Dr. Mohammed Abdalla**, outlined the challenges and opportunities facing the campaign against AIDS in Kenya: the challenges include the attitudes of young people, who don't want to be advised on their behaviour, secrecy and cultural taboos, and the issue of global inequality in terms of access to resources. The opportunities include a better understanding of the virus, increasing political commitment, more resources and a more unified response. He included the work of the FKE among the opportunities, and reported that major progress had been made against discrimination and stigmatization since the FKE took a public stand against discrimination in employment and encouraged open discussion of the disease. "Behaviour will change when attitudes change, especially fear and exclusion of those with HIV". **Mr. Paul de la Porte**, UNDP's resident representative, endorsed this evaluation of the FKE's effectiveness and urged other employers to follow suit. He also pointed to the success of employers' activities in Uganda, where infection rates are now falling thanks to more open attitudes towards the disease and top-level commitment to take responsibility for reducing the spread of HIV. Behaviour change is a challenge but not an impossible one, as we can see if we look at the influence of American culture across the world. UNDP is supporting the production of a soap opera in Kenya that would include AIDS messages. He urged employers to work with a range of partners, especially the unions, to develop imaginative and wide-ranging responses.

## Case Study

### A rights-based approach to combating HIV/AIDS at the workplace: The FKE experience

A presentation was made by FKE to show the steps taken by one employers' organization to plan and implement a strategy to prevent HIV and mitigate its impact. Mr. Joel Momanyi, AIDS coordinator for the FKE, described the activities of the Federation, particularly over the past year since it became the national focal point for workplace interventions. It has been funded by UNDP, including the support of a national United Nations volunteer for two years. He emphasized, as had Mr. Owuor earlier, the vital role of the workplace in protecting rights and promoting behaviour change, as well as



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in practical aspects of care and support such as workplace savings schemes which are proving very popular.

The main activities of the organization have included:

- setting up an advisory committee, including TUs, government officials, and NGOs;
- revising the FKE code of conduct on HIV/AIDS in the light of the ILO code and of changes in national legislation (AIDS has been identified as a communicable disease, which entails testing requirements and employment restrictions in certain sectors);
- conducting a survey of all FKE members including HIV/AIDS impact and needs assessment;
- sensitization of CEOs and human resource managers;
- development of a training manual;
- capacity-building of members, including training of managers and help for employers in setting up workplace AIDS committees, establishing a budget line (costs shared with FKE) and writing project proposals;
- networking and the exchange of good practices (including visits to Zambia, Zimbabwe, SA and Botswana);
- consultations with pharmaceutical and insurance companies.

Two key objectives for next year are to conduct a baseline study on impact and a KAP study, and to train 10 000 peer educators. Special attention is being given to the plantation and tourism sectors, and key principles include gender sensitivity and opposing sexual harassment; close cooperation with trade unions; campaigning for antiretroviral (ARV) treatment; and the widespread distribution of condoms.

Examples were given of action by individual companies, including sugar companies whose AIDS programmes include outreach into the community and special programmes for young people, 'the workers of tomorrow', and the KTGA, all of whose companies have AIDS coordinators and committees, including a 'Mama Condom' and Baba Condom' at every workplace, who are now so trusted that people go to them openly to ask for condoms, advice, and counselling; some have voluntary counselling and testing (VCT). In the view of the researcher concerned (the UN Volunteer), these workplace-based activities had 'largely broken' the culture of silence around AIDS.

## **Panel discussion: The international response to HIV/AIDS**

### **The International Partnership against AIDS in Africa (IPAA)**

Mr. Brian Williams gave a brief introduction to UNAIDS – now strengthened by the ILO's membership as the eighth cosponsor, and explained the origins and purpose of the IPAA. This is an alliance of governments, United Nations agencies, donors, businesses and community organizations, formed in 1999 not as an institution or agency but as a strategy to help coordinate and strengthen action against HIV/AIDS in Africa and support

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advocacy. In particular, the IPAA has helped to increase the number of National AIDS Councils in Africa (they have doubled since 1999), promote the need for a national plan, and help increase national and international budgetary allocations for HIV/AIDS. The IPAA is in the process of developing a strategy for the private sector, to encourage enterprises to become involved in national efforts against AIDS and help guide their responses. The core of the strategy is to establish '3 steps for business': these are to set up a policy and programme on HIV/AIDS in every workplace; to take a public stand on AIDS action as a company; and to contribute to community-based activities outside the immediate workplace. The strategy should also provide the opportunity to share experiences and mobilize more resources for action at the workplace. Mr. Williams explained that the strategy is not yet final and he would welcome comments from participants.

