ICFTU-ILO Consultation on HIV/AIDS and the Workplace:  
A Trade Union Programme of Action

23 May 2001 at ILO, Geneva, Switzerland

Background

The ICFTU 17th World Congress, held in April 2000, instructed the General Secretary to implement a Programme of Action to mobilise trade unions against HIV/AIDS and coordinate their efforts to limit the spread of HIV infection and to mitigate the impact of AIDS. The ICFTU/TUAC/ITS Working Party on Occupational Health, Safety and Environment (OHSE) was asked to oversee the development and implementation of this Programme.

The last meeting of the Working Party, held in Brussels in November 2000, recommended that the ILO be approached to provide support for the ICFTU to develop an implementation strategy, based on the engagement of trade unions at the international, regional and local levels. In June 2000, the 88th session of the ILO’s General Conference passed a resolution on HIV/AIDS and the world of work, which led to the creation of a special programme within the ILO. Early in 2001, the ILO agreed to an exploratory joint project with the ICFTU by providing resources for one person to help co-ordinate an initial consultation with ITSs and key national affiliates for the purposes of developing a trade union Programme of Action. The project also includes the immediate follow-up to the consultation and the identification of financial support to continue the work in the longer term. Susan Leather was appointed in April 2001 for an initial period of six months.

Consultation

1. Overview of proceedings: The ICFTU-ILO Consultation on HIV/AIDS was held at the ILO in Geneva on 23 May 2001. 27 people participated from national centres (ACTU, CLC, CNTS, INTUC, LCT) and ITSs (EI, ICEM, IFBWW, ITGLWF, ITF, PSI, UNI) as well as from the ILO, ICFTU and TUAC (see Appendix II). The consultation took place just after the end of the ILO Meeting of Experts finalising a Code of Practice on HIV/AIDS and the World of Work, in order to include Worker experts from that Meeting and to consider ways of supporting the ILO Code. Participants were welcomed by representatives of the ILO and ICFTU and the meeting was chaired by Lucien Royer, representing the ICFTU/TUAC/ITS Working Party for OHSE.

Participants were invited to report on their activities and programmes related to HIV/AIDS (see Appendix I). The pioneering efforts of ICFTU/AFRO in the African region were noted and there was agreement that the Programme of Action should seek to continue supporting and learning from its work with the aim of developing activities in other regions. A presentation was given on the new ILO Code of Practice on HIV/AIDS, and a discussion paper was provided to help participants decide the priorities for a trade union strategy on HIV/AIDS.
2. General principles: The meeting agreed that HIV/AIDS is a workplace issue, both because it primarily affects the workforce and because the workplace is conducive to AIDS-related activities. The Programme of Action should therefore involve workers, trade unions and employers in joint efforts to address HIV/AIDS through workplace agreements and programmes. It was also agreed that the main focus of these would be to help prevent the spread of HIV infection through information, education and support for behaviour change, and to offer care and support to those affected by HIV or AIDS.

3. International mobilisation and co-ordination: The Programme will encourage trade unions in all regions to become involved in action on HIV/AIDS and will co-ordinate their efforts at the international level by:

- raising the awareness of governments, employers and workers about the implications of HIV/AIDS for workers and enterprises in all regions;
- mobilising ICFTU and ITS affiliates on the basis of the Programme of Action, the ICFTU-ILO project, and the ILO Code of Practice;
- promoting the sharing of experience, information and materials among trade union organisations in all regions and sectors;
- making links with international institutions involved in work on HIV/AIDS, especially UNAIDS;
- identifying sources of funding and sharing resources where possible;
- relating the Programme to other trade union activities, in particular those concerned with globalisation, trade and investment, gender, migration, and child labour.

