

# Module 7 > 7

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

## Introduction

The consensus about the importance of care highlights the fact that *health care is a human right*. The World Health Organization (WHO) has summarized the issues in a policy paper, “Key elements in HIV/AIDS Care and Support”.<sup>1</sup>

Access to care and support also contributes to the prevention of HIV infection. Care provision encourages confidential voluntary counselling and testing (VCT). It offers an opportunity to discuss with the infected person, partners and relatives how they might prevent further spread of the infection, and support them in their choice to do so, e.g. by helping them to increase their safety as sexual partners or to gain access to treatment to reduce mother to child transmission of HIV.

Care and support for people living with HIV and AIDS decreases the spread of infectious diseases that are commonly associated with it - particularly TB and STIs - by early diagnosis and treatment of these conditions.

By caring openly and compassionately for persons infected with HIV, caregivers alleviate the community's fear of HIV infection and reduce stigma and discrimination.

There are social and economic benefits of care and support for people living with HIV/AIDS, for their families and workplaces, and for the wider community: when people living with HIV and AIDS are helped to live longer and more healthily, then pain and suffering, loss of income and the need for care are postponed. The workplace and economy benefit by retaining the workforce.

Care and support for people living with HIV and AIDS builds confidence and hope: if quality of life improves for people with HIV/AIDS, hope will be fostered for the benefit of the individual, the family and society at large.

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<sup>1</sup> WHO/UNAIDS: *Key Elements in Care and Support* (Geneva, 2000)

## Success stories

These examples show that care and support for people living with HIV and AIDS – even in countries with limited resources - is possible, affordable and effective.

### Brazil

An estimated 580,000 people in Brazil were HIV-positive in the year 2000. Two decades earlier it had been estimated that the number infected by 2000 would be around 1.2 million. Much of this improvement is due to the programmes of the Brazilian government, which took early action to prevent the spread of the disease and to provide care.

The Brazilian government developed a drug distribution system programme in 1992. This initial programme became dramatically more far-reaching when the government decided to manufacture its own antiretroviral drugs, thus driving down prices. Many experts felt that the poor health care infrastructure would undermine delivery of the drug therapies, but this was not the case. According to Stephen Buckley, writing in the *Washington Post*,<sup>2</sup>

*Bolstered by physicians, 133 testing and counselling centres and generally cooperative pharmacies, the programme has distinguished itself from numerous government-sponsored health efforts that have failed to reach their intended target – Brazil's poor and working class.*

### Uganda

An important part of the Uganda strategy has been the development of a successful voluntary counselling and testing service. Same-day results are a particular feature of the service offered. The testing that is offered by the AIDS Information Centre (AIC) is voluntary and confidential.

- The process starts with anonymous registration, which ensures client confidentiality.
- This is followed by test decision counselling.
- If the person decides to proceed, a blood test is taken.
- Prevention counselling then takes place, which includes prevention of STIs in general.
- This is followed by test result counselling for both positive and negative results.

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<sup>2</sup> Buckley, S.: *Brazil becomes model in fight against AIDS* (Washington Post Foreign Service, Sept. 17, 2000)

- People who have had unprotected sex recently may be advised to return for a further test in three to six months time.
- Clients who are HIV-positive are counselled and referred to medical or social support systems that are available in the community. These services are referred to as the post-test club.

### Northern Thailand

Thailand's HIV/AIDS epidemic has been most severe in the six northern provinces. In this region the health services were being overwhelmed by the epidemic, and the government has attempted to shift the burden of care from hospitals to the community and home. The first successful community-based prevention and care programme took place in 1992, in the village of Ban Dong Luang in Lamphun province. Having established links between the staff of local health centres and the village community, the project set up support groups and trained 15 local leaders as care providers, five of whom were also trained as counsellors. The health staff strongly encouraged the acceptance of people with HIV/AIDS in the village, and cases of discrimination were recorded as having decreased. Ban Dong Luang became the first community in the north to form an AIDS association, raising money for people with HIV and AIDS.

## Care and support at the workplace

The ILO approach to workplace care and support is well summarized in the introduction to Section 9 of the Code of Practice, which states that:

*Solidarity, care and support are critical elements that should guide a workplace in responding to HIV/AIDS. Mechanisms should be created to encourage openness, acceptance and support for those workers who disclose their HIV status, and to ensure that they are not discriminated against nor stigmatized. To mitigate the impact of the HIV/AIDS epidemic in the workplace, workplaces should endeavour to provide counselling and other forms of social support to workers infected and affected by HIV/AIDS. Where health-care services exist at the workplace, appropriate treatment should be provided. Where these services are not possible, workers should be informed about the location of available outside services. Linkages such as this have the advantage of reaching beyond the workers to cover their families, in particular their children. Partnership between employers and governmental and non-governmental organizations also ensures effective delivery of services and saves costs.*