## **The International Organization of Employers (IOE)**

Mr. Muia developed some of the points he had made earlier on the IOE's role and contribution to national and global responses to HIV/AIDS. He outlined the way the IOE works and showed its relevance in the context of HIV/AIDS: the IOE defends employer interests at international level, promotes enterprise creation and development, strengthens the capacity of employers' organizations, and supports action on issues of concern, such as HIV/AIDS. The message of the IOE is that employers need to address AIDS in order to protect their enterprises, to enhance their company's image, and to contribute to the general welfare. Training is an appropriate activity for enterprises and a vital part of the national response. The IOE works with both the ILO and UNAIDS at national, regional and global levels: it promotes the participation of employers in United Nations Theme Groups and is currently preparing a handbook on initiatives taken by employers and their organizations, which will give examples of a range of workplace actions. Mr. Muia emphasized the importance of producing the time-bound action plan in order to move from discussion and into action, and distributed a draft from the IOE to feed into the process.

## **The ILO: The role of regional employers' advisers**

Mr. Joel Kaswarra (EAMAT) and Mr. Hezron Njuguna (SAMAT) outlined the ways they are supporting employers' activities against HIV/AIDS. They showed that MDTs have a key role to play in promoting the exchange of information and good practice, in delivering technical support, and in assisting the development of workplace programmes on HIV/AIDS. Their work on AIDS is based on the ILO code, which they systematically promote, distribute and offer guidance on its use. Particular areas of focus include strategies to involve youth, to address gender issues, and to persuade employers of the cost-effectiveness of prevention programmes in enterprises. Mr. Kaswarra pointed to the pioneering work of the Uganda Employers' Federation, but regretted that denial is still high among many employers. Mr. Njuguna said that experience in his own sub-region also shows that employers still don't always see the full potential impact of the epidemic. Both emphasized the need to reach employers outside the federations and formal groupings, and to bring small enterprises and the informal economy into workplace-based responses to HIV/AIDS.

## **The relevance to enterprises of the ILO code of practice on HIV/AIDS and the world of work**

Dr. Benjamin Alli and Ms. Susan Leather of ILO/AIDS introduced the code of practice, the ways employers can use it, and the main features of the ILO's strategy for its

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implementation. The ILO developed the code in response to many requests for guidance from its tripartite constituents. It was reviewed and revised by a tripartite group of experts, adopted by the ILO Governing Body in June 2001, and launched at the United Nations General Assembly Special Session on HIV/AIDS in New York in the same month. The code contains key principles for policy development and practical guidelines for concrete responses at enterprise, community and national levels in the following key areas:

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

A comprehensive modular training package is in preparation to guide the application of the code by employers and other ILO constituents, but the code itself includes practical guidance both for policy development and for setting up workplace programmes. The code can support advocacy with governments to persuade them (where necessary) that AIDS is a workplace issue and that initiatives by the social partners require their support; it can also form the basis for revisions to labour legislation. At the same time, employers' federations can use the code to develop a policy for their own and their members' activities, and can promote workplace policies and programmes on the basis of guidelines in the code. The ILO will support these activities through advice and technical support, training programmes, and the development of workplace-based projects. Dr. Alli ended by giving advice on the important issue of resource mobilization, outlining some of the main sources of funds and offering the ILO's support in accessing them.

## **Strengthening the capacities of employers' organizations to combat HIV/AIDS**

A particularly important contributor, by her presence as well as her presentation, was Ms. Siriwan Romchatong, Executive Director of the Employers' Confederation of Thailand (ECOT). This contact across regions was welcomed by many participants, and Ms. Romchatong also stressed how much she was learning from colleagues in Africa. The strategy of ECOT has been, first, advocacy with employers to persuade them of the scale of the problem and the effectiveness of intervening early. Secondly, it supports those interventions, through policy guidance, research and education. The ECOT 'steps' are as follows: prioritize needs, decide what is feasible, draw up a plan of action, link it to a time frame. Ms. Romchatong said how useful the ILO code is both as a tool for advocacy and to guide plans of action.

