HIV/AIDS+WORK

ILO

A handbook on HIV/AIDS for labour and factory inspectors

This handbook aims to help labour inspectors deal with the issue of HIV/AIDS.

It establishes the links between the key principles and core responsibilities of labour inspectorates and the management of HIV/AIDS at the workplace.

It includes training activities and practical tools to help inspectors integrate HIV/AIDS in their work.

ILOAIDS

www.ilo.org/aids

A handbook on HIV/AIDS for labour and factory inspectors

ILO Programme on HIV/AIDS and the World of Work
Geneva, February 2005

ILOAIDS

www.ilo.org/aids

Copyright © International Labour Organization 2005
First published January 2005

Publications by the International Labour Office enjoy copyright under Protocol 2 of the Universal Copyright Convention. Nevertheless, short excerpts from them may be reproduced without authorization on condition that the source is indicated. For rights of reproduction or translation, application should be made to the Publications Bureau (Rights and Permissions), International Labour Office, CH-1211 Geneva 22, Switzerland. The International Labour Office welcomes such applications.

ISBN 92-2-117134-5 (print version)
ISBN 92-2-117135-3 (web pdf version)

The designations employed in ILO publications, which are in conformity with United Nations practice, and the presentation of material therein do not imply the expression of any opinion whatsoever on the part of the International Labour Office concerning the legal status of any country, area or territory or of its authorities, or concerning the delimitation of its frontiers.

Reference to names of firms and commercial products and processes does not imply their endorsement by the International Labour Office, and any failure to mention a particular firm, commercial product or process is not a sign of disapproval.

ILO publications can be obtained through major booksellers or ILO local offices in many countries, or direct from ILO Publications, International Labour Office, CH-1211 Geneva 22, Switzerland. Catalogues or lists of new publications are available free of charge from the above address.

Printed by the International Labour Office, Geneva, Switzerland

Contents

1 **Introduction** 1
Aims 1
Definitions 2
How to use the handbook 2

2 **Why HIV/AIDS is an issue for labour inspectors** 4
The impact of HIV/AIDS in the world of work 4
The ILO's response 6
Lessons learnt 6

3 **Human rights, international labour standards and HIV/AIDS** 9
Labour rights 9
The ILO Code of Practice on HIV/AIDS and the world of work 10
Principles to guide labour inspection 12
Labour law and policy 13

4 **HIV/AIDS: how labour inspectors can support the national response** 15
The changing nature of labour inspection 15
The principles of labour inspection 16
Working with the social partners 16
Prevention 18
Universal coverage 19

5 **HIV/AIDS and workplace safety and health** 22
ILO standards 22
Is HIV/AIDS an occupational disease? 23
Protecting workers 23
Monitoring and evaluation 25

6 **Training programme** 26
Sample programmes 26
Learning activities 28

Annexes
Annex 1 Basic information on HIV/AIDS 44
Annex 2 ILO Convention No. 111 47
Annex 3 Strategies for Occupational Safety and Health in the 21st century: the role of labour inspectorates 48
Annex 4 The informal economy 49

Glossary

AIDS	Acquired immunodeficiency syndrome
ART	Antiretroviral therapy
ARV	Antiretroviral (drugs)
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	Human immunodeficiency virus
ILO	International Labour Organization
NACP/O	National AIDS Control Programme/Organization
PLWHA	People living with HIV/AIDS
PMTCT	Prevention of mother to child transmission
PRSP	Poverty Reduction Strategy Paper
STI	Sexually transmitted infection
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
VCT	Voluntary counseling and testing
WHO	World Health Organization

I. Introduction

Why does HIV/AIDS matter? Labour and factory inspectors are busy people, with many issues to deal with. Do they really need to add HIV/AIDS to their long list of concerns?

The short answer is YES. We will explore the reasons in detail later in this module, but briefly they are:

- HIV/AIDS has a huge impact on the world of work - threatening the livelihoods of workers and employers and undermining employment rights, reducing the supply of labour and available skills, increasing labour costs and reducing productivity.
- Many workplace situations and work patterns actually increase the risk of workers contracting HIV, the virus which causes AIDS.
- Many workers are exposed to the risk of being infected at work, for example in the health services (this is discussed more fully in the section on 'the healthy workplace').
- Many countries have now adopted legislation dealing specifically with the subject of HIV/AIDS and employment: inspectors will often be called upon to enforce these laws.
- The workplace is an important arena for fighting HIV/AIDS - inspectors can make a huge difference to the fight against HIV/AIDS when they speak about the issue and help workplaces adopt sensible policies.

Aims

The purpose of the handbook is to help labour and factory inspectors deal with the issue of HIV/AIDS in their work. In particular, it will help inspectors apply the *ILO Code of Practice on HIV/AIDS and the world of work*, which was adopted in June 2001. The Code provides guidance for governments, employers and workers, as well as other stakeholders, in formulating and implementing national action plans and workplace policies and programmes to combat HIV/AIDS. To this end the guidelines aim:

- to make it clear why HIV/AIDS is a labour issue and development challenge
- to discuss the ways it concerns labour/factory inspectors
- to help inspectors understand and apply the *ILO Code of Practice on HIV/AIDS and the world of work*
- to examine the links between HIV/AIDS and the principles and practice of labour inspection, with particular reference to occupational safety and health
- to develop practical tools for use during inspection and help inspectors integrate HIV/AIDS into their future activities.

Definitions

In this training module, definitions and concepts regarding labour inspection are based on *Labour Inspection: A guide to the profession*[1].

This is one of the most comprehensive treatments of labour inspection. An inspection is defined as

> *a visit to an establishment with the purpose of promoting, monitoring and, where necessary, enforcing compliance of all relevant labour protection legislation under the purview of the department.*

Definitions and concepts regarding HIV/AIDS are based on the ILO Code of Practice on HIV/AIDS and the world of work (2001).

How to use the handbook

This handbook is designed to be used primarily in training seminars. We suggest two possible programmes, one of three days' and one of five days' duration. It can also be used as a reference document and a guide to policy development, or in other ways depending on the needs of the inspectors concerned.

It uses active learning methods. In active learning, participants in training programmes do not just sit and listen. Their experiences and ideas are recognized as a valuable resource. Active learning is centred on the learner, not the trainer.

Learning activities are suggested, which are designed to assist active learning. These usually involve a role play or group discussions, and should take between 30 and 90 minutes. Small groups should be no more than 5-6 people, and sometimes may be smaller - some activities can be done in pairs.

We ask you to make notes of your work on flipcharts, which should be kept available in the meeting room. Why? Because this is a useful record of your discussions, and you may need to refer to what was discussed in later sessions. The flipcharts can then be used to write up what is agreed at the workshop.

The handbook can also be used as a source of information and reference: it can guide your working practice and support the advice you give on planning and implementing a workplace policy. It will help you become familiar with ILO Code of Practice: you will need to have a copy to hand (see the ILO/AIDS website or request a hard copy). It may also be useful to have access to the guidance contained in Implementing the ILO Code of Practice on HIV/AIDS and the world of work: an education and training manual. This modular manual is an information source and reference document as well as a tool for training, a framework for social dialogue and a guide for action. It includes a wide range of learning activities, case studies, samples of legislation, policies and collective agreements.

1. *Wolfgang von Richtofen:* Labour inspection: a guide to the profession *(Geneva, ILO, 2002). See also the following relevant publications: ILO:* Integrating Labour Inspection. Functions, Effectiveness and Training*, International Labour Conference Report (Geneva, 2003); G. Albracht:* Ten steps for strengthening labour inspection, *SafeWork, (Geneva, ILO, 2004); ILO:* Health and safety culture and sustainable development through CSR, *International Labour Conference Report (Geneva, ILO, 2004).*

A final word

Do please remember that the purpose of this handbook is to help bring about change.

To stop AIDS, Africa must start talking about sex

AIDS is not like smallpox or polio. We may not be able to eliminate it simply with a one time vaccination or course of shots for children, since new strains of HIV are constantly evolving. And unlike other communicable diseases we have encountered most often in the past, HIV is transmitted through the most intimate and private human relationships, through the sexual violence and commercial sex and because of women's poverty and inequality.

..we must summon the courage to talk frankly and constructively about sexuality. We must recognize the pressures on our children to have sex that is neither safe nor loving and provide them with information, communication skills and yes, condoms[2].

Pascoal Mocumbi, Prime Minister of Mozambique

Don't be embarrassed!

Our attitudes and beliefs about men and women, and the roles they play in the family, in society and at work, are strongly held. Our feelings about sexual behaviour also run deep, and many think that they should remain a private and personal matter.

You may think that the workplace, or a training seminar, is not the place to discuss these matters. But if we do not talk about gender and sex, we disarm ourselves. Globally, between 70 and 80 per cent of all HIV transmission is through sexual contact. To control the epidemic we need to change how individuals think, even about private and personal matters such as sex or a husband's obligations to his wife.

We also need to change what we do and talk about in the workplace - which means employers and trade unions changing too. Inspectors can be enormously influential in helping employers and trade unions face up to these issues.

Your work will help bring about change. For example, there may be more workplace policies. Focal points are being trained. Condom distribution points have been set up. There's a better understanding of how the whole family can protect themselves. More workers are coming forward for voluntary counselling and testing. Women workers feel they can report sexual harassment, and use other grievance procedures.

If these types of change have occurred, you will have every reason to be pleased as each one will make an important contribution to beating the greatest challenge of this century.

Good luck!

2. The Courier *(Brussels, ACP-EU), September-October 2001, No 188.*

2. Why HIV/AIDS is an issue for labour inspectors

HIV/AIDS is a workplace issue

HIV/AIDS is a workplace issue, and should be treated like any other serious illness/condition in the workplace. This is necessary not only because it affects the workforce, but also because the workplace.. has a role to play in the wider struggle to limit the spread and effects of the epidemic.