4. Support for international, regional and local trade union action: The Programme will seek to:

- strengthen the capacity of national and international trade unions to develop a policy on HIV/AIDS for their own organisations;
- strengthen the capacity of national trade unions to engage in social dialogue around HIV/AIDS and to develop a workplace agreement and programme: this should include the use of the ILO Code of Practice;
- produce guidelines and materials for trade union education programmes as required;
- help plan and/or support training programmes on HIV/AIDS, especially related to the application of the ILO Code of Practice, and including the training of peer educators;
- ensure that policies, information, education and training are gender-sensitive and include activities that separately address the risks and behaviour of women and of men;
- integrate HIV/AIDS issues into the mainstream of trade union OHSE activities and provide guidelines for OHSE committees, procedures and training at the workplace;
- encourage the identification of information sources, and targeted research where necessary, related to the impact of HIV/AIDS on the labour force, employment, workers’ organisations, and particular sectors and groups of workers;
• involve the ICFTU and ITS affiliates in the planning and monitoring of the Programme as it evolves.

5. Institutional and stakeholder partnerships: It was agreed that there needs to be very close co-ordination of trade union activities with those of the ILO, and thus a joint project, indeed a longer-term programme, is appropriate. It was also agreed that workplace planning and implementation measures should be undertaken in concert with employers and employer organisations; the guidance of ILO-ACTRAV and ACT/EMP should be sought in this respect. A number of participants reported on successful partnerships with government, whereby trade unions were consulted in the development of national plans and/or workplace activities were supported by government agencies. Further partnerships will be necessary at all levels, both to ensure the integration of affected communities and individuals in strategic planning and to mobilise the necessary resources from the international community.

6. ILO Code of Practice on HIV/AIDS and the World of Work: This Code of Practice [formally adopted by the ILO Governing Body on 22 June 2001] was judged to be highly important as a strategic tool for the Programme. Working with the ILO to ensure widespread dissemination of the Code is a priority: this should include translation into as many languages as possible (by trade unions as well as the ILO), the availability of substantial numbers of copies free of charge or at affordable prices, and the production of guidelines and of materials (leaflets, summaries, posters) that adapt the Code to the needs of particular groups and sectors.

7. Communication and information: In December 2000 the Working Party created a Trade Union Electronic Forum as a means of exchanging information on issues and activities related to HIV/AIDS, with particular reference to the labour force and workplace. Over sixty trade union organisations have now joined this forum and efforts to improve the relevant knowledge base are progressing. A general discussion took place on improving the effectiveness of the AIDS Forum; participants agreed to continue using the Forum as the basis for information sharing. There is also a need to link current trade union HIV/AIDS web pages and electronic sources to a common site and to produce information materials for the purposes of dissemination, through electronic e-mail networks.

8. The ProTest campaign: Dr Benjamin Alli reported on meetings he was having with WHO to promote confidential voluntary counselling and testing (VCT). With increasing access to medication VCT is becoming a more popular option, but is not always available. WHO are proposing collaboration with the ILO to extend the possibilities of VCT at the workplace, and Dr Alli expressed the view that the trade unions could be important partners in this initiative. Participants said that they would like to be kept informed of developments; some might be interested in taking part in a pilot project.

9. Recommendations:

I The type of consultation generated by the meeting should continue on a more structured basis through the creation of a co-ordination group, which should also oversee the implementation of action items in the report.
The ICFTU and ILO are requested to explore how to secure funding for the current project in the longer term and for the purposes of implementing the workplan arising from the meeting.

Programme work plan

**Short term:**
1. Report back to the ICFTU, esp. AIDS Forum, and the ILO on the consultation and its outcome
2. Produce strategy for trade union mobilisation on HIV/AIDS
3. Help promote and disseminate the ILO Code of Practice:
   - Draft press release/letter for ICFTU and ITS affiliates about the Code and how to obtain it
   - Negotiate with the ILO to make bulk copies available free or at low cost for TUs in developing countries
   - Encourage widespread translation (a TU or branch with some resources might sponsor translation into one or more languages of poorer countries)
   - Produce guidelines for the use of the Code by different workplace parties (e.g. shop stewards, OHS officers) and summaries of sections of the Code adapted to different needs
4. Facilitate exchange of examples of good practice and existing policies/workplace agreements (use AIDS Forum in first instance)
5. Adapt or produce materials as requested by trade unions
6. Identify existing meetings and training programmes run by national and international TUs and incorporate session/module on HIV/AIDS
7. Arrange follow-up meeting to coincide with OHSE Working Party meeting on 4-5 October 2001
8. Identify sources of funding, including possibility of ITS contributions, and make project applications – contact UNAIDS urgently

