Action against AIDS in the workplace

Business action against AIDS

Workplace policy:
key components and sample language

Workplace policy:
10 steps for implementation

The ILO Code of Practice:
key principles

Trade union action against AIDS

The Africa Region
HIV/AIDS represents a crucial workplace issue. There are currently more than 42 million people living with HIV/AIDS and nine out of ten are adults in their productive prime. All over the world, the epidemic is undermining economic activity and social progress. It is threatening livelihoods, reducing productivity, restricting the demand for products, discouraging foreign investment and negatively impacting economic growth.

The workplace represents an ideal forum for tackling the epidemic. It is a place where people come together on a regular basis; communication systems are in place for enterprise and public information; and existing structures and facilities can be used for prevention, care and support programmes.

**Impact on enterprises**

The hidden costs of HIV/AIDS for businesses are only now becoming apparent. Enterprises in many countries are reporting increased absenteeism, staff turnover, and recruitment and training costs. Other reported costs include those relating to medical care, insurance coverage, retirement funds and funeral fees. DaimlerChrysler South Africa estimates that the current value cost of an additional HIV-infected person ranges from US$17 000 to US$126 000, depending on the employee’s pay category. At Kenya’s commercial plantations, medical costs were 300–400% higher than projected, as a result of AIDS. Meanwhile, business studies in East Africa and Zimbabwe showed that absenteeism accounted for up to 54% of AIDS-related company costs.

The chart below illustrates how the costs of HIV/AIDS reduce the revenues and profits of enterprises.

**Source:** UNAIDS (adapted by ILO)

HIV/AIDS is also jeopardizing human resource development. It is changing the age and sexual distribution of the labour force, and is causing a loss of skilled workers—an enterprise’s most valuable asset. *The business response to HIV/AIDS: impact and lessons learned* (UNAIDS, 2000) points out, “…with the progressive changes in the ways companies are valued, strength of intellectual capital is becoming increasingly important relative to financial capital.”

Much more difficult to measure, though, is the epidemic’s impact on staff morale and productivity, which can be affected by increasing workloads, the loss of colleagues and the fear of infection. One trigger for the Heineken company to fund HIV treatment was the need to relieve its managers of the “intolerable stress” of making decisions that affected the job security, health and even survival of its employees and their families.
The advantage of strong company policies

Businesses have a vital role to play in the wider response to HIV/AIDS, both in their own workplaces and as community leaders. The challenge is to find and replicate cost-effective interventions that mitigate the epidemic’s spread and impact. Effective programmes often include preventative measures, such as education, condom distribution, and care and support.

Prevention costs less

Research shows that providing HIV prevention and treatment programmes is more cost-effective for companies because they reduce staff turnover and labour costs. South Africa’s Harmony Gold Mining, for example, offered their staff and the local community (including sex workers) treatment for sexually transmitted infections and calculated that they averted a possible 285 HIV infections. A recent survey by the Kenyan Federation of Employers also revealed that HIV/AIDS costs companies an average of US$25 per employee annually, and that these costs would increase to US$56 per employee per annum by 2005, if the infection rate continued to grow unchecked. On the other hand, a comprehensive prevention programme would cost US$15 per employee in the first year, and would cost less thereafter.

Many prevention and treatment interventions can also be relatively inexpensive. They include: a HIV/AIDS company policy; ensuring that affected employees have access to statutory benefits; and adapting workloads to suit the HIV-infected employee's capacity. The Employers’ Handbook on HIV/AIDS: a guide for action, published by the International Organisation of Employers, provides more intervention examples, as well as details on the impact costs for employers. For more information on impact assessment tools, contact the Tata Tea Company in India, the Harvard Institute for International Development, the Futures Group, the Global Health Initiative of the World Economic Forum, the Global Business Coalition on HIV/AIDS, the International Labour Organization or Family Health International.

The business response in Africa

The recognition that HIV/AIDS represents an issue of enlightened self-interest, as well as a corporate responsibility, is driving some companies to engage in prevention and care. In sub-Saharan Africa, for instance, a quarter of some countries’ workforces are living with HIV and projected labour force losses are as high as 30%. Business must act in order to survive.

Yet resistance towards tackling AIDS as a business issue persists. For example, there are currently 5 million South Africans living with HIV/AIDS—the largest number in one country alone. Yet, a 2002 Deloitte and Touche survey found that only half of South Africa’s bigger firms had adopted a formal HIV/AIDS policy.