From the *ILO Code of Practice on HIV/AIDS and the world of work*

The impact of HIV/AIDS in the world of work

The majority of those who contract HIV are adults between 15 and 49 years of age - workers at their most productive. Life expectancy is being reduced as a result of the epidemic, and is projected to fall from 60 years to around 30 by 2010 in the most affected countries of southern Africa. Many countries will experience a "population chimney" where the young and the old are supported by a thin pillar of adults in their working prime. A report from the ILO[3] shows that as many as 36 million of the 38 million people living with HIV are engaged in some form of productive activity, and at least 26 million workers have the virus.

The consequences are felt by families, the public and private sectors, and the national economy.

Enterprises in many countries report increases in absenteeism, staff turnover, and in the cost of recruitment and training. Other costs include medical care, insurance coverage, retirement funds and funeral expenses.

More difficult to measure is the impact of an increasing burden of work, the loss of colleagues and the fear of infection, which can lower morale and productivity in the workplace. In addition, a decline in profits reduces the tax base, discourages foreign investment and adversely affects consumer and business confidence.

The epidemic is also causing a loss of skills, experience and institutional memory. Human resource development is jeopardized by a break in the informal transfer of skills between generations, as well as by the numbers of children not able to complete their schooling.

The consequences of HIV/AIDS include:

- reduced supply of labour
- discrimination in employment and stigma at the workplace
- absenteeism, loss of skilled and experienced workers
- increased labour costs for employers from health insurance to retraining
- reduced productivity, contracting tax base and negative impact on economic growth
- investment discouraged and enterprise development undermined
- social protection systems and health services under pressure
- increased burden on women to combine care and productive work
- loss of family income and household productivity, exacerbating poverty
- orphans and other affected children forced out of school and into child labour
- increasing pressure on women and young people to survive through sexual services

3. *ILO:* HIV/AIDS and work: Global estimates, impact and response, *ILO Programme on HIV/AIDS and the world of work (Geneva, 2004).*

Women: a double burden

Women – especially young women - bear the brunt of the HIV/AIDS epidemic. Women's low social status – deriving from legal, economic, and social inferiority – is the driving force of women's greater risk of contracting HIV. Women everywhere are discriminated against in the labour market, are paid less than men, and more frequently perform work with no security or benefits. Girls are more often uneducated or removed from school, especially when a family member becomes sick. When they are older, work opportunities are limited and they remain poor. They may lose their job when they have to care for sick household members. Women's poverty becomes linked to risky behaviours for survival.

The growth in child labour

HIV/AIDS is now a key factor affecting the education of children and the pattern of child labour across the world. There are estimated to be 14 million children under the age of fifteen who have lost one or both parents to AIDS, 95 per cent of them in Africa. By 2010, there could be 35 million. The epidemic forces children out of school and into child labour, often into exploitative and extremely hazardous forms of work. Young female orphans are especially vulnerable to sexual exploitation.

When a family member becomes ill with an AIDS-related infection, children, especially girls, are likely to have to take on more household tasks, or find ways of contributing to the household income. They often have to leave school. High drop-out rates from schools will lower still further the qualifications and skill level of the workforce. This in turn, will have a negative impact on productivity.

Some facts and figures on costs

The Gold Fields mining company in South Africa calculates that the average cost of US$20 000 per HIV-related death is composed of medical costs (59%), lost productivity (22%), absenteeism (15%), funeral leave (3%), and training (1%).

In the United States of America, some firms report costs ranging from US$3500 to US$6000 per year for each worker with HIV/AIDS.

Volkswagen in Brazil says that their AIDS Care Programme has reduced costs to the company from between US$1500 to US$2000 per patient per month to US$300.

Anglovaal Mining Ltd. in South Africa initiated a workplace AIDS programme in 2003, with a total annual budget of US$255 000 or US$ 48 per employee—1% of payroll. This compares to estimated costs of HIV/AIDS of US$ 6.1 million per year.

A survey by UNAIDS revealed that by 1999 HIV and AIDS was costing selected companies in Botswana, Cote d'Ivoire, Kenya and Uganda between US$120 and US$349 per employee per year.

Sources: ILO/ World Economic Forum/ United Nations Foundation/ UNAIDS.

4. *World Bank:* Findings *(Washington) February 2002, No. 201.*

The ILO's response

Core elements of the ILO's mandate include rights at the workplace, labour relations, and development through the strengthening of skills, creation of jobs and protection of incomes. The HIV epidemic is a threat to the health and livelihoods of the ILO's constituents in all regions, and undermines the four goals of the ILO's decent work agenda[5].

The ILO has also taken action because it recognizes the potential of its unique tripartite structure for mobilizing key stakeholders in the world of work, and the value of the workplace in delivering education for prevention and programmes of care and support, including treatment through occupational health services.

The ILO's priority is to help its constituents contribute to national efforts against HIV/AIDS. It seeks to ensure that national AIDS plans include the world of work, and that labour policy and legislation address the implications of HIV/AIDS. The ILO became a cosponsor of UNAIDS in 2001, and is the lead agency for the world of work. AIDS issues are mainstreamed throughout the ILO, in programmes from Child Labour to Social Security. A dedicated unit, the ILO Programme on HIV/AIDS and the World of Work (ILO/AIDS), was established in November 2000.

ILO/AIDS has three main areas of activity:

- research and policy analysis;
- information, communications and advocacy; and
- technical cooperation - projects in over 30 countries concentrate on enhancing the capacity of employers, workers and governments to plan and implement workplace policies and programmes on HIV/AIDS.

All activities take place within the framework of the ILO *Code of Practice on HIV/AIDS and the world of work*, which was agreed by consensus at a tripartite meeting of experts from all regions in May 2001. The Code establishes principles for policy development and practical guidelines for programmes of care and prevention. It has been translated into over 30 languages and is being applied in over 50 countries. It is complemented by an education and training manual (see Introduction above), and guidelines for particular groups – for example employers and trade unions, and for particular sectors – for example transport and health.

The ILO is itself an employer and is trying to apply the Code of Practice in its own personnel policies: in July 2001, the Director General issued a circular on personnel policy on HIV/AIDS which follows the principles of the Code.

Lessons learnt

Internationally, a huge amount of effort has been put into combatting the epidemic. Of course much more needs to be done. In 2003, $4.7 billion was made available for work on AIDS, but this is only a quarter of what will be required by 2007 to mount a comprehensive response in low- and middle-income countries.

Nevertheless, many countries now have a national AIDS committee or organization, a UN Theme Group on HIV/AIDS that coordinates UN action, bi-lateral donor projects and many non-governmental organizations (NGOs) working to reduce the spread and impact of HIV and AIDS.

5. The four goals of the ILO's Decent work agenda are the following: promote and realise fundamental principles and rights at work; create greater opportunities for women and men to secure decent employment and income; enhance the coverage and effectiveness of social protection for all; strengthen tripartism and social dialogue

Many resources are available. Inspectors can use these.

We therefore suggest that you make contact with one or more agencies working on HIV/AIDS, in particular the local ILO and UNAIDS offices, and also include them in your training. You should also be aware of the national plan for fighting HIV/AIDS: this may have a strategy for the world of work.

We know, after twenty years of the HIV/AIDS pandemic, what responses are effective and what aren't. Here are some key lessons. Not all of these will come within the scope of labour and factory inspectors. But it may be useful for you to know the main elements of a successful national policy framework[6].

What works

- **Act early.** Many countries thought "AIDS won't happen here" - but it did. Governments should intervene as soon as possible because the earlier prevention takes place, the more is saved later in terms of infections prevented, lives saved, and costly care and treatment avoided.
- **Increase government commitment and funding.** This is key to success in every country that has made headway against the epidemic. Leaders need to overcome taboos and stigma, speak openly about the disease, and place a multi-sectoral HIV/AIDS programme high in their development agendas. To implement the programme, it is necessary for governments to mobilize and allocate funds, as well as creating an enabling legal and policy environment.
- **Prevent infection among those most likely to contract and spread HIV.** To identify groups at high risk, their social networks and then develop sustained, effective prevention interventions with them should be a priority for the national HIV/AIDS programme.
- **Address gender inequality.** More women getting infected than men in many developing countries, and at a younger age. Women now account for 55% of adults living with HIV/AIDS in Sub-Saharan Africa. Gender inequality is a contributing factor to the epidemic and needs to be addressed through measures such as improving women's access to education and labour force participation.
- **Take a multisectoral approach** with active involvement of civil society, including employer's and workers' organizations. This generates greater commitment, mobilizes additional resources, and improves the relevance and sustainability of interventions.
- **Integrate HIV/AIDS in poverty reduction strategies.** HIV/AIDS worsens poverty, as well as resulting from it. The integration of HIV/AIDS into national development plans and anti-poverty programmes helps ensure that HIV control is given priority and facilities actions to mitigate the impact of AIDS on the poor.
- **Develop a good surveillance system and monitoring and evaluation (M&E).** A realistic M&E plan with clearly-defined input, output, outcome and impact indicators helps track the performance of the national AIDS response and evaluate its impact on the epidemic. A Second Generation Surveillance System, recommended by WHO and UNAIDS, monitors trends in the epidemic and in contributing risk behaviours.

6. *Based on* HIV/AIDS at a glance, *World Bank, 2004*

What does not work

Blame, discrimination, compulsory testing, the isolation of infected persons and the marginalization of affected populations: the belief that HIV is only a disease of other countries, other cultures, other people has slowed action and prevented both individuals and governments from taking responsibility to act.

3. Human rights, international labour standards and HIV/AIDS

The ILO, and the international community as a whole, takes a rights-based approach to HIV/AIDS. This means applying human rights principles to the problem of HIV and AIDS.

Are human rights really important in the face of life and death? Yes.