ECOT encourages employers to take on all or most of the following activities, in a spirit of trust and dialogue with workers and government:

- analysis of workplace situation;
- tripartite policy development;
- collaboration with other relevant agencies;
- identification of focal points, establishment of task forces for prevention and care;
- 'Friend for Friend' clubs to bring together the informed and non-informed;

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- education for attitude change;
  - training of educators and other activists;
  - Campaigns and awards for occupational safety and health.

Ms. Romchatong said that employers can be encouraged to take action through appealing to their sense of citizenship and care for their corporate image; through tax incentives, contests and campaigns; and even by penalizing employers who persist in discrimination. She urged governments to support employers in these and other ways, and to help them share their experience of successful interventions.

## **Panel discussion: Enterprise programmes on HIV/AIDS**

Presentations were made by a panel of employers from Botswana, Ghana, Kenya, South Africa, Tanzania, Uganda, Zambia, and Zimbabwe, with other interventions from the floor.

### **Botswana**

The employers' organization (EO) undertakes advocacy with members on HIV/AIDS and offers advice, but does not have the resources for a full-time AIDS coordinator. They would like to integrate an AIDS component into ongoing training programmes. Some large companies (e.g. De Beers) have taken quite comprehensive action, but much less is being done by small and medium-sized enterprises (SMEs). The representative reported on the 'Men against AIDS' awareness campaign – targeted at rural areas in particular, and the fact that the government contributes to treatment costs for people who go forward for voluntary testing.

### **Egypt**

The strategy of the EO is to hold a 'watching brief' on the situation, plus a campaign of awareness-raising among members about the need for prevention in order to keep infection rates low. The EO would welcome figures on the costs of interventions at the workplace as well as of the epidemic.

### **Ethiopia**

The EO reported that they have taken a tripartite approach, mobilizing employers and worker representatives in 11 cities and 150 enterprises through awareness-raising workshops. Collaboration is close with the national AIDS committee, NGOs, people living with HIV/AIDS (PLWHA), the press, and other stakeholders.

### **Ghana**

Although infection rates are relatively low, the EO was aware of the impact of AIDS on enterprises in East and Southern Africa and started a programme with UNFPA funding: they established links with the trade unions then held a tripartite meeting; developed a policy based on the ILO code; sensitized chief executive officers (CEOs); developed

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training materials; and are training peer educators in cooperation with the TUs – the strategy is to train educators to set up workplace committees, who will in turn train the workforce. Their target is 8000 committees by June 2002. Employers have released workers to be trained in working time; at least two women are included in each group of trainees. The EO has engaged a consultant to undertake a study of the impact and costs of AIDS on enterprises.

## **South Africa**

It should be noted that there are several EOs in South Africa, most of them sector-specific. The speaker was representing Business South Africa and has links with many other enterprises. She stressed the fact that although large corporations are doing an enormous amount on AIDS, there is little follow-through in SMEs, mainly because of the lack of human resources. The EOs themselves have played an advocacy role, but done little to help with programme development. The President's public position caused some employers to stop workplace education, but the impact on profits is starting to speak more loudly: in the mining sector over recent years, absenteeism has doubled, TB has increased five-fold, and mortality ten-fold. The greatest losses are among skilled operators, meaning high replacement costs, and up to about 20% of payroll costs are for pensions and health benefits. The speaker stressed two types of intervention: education programmes to help workers understand their own risk, and advocacy between employers. She also said that people are starting to get tired of 'AIDS messages' – a number of enterprises now educate on general 'wellness', with messages about diet, exercise, stress management etc. as well as AIDS.

## **Swaziland**

The speaker stressed the fact that it is relatively easy for large companies to take action on AIDS: the challenge is to build the capacity of SMEs. They have therefore set up a coalition that includes SMEs and the larger companies. This has launched a campaign around the slogan, 'Our company cares', based on a short version of the ILO code principles. It also promotes education about transmission risks and encourages voluntary counselling and testing (VCT): 'Know your status – the sooner you know it, the sooner we can help'. NGOs are involved for education, condom provision, VCT and other health services.

## **Tanzania**

Larger companies have set up a Human Resources Forum, and the EO has played a role in advocating action on AIDS, as well as raising awareness among their members. A lack of resources has prevented the EO being more active, but the speaker expressed the hope that now that a national AIDS policy has been developed, with a workplace component based on the ILO code, that this will stimulate more systematic action. He cited the example of Brooke Bond, which has had a programme in place since 1991, not only in their plantations but in surrounding villages as well; they provide and encourage VCT.