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### Comprehensive care

The ILO emphasizes that comprehensive care and support involves a range of services, responding to the needs of workers with HIV/AIDS for treatment, for material and psychosocial support, and for protection against discrimination and rejection. These would ideally include:

- health care services and appropriate treatment of HIV (where possible) and related infections – if there are no health services at the workplace, workers should be informed about the availability of services outside; health authorities may wish to consider supporting the delivery of health services at the workplace where community provision is lacking;
- confidential voluntary testing and counselling (VCT), as an important starting point for both prevention and care;
- an open, accepting and supportive environment for workers who disclose their HIV status, and legal provisions against discrimination;
- psychosocial support and counselling of individuals tested HIV-positive, and their families;
- reasonable accommodation – making changes to tasks, the workplace or working conditions (including hours and breaks) so that workers with HIV and AIDS can continue in their jobs;
- family planning services;

- healthy living programmes, including nutritional supplements where possible;
- financial support, training or income-generating opportunities for persons who lose employment because of HIV status, and for family members;
- social protection, including access to benefits provided by the state and/or the employer;
- information and training in HIV/AIDS care and prevention for caregivers at home;
- care and support for family members after the death of the primary breadwinner.

### Voluntary counselling and testing

VCT is based on the principles of voluntary, informed consent and confidentiality of results. The person must understand the implications of taking a test and be counselled beforehand. A person should not simply be told the result of their test. Support, particularly if the test is positive, has to be provided. One of the most effective sources of support will come from people who have already tested positive and who are living with HIV and AIDS. Even a person with a negative test result should receive counselling. The Code of Practice says: *Voluntary testing should normally be carried out by the community health services and not at the workplace.*

*Where adequate medical services exist, voluntary testing may be undertaken at the request and with the informed consent of a worker, with advice from the workers' representative. It should be performed by suitably qualified personnel with adherence to strict confidentiality and to disclosure requirements. Gender-sensitive counselling, which facilitates an understanding of the nature and purpose of the HIV tests, the advantages and disadvantages of the tests and the effect of the result upon the worker, should form an essential part of any testing procedure.*

### Parity with other serious illnesses

The Code of Practice says that HIV/ AIDS should be treated “no less favourably” than other serious illnesses in recognition of the fact that special treatment could be necessary - for example counselling or practical support in terms of nutritional supplements.

- 9.1. (a) HIV infection and clinical AIDS should be treated in the workplace no less favourably than any other serious illness or condition.*
- (b) Workers with HIV/AIDS should be treated no less favourably than workers with other serious illnesses in terms of benefits, workers' compensation and reasonable accommodation.*
- (c) As long as workers are medically fit for appropriate employment, they should enjoy normal job security and opportunities for transfer and advancement.*

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Examples of serious conditions that could impact on people's working lives include diabetes, breast cancer, angina, and AIDS. Workers in the same workplace experiencing any of these, or comparable illnesses, should be able to expect the same level of care and support. The type of care might differ because of the nature of the illness, but should not be better or worse depending on the illness or how people think it may have been contracted. Blaming the victim for having become ill should play no part in the provision of care and support.

Employers can demonstrate their commitment to providing equal treatment by having a policy on HIV/AIDS and ensuring the policy is implemented. It is important that education and training programmes aimed at key staff such as human resource personnel, medical and supervisory staff stress the need to provide care and support in a non-discriminatory manner. General education and information campaigns need to explain to all employees that a person with HIV/AIDS is of no danger to them and should be treated with respect and consideration.

At the same time, employers are not obliged to retain workers who are medically unfit (as a result of AIDS or another condition). The grounds for termination of employment should be made clear in the workplace policy or agreement.

## Terms and conditions of work

Companies that have benefits schemes - such as sick pay, health insurance and workers' compensation - should apply these schemes fairly and equally to all employees. People living with HIV and AIDS should not be discriminated against in welfare and other statutory benefits. At the same time adjustments may need to be made to respond to the way the disease develops, for example by extending sick leave. If existing provisions or schemes need to be altered, this should be by negotiation or consultation between management and union. In making any changes it would also be useful to seek the advice of people living with HIV and relevant associations at work or in the community.

## Reasonable accommodation

Reasonable accommodation is the name given to practical adjustments that are made by the employer to assist workers with an illness or disability to manage their work. Measures will vary with different workplaces but might include:

- reducing or rescheduling working hours
- modifying tasks or changing jobs
- adapting the work environment
- providing more or longer rest periods
- granting employees time off for counselling and other services.

As with other working conditions, it is best if reasonable accommodation is defined in any particular workplace by agreement between management and unions or workers' representatives. It is important that other workers see reasonable accommodation as providing necessary care not favourable treatment.