Rights are a matter of principle, but they have very practical effects. If workers are afraid their medical information won't remain confidential, or that they may suffer discrimination, even dismissal, as a result of their HIV status, they will be reluctant to go for voluntary testing or take up opportunities for treatment. It is more likely that they may pass on the infection to others. All successful prevention initiatives have been part of a wider approach that included establishing an atmosphere of openness and trust based on zero tolerance for discrimination.

What are human rights?

Human rights are the entitlements of every person simply because they are human. Conventions and laws protect these rights – they do not create them. Some of the most important characteristics of human rights are:

- they are universal, and apply equally to all people without discrimination
- they are inalienable - no person can have his or her rights taken away, except in very specific situations: the right to liberty, for example, can be restricted if a person is convicted of a crime, in a proper court
- they are indivisible, interrelated and interdependent.

All humans possess all these rights, regardless of race, colour, sex, language, religion, political or other beliefs, national or social origin, disability, property, birth, age - or other status, including real or perceived HIV status.

Labour rights

Labour inspectors are usually concerned with a particular set of human rights which are often called labour rights. In particular, you may be familiar with the *ILO Declaration of Fundamental Principles and Rights at Work and its Follow-up*. The declaration, adopted in 1998, recognises that all states, by their membership in the ILO, have an obligation to respect, promote and put into practice in accordance with the Constitution, the principles concerning the fundamental rights which are the subject of the core conventions.

Health and safety at work - a human right

If you have a special responsibility for occupational safety and health at work, you will be familiar with the idea that safety and health is also a Human Right. The Universal Declaration of Human Rights says:

> *Everyone has the right to work, to free choice of employment, to just and favourable conditions of work....*(Article 23)

The International Covenant on Economic, Social and Cultural Rights says further:

> *The States parties to the present Covenant recognise the right of everyone to the enjoyment of just and favourable conditions of work which ensure in particular:.... ....(b) Safe and healthy working conditions* (Article 7)

ILO Conventions concerned with occupational safety and health increasingly use the language of rights and explicitly state a number of workers' rights.

While there is no International Labour Convention that specifically addresses the issue of HIV/AIDS in the workplace, many instruments exist which cover protection against discrimination as well as prevention and care at the workplace. The Conventions that are particularly relevant include:

- Discrimination (Employment and Occupation) Convention, 1958 (no.111). This is one of the eight fundamental conventions of the ILO. Further information about these are given elsewhere in this module.
- Occupational Safety and Health Convention 1981 (No 155)
- Occupational Health Services Convention 1985 (No 161)
- Termination of Employment Convention, 1982 (no.158)
- Vocational Rehabilitation and Employment (Disabled persons) Convention, 1983 (no. 159)
- Social Security (Minimum Standards) Convention, 1952 (No. 102)
- Labour Inspection Convention, 1947 (No. 81) and Labour Inspection (Agriculture) Convention, 1969 (No.129)

The ILO Code of Practice on HIV/AIDS and the world of work

A code of practice is an important type of document for the ILO. It is agreed by a group of experts, drawn from all three of the ILO's constituents – workers' and employers' organizations and governments. It is then approved by the Governing Body, which is tripartite in nature.

The *Code of Practice on HIV/AIDS and the world of work* was drawn up in this way. The government representatives included some labour inspectors. It has become the basis of many national policies and legislation dealing with HIV/AIDS and employment.

The ten key principles of the *ILO Code of Practice on HIV/AIDS and the world of work* apply to all aspects of work and all workplaces, including the health sector. They are reproduced below in summary form:

1. A workplace issue

HIV/AIDS is a workplace issue because it affects the workforce, and because the workplace can play a vital role in limiting the spread and effects of the epidemic.

2. Non-discrimination

There should be no discrimination or stigma against workers on the basis of real or perceived HIV status.

3. Gender equality

More equal gender relations and the empowerment of women are vital to preventing the spread of HIV infection and helping people manage its impact.

4. Healthy work environment

The workplace should minimise occupational risk, and be adapted to the health and capabilities of workers.

5. Social dialogue

A successful HIV/AIDS policy and programme needs cooperation and trust between employers, workers, and governments.

6. No screening for purposes of employment

Testing for HIV at the workplace should be carried out as specified in the Code, should be voluntary and confidential, and never used to screen job applicants or employees.

7. Confidentiality

Access to personal data, including a worker's HIV status, should be bound by the rules of confidentiality set out in existing ILO instruments. Job applicants and workers should not be asked to disclose HIV-related personal information.

8. Continuing the employment relationship

Workers with HIV-related illnesses should be able to work for as long as medically fit in appropriate conditions.

9. Prevention

The social partners are in a unique position to promote prevention efforts through information, education and support for behaviour change.

10. Care and support

Workers are entitled to affordable health services and to benefits from statutory and occupational schemes.

Principles to guide labour inspection

All of the principles in the Code are important, but we are going to concentrate on some of particular relevance to inspectors.

The right to non-discrimination

The principle of non-discrimination is fundamental to any strategy for HIV/AIDS in the workplace.

People infected or affected by HIV may suffer discrimination at work in several different situations - for example if they are:

- screened for HIV and refused employment;
- dismissed from work because of their HIV status, real or suspected;
- denied training or promotion opportunities;
- subjected to compulsory testing;
- ostracized and isolated by colleagues;
- denied access to medical and sickness benefits;
- denied reasonable accommodation to help manage AIDS-related illness.

Testing

Compulsory testing for HIV is still sometimes proposed by employers. It is argued that testing before someone takes up employment protects workers and the workplace.

However, there are many drawbacks to testing.

- Firstly, a worker with HIV is not necessarily sick and may work normally for a number of years (employers are not being asked to employ people who are unfit to work);
- Secondly, workers are at no risk of HIV infection from casual contact with an infected colleague;
- Thirdly, the incubation period for HIV is between six weeks and six months (two to three months on average), so a negative test result is not necessarily accurate;
- Fourthly, a job applicant may be uninfected today but catch the virus tomorrow;
- Finally – and as important as the first point - in an environment where rights are respected, employees are more likely to undergo voluntary testing and change their behaviour so that they take and cause fewer risks, and become active agents for prevention.

The Code of Practice has a detailed section on testing. The ILO position is:

- Screening should be prohibited for exclusion from employment, and other employment issues, such as promotion, access to training and so on
- Testing should be permitted in some situations (epidemiological surveillance and occupational exposure), with specific conditions
- Confidentiality of HIV-related data must be respected

Voluntary testing

Voluntary counselling and testing (VCT) is not only a diagnostic tool for symptomatic patients, but an important component of a comprehensive strategy for beating HIV/AIDS. It links and reinforces the provision of both prevention and care. It is then important to assure access to integrated health services for prevention, treatment and care for the workers affected by HIV/AIDS.

The acceptance of HIV testing depends on improved protection from stigma and discrimination. The key principles of HIV testing are known as the 3 Cs: informed consent, accompanied by counselling, with confidentiality ensured. UNAIDS and the WHO encourage the use of rapid tests so that results are provided quickly and can be followed up immediately with post-test counselling for both HIV-negative and HIV-positive persons, and with treatment if necessary. Counselling is an essential part of a care and support programme for workers with HIV/AIDS.

Labour law and policy

Issues of discrimination at work related to HIV status are addressed through legislation, court decisions and 'soft law'[7] in many countries.

Hard law consists of legislation adopted by parliaments, like the Philippines AIDS Prevention and Control Act, 1998. It may also include regulations, ordinances or decrees adopted by a Ministry or other government agency, such as Zimbabwe's Statutory Instrument 202 of 1998, Labour Relations (HIV/AIDS) Regulations.

Some countries have developed national codes of conduct and guidelines on HIV/AIDS. These are considered 'soft law' since they are not legally binding but provide guidance for planning and policy-making at all levels. An example is Namibia's National Code on HIV/AIDS in Employment, 1998.

Some examples of national law[8]

Zimbabwe's *Labour Relations (HIV and AIDS) Regulations* of 1998 ban non-consensual testing, outlaw workplace discrimination, require wide dissemination of the Regulations and dictate strong penalties - going as far as six months' imprisonment - for employers who violate the Regulations. The use of severe penalties can be controversial: it shows the government's commitment to action but labour inspectors and judges may hesitate to impose a heavy penalty, especially for a first offence.

Namibia's *National Code on HIV/AIDS and Employment*, gazetted as a Government Notice in 1998, provides guidelines and instructions to be followed by all employers and employees in applying the relevant provisions of the Labour Act in respect of HIV/AIDS in employment. It protects the rights of workers and encourages the implementation of workplace HIV prevention and education programmes. Its approach to enforcement is worth mentioning insofar as the tripartite Labour Advisory Council and the Ministry of Labour are entrusted with the implementation, monitoring and review of the Code.

7. *ILO:* Using the ILO Code of Practice and Training Manual: Guidelines for labour judges and magistrates, *ILO Programme on HIV/AIDS and the World of Work (Geneva, 2005).*

8. *See Jane Hodges,* Guidelines on addressing HIV/AIDS in the workplace through employment and labour law, *International Labour Office, Geneva, January 2004, and Marie-Claude Chartier,* Legal initiatives that can help fight HIV/AIDS in the world of work, *ILO/AIDS, Geneva, September 2003, for an overview and analysis of the legislation. Both documents are available from the ILO/AIDS website, http://www.ilo.org/public/english/protection/trav/aids/index.htm*

South Africa, in its 1998 *Employment Equity Act*, prohibits discrimination based on HIV status. Testing is also banned, except where authorized by the Labour Court. The onus is on an employer to demonstrate that testing is necessary. In any legal proceedings in which it is alleged that an employer has discriminated, the employer must prove that any discrimination or differentiation was justified. The Act as a whole contains strong financial penalties for non-compliance.

The 1998 *Philippines AIDS Prevention and Control Act* affirms that "The State shall extend to every person suspected or known to be infected with HIV/AIDS full protection of his/her human rights and civil liberties." The Act bans compulsory testing, discrimination "in all its forms and subtleties", and termination of employment on the basis of real or perceived HIV status. Penalties include imprisonment from six months to four years, fines and revocation of licences. The Act also requires government ministries and departments to take coordinated action, and it created the National AIDS Council with a generous initial budget.