Large multinational corporations in key economic sectors—mining, motor and steel industries, utilities, tourism and catering, transport, finance and banking, retailing and plantations—have introduced some of the best-known responses. Ford now offers HIV/AIDS outreach services to schools in the vicinity of its plants, and DaimlerChrysler and Heineken have extended access to antiretroviral therapies (ARVs) to redundant or dismissed employees.

Standard Chartered Bank has implemented HIV/AIDS-prevention programmes and engaged in advocacy with businesses and communities. Still, the most successful interventions are directed towards a company’s specific needs and are developed and implemented with the combined efforts of workers’ representatives and people living with HIV/AIDS (see Eskom case study below).
Namibian businesses unite to fight HIV/AIDS

The Namibia Chamber of Commerce and Industry (NCCI) plays a crucial leadership role in rallying companies to engage in the fight against the HIV/AIDS epidemic. NCCI, in collaboration with Namdeb Diamond Corporation (NAMDEB) and other businesses, catalysed the formation of the Namibia Business Coalition on AIDS (NABCOA) to strengthen private-sector advocacy on HIV/AIDS and to leverage action in the workplace and the community. The Ministry of Health and Social Services and UNAIDS provided key technical support to this initiative.

“I believe that the private sector […] has a role to play and can do so through joint sustained efforts,” says Inge Zamwaani, Managing Director of NAMDEB. “The government, through the Ministry of Health and Social Services, has set the national strategic framework and the parameters through which all stakeholders can contribute in the fight against the AIDS epidemic.”

Namdeb Diamond Corporation is one of the first major private-sector employers to provide antiretroviral drugs to its HIV-positive employees. The company also supports efforts to build the capacity of community-based care and support organizations.

Smaller companies should also receive recognition, as many have been tackling the epidemic since the late 1980s and early 1990s, often through local and national employers’ organizations. The Uganda Federation of Employers, for example, played an essential role in establishing the country’s effective national response. The Kenyan Federation of Employers also developed a HIV/AIDS code of conduct—a powerful force in countering workplace discrimination.

Case study

A public-private partnership:
Eskom’s HIV/AIDS training programme for medical practitioners

Eskom, one the world’s major electricity utilities, launched the largest HIV/AIDS training intervention for medical practitioners in February 2003. After committing 6 million Rand (US$825 000) to the project, Thulani S. Gcabashe, Eskom’s Chief Executive, promised that the initiative would eventually involve health-care professionals throughout the developing world.

“Eskom’s latest initiative is a great example of business making a difference in the fight against HIV/AIDS”, said Haiko Alfeld, Director for Africa at the World Economic Forum. “Furthermore, it provides a new model of public-private partnership that will have an impact well beyond the borders of South Africa… We also hope that this new and tangible example in action will pave the way for greater private sector participation in the Global Fund to Fight AIDS, Tuberculosis and Malaria.”

The first phase of the afore-mentioned initiative will focus on capacity-building in rural communities and the public sector.

Eskom’s HIV/AIDS programme began in the mid-1990s, after an impact analysis predicted a 26% HIV-prevalence rate among its workforce within 10 years if no prevention measures were implemented. As a result, the South-African-based company declared HIV/AIDS a strategic priority and formed two committees to plan and implement action. Its strategic committee monitors the impact of HIV/AIDS on the company and employees, and reviews strategy; and its operational committee implements prevention and care programmes.

Eskom’s prevention measures include the training of peer educators; condom distribution; the free treatment of sexually transmitted infections; voluntary counselling and testing (the first test is paid for by the company); ensuring that people living with HIV/AIDS play an active role in the design and implementation of interventions; and implementing initiatives to counter stigma, discrimination and fear.

Its care and support programmes include psychological support, access to antiretrovirals under the company’s medical aid insurance scheme (which covers all employees and their immediate families), and the monitoring of tuberculosis treatment at the company’s own clinics.
Cameroon's employers' federation (GICAM) has worked with its members to initiate AIDS programmes. It has also developed partnerships with the public health service to provide HIV-infected employees with antiretroviral therapy. The Compagnie Ivoirienne d'Electricité began its AIDS education programme in 1991, launched a condom distribution initiative in 1993, and now provides free antiretroviral therapy through its solidarity fund, which is supported by employee contributions.