## **Uganda**

The Federation of Ugandan Employers started work on AIDS in 1988, encouraged by the multisectoral approach of the national AIDS committee. Their programme is now based on the training of trainers on five-day courses, who in turn train peer educators; all

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training includes a gender perspective. They have trained: 900 trainers, 8000 peer educators, 200 000 workers, 300 CEOs. Studies have shown positive behaviour changes in terms of safer sex. Of 150 companies in the Federation, about 30% have comprehensive and sustainable programmes: the target is 70% by end 2003. Sustainability is enhanced through AIDS trainers clubs (national & regional levels) and peer educators clubs (workplace & community levels). Challenges include poverty and the impact of structural adjustment programmes (SAPs), resulting in privatization and retrenchment, and thus the loss of many trainers. The HIV rates nationally were reported as follows: 18.5% in 1995, 14.7% in 1997, 9.1% in 1998, just below 8% in 2001.

## **Zambia**

The National AIDS Council has provided guidelines for all stakeholders, including the workplace partners, and structures to help disseminate information. A Business Coalition has been established, with the big employers in the lead. The programme at Barclays Bank, for example, focuses on both prevention and counselling to help prolong life, and has resulted in an atmosphere of openness and trust. Studies have been carried out by Barclays into impact and costs for their workplaces. The Zambia Revenue Authority (ZRA), among others, is now following the Barclays 'model':

- (1) Make AIDS a corporate issue, so that related activities are included in the company strategy.
- (2) Give responsibility for implementation to Human Resource Development (HRD), so that it's covered by their programme and budget, and the HRD manager has to report to the CEO.
- (3) Include care and support as well as prevention: the ZRA is (i) taking part in national negotiations over drug prices, and (ii) has developed a special insurance plan, with contributions from employer and employee, to cover ARV drugs if it becomes necessary.

## **Zimbabwe**

Both the Government and NGOs have responded actively to AIDS, with the involvement of the workplace partners. A levy has been imposed on businesses to fund AIDS programmes (including care) in cooperation with the workers; there have, however, been problems with disbursement. The EO has concentrated on policy development and training, and has recently joined the Zimbabwe Project for Access to Care and Treatment – this includes monitoring the spread of TB, and training counsellors and facilitators. Discrimination is common in employment and access to workplace insurance schemes – the EO is trying to raise awareness among its members. VCT is encouraged; programmes are gender-aware.

## **Developing a time-bound action plan to combat HIV/AIDS**

The main activity on the second day was work in four groups to develop a plan of action for employers' organizations. Each group worked on a template provided by FKE and presented their objectives and proposed activities to the plenary. A working group was appointed to combine the four sets of proposals into one plan, whose outline was then

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approved by a further plenary session. A final version was printed and distributed to participants before they left (Appendix I).

## Conclusions

It was clear that the Employers' organizations in the countries represented are at very different stages in terms of commitment, mobilization of resources, and effectiveness. At the same time, there was motivation among the participants to take stronger action, and a clear perception of the need for policy development for the organizations themselves and their members. This strategic understanding is very important, and something that the ILO can support and help turn into action. The code is clearly part of the means for doing this, as is the plan of action.

All three objectives of the workshop were met, in particular the drafting of a comprehensive and useful action plan of action for employers' organizations (see Appendix I). The following factors also contributed to the general evaluation that the workshop was very successful:

- It was well organized and the venue well chosen.
- The participants were concentrated and hard-working, and played a full part.
- There was a strong sense of urgency around the issue and a commitment to active follow-up.
- There was a good sharing of experience and forging of contacts: the Asia-Africa contact was especially welcomed.
- It gave employers an opportunity to share concerns about some of the requirements and responsibilities being placed on them.
- Gave participants the opportunity to raise certain issues of sensitivity, especially related to traditional cultural practices.
- It permitted employers from lower-prevalence countries to understand the issues more fully and 'come up to speed'.
- It gave ILO/AIDS useful feedback on the ILO code of practice and on the application of the FKE code, as well as information about problems and activities in a range of countries.

## Recommendations for action by the ILO

- Circulate the FKE case study and plan of action within ILO/AIDS and to selected focal points, especially ACT/EMP and ACTRAV.
- Consider publication, perhaps with UNAIDS.
- Obtain other studies, training materials and policies mentioned in presentations to include in ILO/AIDS database and share with constituents.