**Medium term**
9. Develop a 5-year plan
10. Set up a website
11. Continue and develop trade union mobilisation, co-ordination and support along the lines of iv), v), vi), viii) and parts of iii) above, possibly including some pilot projects and a training programme

**Long term**
To be developed

**APPENDIX I**
INFORMATION EXCHANGE & REPORTS ON ACTIVITIES

ICEM: Reg Green reported that ICEM has worked on HIV/AIDS on an *ad hoc* basis over the past ten years, but affiliates have only recently asked for help in this area. A Council
decision last year led to a more formal programme of work, and a strategy has been developed. A meeting in South Africa in February 2001 revealed that many members of affiliates around the world are seriously affected by AIDS, especially in the mining sector. ICEM also represents pharmaceutical workers, which is an important consideration as some affiliates are naturally sensitive to attacks on the drug companies; as drug prices have fallen, however, the situation has eased. Indeed some pharmaceutical companies have demonstrated a willingness to work with ICEM; so too have certain mining corporations, in the context of improving care and support and strengthening prevention efforts. Reg expressed the view that although antiretrovirals will soon reach price levels as low as they are likely to fall, this won’t solve all the problems: the cost will still be difficult to meet in poorer countries, and there is the major issue of delivery. Help is now needed in linking the supply of drugs with the strengthening of health systems.

Comments from other participants supported Reg’s concerns; it was pointed out that in some situations the workplace might provide the only viable way of delivering treatment.

**Australian Council of Trade Unions**: Tony Keenan from the Independent Education Union, Victoria, representing the ACTU at the Meeting of Experts, said that many Australian unions have mainstreamed AIDS but there is also the problem of complacency and a generally low profile for AIDS issues in the country as a whole. Specific problems include the situation of aboriginals, who are more vulnerable to HIV than the population as a whole, and the issue of injecting drug users. At the regional level he is particularly concerned about East Timor where many conditions exist that are conducive to the rapid spread of infection. He stressed his belief in the value of the ILO Code and said that it should be the focus for future AIDS lobbying.

**EI**: Monique Fouilhoux said that EI has worked on HIV/AIDS since 1993, building up an alliance with WHO, UNESCO, UNAIDS and other partners. A conference in 1995 on school health education and HIV/AIDS prevention led to follow-up at regional and sub-regional levels, mainly focussing on Africa. There has been a series of training seminars with teachers both to help protect them and to work out appropriate messages for children, their parents and community leaders. One of the major problems EI faces in its work is the lack of cooperation between ministries so a goal of recent seminars has been to train government officials to collaborate. Consultations with teachers in eight countries have resulted in the development of an education manual in response to requests for materials. Monique showed the meeting the manual, which has just been published, and invited ITS colleagues to draw on it for their own educational needs (it is on their website). She said that EI judges the ILO Code to be very important, and will include it in the manual and build a special session on the Code into all its HIV/AIDS training. She pointed out that the ILO is a bit late in getting active in this domain, but hopes the Organization will now work hard to integrate the workplace into AIDS programmes, especially through the UN Theme Groups. She also urged the ITTs and ICFTU to participate in the next international AIDS Conference (July 2002, Barcelona), pointing out that the Durban Conference had marked a turning point towards a more multisectoral and political approach.

**Canadian Labour Congress**: Paul Puritt was on his way to the ICFTU-AFRO Conference and reported on efforts to persuade the Canadian Government to work through trade unions on HIV/AIDS, so far with little success. CLC has funded work in South Africa and has prepared pilot projects for nine countries; it will keep trying to persuade the government to
support these and to channel funds to unions. The UNGASS preparatory meetings, too, have shown a lack of understanding of the role of workers and their organisations in combatting HIV/AIDS. Paul pointed out that the ICFTU alone can reach some 160 million potential activists, if they’re given materials and guidelines.