Efforts are also being made to form partnerships between larger and smaller enterprises, especially within local communities. For example, Coca-Cola's Africa's Charter for Action on HIV/AIDS extends its medical benefits and treatments to include all its bottling companies. Ideas for partnerships between larger and smaller enterprises are more fully developed—as is the role of business and employers’ organizations—in Implementing the ILO Code of Practice on HIV/AIDS and the world of work: an education and training manual.
A workplace policy provides the framework for enterprise action to reduce the spread of HIV/AIDS and manage its impact. An increasing number of companies have a policy on HIV/AIDS. Everyone should.

A policy:
- makes an explicit commitment to corporate action;
- ensures consistency with appropriate national laws;
- lays down a standard of behaviour for all employees (whether HIV-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 counselling and testing;
- helps to stop the spread of the virus through prevention programmes; and
- assists an enterprise in planning for HIV/AIDS and managing its impact and, ultimately, saving money.

A policy may consist of a detailed document just on HIV/AIDS, setting out programme, as well as policy, issues; it may be part of a wider policy or agreement on safety, health and working conditions; or it may be as short as, “This company pledges to combat discrimination on the basis of HIV status and to protect health and safety through programmes of prevention and care”. The ILO Code of Practice on HIV/AIDS and the world of work provides guidelines for the development of policies and programmes on HIV/AIDS in the workplace. These encourage a consistent approach to HIV/AIDS, based on 10 key principles, while being flexible enough to address the different needs of individual workplaces.

Policies should be shaped by local needs and conditions, so no one policy is relevant to all situations, but the following components can usefully be included. Suggested language is in italics.

I. General statement

The policy begins with a general statement or introduction that relates the HIV/AIDS policy to the local context and existing business practices, including some or all of the following:
- the reason why the company has an HIV/AIDS policy;
- a statement about how the policy relates to other company policies; and
- policy compliance with national and local laws, and trade agreements.

The company may also establish an agreement with its contractors, suppliers and distributors to adopt all, or some, of the provisions of the policy.

Sample language

Company X recognizes the seriousness of the HIV/AIDS epidemic and its significant (or potential) impact on the workplace. The Company supports national efforts to reduce the spread of infection and minimize the impact of the disease. The purpose of this policy is to ensure a consistent and equitable approach to the prevention of HIV/AIDS among employees and their families, and to the management of the consequences of HIV/AIDS, including the care and support of employees living with HIV/AIDS. The policy has been developed and will be implemented in consultation with employees at all levels. It is in compliance with existing laws regarding HIV/AIDS (where relevant—otherwise insert ‘existing laws on discrimination, working conditions, and safety and health’) and with the ILO Code of Practice on HIV/AIDS and the world of work.

II. Policy framework and general principles

The policy establishes some general principles as the basis for other provisions.

Sample language

Company X does not discriminate or tolerate discrimination against employees or job applicants on any grounds, including HIV status. While Company X recognizes that there are circumstances unique to HIV infection, this policy rests on the principle that HIV infection and AIDS should be treated like any other serious condition or illness that may affect employees. It takes into account the fact that employees with HIV may live full and active lives for a number of years. The Company’s commitment to maintaining a safe and healthy work environment for all employees is based on the recognition that HIV is not transmitted by casual contact.
III. Specific provisions
The policy includes provisions in the following areas:
- the protection of the rights of those affected and infected by HIV/AIDS;
- prevention through information, education and training; and
- care and support for workers and their families.

Stigma, discrimination and rights
Rights—such as those relating to confidentiality and access to benefits—should never be affected by an individual’s HIV-positive status. Stigma and discrimination compromise employee welfare and a safe and healthy work environment. They also undermine HIV-prevention efforts, which depend on an atmosphere of openness, trust and respect for basic rights.