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- Hold an informal meeting/brainstorm with the Interdepartmental Task Force on HIV/AIDS to see what can be learned from the above, both about the impact of the epidemic and about effective responses.
  - Feed lessons learned into the ILO/AIDS training manual, possibly including parts of the case study and action plan.
  - Report briefly in the ILO/AIDS newsletter and include a fuller version on the website.
  - Plan follow-up to the workshop in a programmatic way with ACT/EMP and other key players, but also identify existing projects/ proposals that could be strengthened by reference to the plan of action.



## Appendix I

### Time-bound plan for employers' organizations on HIV/AIDS

**Development objective: To reduce the rate of HIV/AIDS infections through workplace-based education and prevention programmes and to improve the workplace environment for workers living with HIV/AIDS**

Specific objectives	Activities	2001	2002	2003	2004	2005	Responsible	Partners	Resources
To define the problem facing employers	Organize baseline surveys of impact costs and responses by members		X				National employers' organizations or federation (EO)	ILO/UNAIDS research inst. Donors	IPAA/UNAIDS ILO models (in preparation)
To brief board/executive committee of the employers' organizations	- Report back from Mombasa - Present ILO code - Report survey findings	X X					Workshop participants EO	(ILO)	ILO code
To inform members	- Distribute relevant information (inc. above) - Hold workshops for decision-makers - Find strategic partners - Find 'champions' to advocate with other employers		X  X X X				EO Members	Workers Govt. NGOs	ILO code & factsheets
To develop national strategy for employers' organizations as well as sectoral strategies on HIV/AIDS prevention and education at the place of work	- Set up broad-based working-group, inc. all relevant stakeholders - Work out strategy, with ref. to ILO code (esp. Annex III) - Develop guidelines for employers		X  X X				EO and sectoral employers' associations	Workers Govt. ILO IOE NGOs	ILO code  IPAA private sector strategy
To obtain commitment of members	They should: - Sign off to National employers' organizations strategy - Appoint AIDS focal point/committee - Allocate funds - Develop company/workplace policy, incl. Communications strategy		X				EO Members		
To implement workplace programme	1. Prevention (i) Information (using all media) about company policy, HIV transmission (ii) Education (participatory, gender aware, culturally sensitive) to promote attitude & behaviour change 2. Care and support, inc. encouragement of VCT, condom distribution,		X   X				EO  Members	Workers Govt. NGOs  ILO/UNAIDS  UN Theme Groups	ILO training manual (in preparation)  NGO & UNAIDS materials

Specific objectives	Activities	2001	2002	2003	2004	2005	Responsible	Partners	Resources
	healthy living advice (see ILO code section 9) 3. Monitor impact of AIDS using indicators e.g. absenteeism, morbidity, condom use, attitude change (surveys)							Donors	
To reach out to small and medium enterprises	- Adapt policies, programmes, materials to needs of SMEs - Establish partnerships between SMEs and larger enterprises		X				EO Members	ILO/ UNAIDS NGOs	
To monitor and evaluate activities	- Set up mechanisms to audit activities of members - Monitor impact on enterprises at regular intervals - Workshop to exchange lessons learned		X		X	X	EO	ILO/ UNAIDS	
To mobilize resources	- Assess requirements (human, technical, financial) - Identify and mobilize internal and external resources	X X					EO Members	ILO/ UNAIDS UN Theme Groups Embassies and European Union regional offices	Global Fund