In countries with a high level of HIV infection there will be a greater need to think creatively as to how the needs of employees with HIV/AIDS and the demands on the company can both be met through reasonable accommodation measures.

### Job security, promotion and training

Workers who are medically fit should not suffer discrimination either in terms of job security or opportunities for training or promotion. Workers who become HIV-positive can remain well for many years. They may contract an infection, which is successfully treated, and return to medical fitness. Where HIV treatment, such as HAART (Highly Active Antiretroviral Therapy) is available, then life expectancy and quality of life can improve dramatically. Even if it is only possible to offer treatment for opportunistic infections, and help to ensure adequate rest and a healthy diet, these measures will help to prolong life – and extend a worker's ability to remain productive. Threatening job security or denying promotion is unfair and also robs the workplace of skilled employees able to make a real contribution for many years ahead.

### Disclosure and confidentiality

Voluntary disclosure of one's HIV status has many consequences and can only be a personal decision. As we saw in Module 2, the right to privacy is a basic human right. Confidentiality at the workplace means that a person infected with HIV has full control over decisions about if and how his or her colleagues are informed. Employees may choose not to disclose their status at work for fear of stigmatization by the employer or fellow workers. In a safe and decent workplace, where employees are educated about HIV and where discrimination is prohibited, people living with HIV are far more likely to be open about their status.

A study in the United States of thirty individuals considering going back to work illuminates some of the issues of disclosure and discrimination.<sup>3</sup> The reasons for wanting to return to work included:

- the psychological and emotional benefits of employment,
- financial benefits,
- the social nature of work.

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<sup>3</sup> Brooks, R. and Klosinski, L.: Assisting Persons Living with HIV/AIDS to return to work, *AIDS Education and Prevention*, 1999, 11(3), pp. 212-223

The fears expressed about going back to work included:

- health and medical concerns, which included the need to have flexible working hours,
- issues surrounding medical benefits and whether these would be adversely affected by a return to work,
- the existence of stigma, prejudice and discrimination amongst employers and co-workers.

Several participants in the study had experienced past discrimination and did not think that many employers would be sensitive to HIV/AIDS. Disclosure of their HIV status was an issue at the interview stage for those looking for a new employer. It was also an issue in relation to treatment by co-workers. Several participants in the survey stressed the need to be open with an employer from the beginning, which would help both sides deal with situations as they arose.

One of the conclusions of the study was that employers and employees needed help in understanding laws on discrimination and the meaning of reasonable accommodation.

## Counselling

Counselling is an essential part of a care and support programme for people with HIV/AIDS. Employers and workers' representatives are both encouraged to take a proactive approach to counselling and make sure that HIV-positive employees have access to professional counselling in the workplace or, preferably, outside it. General information on medical services and support groups should also be made available.

Section 9.2 of the Code of Practice gives the following guidance:

*(a) Employers should encourage workers with HIV/AIDS to use expertise and assistance outside the enterprise for counselling or, where available, its own occupational safety and health unit or other workplace programme, if they offer specialized and confidential counselling.*

*(b) To give effect to this, employers should consider the following actions:*

- *identify professionals, self-help groups and services within the local community or region which specialize in HIV/AIDS-related counselling and the treatment of HIV/AIDS;*
- *identify community-based organizations, both of a medical and non-medical character, that may be useful to workers with HIV/AIDS;*
- *suggest that the worker contact his or her doctor for initial assessment and treatment if not already being treated, or help the worker locate a doctor if he or she does not have one.*

*(c) Employers should provide workers with HIV/AIDS with reasonable time off for counselling and treatment in conformity with minimum national requirements.*

*(d) Counselling support should be made accessible at no cost to the workers and adapted to the different needs and circumstances of women and men. It may be appropriate to liaise with*

*government, workers and their organizations and other relevant stakeholders in establishing and providing such support.*

*(e) Workers' representatives should, if requested, assist a worker with HIV/AIDS to obtain professional counselling.*

*(f) Counselling services should inform all workers of their rights and benefits in relation to statutory social security programmes and occupational schemes and any life-skills programmes which may help workers cope with HIV/AIDS.*

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The Code recognizes that few workplaces have the resources or ability to provide counselling, so it emphasizes the need for the employer and workers' representatives to have a full understanding of the support services available in the community.

## Occupational health services

Many larger companies have occupational health services that are available to employees. Section 9.3 of the Code of Practice recommends that companies extend these services to respond to the needs of people living with HIV and AIDS, including the provision of antiretroviral drugs where this is possible (and see case studies).