Sample language
1. Rights of employees who are HIV-positive. HIV-positive employees will be protected against discrimination, victimization or harassment through the application of normal company disciplinary and grievance procedures, and the provision of information and education about HIV and AIDS to all employees.
2. Employment opportunities and termination of employment. No employee should suffer adverse consequences, whether dismissal or denial of appropriate alternative employment opportunities, merely on the basis of HIV infection. [A collective agreement would probably spell out the grounds for dismissal.]
3. Testing. Company X rejects HIV testing as a prerequisite for recruitment, access to training or promotion. However, the company promotes and facilitates access to voluntary confidential testing with counselling for all employees. Testing programmes to establish local/national HIV prevalence will be the subject of appropriate consultation with recognized employee organizations and will be subject to independent and objective evaluation and scrutiny. The results of epidemiological studies will not be used as a basis for discriminating against any class of employee in the workplace. All testing will comply with generally accepted international standards on pre- and post-test counselling, informed consent, confidentiality and support.
4. Confidentiality. The Company recognizes the sensitive issues that surround HIV/AIDS and, therefore, undertakes to handle matters in a discreet and private manner. Where an employee with HIV has revealed his/her status to management, the Company will keep the identity of the person confidential. However, in line with the Company’s philosophy of openness, employees will be encouraged to be open about their HIV status.

Awareness-raising and education
In the absence of a vaccine or cure, information and education are vital components of an HIV-prevention programme, because the spread of the disease can be limited by informed and responsible behaviour; and practical measures, such as condom distribution, are also important means of supporting behavioural change in the workplace.

Sample language
1. Awareness and education programmes will be conducted to inform employees about HIV and AIDS, and help them to protect themselves and others against infection. Programmes will take into account the different needs of male and female employees, and some will include the families of employees and the local community.
2. The Company recognizes the importance of involving employees and their representatives in the planning and implementation of awareness, education and counselling programmes, especially as peer educators and counsellors.
3. Practical measures to support behavioural change and risk management will include the treatment of sexually transmitted infections (STIs) and tuberculosis (TB) [or, where impossible, referral to STI and TB treatment services in the community], sterile needle- and syringe-exchange programmes [if relevant to the local situation], and the distribution of male and female condoms.
4. Training will be arranged for key staff, including managers, supervisors and personnel officers; union representatives; trainers of trainers (both male and female); peer educators; and occupational safety and health officers.
5. Reasonable time off will be given for participation in education and training.
Care and support for workers and their families
It is in the interest of both the company and its employees that infected individuals be offered assistance in order to remain at work for as long as possible.

Sample language
1. **The promotion of employees’ well-being.** The Company will treat employees who are infected or affected by HIV/AIDS with empathy and care. Consequently, the Company will provide all reasonable assistance, which may include counselling, time off, sick leave, family responsibility leave, and information regarding the virus and its effects.

2. **Work performance and reasonable accommodation.** It is the policy of the Company to respond to the changing health status of employees by making reasonable accommodation. Employees may continue to work as long as they are able to perform their duties safely and in accordance with performance standards. If an employee with AIDS is unable to perform his/her tasks adequately, the manager or supervisor must resolve the problem according to the company’s normal procedure on poor performance/ill-health.

3. **Benefits.** Employees living with HIV/AIDS will be treated no less favourably than staff with any other serious illness/condition, in terms of statutory and company benefits, workplace compensation, where appropriate, and other available services.

4. **Health care.** (This paragraph will need to be amended according to the size of the company and resources available for medical care.)
   ▶ The occupational health service will offer the broadest range of services to prevent and manage HIV/AIDS, including the provision of antiretroviral drugs, treatment for the relief of HIV/AIDS-related symptoms and opportunistic infections (especially tuberculosis), and reproductive and sexual health services and advice on healthy living, including nutritional counselling and stress reduction. The dependants of employees will also be eligible for medical treatment.
   ▶ Appropriate support and counselling services will be made available to employees.

Possible alternative
4. **Health care.** Company X will help employees living with HIV/AIDS to find appropriate medical services in the community, as well as counselling services, professional support and self-help groups, if required. Reasonable time off will be given for counselling and treatment.

IV. Implementation and monitoring
If the policy does not take the form of a negotiated agreement, a short clause could be added whereby management and worker representatives pledge their full support to the policy.

Sample language
1. **Company X has established an HIV/AIDS committee** [or responsible officer, in a smaller workplace] **to coordinate and implement the HIV/AIDS policy and programme.** The committee consists of employees representing all constituents of the company, including general management [spell out constituents, e.g. staff committee, medical services, human resources department, etc.]. The committee/responsible officer will report regularly to the executive board.

2. **In order to plan and evaluate its HIV/AIDS policy and programme effectively, Company X will undertake a survey to establish baseline data, as well as regular risk and impact assessment studies.** The survey will include knowledge, attitudes and behaviour/practices. Studies will be carried out in consultation with, and with the consent of, employees and their representatives, and in conditions of complete confidentiality.

