

Tripartite Interregional Meeting  
on Best Practices in  
HIV/AIDS Workplace Policies  
and Programmes

Geneva, 15-17 December 2003

CONSENSUS  
STATEMENT



**The ILO Programme on HIV/AIDS  
and the world of work (ILO/AIDS)**

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**ILO/AIDS**



# By the time you finish reading this statement, at least 50 people will have died of AIDS and 85 will be newly infected with HIV.

The most recent figures on trends in HIV/AIDS show that the epidemic is outpacing action, with 5 million new cases of HIV identified in the course of 2003. It is more urgent than ever before that every part of society is mobilized to counter the spread and impact of the epidemic. The world of work is particularly well-placed to make a meaningful contribution. A meeting was therefore organized to bring together representatives of the ILO's tripartite constituents from 20 countries covering all regions, and observers from international trade union organizations, companies, UN agencies and NGOs: it had the goals of analyzing what makes good practice, sharing lessons learned, and distilling experience into guidelines for action.

The global HIV/AIDS epidemic threatens every aspect of the Decent Work Agenda and the ILO's strategic objectives. It reduces the supply of labour and undermines the livelihood of many workers and those who depend on them. The loss of skills and experience, together with rising labour costs, threatens productivity and the survival of enterprises. The capacity of national economies to produce and deliver goods and services on a sustainable basis is diminished. Discrimination against those with the virus undermines fundamental principles and rights at work. Women, especially young women, are becoming infected at a faster rate than men, and carry a greater share of the burden of care. The informal economy – employing half of the world's workers – is particularly vulnerable to the epidemic because

of its reliance on human resources. The well-being of future generations is threatened by AIDS, as children are orphaned or forced to leave school to care for sick family members or work as child labourers. The death of workers today, and the failure to prevent infections among the workers of tomorrow, impoverishes the stock of human capital and the capacity of nations both to cope with AIDS and to move beyond it.

The Meeting recognized that the epidemic is at different stages across the world. No single action is appropriate or possible in all settings, shaped as they are by the different waves of the epidemic. The challenge is to help countries in all stages of the epidemic to benefit from the lessons of experience and good practice, and to accelerate and upscale effective initiatives in prevention, care, support, and treatment.

The Meeting preferred to use the concept of ‘good’ rather than ‘best’ practice because a practice, however good, may not be the best in all situations.

The *ILO Code of Practice on HIV/AIDS and the world of work* provides a framework for workplace action and the promotion of good practice in policy formulation and programme implementation. The Meeting recognized that each of the tripartite constituents may take separate initiatives, in line with the rights and responsibilities set out in the Code of Practice. There was, however, overwhelming emphasis on the importance of tripartite action, social dialogue, and trust between the workplace partners. The Meeting represented a vital stage in the implementation of the Code, and its findings will complement the Code and – with the accompanying training manual – provide a comprehensive tool kit for workplace action.

## A. Identifying, adapting and replicating good practice

### *1. Identifying good practice*

The points below establish the basis for identifying good practice, but examples that do not meet all the criteria below may also provide important lessons.

Good practice in the world of work:

- i) reflects generally accepted values and the principles in the ILO Code of Practice
- ii) includes a commitment to involve all social partners and the experts selected by them when necessary
- iii) is ethical and meets universal standards of compassion, tolerance, respect, confidentiality, empowerment and participation
- iv) reflects best available evidence
- v) is relevant and tackles the problem
- vi) is appropriate to the workplace situation, country and culture
- vii) has been documented and shown to be effective in more than one setting or situation
- viii) is affordable and adds value
- ix) is sustainable in terms of structures, capacity and funding to continue working over the long term without outside support
- x) incorporates systematic monitoring and evaluation of its impact.

## ***2. Adapting a practice for replication***

- i) Specify problem and identify possible solutions: map the issues involved and 'maturity' of the epidemic and organization, and review and learn from relevant good practices.
- ii) Consult: actively involve all stakeholders, particularly the social partners (that is employers, workers and their organizations).
- iii) Build partnerships: forge alliances between the social partners and people living with HIV/AIDS, community-based organizations and NGOs to help plan and deliver workplace programmes.
- iv) Address leadership: ensure visible and effective political will and commitment at top level.
- v) Assess risks: review and address the legal and policy framework and other issues, including socio-cultural sensitivities and stigma, that would affect uptake and present potential barriers to progress.
- vi) Establish policy: put in place and communicate clear and appropriate policy, in line with the ILO Code of Practice and other regional and national codes.
- vii) Communicate effectively: use information, education and communication (IEC) to introduce and implement the practice.
- viii) Plan for sustainability: make sure the programme is well-developed, and appropriately funded, supported and integrated into existing structures. Employ a programme manager if appropriate and invest in the tools needed.
- ix) Monitor and evaluate: continually review progress to ensure the practice remains relevant and effective. Establish a system to provide feedback to the stakeholders' constituencies.

## B. Learning the lessons of good practice

The Meeting found the following combination of factors to be common to good practice in HIV/AIDS workplace policies and programmes:

### 1. Consultation, participation and partnership

Initiatives are most effective when they involve governments, employers and workers, and their respective organizations, and ensure 'ownership'. Policies are decided, resources shared and programmes implemented through social dialogue, with back-up from additional partners as necessary.