**ITGWLF:** Silvana Cappuccio said that the meeting provided a useful opportunity for ITGWLF to reflect on HIV/AIDS. The organisation has tried to include HIV prevention as an aspect of its health and safety work but has not yet developed a specific policy. A major meeting is being held in October with AIDS on the agenda. Even within the context of health and safety, ITGWLF has met some obstacles; in Francophone Africa, for example, the response to a proposed programme on AIDS wasn’t enthusiastic, in part because unions feel that funds in this area are being badly used. There is also the issue of illiteracy among the membership; many women are left out of discussions and information dissemination by the male leadership. Letters from Brussels are not necessarily going to change attitudes - the need is clear, but the issues are complex. ITGWLF welcomes the Code of Practice but would like more information on what the ILO will do to support union education projects on HIV/AIDS.

**Bulgarian Federation of Trade Unions - Health Services:** Ivan Kokalov, who had also attended the Meeting of Experts, said that although HIV prevalence is low in Bulgaria, a well-structured national programme has been put in place. This was developed by the Ministries of Health and Labour, in consultation with trade unions and NGOs. Antiretroviral drugs are provided by the social security system. He feels, though, that there is still a need for good information and education materials to support behaviour change. He sees the Code as a source of such materials and a tool to guide action: he will ensure that the Code is integrated into existing health and safety and labour inspection structures.

**Centre National des Travailleurs du Sénégal:** Saliou Badiane, also at the Meeting of Experts, explained that the national AIDS programme in Senegal has given responsibility for workplace action - mainly information, education and condom distribution - to the health and safety committees. These are not, however, able to take on sole responsibility for workplace programmes and he welcomes the guidance given by the Code. There is also a need for technical and financial support from the ILO and ICFTU. He undertook to ensure that the Code and future guidelines related to its use are implemented by the trade unions.

**IUF:** Sue Longley reported that to date IUF has mainly dealt with AIDS-related issues through its education programmes, though responsibility for HIV/AIDS is shared in the secretariat by the programme development and the health and safety officers. IUF is experiencing an increasing loss of trade union leaders, and notes particularly high infection levels in the hotel and plantation sectors. Concern has been expressed by members about testing: there are fears that workers may be tested for HIV without their consent as part of routine medical checks. IUF tries to encourage affiliates to become involved in the AIDS programmes of their national centres. The organisation is also planning to link its work on Convention 182 (child labour) with the problem of children orphaned as a result of AIDS. In Zimbabwe, for example, employers have raised the problem of AIDS orphans coming into the farm workforce: they have asked the government for help to support and educate these children. Meanwhile IUF will need to help its affiliate to monitor the situation and bargain as necessary. The IUF affiliate in South Africa asked Nestlé to reduce the price of baby milk as nursing mothers with HIV are now encouraged to use formula, though there is the persisting
problem of access to clean water. IUF is helping its affiliate make sure that correct information is given. Sue expressed some concern that the ILO Code seems to have overlooked rural workers: she pointed out the severity of the impact of AIDS on agriculture and food security, and urged the ILO to work more closely with FAO.

**PSI:** Mike Waghorne reported that PSI worked sporadically on AIDS through the 1990s, when it met with some resistance from regional coordinators because of the complexity and sensitivity of the issue. Their attitude has now changed and PSI has agreed a policy on HIV/AIDS. Apart from a campaign of information and awareness-raising, the first stage centred on a survey of affiliates - to assess the impact of the epidemic on their work, to find out what they are doing in response, and to identify the type of support needed. Apart from this, activities have mainly centred on anti-discrimination and the issue of intellectual property rights in medicine: even if drug prices don’t fall much further, pressure should be kept on the WTO to change patent laws. With many members in the health sector, PSI has just been asked by its health committee to study the impact of HIV/AIDS on health workers. Mike ended by referring to the potential of the ILO Code, stressing the fact that it covers the world of work as a whole: this should encourage unions to look beyond the workplace into the community and to broaden their partnerships in the face of AIDS.