3. **This policy, and related information on HIV/AIDS, will be communicated to all Company X employees, associated businesses and the wider public, using the full range of communication methods available to the Company and its network of contacts.**

4. **This policy will be reviewed annually and revised as necessary in the light of changing conditions and the findings of surveys/studies conducted.**
Budget and finance

Companies should make every effort to establish a budget for HIV/AIDS activities, but should bear in mind the following: many interventions can be put in place at little or no cost; smaller companies can work together to share costs; and services and resources may exist in the community or may be sought, for example, through the local UN Theme Group on HIV/AIDS or the new Global Fund to Fight AIDS, Tuberculosis and Malaria. Technical assistance in conducting surveys may be sought through UNAIDS and the ILO.

Further advice on, and examples of, workplace policies may be obtained from the Asian Business Coalition on AIDS, Family Health International, the Global Business Coalition, the International Labour Organization, the International Confederation of Free Trade Unions, the International Organisation of Employers, and the World Economic Forum (addresses on jacket cover and see below).

Some useful websites:

www.ilo.org/aids
www.unaids.org
www.abconaids.org
www.weforum.org/globalhealth
www.ioe-emp.org
www.icftuafro.org
www.fhi.org
www.businessfightsaids.org
After establishing the core elements of a workplace policy, we turn to the process of agreeing and implementing the policy. The policy will be more appropriate and the implementation more effective if it is based on consultation and collaboration between employers and representatives of the workforce. Partnership with trade unions can also reduce costs for the company—unions can help organize programmes and provide trainers and educators.

Developing and implementing the policy

Appendix III of the *ILO Code of Practice on HIV/AIDS and the world of work* gives a checklist of steps for agreeing and implementing a workplace policy on HIV/AIDS:

1. HIV/AIDS committee is set up with representatives of top management, supervisors, workers, trade unions, human resources department, occupational health services, health and safety committee, and persons living with HIV/AIDS. In smaller workplaces, an existing committee may be used or a responsible officer appointed in either case to make sure that regular reports are made to the highest decision-making body in the enterprise.

2. Committee decides its terms of reference and decision-making powers and responsibilities: these must be approved by existing decision-making bodies (e.g., workplace committee, executive board).

3. Review of national laws and their implications for the enterprise; this should go beyond any specific laws on HIV/AIDS and could include antidiscrimination laws, for example, and relevant ILO conventions.

4. Committee assesses the impact of the HIV/AIDS epidemic on the workplace and the needs of workers by carrying out a confidential baseline study—important for planning a programme and for monitoring the effectiveness of the response.

5. Committee establishes what health and information services are already available, both in the workplace and in the local community: useful to avoid duplication. Information about community services is an essential part of a ‘no/low-cost’ response in enterprises with few resources.

6. Committee formulates a draft policy that contains a commitment to nondiscrimination, covers prevention and care, and takes account of best practice. Draft is circulated for comment, then revised and adopted; the wider the consultation, the fuller the sense of ‘ownership’ and support. The policy should be written in clear and accessible language.

7. Committee draws up a budget, seeking funds from outside the enterprise, if necessary, and identifies existing resources in the local community. Although funds are important, the absence of funding should not mean that no action is possible.

8. Committee establishes plan of action, with timetable and lines of responsibility to implement policy; it is important to have at least one named HIV/AIDS coordinator/focal point to ensure implementation, especially where it is not possible to set up a committee just for HIV/AIDS.

9. Policy and plan of action are widely disseminated through, for example, notice boards, mailings, pay slip inserts, special meetings, induction courses and training sessions, and programmes of information, education and care are put in place.

10. Committee monitors the impact of the policy and revises it, as necessary. The HIV/AIDS epidemic is evolving rapidly, and so is the response. Workplace policies and programmes must not stand still.
The ILO Code of Practice on HIV/AIDS and the world of work is a set of internationally recognized guidelines that promote and support action against HIV/AIDS in the world of work. Developed in consultation with Member States and approved by representatives of government, employers and workers from all regions, the Code contains fundamental principles for policies at national and enterprise levels, and practical guidance for workplace programmes.