### 2. Leadership

Leadership from the three constituents at all levels contributes to the successful development and delivery of projects, programmes and partnerships. Leadership helps inspire trust, mobilize support, and ensure implementation.

### 3. An enabling environment of laws and rights

The planning and implementation of workplace programmes depends critically on the presence of supportive legal and policy arrangements that recognize HIV/AIDS as a workplace issue, integrate workplace activities in national AIDS programmes, and ensure the protection of rights.

### 4. Conditions of trust and non-discrimination

Stigma and discrimination are major obstacles to the take-up of essential services such as voluntary counselling and testing (VCT) and treatment, even when free. An atmosphere of openness and trust, based on confidentiality and respect for rights, is the best way to help create conditions in which people respond positively to behaviour change messages, VCT and treatment provision.

### 5. Building on structures already in place

There is enormous value in drawing on the systems and structures in place but it is also necessary to adapt structures and systems to reflect the specifics of the situation and the evolution of the epidemic. Appropriate structures at the workplace include, for example, safety and health committees, occupational health services, employers' and workers' education and training programmes.

## **6. A continuum of prevention, care and support, and access to treatment**

Prevention programmes and VCT take-up are greatly enhanced where there is adequate capacity and access to care, support and treatment. Providing care and support, and treatment for opportunistic infections, sexually transmitted infections (STIs) and HIV reduces inequality, builds trust, and encourages people to address their HIV status and their behaviour. The provision of treatment for pregnant women and nursing mothers means care for women and the chance of preventing infection in children.

## **7. Going beyond the workplace**

In order to be effective and have an impact on people who are unemployed or in the informal economy, activities need to reach beyond the workplace and extend services to families and communities. Government and sectoral policies can play an important role in achieving these goals.

## **8. Communication**

Messages that are clear, precise and understandable are central to the success of information and education campaigns. Effective communication means that messages are developed to reach the target audience.

## **9. Gender-specific programmes**

Gender is profoundly linked to the risk factors for HIV infection, and the way the epidemic affects individuals and families. Incorporating a gender dimension in all workplace activities is essential, addressing women's social and economic position as well as the factors that shape the behaviour of both men and women.

## **10. Equity considerations: ensuring access for those in need**

HIV/AIDS tends to hit the most disadvantaged the hardest. Targeting responses to vulnerable groups helps tackle inequality, as does outreach to the local community and informal economy. Access to treatment is one of the core issues in terms of equity.

## C. Addressing the gaps: using the good practice approach to guide workplace action

The Meeting identified the following areas where further action needs to be taken:

1. Good intentions in terms of reaching the informal economy need to be concretized through the identification of partners for implementation, including the social partners and other relevant stakeholders, community-based organizations (CBOs), supply networks, service enterprises, and local networks of families, neighbours and schools.
2. The involvement of people living with HIV/AIDS and their associations must shift from token inclusion in occasional events to an integral role in planning and implementing interventions in the world of work.
3. Action on HIV/AIDS must take into account the general context of health sector infrastructure, and specific issues such as adequate resource allocation, the training of health care workers on occupational risk and clinical management of the disease, including adequate provision of care for HIV-positive patients.
4. More emphasis should be placed on the development of policies and programmes in public sector workplaces.
5. As access to drugs is expanded, and more resources become available for treatment, occupational health services should be used more actively to assist with the delivery of treatment, and the workplace - through partnership between business, labour, and state - should extend the provision of treatment to families and local communities.
6. The potential contribution of employers' and workers' organizations to national policies and programmes on HIV/AIDS needs to be better communicated.
7. Capacity-building of all social partners is key to successful practice in the world of work. Capacity may be strengthened through policy

guidance and training, which should be offered to managers, union leaders, trainers and peer educators, key figures in constituency organizations, as well as to ILO staff.

8. The advantages of identifying and sharing good practice should be explained and structures set up to identify, collect and disseminate good practice. A database should be constructed to collect, analyze and share experiences, and a clearing-house created, using appropriate technologies, to ensure the data is collected transparently, is representative and inclusive of the diverse experiences in the world of work. This would support the process of maintaining, evaluating and exchanging examples of good practice, to be carried out by the ILO in collaboration with governments and international workers' and employers' organizations.
9. Research is required in a number of areas, in particular to gather new case studies, with more substantial information, permitting fuller analysis of factors that both promote and hinder successful interventions. Research should not only look at workplace practice but at the respective roles of laws, policies and negotiated agreements. A related issue is documenting compliance with Code principles and workplace policy provisions, and addressing problems of implementation of voluntary provisions.
10. Structures that are central to the workplace, such as health and safety committees, labour/factory inspectorates, and training programmes, should be used more fully in the response to HIV/AIDS.
11. As infection rates among women continue to climb more rapidly than among men, it is clear that gender-specific responses must be intensified and extended. Programmes should address the concerns of both women and men, individually and as members of couples, at the legal and policy levels, in education and training, and in care and support.
12. Technical assistance needs to be reviewed and revised to meet current and emerging needs, to build capacity, to provide tools, and to ensure sustainability. In particular, approaches and materials can be piloted through projects and then replicated and scaled up.

## Conclusion

These recommendations serve as a guideline for the development of programmes and policies on HIV/AIDS in the world of work. They will become tools for effective action when applied through the tripartite process, with commitment from all parties, according to a time-bound plan, and in the framework of the *ILO Code of Practice on HIV/AIDS and the world of work*.