The Italian *Act No. 135 of 1990 on urgent measures for the prevention of and fight against AIDS* bans pre- or post-employment testing by private or public sector employers with severe sanctions.

4. HIV/AIDS: how labour inspectorates can support the national response

This section identifies some of the key principles and core responsibilities of labour inspectorates, and discusses how they apply to the management of HIV/AIDS.

The changing nature of labour inspection

It is increasingly accepted that the best approach is to have an integrated labour inspection service, with both supervisory and advisory activities, dealing with occupational safety, occupational health, labour relations and technical inspections.

This approach lends itself well to the inclusion of a cross-cutting issue such as HIV/AIDS which needs to be tackled in a multidisciplinary way.

Increasingly, the promotion of better conditions in the workplace is based on promoting a culture of risk *prevention*. A variety of activities may be used to achieve this – including labour inspection, social dialogue, disseminating information and sharing best practice, and other educational/promotional activities, building partnerships between the parties involved.

The old approach to enforcing labour legislation, and hence labour inspection, was the promulgation of detailed, prescriptive standards. Inspectors looked out for the infringement of laws, but in many cases these are now out of date and/or only apply to small numbers of workers in the formal parts of the economy.

The new approach involves the inspectorate in setting goals, in conjunction with employers and workers, and helping them to be met. Now, ideally, Inspectors dealing with elaborating, implementing and evaluating plans and campaigns, promoting prevention instead of compensation, applying technological solutions, and balancing advice and compulsion.

Fortunately, the Labour Inspection Conventions mentioned earlier still provide a sound basis for this new approach. Implementation of national legislation remains an issue, as the existence of laws does not in itself guarantee a properly functioning system. For this reason, more emphasis is now placed on the involvement of all concerned parties, especially employers' and workers' organizations, and on the process of social dialogue.

New tools

New skills are also needed, including skills in negotiation, motivation and communication. These must be supported by new materials for policy advice and technical guidance. A relatively new tool, based on the goals-setting approach, is the ILO's *Guidelines on occupational safety and health management systems.*

The Guidelines, often known as ILO-OSH, were agreed in 2001 through tripartite social dialogue at an international level, and command broad-based support. They provide a systematic framework to help the workplace integrate an OSH management system into wider policy and management arrangements. Instead of safety being an 'add-on', or measures taken to avoid trouble with inspectors, it becomes a regular part of the everyday work of the enterprise.

As the Guidelines become used increasingly widely as a voluntary framework, the role

of inspectors is changing from a detailed inspection of the workplace to reviewing management systems, checking them as necessary through inspection. If these are good, and working well, safety and health in the enterprise should be of an acceptable standard.

This fits well with the best way to tackle HIV/AIDS. The basis for action at any workplace is the adoption of a policy on HIV/AIDS. An inspector can encourage social partners to do this, and help guide its implementation.

The principles of labour inspection

A particularly comprehensive treatment of relevant concepts and definitions is found in Labour Inspection: A guide to the profession, by Wolfgang von Richtofen .

The book sets out five principles for labour inspection. These are:

1. Labour inspection is a public function
2. Co-operation is essential with employers and workers
3. Partnership is necessary with other institutions, such as the social security system
4. Prevention of risk and hazard is a fundamental responsibility
5. Universal coverage is the goal

In dealing with HIV/AIDS, three of these principles are of particular importance:

- Co-operation with employers and workers
- Prevention
- Universal coverage

Working with the social partners

Inspectors know that their job is much easier if there is collaboration with employers and workers. Article 5 of the Labour Inspection Convention No. 81. states:

> *"The competent authority shall make appropriate arrangements to promote.... collaboration between officials of the labour inspectorate and employers and workers or their organisation."*

Recommendation 81 which accompanies the Convention elaborates:

II. Collaboration of Employers and Workers in Regard to Health and Safety

4. *(1) Arrangements for collaboration between employers and workers for the purpose of improving conditions affecting the health and safety of the workers should be encouraged.*
   (2) Such arrangements might take the form of safety committees or similar bodies set up within each undertaking or establishment and including representatives of the employers and the workers.

5. *Representatives of the workers and the management, and more particularly members of works safety committees or similar bodies where such exist, should be authorised to collaborate directly with officials of the labour inspectorate, in a manner and within limits fixed by the competent authority, when investigations and, in particular, enquiries into industrial accidents or occupational diseases are carried out.*
6. *The promotion of collaboration between officials of the labour inspectorate and*

organisations of employers and workers should be facilitated by the organisation of conferences or joint committees, or similar bodies….

Social dialogue and HIV/AIDS

Social dialogue includes all types of negotiations, consultations or exchange of information between or among the tripartite and bipartite partners on issues of common interest.

The same principle of cooperation by social partners - social dialogue - is also enshrined in the Code of Practice.

> *The successful implementation of an HIV/AIDS policy and programme requires co-operation and trust between employers, workers and their representatives and government, where appropriate, with the active involvement of workers infected and affected by HIV/AIDS.*
>
> Paragraph 4.5 ILO Code of Practice

Section 5 of the Code deals with the rights and responsibilities of employers and their organizations (paragraph 5.2) and workers and their organizations (paragraph 5.3). These are not separate and opposing tasks but complementary and mutually reinforcing. The wording of the two sections for employers and workers is very similar[9].

The issue of HIV/AIDS is so serious that the organizations of both employers and workers, recognizing the need for swift action and the advantages of consensus, should try to put aside industrial relations difficulties which get in the way of dealing with the effects of the epidemic.

Workplace policies

Inspectors can encourage employers and workers to work together on developing a HIV/AIDS workplace policy and programme.

This is the single most important step which can be taken in an enterprise.

The process can be compared to the adoption of a health and safety policy, which many national laws on occupational safety and health require. A good Safety and Health Policy provides the framework for an enterprise to voluntarily implement the law. In these situations, the inspector's task can be much easier. When the enterprise itself sets its goals, the inspector becomes more like a guide and less like a police officer.

The Code of Practice includes a checklist for planning and implementing a workplace policy on HIV/AIDS (Appendix III of the Code – see summary below/in box). This has been supplemented by further advice, including 'A workplace policy on HIV/AIDS: what it should cover and putting it into practice', as well as special guidelines for employers and trade unions. These may all be found on the ILO/AIDS website, as part of a step-by-step guide to taking action on HIV/AIDS at the workplace.

9. *International Organisation of Employers/ International Confederation of Free Trade Unions:* Fighting HIV/AIDS together, a programme for future engagement *(IOE and ICFTU, Geneva, May 2003).*

Planning and implementing a workplace policy on HIV/AIDS

(Appendix III, *ILO Code of Practice*)

- HIV/AIDS committee is set up ...;
- committee decides its terms of reference ...;
- review of national laws and their implications for the enterprise;
- committee assesses the impact of the HIV epidemic on the workplace and the needs of workers ... by carrying out a confidential baseline study;
- committee establishes what health and information services are already available ...;
- committee formulates a draft policy; draft circulated for comment then revised and adopted;
- committee draws up a budget, seek funds from outside the enterprise if necessary...;
- committee establishes plan of action, with timetable and lines of responsibility, to implement policy;
- policy is widely disseminated ... and plan of action is implemented;

Prevention

Prevention is another of the guiding principles here. .All work-related accidents and ill-health can be prevented, but this involves foresight, planning, organization and commitment to identify where hazards are, assess risks and take action before an accident happens or an illness has been contracted. This can only be achieved with the cooperation of all concerned – the employer, who has the prime responsibility to provide safe and healthy working conditions, managers, supervisors, workers and others – all of whom have an important part to play through effective social dialogue. Inspection plays an important part here too, but on a day-to-day basis it is only if an enterprise learns to manage its own risks that accidents and ill-health can be prevented. Safety and health education plays an important part, as do good information, training, supervision and so on.

It is the same with HIV/AIDS. This is a message that cannot be repeated too often: prevention is the only cure for AIDS. HIV is a fragile virus. The ways it is transmitted are well known: the exchange of blood, semen and other body fluids through sex, the shared use of drug-injecting equipment, blood transfusion and blood products, and from mother to child.

It is therefore vital to use education and training opportunities in the workplace to

- reinforce the basic facts about HIV infection, and how to prevent it;
- contradict the persisting myths about HIV and AIDS;
- challenge the taboos related to sexual behaviour;
- combat the stigma around AIDS;
- promote and support behaviour change.

Information and education about HIV/AIDS is sometimes called 'the social vaccine'.

Knowledge alone may not be enough to bring about change. It needs backing up with an education programme (often called behaviour change communication) and practical measures such as the provision of free or affordable condoms. The Code of Practice and accompanying training manual include a great deal of practical guidance on education and training.

Peer educators

Peer educators are informal leaders from the group being trained. Peer education works on the idea that people are most likely to change their behaviour if they are encouraged to do so by trusted peers.

Peer education is:

- inexpensive and able to reach a large number of people
- strengthens community leadership and responsibility
- the most effective way of delivering a message to a specific target group
- able to bring about sustainable behaviour change.

Recruiting and training peer educators should be a major component of any education programme at work. Inspectors can encourage managers and union leaders to work together to identify and train peer educators, and can contribute to training programmes..

People living with HIV and AIDS

Workers who are HIV-positive and are willing to take part in education activities have a vital role to play in developing of effective programmes, and strengthening the credibility of prevention messages. This approach has been called the *Greater Involvement of People Living with AIDS*, or GIPA, and has very good results.

Universal coverage

A principle of labour inspection is that coverage should steadily be extended to all workers. In many countries, the first labour laws to protect workers started in particular sectors, such as mining, where there are high levels of hazards, with the intention to gradually extend coverage to all workers.

However, increasing numbers of workers are not covered by any formal labour legislation - the workers in the 'informal economy'.