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## Appendix II

### Workshop programme

#### *Monday 26 November*

<b>08.00 - 08.30</b>	Registration
<b>08.30 - 08.35</b>	Welcome address by the FKE Executive Director, Mr Tom D. Owuor
<b>08.35 - 08.40</b>	A special message from the Executive Director, Association of People Living with HIV/AIDS in Kenya, Mr R. G. Lenya
<b>08.40 - 09.20</b>	An address by the FKE Chairman, Coast Branch, Mr George Kidenda, on the Theme of the Workshop
<b>09.20 - 09.30</b>	An address by the IOE Regional Employers' Adviser for Africa, Mr. Frederick Muia
<b>09.30 - 09.55</b>	An address by the Director, ILO Bureau for Employers' Activities, Mr Jean-Francois Retournard
<b>09.55 - 10.15</b>	An address by the Chairman of the Kenya National AIDS Control Council, Dr Mohammed Abdalla
<b>10.15 -10.30</b>	Official opening of the Workshop by the UNDP Resident Representative in Kenya, Mr Paul Andre de la Porte
<b>10.30 -10.45</b>	Coffee Break
<b>10.45 -11.05</b>	A rights-based approach to combating HIV/AIDS at the workplace: the FKE Experience.  Mr Joel Momanyi, FKE Senior Training Consultant & HIV/AIDS Programme Co-ordinator, Miss Diana Kageni, National United Nations Volunteer Specialist on HIV/AIDS
<b>11.05 -13.00</b>	Panel discussion on the international response to HIV/AIDS:  The International Partnership Against HIV/AIDS in Africa: Developing a strategy for the private sector - Brian Williams, UNAIDS  The IOE response to HIV/AIDS - Mr Frederick Muia  The Role of the ILO's Regional Employers' Advisers in combating HIV/AIDS - Mr H. M. Njuguna (ILO/SAMAT), Mr Joel Kaswarra (ILO/EAMAT)
<b>13.00 -14.00</b>	Lunch Break
<b>14.00 -14.30</b>	The relevance to enterprises of the ILO Code of practice on HIV/AIDS and the world of work - Dr Benjamin Alli, Ms Susan Leather, ILO/AIDS
<b>14.30 -15.00</b>	Strengthening the capacities of employers' organizations to combat HIV/AIDS - Ms Siriwan Romchattong, Executive Director of the Employers' Confederation of Thailand (ECOT)
<b>15.00-15.15</b>	Coffee Break
<b>15.15 -17.30</b>	Panel Discussion on Enterprise Programmes HIV/AIDS at the Place of Work
<b>17.30 -18.45</b>	Reception: Haller Park Restaurant - Courtesy of Bamburi Cement Limited

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## **Tuesday 27 November**

<b>08.30 -10.30</b>	Discussion of time-bound strategies to combat HIV/AIDS – Moderator, Dr Benjamin Alli, ILO/AIDS, followed by working groups
<b>10.30 -13.00</b>	Continuation of group work
<b>13.00 -14.15</b>	Lunch Break
<b>14.15 -15.30</b>	Adoption of the Mombasa Time-Bound Action Plan to Combat HIV/AIDS at the workplace
<b>15.45 -16.00</b>	Adoption of the report of the Meeting
<b>16.00 -16.30</b>	Closing ceremony by Mr Jonathan Muturi, Chairman Kenya Ports Authority
<b>19.00</b>	Reception: Nyali Beach Hotel - Courtesy of Kenya Ports Authority

## Appendix III

### List of participants

Name of Participant	Job Title	Company	Address	Telephone	Fax / Email
Abdalla, Dr. M.S.	Chairman		P.O. Box 20707, Nairobi, Kenya	740607	747417 Abdullah@iconnect.co.ke
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Asghedom, Tekeste	Chairperson – HIV/AIDS National Committee	Employers Federation of Eritrea	P.O. Box 2911, Asmara, Eritrea 291-1	126595	122882 faidex@gemel.com.er
Beaudouin, Gilbert S.	Chief Executive Officer	Federation of Employers' Associations of Seychelles	P O Box 214, Victoria, Mahé, Seychelles	00 248 324969	feas@seychelles.net 00248 324996
Berhanu, Taye	Executive Director	EEF	Addis Ababa, Ethiopia	523419	251 523419 eef@telecom.net.et
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Ismael, Dr. Mahmoud M.	Director, OH Services	Social Protection Office, Djibouti	BP 10110, Djibouti	352161	354769
Kageni, Diana	National United Nations Volunteer Specialist	FKE	P.O. Box 48311, Nairobi, Kenya	720262	dkageni@yahoo.co.uk
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<b>Name of Participant</b>	<b>Job Title</b>	<b>Company</b>	<b>Address</b>	<b>Telephone</b>	<b>Fax / Email</b>
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Meja, Paul	National Coordinator – HIV/AIDS	Kenya Catholic Secretariat	P.O. Box 20740, Nairobi, Kenya	443133	health@catholicchurch.or.ke
Momanyi, Joel O.B.	HIV/AIDS Programme Coordinator	FKE	P.O. Box 48311, Nairobi	720242	fke@arcc.or.ke
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<b>Name of Participant</b>	<b>Job Title</b>	<b>Company</b>	<b>Address</b>	<b>Telephone</b>	<b>Fax / Email</b>
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