The 10 key principles (text from the Code is in italics)

1. Recognition of HIV/AIDS as a workplace issue: HIV/AIDS is a workplace issue because it affects workers and enterprises—cutting the workforce (by up to 30% in some countries), increasing labour costs and reducing productivity. It should be treated like any other serious illness/condition in the workplace: this statement aims to counter discrimination and also the fears and myths that surround HIV/AIDS. The workplace has a role to play in the wider struggle to limit the spread and effects of the epidemic: later sections of the Code, especially those on prevention, training and care, clearly explain this role.

2. Nondiscrimination: There should be no discrimination against workers on the basis of real or perceived HIV-positive status. Nondiscrimination is a fundamental principle of the ILO and is at the heart of the ILO’s response to the epidemic. The principle of nondiscrimination extends to employment status, recognized dependants, and access to health insurance, pension funds and other staff entitlements. Discrimination and stigmatization of people living with HIV/AIDS inhibits efforts aimed at promoting HIV/AIDS prevention: if people are frightened of the possibility of discrimination, they will probably conceal their status and are more likely to pass on the infection to others. Moreover, they will not seek treatment or counselling. All successful prevention initiatives have been part of a wider approach that included establishing an atmosphere of openness, trust and a firm stand against discrimination.

3. Gender equality: The gender dimensions of HIV/AIDS should be recognized. Women are more likely to become infected and are more often adversely affected by the HIV/AIDS epidemic than men, for biological, sociocultural and economic reasons. It is, therefore, important that HIV/AIDS programmes respond to the circumstances and needs of men and women separately, as well as together—both in terms of prevention and social protection—to mitigate the impact of the epidemic.

4. Healthy work environment: The work environment should be healthy and safe, as far as is practicable, for all concerned parties. This includes the responsibility for employers to provide information and education on HIV transmission, and appropriate first-aid provisions in the event of an accident. It does not, however, give employers the right to test employees for HIV in the interest of public health, because casual contact at the workplace presents no risk of HIV transmission. A healthy work environment facilitates adaptation of work to the capabilities of workers, in light of their physical and mental health, thereby mitigating the impact of AIDS on workers and the enterprise alike.

5. 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: this is not only fundamental to the way the ILO works, but is very practical in that any policy is more likely to be implemented effectively if it has been developed with the full participation of all concerned parties.

6. No screening for purposes of exclusion from employment or work processes: HIV/AIDS screening should not be required of job applicants or persons in employment. HIV testing not only violates the right to confidentiality, but is impractical and unnecessary. At best, an HIV test result is a ‘snapshot’ of someone’s infection status. It is no guarantee that he or she will not become infected tomorrow, or next month. It should also be remembered that people with HIV may remain perfectly fit and healthy for many years.

7. Confidentiality: There is no justification for asking job applicants or workers to disclose personal HIV-related information. Nor should co-workers be obliged to reveal such personal information about fellow workers. The right to confidentiality does not, of course, only apply to HIV/AIDS; rules of confidentiality have been established in the ILO Code of Practice on the protection of workers’ personal data, 1997.
8. **Continuation of employment relationship:** HIV infection is not a cause for termination of employment. As with many other conditions, persons with HIV-related illnesses should be encouraged to work for as long as medically fit in available, appropriate work. This principle is based on the fact that being HIV-positive is not the same as having AIDS and a number of possible opportunistic infections. Reasonable accommodation to help workers continue in employment can include rearrangement of working time, special equipment, opportunities for rest breaks, time off for medical appointments, flexible sick leave, part-time work and return-to-work arrangements.

9. **Prevention:** HIV infection is preventable. Prevention of all means of transmission can be achieved through a variety of strategies—guidelines and examples are given in succeeding sections of the Code, especially section 6. Prevention can be furthered through a combination of information, participatory education (including personal risk assessment and life skills), practical support for behavioural change (such as condom distribution), and treatment for sexually transmitted infections.

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

An education and training manual has been produced by the ILO to guide implementation of the Code of Practice.
Trade unions have always tackled major social issues, such as HIV/AIDS. Today, with an estimated 26 million workers in their productive primes living with HIV/AIDS, trade unions are responding to the epidemic by mobilizing their extensive networks and contacts; negotiating and implementing workplace HIV/AIDS agreements/policies; and building on their influence in the community and with the government. Trade unions are also extending their responsibilities to include the following elements.