The term 'informal economy' is used to show that informal activities are not separate and limited to a specific sector, but span all types of work from commerce and services to industry and agriculture. Indeed, it is important to understand the many linkages between formal and informal work. For example, surgical instruments made by children in some Asian countries in the 'informal economy' are used in major hospitals in Europe and North America - the 'formal economy'. The ILO has noted that

> *..the informal economy has been growing rapidly in almost every corner of the globe, including industrialised countries - it can no longer be considered a temporary or residual phenomenon[10].*

In Africa, informal work is estimated to account for over 90% of new jobs, almost 80% of non-agricultural employment, and over 60% of urban employment. There is more information on the informal economy in Appendix 4.

The informal economy and HIV/AIDS

For a number of reasons, operators in the informal economy are particularly vulnerable to HIV/AIDS, both in terms of risk of infection and impact of the epidemic. Enterprises in the informal economy are usually small and labour intensive, meaning that they rely heavily on one or a few operators. When a worker falls sick and eventually dies, it can often be very difficult for these small enterprises to stay in business. The precarious nature of informal employment, the lack of social protection and limited access to health services also worsen the impact of the epidemic for individual workers. As informal operators are usually not members of trade unions or business networks, and government involvement is by definition very limited, there is a particular challenge in reaching them with HIV/AIDS programmes.

Reaching out to the informal economy

There are many links between larger enterprise, where inspectors may have a regular presence, and the informal economy.

Suppliers and customers

Larger enterprises often have an extensive network of suppliers and customers. They could become part of the workplace programme.

Staff in purchasing and sales meet customers and suppliers regularly and understand their problems. They can distribute information on HIV/AIDS, and encourage smaller businesses to have their own policy on AIDS. These "frontline" staff could receive special training to give them the confidence to discuss issues such as how infection is spread, the precautions necessary and so on.

Suppliers and customers could also be invited to in-house training and information sessions on HIV/AIDS. There is virtually no additional cost involved here, if the training is already being delivered. Such an invitation strengthens the relationship between the enterprise, the customer/supplier and the community at large - in other words, it is good business.

Contracted-out activities

Many large enterprises use contractors to supply services such as catering, cleaning, canteen

10. *ILO:* Decent work and the Informal Economy, *a report to the International Labour Conference (Geneva, 2002)*

and security. All the employees of firms working within the enterprise should be invited to join in HIV/AIDS education and prevention activities.

Large enterprises should consider incorporating a clause in contracts with such firms to allow their workers to take part in educational activities. They could also help suppliers to develop their own AIDS programmes.

Good neighbours

Around most large enterprises there will be a cluster of small businesses, though not necessarily with any kind of formal relationship with it. For example, there may be stalls selling food and drink to workers and informal transport outlets such as mini-buses, “jeepneys” and rickshaws.

Workers can be encouraged to take posters, stickers and leaflets to the shops, stalls and transport they use. The role of peer educators here could be particularly useful, as they will have skills in talking about HIV/AIDS. Entrepreneurs and workers from these micro-enterprises can be invited to join in AIDS education.

This kind of assistance has been applied to issues such as safety and health at work. The Good Neighbour Scheme in the UK[11] is one example. Companies signing up to it commit themselves to sharing their health and safety experience and resources with others - neighbouring firms, suppliers, subcontractors or the wider community.

11. *UK Health and Safety Executive,* The Good Neighbour Scheme, *London 2000 (http://www.hse.gov.uk/events/gnscheme.htm)*

5. HIV/AIDS and workplace safety and health

This section looks at occupational safety and health measures that need to be taken to ensure protection against HIV transmission in the workplace.

One of the key principles of the Code of Practice is that:

> ***The work environment should be healthy and safe****, so far as is practicable, for all concerned parties, in order to prevent transmission of HIV, in accordance with the provisions of the Occupational Safety and Health Convention 1981 (No. 155). The establishment and maintenance of a healthy work environment require that the workplace, machinery, equipment and processes be safe, hazard-free and without risk to health, and that the chemical, physical and biological substances and agents present in the working environment be without risk to health when appropriate measures of protection are taken.*

A healthy and safe work environment includes, but is not limited to, the prevention and treatment of occupational hazards associated with exposure to HIV infection. It also covers the establishment of an environment that facilitates optimal physical and mental health in relation to work, and adaptation of work to the capabilities of staff in light of their state of physical and mental health - this may include measures to reasonably accommodate staff with AIDS-related illness.

ILO standards

Occupational safety and health standards fall into three broad categories. Conventions and recommendations:

- guide policy development for all workers and branches of activities - such as the Occupational Safety and Health Convention, 1981 (No.155),
- protect particular branches of economic activity, e.g. mining, construction, dock work - such as the Safety and Health in Construction Recommendation, 1988 (No. 175), or
- address specific risks and hazards, e.g. radiation, hazardous chemicals, occupational cancer, machinery - such as the Asbestos Convention, 1986 (No. 162).

As we saw in Section 3, no Convention or Recommendation specifically addresses HIV/AIDS, but some Conventions – such as No. 111 – and other non binding instruments such as the ILO *Code of Practice on HIV/AIDS and the world of work* may be applied. The ILO is also developing guidelines for specific sectors, starting with transport and health. See the ILO/AIDS website: www.ilo.org/aids.

Is HIV/AIDS an occupational disease?

HIV is not spread through normal workplace contact. The virus cannot survive outside the human body or in blood and certain body fluids. It cannot survive on tools or machinery, for example. Nevertheless, accidents may occur in almost any working environment, and there may be exposure to blood or body fluids in a substantial number of occupations. Health workers are the most obvious group but others include the emergency services, custodial and security staff, funeral attendants, waste disposal personnel, and body-piercing services.

Some occupations have working conditions that are more conducive to risk-taking behaviour, especially those that involve the separation of workers from their homes and families for substantial periods of time. These might include long-distance lorry drivers, seafarers, security forces and oil-rig workers. Migrants and mobile workers suffer the same separation from their homes, and often families as well, and may be even more at risk because they are often excluded from information, benefits, and respect for their rights.

Each sector or industry will require a different approach, where inspectors can try to bring together employers, workers organizations and relevant government departments, to develop best practice guidelines on how to reduce risk. In Malawi, for example, a transport sector strategy has been developed, with social dialogue built in.

Joint ILO-WHO guidelines are in preparation, focusing on occupational safety and health issues specific to health services. These will be finalized at a Meeting of Experts in April 2005.

Protecting workers

Safe work practices protect the health and improve the confidence of workers. The fundamentals of minimizing the risk of transmission of HIV and other blood-borne infections in the workplace are personal hygiene and the application of universal precautions.

Universal precautions provide a strategy which requires health workers to treat the blood or body fluids of all persons as a potential source of infection, independent of diagnosis or perceived risk. It involves the routine wearing of gloves, other protective clothing, hand washing, dressings for broken skin, and other infection control measures that place a barrier between workers and potentially infectious blood or body fluids. The use of universal precautions minimizes the risk of transmission of HIV and other blood-borne infections but it cannot prevent needle-stick injuries.

For more information

Detailed guidance may be obtained from the following website:

http://www.who.int/hiv/topics/precautions/universal/en/

Special considerations in the event of accidents

All workplaces have the potential for accidents which require First Aid treatment, although the risk of infection from HIV is small. Employers have the responsibility to ensure compliance with relevant national regulations, and base procedures on universal precautions. First Aiders should be informed about risks and trained to use appropriate preventive measures and protective equipment.

The following measures can be taken to reduce the risk of infection:

- cover cuts or grazes with a waterproof dressing;
- wear disposable gloves (latex or vinyl) when dealing with blood or any other body fluids, and other puncture-resistant gloves when handling sharp instruments;
- use devices such as a face mask when giving mouth-to-mouth resuscitation, but only if trained to use them;
- wash hands after each procedure.

First Aiders should not withhold treatment for fear of being infected with HIV.

Training

All workers who may come into contact with blood and other body fluids should receive training about infection control procedures in the context of workplace accidents and first aid. Training where occupational exposure is a low risk should cover:

- the provision of First Aid
- the application of universal precautions
- the use of protective equipment
- the correct procedures to be followed in the event of exposure to blood or body fluids.

It is important to stress that these precautions should always be followed. There are other diseases, apart from HIV, which can be transmitted through blood and body fluids. The precautions should not be related to the perceived or actual HIV status of workers.

Post-exposure prophylaxis

There may be cases, especially in a health care setting, where a worker is concerned that an incident at the workplace may have exposed him/her to HIV infection.

In these situations, is may be appropriate to offer post-exposure prophylaxis (PEP): this means taking certain steps, in particular providing antiretroviral medication, as soon as possible after exposure to HIV, in order to prevent infection.

PEP has been a standard procedure for some years for healthcare workers exposed to HIV. While health care workers may have access to the necessary medicines, other workers may not. It would be useful for inspectors to know where such treatment can be obtained, and what other steps need to be taken.

For more information

CDC guidelines on PEP and occupational exposure are on the Internet:

http://www.cdc.gov/mmwr/PDF/rr/rr5011.pdf

Needle stick injuries

According to the US National Institute for Occupational Safety and Health, it is estimated that 600,000 to 800,000 needle stick injuries and other percutaneous injuries occur annually among health care workers in the US. Studies showed that nurses sustain the most needle stick injuries and that as many as one-third of all these 'sharps' injuries occur during disposal. The US Centers for Disease Control and Prevention (CDC) estimate that 62 to 88 per cent of sharps injuries can be prevented simply by using safer medical devices. Detailed advice is available at:

http://www.osha.gov/SLTC/bloodbornepathogens/index.html

Monitoring and evaluation

Inspectors can help employers to monitor work practices and ensure that action is taken to change them when necessary. Elements that should be considered are the:

- effectiveness of workplace policies and procedures;
- effectiveness of information and training programmes;
- level of compliance with universal precautions;
- satisfactory recording of incidents;
- effectiveness of action taken and follow-up.