*(a) Some employers may be in a position to assist their workers with access to antiretroviral drugs. Where health services exist at the workplace these should offer, in cooperation with government and all other stakeholders, the broadest range of health services possible to prevent and manage HIV/AIDS and assist workers living with HIV/AIDS.*

*(b) These services could include the provision of antiretroviral drugs, treatment for the relief of HIV-related symptoms, nutritional counselling and supplements, stress reduction and treatment for the more common opportunistic infections including STIs and tuberculosis.*

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## Self-help and community groups

The role of self-help and community groups in providing care and support is important in all countries affected by the epidemic. Section 9.4 of the Code of Practice suggests that:

*Where appropriate, employers, workers' organizations and occupational health personnel should facilitate the establishment of self-help groups within the enterprise or the referral of workers affected by HIV/AIDS to self-help groups and support organizations in the local community.*

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Where there are well-resourced self-help groups in the community, then referring workers may be the best solution. Unions and management could consider helping to set up such groups in the workplace as an alternative way of providing support where they are needed. Financial support for community groups could also be provided, as in the example of Molson Canada (see case study).

## Employee and family assistance programmes

Employee assistance programmes (EAPs) are programmes which provide counselling for employees on a broad range of personal, health and legal issues. They can provide an effective framework for workplace health promotion services. EAPs vary among workplaces and countries - such flexibility enables them to cater for the specific requirements of individual companies and regions.

Family assistance programmes involve ways of assisting the families of employees cope with their disease or dependency.

*(a) In the light of the nature of the epidemic, employee assistance programmes may need to be established or extended appropriately to include a range of services for workers as members of families, and to support their family members. This should be done in consultation with workers and their representatives, and it can be done in collaboration with government and other relevant stakeholders in accordance with resources and needs.*

*(b) Such programmes should recognize that women normally undertake the major part of caring for those with AIDS-related illnesses. They should also recognize the particular needs of pregnant women.... The programmes may be in-house, or enterprises could support such programmes collectively or contract for such services from an independent enterprise.*

*(c) The family assistance programme may include:*

- compassionate leave;*
- invitations to participate in information and education programmes;*
- referrals to support groups, including self-help groups;*
- assistance to families of workers to obtain alternative employment for the worker or family members provided that the work does not interfere with schooling; ...*
- direct or indirect financial assistance;*
- managing financial issues relating to sickness and needs of dependents;*
- legal information, advice and assistance;*

- *assistance in relation to understanding the legal processes of illness and death such as managing financial issues relating to sickness, preparation of wills and succession plans;*
- *helping families to deal with social security programmes and occupational schemes;*
- *directing families to relevant legal and health authorities or providing a list of recommended authorities.*

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This kind of comprehensive family assistance is usually beyond the reach of an individual employer, but could be provided through collaboration between a number of different stakeholders, including local health authorities, community-based organizations and self-help groups. Employers' and workers' organizations can examine ways in which they can also contribute to families who may be in desperate need, by extending their own systems of care and support from the workplace into the community.

Evidence is growing of the plight of widows in India who have lost their husband to AIDS: many are blamed and rejected by their husband's family, thrown out of the family home, and left destitute. 'Compassionate employment' arrangements, by which widows may take over their husband's job, are denied to them. In such cases, support in finding work, including training, may be essential to their survival. The ILO is working with the Delhi Network of Positive People to develop income-generating activities for women in this situation.

## Care and support for orphans

HIV/AIDS has created a huge number of orphans. In Africa, about two per cent of children were orphans before the pandemic. Now, in the most affected countries, it is 15 to 17 per cent. The current estimate is that 12 million children in Africa have lost one or both parents to AIDS, and this figure could increase to as many as 25 million by the year 2010.<sup>4</sup>

Many of these orphans are vulnerable to sexual exploitation, commercial and otherwise. Children are also involved in the care of sick family members, and the support of younger siblings; there is an increasing number of child-headed households.

There is evidence that HIV/AIDS is now a major cause of child labour. The ILO's International Programme on the Elimination of Child Labour (IPEC) is specifically addressing the mechanisms by which AIDS is pushing vulnerable children into exploitative forms of labour.<sup>5</sup>

The death of millions of agricultural workers - at least 7 million by the end of 2001 - means thousands of children taking on the work of their parents. Many farms in southern Africa are employing orphaned children as a way of helping them survive. The dilemma for trade unions, among other concerned parties, is how to protect the rights of children, and ensure livelihoods for adult workers, while recognizing that this work may be their only chance for orphans to survive. The IUF, whose affiliates include many agricultural unions, has recently passed a resolution on HIV/AIDS which addresses this among other issues (see Reference materials).

The Code encourages employers to take responsibility for orphaned children with connections to the workplace or enterprise.