**ITF:** Many ITF members are in high-risk occupations, given that mobility and separation from families are risk factors. Bernhard Barth said that ITF first worked on AIDS issues in the maritime sector, but the emphasis has shifted to road and rail workers. In Eastern Africa the ITF concluded a pilot project with the following components: a) a study on HIV/AIDS amongst transport workers in Uganda b) HIV/AIDS policy formulation, c) training of peer educators and d) information/awareness workshops. However, there isn’t yet a policy on HIV/AIDS for the organisation as a whole. This may be developed through regional consultations. Almost all African sub-regional education activities for the road and rail sections now address the issue in a half-day training module. This has also been done in South Asia and Central America. ITF’s strengths are in the domain of policy development and support for collective bargaining, and it is developing a programme on this basis with UNAIDS for the Great Lakes Region. Bernhard noted that many of the issues ITF has been raising with employers and government in Uganda following its pilot project there have been taken up by the Code. He ended by saying that in a sense we already know how we will use the Code - we’ll make use of it as a stronger instrument to help us do more effectively what we would have done anyway.

**UNI:** Carin Andersson reported that FIET (before the merger to form UNI) undertook a number of activities on HIV/AIDS through the 1990s, including a conference in Ghana in 1992 for the African region and an information campaign based on posters and leaflets. Following the Ghana conference FIET integrated AIDS into its ongoing education programme, but UNI has not yet developed a policy on HIV/AIDS. The loss of trained leaders is becoming an issue for UNI affiliates also, and there are increasing requests for action. Further integration of AIDS issues is planned - for example in the gender and leadership & management programmes - and a survey is planned of the 177 affiliates in Africa. A major development will be ‘UNI Online 2001’, providing computers and training to affiliates with the help of Deutsche Telekom - this, too, could be harnessed for information dissemination on HIV/AIDS. Carin stressed the fact that the international union organisations can reach millions of workers between them and thus have an enormous multiplier effect. At
the same time it’s important to network and collaborate, and in particular not to duplicate the production of materials.

**IFBWW**: Fiona Murie reported that the effects of HIV/AIDS on affiliates are starting to become more noticeable, with workers in construction and forestry among the more mobile groups of workers. Her responsibility is for health and safety, which includes HIV/AIDS, though it is not her first priority and resources are limited. In the organisation as a whole there is increasing recognition that AIDS is not just a health and safety issue but a developmental one. A recent survey of affiliates in Africa produced some shocking insights into the effects of the epidemic, and indeed some are very active partners in national and community-based programmes. AIDS will be high on the agenda at forthcoming seminars in Mali and Kenya. She wants affiliates to include clauses on HIV/AIDS in all collective agreements, and will now use the ILO Code to help this process. Her work on HIV/AIDS will mainly focus on policy development and planning, information dissemination, and training.

**ILO/ACTRAV**: Dr Khalef informed the meeting that ACTRAV has established a series of workshops, starting with a workshop held last year with OATUU in Accra, Ghana. In addition three pilot projects have completed their first phase of implementation in Barbados, Botswana, and the Philippines, and are about to extend their activities. These are concerned with assessing the impact of HIV/AIDS on workers; capacity-building and training; and the adaptation and development of materials. Dr Khalef expressed the view that the Code would provide an excellent input for these and other projects as something concrete to offer those working in the field. He asked trade union organisations to take on board the issue of medication as this is likely to be an increasingly important way of curbing the epidemic.

*All participants agreed to a collaborative approach (for more details see below), and to make use of the ILO Code; they also agreed that simplified versions of sections of the Code and user guidelines would be very useful and should be a priority for the ICFTU/ILO programme.*
APPENDIX II
LIST OF PARTICIPANTS

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