6. Training programmes and learning activities

This section brings together learning activities and other elements to make up two sample programmes, one lasting five days and one lasting three. They are only examples, and we urge you to adapt these ideas in order to tailor them to the needs and interests of the people you're working with. The numbers in brackets refer to the learning activities which follow.

You will find other sample programmes, and general guidance on training, in *Implementing the ILO Code of Practice on HIV/AIDS and the world of work: an education and training manual*. This manual also includes short modules on HIV/AIDS that can be slotted into other programmes, including courses/workshops on labour standards, safety and health, and gender.

Five-day workshop

Suggested programme:

Day 1: HIV/AIDS: an issue for labour inspectors

Welcome remarks
Domestic arrangements
Workshop aims
Introductions (1)

HIV/AIDS and the workplace: fact and fiction (2)
Group activity

Dealing with fears about HIV/AIDS at work (3)
Group activity

Tackling embarrassment (4) or Condomize! (5)
Group activity

HIV/AIDS in your area (6)
Group report

Day 2: Basic principles - the legal and policy framework

The ILO Code of Practice and national law and policy (8)
Group activity

Comparing national laws (9)
Group activity

Day 3: Applying labour inspection to HIV/AIDS

Social dialogue
Workplace policies (11 or 12)
Group activity

Prevention
Peer educators (13)
Group activity

Universal coverage
Reaching out to the informal economy (14)
Group activity

Health and safety at work
Universal precautions (16)
Group activity

Day 4: Developing checklists and practical tools for inspectors

Preparing checklists (17)
Group activity

Inspection reports (18)
Group Activity

Speaker from national ILO projects on HIV/AIDS/ national AIDS control organization, or an organization of PLWHA

Learning from others
Getting information and support (21)
Group activity

Day 5: Future planning

Labour inspectors and HIV/AIDS (22)

Action planning (23)

Evaluation (24)

Closing remarks

End of workshop

Three-day workshop

Suggested programme:

Day 1: HIV/AIDS: why it is an issue for labour inspectors

Welcome remarks
Domestic arrangements
Workshop aims
Introductions (1)

HIV/AIDS and the workplace: fact and fiction (2)
Group activity

Dealing with fears about HIV/AIDS at work (3)
Group activity

Avoiding embarrassment (4) or Condomize! (5)
Group activity

Day 2: Basic principles - the legal and policy framework

The ILO Code of Practice and national law and policy (8)
Group activity

Social dialogue
Workplace policies (11 or 12)
Group activity

Prevention
Peer educators (13)
Group activity

Day 3: Applying labour inspection to HIV/AIDS

Health and safety at work
Universal precautions (16)
Group activity

Speaker from national ILO projects on HIV/AIDS/ national AIDS control organization, or an organization of PLWHA

Action planning (23)
Evaluation (24)
Closing remarks

End of workshop

Starting the workshop

Activity 1 Introductions

Aims To introduce the participants

To help us find out what you would like to learn and discuss on this workshop

Task Sit next to somebody you don't know (or don't know well)

Talk to each other for 5 minutes before introducing each other to the rest of the workshop.

Try to find out the following about your partner:

Name

Role/position in inspectorate

Length of service in inspectorate/ previous work

Experience of dealing with HIV/AIDS

One interesting fact about him/her

What does your partner hope to get from the workshop?

Why HIV/AIDS is an issue for labour inspectors

HIV/AIDS is a human crisis but it is also a threat to economic growth and sustainable development. It threatens productivity and livelihoods - because the years of highest transmission risk coincide with the peak years of productive life in adult women and men. A major task for inspectors is to emphasize the gravity of the risks and the need for workplaces to take action, even in countries where the rate of HIV infection is low.

Learning activities numbers 2-7 will help break the ice, reduce embarrassment, introduce key issues and help participants start working out appropriate responses.

Activity 2 HIV/AIDS and the workplace: fact and fiction

Aims To help you think about the ways HIV/AIDS affects the workplace

Task In your group, discuss the following statements. State whether you agree or disagree, and give your reasons.

"HIV/AIDS is spread by ignorance, prejudice and complacency."

"Now antiretroviral drugs are available, HIV/AIDS is not a priority."

"HIV/AIDS is more than a health issue. It affects us all."

"Several workers in our enterprise have, sadly, died from AIDS. But we have always replaced them. There is such high unemployment that any worker can be replaced."

"If a worker contracts HIV it is a private matter. But we should provide a working environment that would support any worker who chooses to tell the management and fellow workers."

"Yes, HIV/AIDS is a problem in our country. If it affects our company, we will deal with it by dismissing workers and paying them compensation."

"HIV/AIDS is spread by sex and drug use. Our company does not want to be associated with such things. The workplace is not the right place to discuss matters like safe sex."

"If a key worker gets too sick to work, production is disrupted and morale falls."

Activity 3 Dealing with fears about HIV/AIDS at work

Aims To consider some of the problems created by fear and ignorance about HIV/AIDS.

Task In your group, discuss the following situations.

During an inspection of a large bottling plant, making a well-known and popular soft drink, you have become aware of these problems. As an inspector, what advice would you give?

Workers refuse to eat with, or use the same toilet as, a worker known to be HIV-positive.

Workers demand protective clothing because they fear HIV infection.

Management proposes to move a worker known to be HIV-positive from a post where s/he meets the public

First Aiders threaten to resign because they fear they are at risk of HIV if they carry out First Aid procedures (e.g. mouth-to-mouth resuscitation)

Activity 4 Tackling embarrassment

Aims To help people talk more openly about sex

Task Take a plain piece of paper. Write down two or three (more if you like) words describing sexual practices or parts of the body.

Put the piece of paper into a hat. Mix them up.

Everyone picks out a piece of paper, and reads out the words.

If you really cannot do this, leave your piece of paper blank!

Activity 5 Condomize!

Aims To discuss barriers to condom use

Task Using condoms is recognized as an effective way to prevent infection, but there are many reasons why people don't use condoms.

Take a plain piece of paper. Write down a reason you have yourself, or that you have heard, for not using condoms. It does not matter if you are a man or a woman. A woman could write about the female condom, or write: "my partner/my friend's partner will not use a condom because...". A man could write: "I will not use a condom because..." or "I know some men who will not use a condom because...".

Put the pieces of paper into a hat. Mix them up.

Everyone picks out a piece of paper, and reads out the words.

You can then discuss in your group the various reasons given and what can be done to respond to them.

Activity 6 HIV/AIDS in your area

Aims To discuss HIV/AIDS in your area.

Task You need to work in a group, which might be organized by country, region, or according to responsibilities (for example, inspectors who have responsibility for mining in one group, for transport in another group, and so on)

Prepare a short report for the rest of the course members on the impact of HIV/AIDS in your country/region/industry

---

Activity 7 Action against AIDS: the national situation

Aims To discuss national policy on HIV/AIDS

Task You need to work in a group.

Obtain the national plan for action against AIDS. Prepare a short report on the key features of the plan, especially those which might impact on employment and labour issues.

Responses to HIV/AIDS in the world of work

The ILO's response to the global HIV/AIDS crisis is based upon protecting the rights of workers and encouraging collaborative action by its tripartite constituents. The ILO Code of Practice on HIV/AIDS and the world of work provides the framework for action. It can form the basis for national law and policy, regulations and measures at sectoral level, and policies and programmes at the workplace.

These two activities are designed to help inspectors become familiar with the Code of Practice.

Activity 8 The ILO Code of Practice and national law and policy

Aims To help you compare the ILO Code of Practice and the legal and policy framework in your country

Task Read through your own national laws, codes and policies relevant to HIV/AIDS and employment, or one of the examples given to you.

In your group, compare the key principles of the ILO Code with the national law. Fill in the table to help you record your comments

Key principles (section 4 of the ILO Code of Practice)	Relevant provision in the law or policy	Is the law in accordance with the ILO Code ?
Workplace issue		
Non discrimination		
Gender equality		
Healthy work environment		
Social dialogue		
Screening		
Confidentiality		
Dismissal		
Prevention		
Care & support		

Activity 9 Comparing national laws

Aims To help you to evaluate different legal standards

Task Compare two different national laws on HIV/AIDS and employment. One should be your own national legislation if possible.

Decide which piece of legislation best meets the standards of the ILO Code of Practice, and which you prefer, and why.

Key principle (section 4 of the ILO Code of Practice)	Legislation 1: (fill in title, country) Your comments	Legislation 2: (fill in title, country) Your comments
Workplace issue		
Non discrimination		
Gender equality		
Healthy work environment		
Social dialogue		
Screening		
Confidentiality		
Dismissal		
Prevention		
Care & support		

HIV/AIDS: how labour inspectors can support the national response

Labour inspectors will need to use a range of approaches when dealing with HIV/AIDS. Prescriptive measures may not exist, and even where they do dialogue and persuasion may be as effective as rigid enforcement.

This activity asks inspectors to reflect on the new ideas about labour inspection and its application to HIV/AIDS.

Activity 10 Labour inspection and HIV/AIDS: the big picture

Aims To discuss the application of new approaches to labour inspection

Task In your group, discuss the differences between the traditional approach to labour inspection - enforcing laws and regulations - and the newer approach that agrees goals with the social partners and promotes effective management systems. Which of these might work in dealing with HIV/AIDS, and why? Can you give any examples?

Working with the social partners

Central to the ILO's approach to HIV/AIDS, as indeed to all of its work, are social dialogue and tripartite cooperation. Employers and workers, and their organizations, have an important role to play in promoting and supporting workplace action.

Learning activities 11 and 12 will help inspectors to promote social dialogue on HIV/AIDS.

Activity 11 Workplace policies (i)

Aims To analyse workplace policies on HIV/AIDS

Task Read through and compare two different workplace policies on HIV/AIDS

Which are the strong and weak points of each policy?

Which do you prefer and why?