### *9.8. Employee and family assistance programmes*

*(b)... They should respond to the needs of children who have lost one or both parents to AIDS, and who may then drop out of school, be forced to work, and become increasingly vulnerable to sexual exploitation. The programme may be in-house, or enterprises could support such programmes collectively or contract out for such services from an independent enterprise.*

*(c)The family assistance programme may include: ...*

*-specific measures, such as vocational training and apprenticeships, to meet the needs of children and young persons who have lost one or both parents to AIDS..*

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The huge increase in orphans due to AIDS places a great strain on the traditional solution - fostering by members of the extended family. There are many cases of grandmothers looking after several children. It is obviously a huge worry for parents who are HIV-positive: who will look after their children after their death?

<sup>4</sup> World Bank: *Africa's Orphans and Vulnerable Children* (Washington, DC, 2002)

<sup>5</sup> ILO: *A future without child labour* (Geneva, 2002)

Quality care of orphans is an important part of an AIDS prevention strategy. If workers are assured that their children will be well cared for after their death, and that no stigma will attach to them because their parent died from an AIDS-related infection, they are more likely to come forward for voluntary counselling and testing and to acknowledge their HIV status.

Fostering children with relatives is the best solution, and enterprises should ensure prompt payment of survivors' benefits to those responsible for the upbringing and welfare of the child. Enterprises could also consider grants toward health and education, so that the children do not drop out of school and join the ranks of child labourers. When the children get older, there might be scope for bringing them into the enterprise where their parent worked, as apprentices.

If no relatives or friends can be found to foster the child, an orphanage may be the only possibility. Enterprises might consider sponsoring a particular orphanage and providing some support and human resources to ensure it is well managed.

## Social protection

Social protection is an important component of care and support. The simple principle behind social protection is pooling risk. If an individual or a single family bears all the costs relating to death or sickness, or other loss of earnings, such circumstances place a tremendous strain on that person or family. But if the risk is pooled - through taxation or an insurance scheme with wide coverage - then the cost is affordable.

The ILO defines social protection as including:

*not only public social security schemes, but also private or non-statutory schemes with a similar objective, such as mutual benefit societies or occupational pension schemes. It includes all sorts of non-statutory schemes, formal or informal, provided that contributions to these schemes are not wholly determined by market forces. These schemes may feature, for example, group solidarity, or an employer subsidy, or perhaps a subsidy from the government.<sup>6</sup>*

It is thus a broader concept than social security. There are a number of ILO Conventions dealing with various social security cash benefits, for example, Convention 102. Other Conventions dealing with social protection include Convention 183 on maternity protection.

Social protection issues are also covered in Module 4 on government and Module 8 on the informal economy.

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<sup>6</sup> ILO: *World Labour Report 2000* (Geneva, 2000)

## Workplace programmes: case studies

As with prevention, companies are increasingly developing ways to provide care and support. Here are three examples of company action.

### Volkswagen do Brazil

In 1996 Volkswagen do Brazil developed a comprehensive prevention and care programme in response to an increasing level of HIV infection in the company's workforce. The initiative focuses on HIV/AIDS prevention and the treatment of employees living with HIV/AIDS. The prevention programme uses educational presentations and information dissemination via the company radio, internal newspapers, bulletin boards, videos and HIV/AIDS brochures.

A principal feature of the care provided by the company was the establishment of a scheme that standardized assistance, while allowing for some flexibility based on individual needs. The treatment and counselling provided by the programme includes access to infectious disease specialists, social workers, nutritionists, psychologists, referrals to specialized hospitals and home care. Patients are also given access to antiretroviral drug treatment. In addition, as part of the company's non-discrimination policy, assistance is given to personnel in order to reintegrate them into the workplace and society. The scheme can be described as providing comprehensive care and support.

By the end of 1999, the company's monitoring system, which included both quantitative and qualitative indicators, showed:

- a 90 per cent reduction in hospital admissions;
- a 40 per cent reduction in the costs of treatment and care;
- 90 per cent of people with HIV/AIDS covered by the scheme remained active and symptom-free;
- an improved quality of life for people living with HIV and AIDS at the workplace and in the community.

The scheme is seen to be successful in providing care and support and reducing the heavy costs experienced through absenteeism and death of skilled employees.

### Jardine Matheson, Thailand

The Jardine Matheson (Thailand) Group is a subsidiary of the Hong Kong based multinational Jardine Matheson Ltd. In Thailand the company is engaged in a wide range of industries including engineering, hotel and hospitality, shipping, security services and financial services.

Jardine Matheson became aware of the need to respond to the HIV/AIDS epidemic through its contact with the Thai Business Coalition on AIDS, which carried out some initial training with senior management. An AIDS committee was set up to develop a company policy and introduce HIV/AIDS awareness programmes.

As part of its response the committee established the Jardine Matheson AIDS Fund, which is sustained entirely through fund-raising activities. The Fund has set up an AIDS hotline and has made donations to several groups which provide care and support.