Protecting the rights and dignity of people living with HIV/AIDS

Protecting workers' rights is an essential component of workplace policies and agreements on HIV/AIDS: it combats the fear and denial surrounding the epidemic and promotes effective HIV-prevention programmes. The Zambia Congress of Trade Unions, for instance, implemented a 'Crusade against HIV/AIDS'. Launched by former President Kenneth Kaunda, the programme trained four AIDS coordinators at its head office and one in each affiliated union. These coordinators, in turn, trained more than 120 shop stewards. Publicity materials such as posters, brochures and stickers, as well as guidelines for negotiating a HIV/AIDS collective agreement, support their work.

Traditionally, trade unions and labour organizations have:

- organized workers and represented their interests, protected their rights and combated discrimination;
- ensured safe and healthy working conditions;
- promoted access for all workers to a fair income, social insurance and basic health care; and
- participated in social dialogue on national issues affecting employment, the labour market and human resources.

The epidemic threatens the progress of trade unions in all these areas. But, as is the case for people living with HIV/AIDS, workers and their organizations are among the best to provide an effective response.

HIV/AIDS prevention

Trade unions can use their experience in education to train workplace representatives as peer educators, as well as to instruct workers on HIV/AIDS issues, including how to assess the risks of their own behaviour and negotiate safer sex. Moreover, unions can make sure that occupational health and safety measures are met—by, for example, ensuring the availability of basic protective equipment. They can also help identify vulnerable groups (such as young and migrant workers) and support efforts that are targeted towards their needs.

Know your status!

People who know their HIV status can take appropriate action to protect themselves and others. In Rwanda, a union workshop for scooter taxi-drivers ended with more than 90% of the participants getting HIV tests, and sharing the results. The union then set up a fund for the HIV-infected workers.

Care and support

Care and support workplace programmes for HIV/AIDS include: protecting workers from stigma and discrimination; ensuring access to medical benefits and social security; providing community services information, especially when counselling or medical treatment is not available in the workplace; encouraging voluntary counselling and testing; supporting self-help groups; providing treatment for opportunistic infections (especially tuberculosis) and antiretroviral therapy, where possible; and adapting jobs so that people living with HIV/AIDS can work for as long as possible.
The Southern African Clothing and Textile Workers Union (SACTWU) adopted a HIV/AIDS policy and action programme that commits the union to a time-bound workplan, which includes: HIV/AIDS training and awareness-raising; voluntary counselling and testing for workers and their families; affordable and accessible treatment; home-based care; campaigning; and the formation of community partnerships. Other unions have joined forces to support the South African Government’s Nevirapine programme—the drug that prevents mother-to-child transmission of HIV during childbirth and breastfeeding.

**Managing the impact of HIV/AIDS**

Knowledge is needed to effectively manage and mitigate the epidemic’s personal, social and economic consequences, including the impact on human resources. A number of global union federations, for example, conducted surveys among their members to find out the effect of HIV/AIDS on their work and union activity, and what actions they were taking in response. Many unions now say that all activities should include a HIV/AIDS component, and that the members’ capacities to negotiate HIV/AIDS workplace agreements should be strengthened. Trade unions can also support national efforts to analyse and monitor the epidemic, as well as the effectiveness of responses.

**Advocacy and partnerships**

Advocacy is needed to: persuade governments that national AIDS policies must be multisectoral and include the world of work; convince employers of the urgent need to implement workplace programmes; and support campaigns that focus on drug availability and strengthening the health system. Unions also have extensive communications networks that can be used for the dissemination of HIV/AIDS messages, including websites, newsletters, notice boards and media contacts. They are also increasingly represented on national AIDS councils or committees, as are employers’ organizations, and should be recognized as key civil society partners.

**Policy development**

In 2000, the International Confederation of Free Trade Unions’ African Regional Organisation issued the Gaborone Trade Union Declaration and Framework of Action on HIV/AIDS. With the support of the Norwegian trade union centre, a project was then implemented to train shop stewards, execute workplace prevention and care programmes, and publish a training manual.

The International Confederation of Free Trade Unions (ICFTU) encourages its national union centres and the global union federations to develop policies for their own organizations, as well as workplace policies or clauses in collective agreements. Programmes to implement these policies should include: training components for the relevant workplace actors, and structures for monitoring the epidemic’s impact and the effectiveness of the response. The International Confederation of Free Trade Unions is also currently implementing a global mapping exercise to establish an inventory of its affiliates’ actions, with a view to providing guidelines for effective policies, and a programme to mobilize the organizations’ regional structures and national membership.