Activity 12 Workplace policies (ii)

Aims To discuss the case for an agreed HIV/AIDS policy

Task This a role play. Course members will be divided into two teams: inspectors and managers. This is the scenario:

Team A are inspectors. After visiting a large enterprise, you are at the 'wrap-up meeting' and you bring up the issue of AIDS. You ask for a copy of the company's HIV/AIDS policy. The safety manager calls the welfare manager to join you. There is no policy. They agree that HIV/AIDS might have implications for the company, but insist that they can deal with the disease without any formal statement or plan.

Team B are managers. The factory inspector has surprised you by asking about HIV/AIDS. You do not see why you need to go to the trouble of adopting a policy. Your reasoning is that the enterprise should treat HIV/AIDS in the same way as any other illness. You can deal with problems as they arise. You certainly do not see why you need to involve the workforce or develop a programme.

Make sure you allow time after the role play for discussion of the issues raised – participants should leave their roles behind and express their own views.

Prevention

Peer educators have a vital role to play in what is sometimes called the 'social vaccine' - education and information to inform workers about HIV/AIDS, its risks and how to prevent it.

Labour inspectors are well placed to promote and support peer educators.

Activity 13 Peer educators

Aims To help you think how peer educators can be identified and supported

Choose EITHER Task 1 OR Task 2

Task 1 You are going to give a talk to a group of employers. In your talk, you want them to start to use peer educators. Prepare your talk, covering these issues:

Why enterprises should use peer educators

How should peer educators be selected?

What types of employees would make good peer educators?

Any recommendations you have about the training of peer educators

Whether you think they should be paid or not

Why workers in the enterprise living with HIV and AIDS should be involved (with their agreement).

Task 2 In your group, draw up a circular for distribution at your workplace, asking if any employee would like to come forward to be trained as an HIV/AIDS peer educator. The circular should explain what is involved. Don't forget, the idea is to get people to volunteer.

Universal coverage

A principle of labour inspection is that coverage should progressively be extended to all workers. In many countries, labour laws protect only a minority of workers in specified sectors and large numbers of workers are not covered - those in the 'informal economy'.

Even though you may not have formal responsibility for such workers, it is important to think about ways of reaching them.

Activity 14 Reaching out to the informal economy

Aims To help you think about extending protection to the informal sector

Task Considering the area or industry for which you are responsible, what are the support mechanisms that need to be put in place so that workers in the 'informal economy' - small and micro enterprises, owner-entrepreneurs, small traders etc - can better cope with the epidemic?

How can the larger enterprises which you inspect help the informal economy workers they have links with?

HIV/AIDS and occupational safety and health at work

While HIV is not spread through normal workplace contact, it can be argued that HIV/AIDS should be considered as an occupational disease, because some workers are at more risk of being infected because of their work.

Learning activities 15 and 16 consider occupational safety and health issues in relation to HIV/AIDS.

Activity 15 Workers at risk

Aims To consider how to make the work environment safe and healthy for groups of workers who may face occupational exposure (such as health care workers) or work-related risks (such as seafarers or long-distance lorry drivers).

Task Work in a small group. Select one sector to discuss, where there are risk factors associated with work. What measures would you, as inspectors, recommend to reduce the occupational risk in that sector?

Activity 16 Universal precautions

Aims To help you understand and apply the universal precautions.

Task In your group, read through the description of universal precautions – see, for example, the summary in Appendix II of the ILO Code of Practice.

As you go through them, discuss whether any of the measures need to be implemented in workplaces you inspect, and how you would help ensure this happens.

Developing practical tools

As HIV/AIDS has only quite recently been recognized as a workplace issue, some of the practical tools which inspectors need may not have been developed yet.

The next three activities are therefore about preparing the practical tools which you, as an inspector, will require to help you carry out your role with regard to HIV/AIDS.

A checklist is a tool for use in health and safety inspections, and other labour inspections. It converts a standard into a series of questions which usually need a yes or no answer, or suggestions for necessary action.

Activity 17 Developing a checklist

Aims To develop a checklist tool for inspection on HIV/AIDS

Task Your task is, with a group of colleagues, to develop a checklist. The following may provide a useful basis for a checklist:

Contents of a workplace policy

National law on HIV/AIDS and employment

Safety and health precautions to prevent the transmission of HIV

Please do not be limited to these suggestions!! They are examples only

Drafts can be exchanged between groups for improvements. It is suggested that one inspector then takes responsibility for producing a final version for distribution.

Activity 18 Inspection reports

Aims To help you to prepare an HIV/AIDS-specific reporting tool

Task Working in a group, take an existing report form used in your inspectorate. Add a section for reporting on HIV/AIDS in the workplace.

It is again suggested that drafts can be exchanged between groups for improvements, and that one inspector then takes responsibility for producing a final version for distribution.

Activity 19 Reviewing the role of labour/factory inspectors

Aims To think about the changes in your role as a labour/factory inspector as a consequence of HIV/AIDS

Task In your group, think about your role before AIDS became an issue. Review the instructions or guidelines which your inspectorate/Ministry of Labour has issued. Suggest some possible ways in which these might be amended in the light of the AIDS epidemic.

Learning from others

The work you do as an inspector cannot take place in a vacuum, but needs to take account of the response as a whole to the epidemic in your country. Understanding the work of the national AIDS control organization, policy on treatment, care and support and what others are doing is therefore very important.

These two learning activities have that aim.

Activity 20 National HIV/AIDS policies and the world of work

Aims To ensure application of national HIV/AIDS policies in the world of work

Task In your group, read through the national plan on HIV/AIDS. Make a note of any strategies or provisions for the world of work, and implications for the job of labour/factory inspectors.

Activity 21 Getting information and support

Aims To help you identify resources to support HIV/AIDS workplace programmes

Task Work together to draw up a list of people and organizations that might provide information, policy guidance, technical advice, materials and training that could be used in the workplaces/industries you are responsible for. In drawing up you list you may find the following questions useful.

1. How do we find out about good practice in the country?
2. How do we find out about good practice in the industry?
3. How do we find out which agencies (UN, NGOs, community groups …) can help support effective initiatives?
4. How do we make sure the advice of PLWHAs is included in any prevention and care initiatives?

Future planning

The last few activities are designed to help you plan the steps you can undertake, as labour inspectors, to combat HIV/AIDS.

The first activity asks you to consider all the issues that have been discussed in the handbook, and take a broad view of the necessary actions which need to be taken. This should be completed in groups.

The next activity is to make a personal action plan - and you therefore need to do this on your own. There is no need to report back to the rest of the workshop. It is really a memorandum to yourself.

Activity 22 Labour inspectors and HIV/AIDS

Aims To think about the role of labour inspectors in responding to HIV/AIDS

Task In your group, think about all the ways that action around HIV/AIDS could be integrated into your work as labour inspectors. Consider activities which have low cost implications and could be easily included in your normal work, as well as more resource-intensive activities.

Activity 23 What next? Action planning

Aims To prepare the follow-up to the workshop

Task Look back over what you have discussed on this workshop. Think about the actions you are going to take. Draw up an action plan, using this format:

PERSONAL ACTION PLAN ON HIV/AIDS			
What am I going to do?	**When shall I do it by?**	**Who else should I involve?**	**What resources will I need?**

Ending the workshop

We have reached the end of the workshop. Thank you for participating and for all your work.

To benefit other inspectors, we would welcome your ideas on how to improve this workshop, so we can improve it next time.

Activity 24 Workshop Review

Task In your groups, prepare a report on what you think about this workshop.

Did the workshop meet the aims? (Look back at the section on aims to remind you).

What was the most useful part of the workshop?

What was the least useful part of the workshop?

What improvements would you suggest?

Basic information on HIV/AIDS

In the twenty years since it appeared, HIV/AIDS has killed more people than any previous epidemic. Sixty million people have been infected since the late 1970s; over 20 million have died; 14 million children have been orphaned.

HIV/AIDS has ceased to be just a health issue. It is a major cause of poverty and of discrimination. It worsens existing problems of inadequate social protection and gender inequality. It is undoing many of the development gains made in recent decades. If we are not successful in controlling the epidemic, it could result in countries being left with smaller populations, a reduced skills base, and weakened economies.

→ Poverty is a factor in HIV transmission and worsens the impact of HIV/AIDS.
← The effect of HIV/AIDS on individuals, households and communities can lead to an intensification of poverty and push some non-poor into poverty.

To date there is no cure or vaccine. Treatment is still unavailable to the vast majority of those who need it.

However, there are places where HIV transmission has been slowed down. We know what works. There are also people all over the world living with HIV, carrying on working, and leading a full life. We are learning how to mitigate the effects of the epidemic and live more positively with the virus: HIV is not an immediate death sentence.

Since the early days of the epidemic there have been scare stories, misreporting, panic reactions and discriminatory policies. Gradually, the ignorance and prejudice are being dispelled and a rights-centred approach has developed.

Facts about HIV/AIDS (http://www.unaids.org/wad2004/report.html)

Definitions

HIV stands for Human Immunodeficiency Virus

The virus weakens the body's immune system.

AIDS stands for Acquired Immunodeficiency Syndrome

The full name for AIDS - ***Acquired Immunodeficiency Syndrome*** - describes three features of the disease:

- **Acquired** indicates that it is not an inherited condition.
- **Immunodeficiency** indicates that the body's immune system breaks down. A person with HIV becomes vulnerable to a range of opportunistic infections which normally the body could fight off. It is one or more of these infections which will ultimately cause death.
- **Syndrome** indicates that the disease results in a variety of health problems.