## **Molson, Canada**

Molson is Canada's largest brewer with an annual turnover of \$1.2 billion. The company, which employs 3,880 workers, has had a long-standing commitment to HIV/AIDS care including the support of community-based AIDS service organizations (ASOs).

In 1996, Molson became the founding sponsor of AIDS Walk Canada, a national public awareness campaign. In the first year, the company entered into partnership with the Canadian AIDS Society and an advertising company to develop an advertising campaign aimed to reach 18 million people. By 1999, AIDS Walk Canada involved 110 communities and had raised 10 million Canadian dollars in support of local HIV/AIDS care, treatment and support services.

Molson has also given support to entertainment-related events such as rock concerts and festivals, and well-known stars have been used to promote awareness and raise money.

Molson's long-standing commitment and involvement in HIV/AIDS events and organizations has been recognized by both the Canadian government and Canadian AIDS organizations. The company is seen as a pioneer in the private sector support of AIDS activities. Since Molson is a household name in Canada, its association with AIDS issues and organizations lends credibility and acceptability to their messages and activities.

## ACTIVITY 1

## Creating a caring workplace

**AIMS** To help you think about what constitutes a caring and supportive workplace, and how to achieve it.

**TASK** In your group, think about:

- 1) the main characteristics of a workplace that supports people living with HIV/AIDS, and
- 2) the steps that have to be taken in order to make the work environment supportive in the ways you have identified.

**Note :** This activity is for a union, management or mixed group.

## ACTIVITY 2

## What managers need to do

**AIMS** To help you to plan an appropriate programme of care and support.

**TASK** In your group review how, as managers, you would deal with the situation outlined below.

You are human resource managers in the head office of a bank in southern Africa. An increasing number of bank staff are becoming infected, and several are seriously ill. Other bank staff are becoming restless about working alongside infected people, who are often absent and are not 'pulling their weight'.

At the same time you have been approached by a local People Living with HIV and AIDS group, who consider that the bank is not doing enough for its workers and wants it to do more.

Prepare a report outlining what factors you would have to look at in dealing with the unease of the workforce and improving the care and support offered to employees living with HIV and AIDS.

### ACTIVITY 3

#### What unions need to do

**AIMS** To help you to draw up a union strategy on care and support.

**TASK** In your group, review the situation outlined below and prepare your report.

You are a union representing workers in a bank in Southern Africa. An increasing number of your members are becoming ill. You feel the company should be doing more to strengthen the care and support it is currently providing.

1. Make a list of the main demands you would make to ensure that those with HIV and AIDS are given as much support as possible.
2. Make a list of things the union can do to help those who are ill.
3. What action would you take to make sure your members support their colleagues who are HIV-positive?

### ACTIVITY 4

#### Improving current practice

**AIMS** To help you to review and improve your current practice in responding to serious illness in the workforce.

**TASK** In your group, use this activity to help you review the care and support provided by your enterprise.

1. Make a list of the main ways that your company currently provides care and support for workers who are suffering from a life-threatening illness.
2. Assuming that more workers are going to become HIV-positive, what are the main areas you would need to improve in order to cope with this?
3. Who would you consult when considering these changes and how would you go about introducing them?

## ACTIVITY 5

## Negotiating 'reasonable accommodation'

**AIMS** To help you manage the impact of HIV/AIDS through workplace accommodation.

**TASK** This is a role play. You will be divided into two groups - union and management. Read through your brief carefully before starting the role play.

**Management brief**

You are a management team from a manufacturing company, in a region that is increasingly being affected by the HIV/AIDS epidemic. You have had several cases of workers becoming sick. This has led to difficulties on the production line and in one or two of the administrative departments. The union has approached you to provide reasonable accommodation for people who are ill. You are quite happy to do this, but do not want too wide an interpretation of reasonable accommodation as you think this would be expensive and lead to losses in production. Prepare some key arguments for the impending negotiations.

**Union brief**

You have become concerned about several of your members who are HIV-positive. There have been one or two disagreements with management about providing alternative work. A local AIDS support group has suggested you negotiate a reasonable accommodation agreement with management. Their advice is to make the agreement comprehensive and ensure people living with HIV and AIDS at work have the flexibility to alter their conditions of work to meet their needs and reduce their stress levels. Prepare some key arguments for the negotiations.

### ACTIVITY 6

## Negotiating treatment

**AIMS** To help you think about treatment issues.

**TASK** This is a role play. You will be divided into two groups - union and management. Read through your brief carefully before starting the role play.

#### Union brief

You are a union representing transport workers in southern Africa. A growing number of your members are HIV-positive; some have become ill and one or two have died. You fear that many more may do so. You have decided to negotiate for the provision of antiretroviral drugs for workers with HIV and their family members. You have heard that such an agreement was recently reached in the mining industry.

Prepare the main arguments you would use to convince management that they should fully subsidize the provision of antiretroviral treatment.

#### Management brief

The union has recently become much more active on HIV/AIDS issues at work. The company is beginning to suffer from absenteeism and the loss of skilled workers from AIDS. The union now wants the company to provide antiretrovirals for everyone with HIV. You think this is unreasonable and fear you would not be able to compete with other companies if you were providing such expensive treatment.

Prepare the main arguments you would use to refute the union claim.

## ACTIVITY 7

## A survey of counselling

**AIMS** To help you improve the provision of counselling.

**TASK** In your group, use this checklist to review the counselling services at your workplace:

1. Does your company provide HIV/AIDS counselling at the workplace?
2. If it does, how do you make sure the service remains confidential?
3. If it doesn't, do you think it should consider doing so or not?
4. Do the human resource / welfare staff know where to refer employees who may need HIV counselling?
5. Has the company attempted to check on the professional training and expertise of the counselling staff employed by the agencies you are sending employees to?
6. Do the welfare staff know what the recommended counselling involves and what areas it covers? In other words, how comprehensive is the counselling?
7. Once you have referred an employee to a counselling service or organization, what measures do the welfare staff take to ensure that the company provides continued support for the employee and continues to liaise with any relevant service?
8. Does your company grant time off with pay for workers who need access to counselling services?

**ACTIVITY 8**

**Supporting families affected by HIV/AIDS**

**AIMS** To help you think about ways of supporting workers' families who are affected by HIV/AIDS.

**TASK** In your group, consider in what ways you think your company and/or union can support affected families. Read through Section 9.8 of the Code of Practice on employee and family assistance programmes, and then make practical suggestions for providing support. Think of the strengths of your own organization and how these could be used to help families. Your suggestions should be specific rather than general.

## ACTIVITY 9

### Protecting orphans

**AIMS** To help you review the care and support provided for orphans.

**TASK** This is a role play. Divide into two groups, one representing management, and one the union.

The workplace AIDS committee is reviewing its policy on care and support for the families of workers who have died as a result of HIV-related illnesses and especially orphaned children.

Someone from the management group suggests that the enterprise should offer employment to the oldest child in each family where an employee has died. "This is the most practical form of assistance," he says. "A job is the best anti-poverty programme. The family will survive with dignity and the other children will be able to continue their education."

The union side welcomes the concern for AIDS orphans, but is concerned about what they see as an endorsement of child labour.

Can this be resolved? In the role play, explore the issues, and possible alternatives to the manager's proposal.

**Resolution of the International Union of Food, Agricultural, Hotel, Restaurant, Catering, Tobacco & Allied Workers' Associations (IUF) on HIV/AIDS**

The 24th IUF Congress, meeting in Geneva, May 14-17, 2002

NOTES WITH GRAVE CONCERN the devastating impact of AIDS and HIV, especially in sub-Saharan Africa. This epidemic has affected millions of workers and their families, wiping out breadwinners and thus increasing poverty and leaving many children orphaned.

NOTES that a new report from the FAO (*The impact of HIV/AIDS on food security in Africa*; 22nd Regional Conference for Africa, February 2002) estimates that

- in the 25 most affected countries in Africa, 7 million agricultural workers have died from AIDS since 1985.
- 16 million more deaths are likely in the next two decades.
- food production is affected through reduction of land under cultivation, declining yields, decline in crop variety and changing cropping patterns, loss of agricultural skills. For example, in Zimbabwe, communal agricultural output has decreased by 50% in a five-year period, largely due to HIV/AIDS. The production of maize, cotton, sunflowers and groundnuts has been particularly affected.

NOTES that there is increasing pressure for AIDS orphans to be allowed to work in agriculture to cover the costs of their remaining on the farm/plantation and to pay school fees. There is a very real and immediate danger that these children will be exploited and their health put further at risk by exposure to occupational health and safety hazards.

FURTHER NOTES that agriculture is not the only sector in IUF's jurisdiction to suffer drastically from the impact of HIV/AIDS, hotel and tourism workers are also greatly at risk. Africa is not the only continent affected, HIV/AIDS is a global crisis.

COMMENDS the tremendous work done by many trade unions at local, national and international level to combat HIV/AIDS and to win access to treatment at a fair and reasonable price.

WELCOMES the ILO Code of Practice on HIV/AIDS in the world of work as an important measure to provide guidelines on how to address HIV/AIDS within the context of work and to prevent discrimination against workers affected.