How HIV is transmitted

HIV is transmitted through body fluids – in particular blood, semen, vaginal secretions and breast milk. Transmission occurs through these routes:

- **unprotected sexual intercourse** with an infected partner (the most common – accounting for 70 – 80% of infections globally); it makes no difference if this is heterosexual or homosexual sex, but the risk of transmission is increased by the presence of other sexually transmitted infections (STIs)
- **blood and blood products** through, for example, infected blood transfusions and organ or tissue transplants, also the use of contaminated injection or other skin-piercing equipment: infected blood/organs account for 3-5% of infections, needlestick injuries are believed to cause less than 0.1%, while injecting drug use results in between 5 and 10%
- **mother to child transmission** (MTCT) from infected mother to child at birth or through breastfeeding (5-10% of infections).

After infection, a person develops antibodies; these are an attempt by the immune system to resist the virus. If a person is tested for HIV, and the presence of HIV antibodies is found, this means that he or she has the virus and is HIV-positive.

HIV is not transmitted by:

- kissing
- mosquito or insect bites
- casual physical contact
- shaking hands
- coughing or sneezing
- sharing toilets or washing facilities
- consuming food or drink handled by someone who has HIV

Global and regional trends

The HIV/AIDS epidemic has evolved in different ways in different parts of the world, and at varying speeds. In many regions it is still in its early stages. At the end of 2004, the total number of people living with HIV/AIDS was estimated to be 39.4 million: about half of them are women, but women are now being infected at a faster rate than men, and at a younger average age. HIV/AIDS caused the deaths of 3.1 million people during 2004 and, despite widespread prevention measures, 4.9 million people were infected.

The following information is taken from the websites and reports of UNAIDS and WHO. More detail is available in the AIDS epidemic update, published every December by UNAIDS and WHO.

http://www.unaids.org/Unaids/EN/Resources/Publications/Corporate+publications/AIDS+epidemic+update+-+December+2004.asp

Latin America and the Caribbean

More than 1.7 million [1.3 million–2.2 million] million people are living with HIV in Latin America, and more than 440 000 [270 000–780 000] people are living with HIV in the Caribbean. This region includes countries with a national prevalence exceeding 2%. Several countries and territories with economies that are dependent on tourism rank among those most heavily affected. Yet most countries in the region have limited capacity to track the evolution of their epidemics, and are relying on data and systems that do not necessarily match the realities they are facing.

Eastern Europe and Central Asia

The number of people living with HIV has risen sharply in just a few years—reaching an estimated 1.4 million [920 000–2.1 million] at the end of 2004. This is an increase of more than nine-fold in less than ten years. Widespread risky behaviour - injecting drug use and unsafe sex - drives the epidemic. Young people predominate among reported HIV cases in the region.

Africa

Sub-Saharan Africa has just over 10% of the world's population, but is home to more than 60% of all people living with HIV—some 25.4 million [23.4 million–28.4 million] including an estimated 3.1 million [2.7 million–3.8 million] newly infected persons in 2004. Adult HIV prevalence has been roughly stable in recent years, but stabilization does not necessarily mean the epidemic is slowing. On the contrary, it can disguise the worst phases of an epidemic—when roughly equally large numbers of people are being newly infected with HIV and are dying of AIDS.

Asia and Pacific

National HIV infection levels in Asia are low compared with countries in other regions, but the populations of many Asian nations are so large that even a low percentage means large numbers of people are living with HIV. Latest estimates show that some 8.2 million [5.4 million–11.8 million] people (2.3 million [1.5 million–3.3 million] adult women) were living with HIV at the end of 2004. Asia has seen some success stories. Thailand has successfully reduced annual new infections from around 100,000 in the early 1990s to about 30,000. A campaign to promote condom use was an important part of the success.

HIV infection levels appear to be very low in the Pacific islands, but data are extremely limited. On remote islands, seafarers and their partners appear to be most at risk. Papua New Guinea has the highest prevalence with an estimated 0.6% [0.3%–1.0%] of adults—roughly 16 000 [7800–28 000] people of the adult population of about 2.6 million—were living with HIV at the end of 2003 (UNAIDS, 2004).

Western Europe, North America, Australia and New Zealand

The numbers of people living with HIV/AIDS has risen in these countries, in part because access to antiretrovirals is widespread so the lives of those infected are prolonged. Risk-taking behaviour seems to be on the increase, especially amongst young people. In North America and in Western and Central Europe, the number of people living with HIV rose to between 1.1 million and 2.2 million in 2004. Sex between men and, to a lesser extent, injecting drug use remain prominent factors in the epidemics in these countries, but the patterns of HIV transmission are changing. New sections of populations are being affected, with an increasing proportion of people becoming infected through unprotected heterosexual intercourse. The successful safe sex messages of the early 1990s now have less impact - a signal that we can never afford to relax our guard against the virus.

ILO Convention No. 111

The Discrimination (Employment and Occupation) Convention, 1958 (No. 111) is the key instrument for a policy aimed at addressing discrimination. The Convention prohibits any "distinction, exclusion or preference which has the effect of impairing equality of opportunity or treatment in access to employment, training, promotion processes, security of tenure, remuneration, conditions of work, occupational safety and health measures and social security benefits." It lists seven grounds of banned discrimination – race, colour, sex, religion, political opinion, national extraction and social origin.

The definition of discrimination contained in Convention No. 111 does not explicitly prohibit the discrimination on the grounds of HIV status. The Convention does not refer to HIV status in Article 1(a), which is not surprising as it was adopted well before the epidemic started.

However, as is clear from Article 1(b), a government can choose to include other kinds of discrimination in its national policy to eliminate discrimination after consulting representative workers' and employers' organizations. So it could include HIV status, and many governments have adopted this principle of non-discrimination in legalisation.

Protection from discrimination does not prohibit the termination of employment of a person who is not medically fit to accomplish his/her work. If a worker is no longer able to work, even working on light duties, then that is reasonable grounds for dismissal. What it is prohibited is the termination of employment due to HIV status when the worker can still perform his/her duties.

It can also be noted that Convention No. 111 does not mean that all workers always have to be treated equally. Nor does it prohibit treating workers in a different way. Sometimes treating workers differently is allowed - in a positive way.

Special measures are allowed, when they are designed to meet the particular requirements of persons who, for reasons such as disablement are generally recognized to require special assistance. Treating such workers differently is not deemed to be discrimination. So special measures to help workers who are HIV-positive are permitted.

The right not to be discriminated against at work due to HIV or health status has been recognized in laws and court decisions many countries. Non-discriminatory provisions may assume at the national level a variety of forms. Good practices show the adoption of instruments of either 'hard' or 'soft' law.

Strategies for Occupational Safety and Health in the 21st century: the role of labour inspectorates

Communiqué

This joint conference of ARLAC/IALI/WHO/ILO and the heads of occupational health and safety inspectorates of 21 Anglophone countries gathered in Mauritius on 22-24 November 2004,

Having noted:

1. Some of the global challenges and developments, programmes and other initiatives on occupational safety and health and labour inspection,
2. The strong linkages between occupational safety and health, on one hand, and on the other, important social and economic issues including HIV/AIDS, child labour, employment, productivity, poverty alleviation and promoting decent work,
3. The call for strengthening of labour inspection in the African Region by the governing council of ministers of ARLAC in June 2004, and for strengthening occupational health and safety in the Region by the African Ministers of Health meeting in September 2004
4. The recommendations from the ILO/WHO Joint Committee on Occupational Health, December 2003, to strengthen inter-sectoral collaboration at regional and national levels, and the Statement of Intent on the African Joint Effort on Occupational Health and Safety signed by WHO and ILO Regional Directors in Africa.

Having reviewed the current status of occupational safety and health programmes in the participating countries,

This conference resolved that there is an urgent need for:

1. The development of national and regional policies on occupational safety and health (OSH), to which there is a strong political commitment,
2. The modernization of national legislative framework and a move towards harmonizing (sub)-regional OSH legislation,
3. Building on and expanding partnerships at international, national and local levels, including social partners, inter-Ministerial collaboration (particularly between labour and health Ministries) and public/private partnerships,
4. Modernizing and strengthening the capacity of inspectorates, investing in a preventative culture,
5. Greater efforts to be placed on "Reaching the unreached", especially the informal economy, child labour and high risk sectors,
6. Greater involvement in issues relating to HIV/AIDS,
7. The development of tools needed to help strengthen, support, monitor and evaluate national OSH programmes and initiatives, including benchmarking tools such as the 'Scoreboard',
8. Facilitation of technical cooperation to support the above,
9. Political support at the highest level for the implementation of the agreed Plan of Action.

The informal economy

Definition

Defining the informal economy is difficult and complex. The term informal sector is more familiar to many. It was originally developed by the ILO in the 1970s. The term 'informal economy' is now preferred to show that informal activities are not separate and limited to a specific sector, but span all types of work from commerce and services to industry and agriculture. Indeed, it is important to understand the many linkages between formal and informal work.

The size of the informal economy

In many countries the informal sector is the main source of employment and its importance is growing. In the face of the debt crisis and structural adjustment – causing a massive loss of formal jobs – the informal economy has offered the possibility of survival for many. In Africa, informal work is estimated to account for over 90% of new jobs, almost 80% of non-agricultural employment, and over 60% of urban employment. A similar situation prevails in many parts of Asia. For example, 90% of women workers in India are in the informal economy.

Some characteristics of businesses and workers in the informal economy include:

- they are not recognised under legal and regulatory frameworks
- their employment relationships and incomes are generally insecure and irregular
- they are seldom organised and therefore have few means to make their voices heard
- they are outside social protection mechanisms and systems
- they cannot access public benefits and services, eg credit, business information, training schemes
- they are vulnerable to interference by public authorities as they are sometimes perceived as 'outside the law'. As a result they may experience police harassment
- their turnover is not counted in official statistics but their economic contribution may be greater than that of formal enterprises
- activities are informal either because the costs of formalizing them are too high or the procedures for doing so are too complicated, intimidating and time-consuming.

ILOAIDS
International Labour Office
4, route des Morillons
CH-1211 Geneva 22
Switzerland.
E-mail: iloaids@ilo.org
Website: www.ilo.org/aids

ISBN-92-2-117134-5