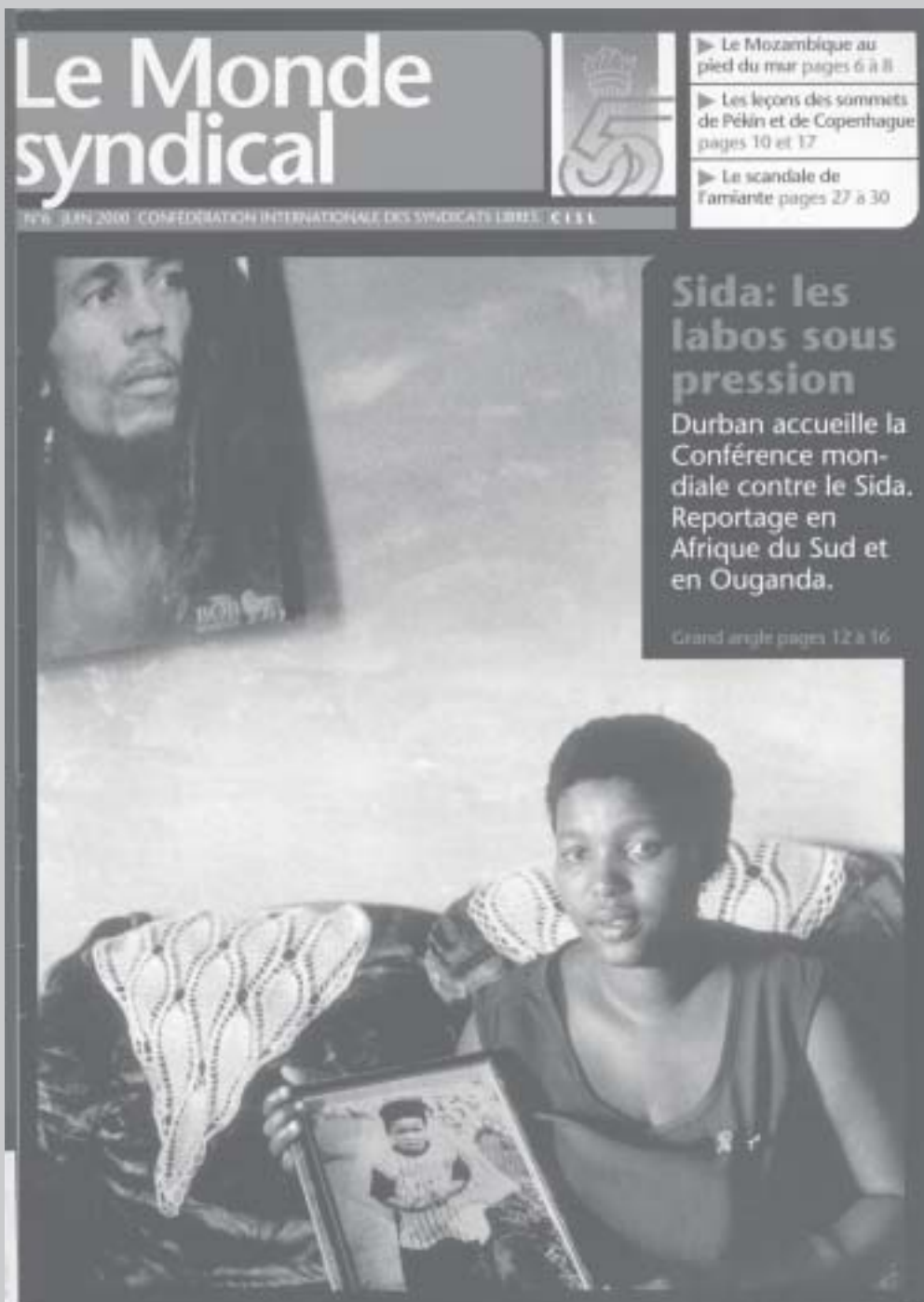
ACKNOWLEDGES that governments have a critical role to play in developing and implementing national AIDS prevention policies.

CALLS on affiliates:

- To be involved in awareness raising programmes and campaigns aimed at HIV/AIDS prevention and campaigns for provision of essential drugs at local, affordable prices.
- To raise HIV/AIDS in collective bargaining, other appropriate fora with employers to ensure provision of training and preventive measures and no discrimination.
- To promote the ILO Code of Practice on HIV/AIDS in the world of work.
- To work with their government to ensure an effective HIV/AIDS national prevention policy is implemented.

CALLS on the IUF Secretariat:

- To work with appropriate UN agencies especially the ILO, FAO, WHO, UNAIDS to ensure information and resources are made available for trade unions representing vulnerable workers in the IUF's sectors to work on HIV/AIDS.
- To identify areas of co-operation with governmental organizations, NGOs and, where appropriate, employer and farmers' organizations to address this crisis.



# FIGHTING HIV/AIDS ...as easy as ABC

 **Abstain from sex**

 **Be faithful to one partner**

Use  **Condoms all the time**

Or  **Die from AIDS**

Workplace HIV/AIDS Project

Ghana Employers Association/TUC/UNFPA-Ghana